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Islamic Religious Education as a Foundation for Developing Ethical and Humanistic Character among Prospective Healthcare Professionals

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ABSTRACT

Islamic Religious Education plays an important role in preparing prospective healthcare professionals who are not only technically competent but also ethically responsible and humanistically oriented. This study analyses Islamic Religious Education as a foundation for developing ethical and humanistic character among prospective healthcare professionals. It employed qualitative library research with a structured narrative review approach. Forty-five scholarly publications were examined through qualitative content analysis, including repeated reading, coding, thematic categorisation, and conceptual synthesis. The findings indicate that Islamic Religious Education strengthens ethical character through the internalisation of honesty, trustworthiness, justice, responsibility, excellence, and moral accountability. It also supports humanistic character by cultivating empathy, compassion, respectful communication, patient-centred care, and recognition of human dignity. The integration of Islamic ethics, *maqāṣid al-shari'ah*, and health sciences provides a moral framework for addressing professional and bioethical challenges. However, religious knowledge does not automatically produce ethical behaviour; effective character formation requires contextual learning, clinical cases, reflection, mentoring, role modelling, habituation, interdisciplinary curriculum integration, and competency-based assessment. This study concludes that Islamic Religious Education should be positioned as an integral component of health professions education rather than merely a compulsory general course. Its integration can support the formation of healthcare professionals who combine scientific competence, ethical integrity, spiritual awareness, and compassionate service.

Keywords: Islamic Religious Education, Ethical Character, Humanistic Character, Healthcare Professionalism, Islamic Bioethics.

INTRODUCTION

Higher education is responsible not only for developing students' disciplinary knowledge and professional competencies but also for cultivating the moral qualities required to use such competencies responsibly. This responsibility is particularly important in health

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professions education because future healthcare professionals will encounter patients in vulnerable conditions and make decisions that directly affect human life, dignity, safety, and well-being.[1] Technical proficiency alone is therefore insufficient. Healthcare professionals must also demonstrate integrity, accountability, empathy, compassion, fairness, and respect for patients as whole human beings. Studies in medical and nursing education indicate that ethical competence, moral sensitivity, and humanistic caring should be intentionally developed during professional education rather than assumed to emerge automatically through clinical experience.[2]

The formation of ethical and humanistic character has become increasingly important amid the growing complexity of healthcare practice. Healthcare students are expected to respond to issues involving patient confidentiality, informed consent, unequal access to services, cultural and religious differences, end-of-life decisions, professional boundaries, and academic integrity. However, students' ethical development may be affected by educational environments, role models, institutional culture, clinical exposure, and the methods used to teach professional ethics.[3] These conditions suggest that healthcare education must provide a coherent moral framework through which students can interpret professional responsibilities and translate ethical principles into concrete conduct.

Alongside ethical competence, humanistic character constitutes a fundamental dimension of high-quality healthcare. Humanistic care requires healthcare professionals to recognize patients not merely as cases, diagnoses, or recipients of medical procedures but as persons with physical, psychological, social, cultural, and spiritual needs. Empathy, compassionate communication, respect, and sensitivity to patients' experiences contribute to patient-centred care and strengthen therapeutic relationships. Previous studies have demonstrated that humanistic caring abilities can be enhanced through structured educational interventions, including narrative medicine, empathy mapping, scenario-based learning, volunteer activities, and reflective clinical experiences.[4] Moreover, the development of empathy and humanistic care among healthcare students is associated with both personal characteristics and supportive educational environments.[5]

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[1] Regina F. Doherty, *Ethical Dimensions in the Health Professions - E-Book: Ethical Dimensions in the Health Professions - E-Book* (Elsevier Health Sciences, 2020); Hedy S. Wald, "Optimizing Resilience and Wellbeing for Healthcare Professions Trainees and Healthcare Professionals during Public Health Crises – Practical Tips for an 'Integrative Resilience' Approach," *Medical Teacher* 42, no. 7 (2020): 744–55, https://doi.org/10.1080/0142159X.2020.1768230.

[2] Vera Sílvia Meireles Martins et al., "The Teaching of Ethics and the Moral Competence of Medical and Nursing Students," *Health Care Analysis* 29, no. 2 (2021): 113–26, https://doi.org/10.1007/s10728-020-00401-1; Abdollah Zargar Shadi et al., "Moral Sensitivity of Nursing Students: A Systematic Review," *BMC Nursing* 23, no. 1 (2024): 99, https://doi.org/10.1186/s12912-024-01713-6.

[3] PhD Alnajjar Hend Abdu and PhD Abou Hashish Ebtsam Aly, "Academic Ethical Awareness and Moral Sensitivity of Undergraduate Nursing Students: Assessment and Influencing Factors," *Sage Open Nursing* 7 (January 2021): 23779608211026715, https://doi.org/10.1177/23779608211026715; Ali Dehghani, "Factors Affecting Professional Ethics Development in Students: A Qualitative Study," *Nursing Ethics* 27, no. 2 (2020): 461–69, https://doi.org/10.1177/0969733019845135.

[4] Lizhi Chen et al., "Exploration and Practice of Humanistic Education for Medical Students Based on Volunteerism," *Medical Education Online* 28, no. 1 (2023): 2182691, https://doi.org/10.1080/10872981.2023.2182691; Jingjing Dong et al., "Effectiveness of Combining Empathy Mapping with Scenario-Based Teaching to Enhance Empathy and Humanistic Caring Competency among Nursing Undergraduates: A Randomized Controlled Trial," *Nurse Education Today* 161 (June 2026): 107042, https://doi.org/10.1016/j.nedt.2026.107042; Mengxin Xue et al., "Narrative Medicine as a Teaching Strategy for Nursing Students to Developing Professionalism, Empathy and Humanistic Caring Ability: A Randomized Controlled Trial," *BMC Medical Education* 23, no. 1 (2023): 38, https://doi.org/10.1186/s12909-023-04026-5.

[5] Ana Monteiro Grilo et al., "Attitudes toward Patient-Centred Care, Empathy, and Assertiveness among Students in Rehabilitation Areas: A Longitudinal Study," *Healthcare* 11, no. 20 (2023),

Within the context of Muslim students, Islamic Religious Education can provide a comprehensive foundation for integrating professional competence with ethical, spiritual, and humanistic responsibility. Islamic education does not merely transmit doctrinal knowledge; it is directed toward the formation of character through the integration of faith, knowledge, moral awareness, and responsible action. Research in higher education has shown that Islamic Religious Education contributes to students' spiritual development, social awareness, empathy, ethical consciousness, discipline, and sense of responsibility.[6] Religious character itself is multidimensional, encompassing intellectual understanding, belief, commitment, religious practice, spiritual experience, and the consequences of faith in everyday behaviour.[7] Accordingly, the effectiveness of Islamic Religious Education should not be measured solely by students' mastery of religious concepts but also by their capacity to embody Islamic values in academic, social, and professional settings.

The relevance of Islamic Religious Education to health professions education is grounded in the Islamic understanding of healthcare as a moral trust and a form of service to humanity. Islamic ethical teachings emphasize honesty (*ṣidq*), trustworthiness (*amānah*), justice (*'adl*), compassion (*raḥmah*), excellence (*iḥsān*), responsibility, and respect for human dignity. These values correspond closely with the ethical principles expected of healthcare professionals. The principle of preserving life (*ḥifẓ al-nafs*), one of the central objectives of *maqāṣid al-sharī'ah*, further provides a normative basis for protecting patient safety and promoting human well-being. Contemporary scholarship has demonstrated that *maqāṣid al-sharī'ah* can contribute to moral reasoning and policy discussions in biomedicine by connecting religious commitments with practical healthcare concerns.[8] Islamic ethical and jurisprudential principles may also enrich contemporary bioethical discourse by offering frameworks for balancing individual rights, collective welfare, harm prevention, and moral accountability.[9]

The integration of Islamic values into medical and nursing education is therefore essential for preparing Muslim students to navigate professional challenges without separating scientific competence from moral and spiritual responsibility. Recent studies have highlighted the role of Islamic values in strengthening medical professionalism and shaping students' professional identities.[10] In nursing education, Islamic ethics provides guidance concerning clinical responsibility, compassionate care, dignity, and religiously sensitive practice.[11] The incorporation of religious and spiritual competencies can also support the development of well-rounded healthcare professionals who are able to respond to patients'

https://doi.org/10.3390/healthcare11202803; Yanhong Wang et al., "Research on the Formation of Humanistic Care Ability in Nursing Students: A Structural Equation Approach," *Nurse Education Today* 86 (March 2020): 104315, https://doi.org/10.1016/j.nedt.2019.104315.

[6] Ali Imron et al., "The Impact of Islamic Religious Education on Students' Spiritual and Social Development: A Study at Universitas Muhammadiyah Semarang," *International Journal of Research in Education* 5, no. 1 (2025): 157–67, https://doi.org/10.26877/ijre.v5i1.1341; S. Suyadi et al., "Islamic Character Education for Student of Public Higher Education in Indonesia," April 22, 2021, 591–98, https://doi.org/10.2991/assehr.k.210421.086.

[7] Rukiyati Rukiyati et al., "Assessing Religious Character Among Muslim University Students in Yogyakarta Indonesia," *Jurnal Pendidikan Agama Islam* 22, no. 1 (2025): 157–74, https://doi.org/10.14421/jpai.v22i1.10927.

[8] Aasim I. Padela, *Maqasid Al-Shariah and Biomedicine: Bridging Moral, Ethical, and Policy Discourses* (International Institute of Islamic Thought (IIIT), 2025).

[9] Sayyed Mohamed Muhsin et al., "Can Global Bioethics Benefit From Islamic Jurisprudential Principles?," *Bioethics* 40, no. 1 (2026): 35–44, https://doi.org/10.1111/bioe.70035.

[10] Nur Fadhillah Khalid et al., "Implementation of Islamic Values to Strengthen Medical Student's Professionalism at Universitas Muslim Indonesia," *Jurnal Keilmuan Dan Keislaman*, September 14, 2025, 396–408, https://doi.org/10.23917/jkk.v4i3.719.

[11] Fikriyah Teh Asmadi et al., "Islamic Ethics in Nursing: A Scoping Review of Clinical Fiqh Principles and Practice.," *Asian Journal of Medicine & Health Sciences* 8, no. 1 (2025), https://doi.org/10.70672/n0mkgg37.

spiritual needs while maintaining professional standards.[12] Nevertheless, such integration requires more than adding religious terminology to conventional professional ethics. It demands interdisciplinary learning materials, contextual teaching, institutional role modelling, and opportunities for students to apply Islamic values to actual healthcare dilemmas.

Several studies have examined Islamic character education among university students, identifying religious instruction, mentoring, habituation, lecturer role modelling, student activities, and community engagement as important strategies for character development.[13] Other studies have explored ethics education, moral sensitivity, empathy, humanistic care, and professionalism among medical and nursing students.[14] However, these two bodies of scholarship have often developed separately. Research on Islamic Religious Education frequently discusses students' religious and general moral character without sufficiently addressing the specific ethical realities of healthcare professions. Conversely, studies of healthcare ethics and humanistic care commonly emphasize universal professional principles without systematically examining how Islamic education may provide an integrated moral, spiritual, and pedagogical foundation for prospective healthcare professionals.

This separation reveals an important conceptual gap. There remains a need for a synthesis that explains how Islamic Religious Education can support the simultaneous formation of ethical character and humanistic orientation among prospective healthcare professionals. Such a synthesis should clarify the relationship between Islamic moral values, professional ethics, empathy, patient-centred care, academic integrity, and the preservation of human dignity. It should also identify appropriate educational strategies through which religious values can move beyond cognitive understanding and become internalized dispositions that guide students' academic conduct, clinical judgement, communication, and service to patients.

Accordingly, this study aims to analyse Islamic Religious Education as a foundation for developing the ethical and humanistic character of prospective healthcare professionals. It specifically examines: (1) the contribution of Islamic values to healthcare ethics and professionalism; (2) the role of Islamic Religious Education in cultivating empathy, compassion, integrity, and respect for human dignity; (3) the relationship between Islamic ethics, *maqāṣid al-sharīʿah*, and humanistic healthcare; and (4) educational strategies for integrating Islamic values into health professions education. Through a qualitative library research approach, this study offers a conceptual framework that connects Islamic character education with the ethical and humanistic demands of contemporary healthcare education.

The study contributes to the literature by bringing together scholarship on Islamic Religious Education, character formation, healthcare professionalism, moral sensitivity, humanistic care, and Islamic bioethics within a unified analytical framework. Rather than treating religious education as a supplementary general course, this study positions it as a

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[12] Akram Heidari et al., "Training Well-Rounded Healthcare Professionals through Developing Religious/Spiritual Competencies: A Grounded Theory Study in Iran," *BMC Medical Education* 25, no. 1 (2025): 1138, https://doi.org/10.1186/s12909-025-07557-1.

[13] Ade Lestari et al., "Strengthening Character Education for Students in Islamic Higher Education Institutions," *Fitrah: Journal of Islamic Education* 7, no. 1 (2026): 227–46, https://doi.org/10.53802/fitrah.v7i1.1611; S. Suyadi et al., "The Best Strategy for Student's Islamic Character Development Program in Public University," *International Journal of Research and Innovation in Social Science* 07, no. 01 (2023), https://doi.org/10.47772/IJRISS.2023.7110.

[14] Martins et al., "The Teaching of Ethics and the Moral Competence of Medical and Nursing Students"; Shadi et al., "Moral Sensitivity of Nursing Students"; Tiago Horta Reis da Silva, "Integrating Compassion and Empathy into Nursing Education: Enhancing Patient-Centred Care," *Journal of Learning Development in Higher Education*, no. 36 (June 2025), https://doi.org/10.47408/jldhe.vi36.1347.

formative component of professional education that can guide prospective healthcare professionals in combining scientific competence, ethical accountability, spiritual awareness, and compassionate service.

METHOD

This study employed qualitative library research with a structured narrative review approach to examine Islamic Religious Education as a foundation for developing the ethical and humanistic character of prospective healthcare professionals. The literature was identified through scholarly databases and academic search engines using Boolean combinations of terms such as "Islamic Religious Education," "Islamic values," "character formation," "professional ethics," "humanistic care," "healthcare students," "medical professionalism," "empathy," "Islamic bioethics," "maqāṣid al-sharīʿah," and "ḥifẓ al-nafs." The search prioritised publications published between 2020 and 2026, while earlier sources were retained when they provided essential theoretical foundations.

The initial literature corpus consisted of 45 scholarly publications exported in RIS format. Sources were included when they discussed Islamic education, character formation, healthcare ethics, professionalism, empathy, humanistic care, or Islamic bioethics and provided relevant theoretical or empirical contributions to the development of prospective healthcare professionals. Sources were excluded when they lacked a meaningful connection to character education, professional ethics, or healthcare education. Data were collected through documentation by identifying each source's objectives, theoretical framework, methodology, major findings, and implications for Islamic Religious Education and health professions education.

The data were analysed using qualitative content analysis through repeated reading, coding, categorisation, thematic grouping, and conceptual synthesis. The analysis focused on recurring values and concepts, including honesty, trustworthiness, justice, responsibility, empathy, compassion, human dignity, academic integrity, professional identity, patient-centred care, *iḥsān*, *raḥmah*, and preservation of life. To strengthen the credibility of the findings, source triangulation was conducted by comparing literature from Islamic education, medical education, nursing education, professional ethics, and bioethics.

RESULTS AND DISCUSSION

Islamic Religious Education as a Foundation for Ethical Character and Healthcare Professionalism

The literature synthesis indicates that Islamic Religious Education can serve as a substantive foundation for ethical character formation rather than functioning merely as a compulsory general course. In health professions education, ethical character refers to relatively stable moral dispositions that guide students in acting honestly, responsibly, fairly, and consistently across academic and clinical contexts. This orientation is particularly important because prospective healthcare professionals are preparing to enter occupations in which decisions may directly affect patient safety, dignity, privacy, and quality of life. Islamic Religious Education can contribute to this formation by connecting knowledge, belief, moral awareness, and professional conduct within an integrated educational framework.

Research on Muslim university students shows that religious character is multidimensional. It includes cognitive understanding, belief, commitment, ritual practice, religious experience, and the behavioural consequences of faith.[15] This multidimensional

[15] Rukiyati et al., "Assessing Religious Character Among Muslim University Students in Yogyakarta Indonesia."

view is important because ethical character cannot be reduced to knowledge of religious rules. A student may understand honesty, responsibility, and justice conceptually without consistently applying them in academic assignments, clinical simulations, or interactions with patients. Therefore, Islamic Religious Education must move beyond cognitive transmission and facilitate the transformation of religious values into ethical dispositions. The intended outcome is not merely a student who knows Islamic teachings, but a prospective healthcare professional whose decisions and conduct reflect moral accountability.

The values of *ṣidq*, *amānah*, *'adl*, *iḥsān*, and responsibility provide a coherent ethical vocabulary for healthcare professionalism. *Ṣidq* requires students to communicate truthfully, report clinical observations accurately, avoid data manipulation, and acknowledge the limits of their competence. *Amānah* frames professional responsibility as a trust that includes protecting confidential information, using institutional resources appropriately, and placing patient welfare above personal interest. *'Adl* supports fair treatment and the rejection of discrimination based on social status, ethnicity, religion, gender, or economic background. Meanwhile, *iḥsān* encourages students to perform their duties carefully and to pursue excellence even when external supervision is limited. These values correspond with major dimensions of professionalism, including integrity, accountability, altruism, respect, excellence, and commitment to ethical practice.[16]

Professionalism is often presented in health education as a set of expected behaviours, codes, and institutional standards. Such standards are necessary, but they may remain externally imposed unless students develop an internal moral commitment. Islamic Religious Education adds a spiritual dimension by teaching that professional conduct is accountable not only to lecturers, institutions, regulatory bodies, and patients but also to God. This consciousness can strengthen ethical self-regulation. A student who understands clinical responsibility as an *amānah* is expected to act properly even when misconduct is unlikely to be detected. In this sense, religious education does not replace professional codes; it deepens their motivational basis by linking them with conscience, worship, and moral responsibility.

The importance of this internal foundation is evident in studies of professional ethics education. Dehghani (2020)[17] found that the development of professional ethics among health sciences students is influenced by educational experiences, clinical environments, personal characteristics, role models, and institutional culture. Similarly, Alnajjar and Abou Hashish (2021)[18] emphasised the relationship between academic ethical awareness and moral sensitivity among nursing students. These findings suggest that ethical development is not produced by a single ethics course. It is shaped through repeated encounters with institutional expectations, lecturer behaviour, peer norms, clinical supervision, and reflective learning. Islamic Religious Education can provide the conceptual and spiritual framework for these experiences, but its effectiveness depends on whether the wider educational environment reinforces or contradicts the values being taught.

Academic integrity is one of the earliest contexts in which professional character can be developed and evaluated. Plagiarism, cheating, fabrication of assignments, manipulation

[16] Rahmatul Amalia et al., "Integration of Medical Ethics from an Islamic Perspective on the Formation of Professionalism in Medical Education: Literature Review," *Journal of Asian-African Focus in Health* 4, no. 1 (2026): 40–51, https://doi.org/10.71435/734649; Khalid A. Bin Abdulrahman et al., "Attitudes and Practices of a Professional Health Science Student," in *Essential Learning Skills for Health Professions Students*, ed. Khalid A. Bin Abdulrahman and Hassan Darami (Springer Nature, 2025), https://doi.org/10.1007/978-981-96-5670-7_2.
[17] Dehghani, "Factors Affecting Professional Ethics Development in Students."
[18] Alnajjar and Abou Hashish, "Academic Ethical Awareness and Moral Sensitivity of Undergraduate Nursing Students."

of research data, and dishonest attendance records are not isolated academic problems. They are indicators of habits that may later appear in professional practice. A student who normalises falsifying academic data may also be at risk of inaccurately reporting clinical findings or concealing professional errors. Therefore, honesty in academic life must be understood as preparation for trustworthy healthcare practice. Islamic Religious Education can strengthen this connection by demonstrating that academic misconduct violates *ṣidq*, *amānah*, and justice toward fellow students, lecturers, institutions, and future patients.

Ethical awareness must also be accompanied by moral sensitivity. Moral sensitivity refers to the ability to recognise that a situation contains ethical implications, understand how one's actions may affect others, and respond to the vulnerability of those involved. The systematic review conducted by Shadi et al. (2024)[19] confirms that moral sensitivity is a central component of nursing competence and is closely associated with communication and professional performance. In healthcare contexts, students must learn to identify ethical concerns in situations that may initially appear purely technical, such as discussing confidential information in public spaces, ignoring patient preferences, or treating a patient differently because of socioeconomic status. Islamic education can strengthen moral sensitivity by encouraging reflection on human dignity, accountability, harm prevention, and responsibility toward others.

The teaching of bioethics may enhance moral competence, but its impact depends on instructional quality and continuity. Martins et al. (2021)[20] showed that ethics education is relevant to the moral competence of medical and nursing students, especially as they encounter increasingly complex clinical dilemmas. Nevertheless, ethics teaching that is limited to memorising principles or regulations may not adequately prepare students for ambiguous situations. Students need opportunities to analyse competing obligations, justify decisions, recognise uncertainty, and consider the consequences of action. Islamic Religious Education can enrich this process when Qur'anic values, prophetic ethics, legal principles, and professional standards are used as resources for reasoning rather than as isolated normative quotations.

Evidence from Islamic higher education also demonstrates that character formation is strengthened when religious learning is connected to mentoring, habituation, and institutional culture. Suyadi et al. (2023)[21] found that mentoring had a stronger contribution to Islamic character development than formal religious lectures alone. Lestari et al. (2026)[22] similarly identified the integration of academic learning, religious habituation, student activities, community engagement, lecturer role modelling, and supportive environments as central to strengthening student character. These findings have direct implications for health professions education. Ethical character cannot be formed solely through lectures on Islamic morality. Students must observe ethical conduct in lecturers and clinical supervisors, practise respectful communication, receive feedback on professional behaviour, and participate in activities that require responsibility and service.

The distinction between religious knowledge and ethical enactment is also visible in the study by Khalid et al. (2025).[23] Medical students demonstrated strong achievement in Qur'anic recitation and memorisation, yet the consistent practice of Islamic etiquette in clinical interactions remained less developed. The authors attributed this gap to limited

[19] Shadi et al., "Moral Sensitivity of Nursing Students."
[20] Martins et al., "The Teaching of Ethics and the Moral Competence of Medical and Nursing Students."
[21] Suyadi et al., "The Best Strategy for Student's Islamic Character Development Program in Public University."
[22] Lestari et al., "Strengthening Character Education for Students in Islamic Higher Education Institutions."
[23] Khalid et al., "Implementation of Islamic Values to Strengthen Medical Student's Professionalism at Universitas Muslim Indonesia."

habituation, time pressure, prioritisation of technical care, and the absence of etiquette from summative assessment. This finding is significant because it shows that mastery of explicitly religious content does not automatically produce professional behaviour. Islamic values must be connected to observable clinical practices, such as introducing oneself respectfully, protecting privacy, listening attentively, obtaining consent, and communicating with compassion.

Accordingly, assessment systems should evaluate not only religious knowledge but also ethical judgement and conduct. When professionalism, communication, and ethical behaviour are excluded from formal assessment, students may interpret them as secondary to technical competence. Competency-based assessment can include reflective essays, objective structured clinical examinations with ethical scenarios, peer assessment, patient feedback, professionalism portfolios, and supervisor observation. Such assessment should not reduce morality to mechanical scoring, but it can signal that ethical character is a core educational outcome. The development of character instruments based on Islamic values, as discussed by Megawati et al. (2025),[24] may support this process when instruments are theoretically sound and contextually relevant.

Islamic Religious Education can also contribute to professional identity formation. Professional identity involves how students understand who they are becoming, what values define their profession, and how they should relate to patients and society. Adilan and Mu'min (2025)[25] found that religious education can support professional religious character through moral reasoning, empathy, leadership, discipline, and accountability. In healthcare education, this means helping students understand that becoming a healthcare professional is not merely acquiring a technical occupation. It is accepting a role that carries ethical obligations and social trust. The identity of a Muslim healthcare professional should therefore integrate scientific competence, humility, service, and accountability.

However, Islamic character education should avoid a narrow moralistic approach that treats students as passive recipients of fixed instructions. Contemporary healthcare dilemmas are often complex and cannot always be resolved by direct rule application. Students may face conflicts between patient autonomy and family preferences, limited resources and equitable distribution, disclosure and protection from harm, or medical benefit and religious concerns. They need critical moral reasoning as well as moral commitment. The constructivist intervention described by Marzuki et al. (2025)[26] suggests that active learning can improve engagement and moral reasoning in Islamic education. Similarly, the integration of Islamic educational philosophy with critical thinking, as examined by Usiono et al. (2025),[27] highlights the importance of connecting *adab* and *akhlāq* with analytical abilities.

Thus, Islamic Religious Education should develop ethical character through a combination of normative grounding, critical reflection, practical application, and institutional reinforcement. Its role is not simply to add religious language to existing

[24] Megawati Megawati et al., "Development of a Character Instrument Based on Al-Islam and Kemuhammadiyahan Values for Muhammadiyah Higher Education Students: A Systematic Literature Review," *Jurnal Konseling Dan Pendidikan* 13, no. 3 (2025): 715–28, https://doi.org/10.29210/1182900.

[25] Dilan Imam Adilan and Mu'min Mu'min, "Religious Education in Shaping Professional Religious Character: Analysis of Personality Development Courses in Public Universities," *Jurnal Ilmiah Global Education* 6, no. 3 (2025): 1549–66, https://doi.org/10.55681/jige.v6i3.4208.

[26] Marzuki Marzuki et al., "Enhancing Moral Reasoning and Engagement in Islamic Education: A Constructivist Intervention in Aqidah and Akhlak," *Jurnal Pendidikan Progresif* 15, no. 4 (2025): 2781–801, https://doi.org/10.23960/jpp.v15i4.pp2781-2801.

[27] Usiono Usiono et al., "Teaching Strategies to Improve Students' Critical Thinking Skills Through the Integration of Islamic Educational Philosophy Values," *JTP - Jurnal Teknologi Pendidikan* 27, no. 3 (2025): 1086–100, https://doi.org/10.21009/jtp.v27i3.59990.

professionalism standards but to provide an integrated moral vision in which professional competence is inseparable from trust, justice, compassion, and accountability. When effectively implemented, Islamic Religious Education can help prospective healthcare professionals become not only compliant with professional codes but also internally committed to ethical excellence.

Humanistic Character in Healthcare: Empathy, Compassion, and Human Dignity

Humanistic character represents the capacity to recognise, respect, and respond to patients as whole persons rather than as diagnoses, biological problems, or clinical tasks. The literature reviewed consistently identifies empathy, compassion, respectful communication, and recognition of human dignity as essential elements of high-quality healthcare. These qualities are not supplementary interpersonal skills. They influence trust, therapeutic relationships, patient participation, and the ability of healthcare professionals to understand suffering in its physical, psychological, social, and spiritual dimensions.

The humanistic orientation of healthcare is especially relevant in educational contexts dominated by technical competence. Advances in medical technology can improve diagnosis and treatment, but they may also contribute to depersonalisation when students are trained to focus primarily on procedures, test results, and efficiency. Hou et al. (2026)[28] argue that contemporary medical education must rebalance technical expertise with medical humanism and narrative understanding. This need is also reflected in the literature on nursing education, which regards caring as a central professional competency rather than a personal trait that students either possess or lack.

Empathy involves understanding another person's experience and communicating that understanding in an appropriate manner. Compassion adds a motivational element: awareness of suffering accompanied by a desire to alleviate it. Human dignity provides the ethical foundation that requires every patient to be treated as intrinsically valuable regardless of health status, social position, or background. In Islamic ethics, these concepts can be connected to *raḥmah*, *iḥsān*, justice, and the honour bestowed upon human beings. This connection gives humanistic care both interpersonal and spiritual significance.

Islamic Religious Education can support humanistic character by teaching that care for vulnerable people is a moral responsibility and form of service. The patient is not merely a recipient of professional intervention but a person whose dignity must be protected. This perspective discourages humiliating communication, neglect, discrimination, and objectification. It also encourages students to consider how illness affects fear, family relationships, identity, spiritual concerns, and hope. The spiritual dimension is particularly important in Muslim contexts, where patients may interpret illness through religious meanings and expect healthcare professionals to respond sensitively to spiritual needs.

The impact of Islamic Religious Education on students' social qualities supports this argument. Imron et al. (2025)[29] reported that Islamic Religious Education contributed to empathy, social participation, ethical awareness, and communication among university students. Although the study was not limited to healthcare students, its findings indicate that religious learning can strengthen social and relational dimensions of character. In health professions education, these qualities can be directed toward patient-centred communication, teamwork, and respectful engagement with diverse communities.

Nevertheless, empathy and compassion cannot be developed effectively through exhortation alone. Educational interventions must provide structured opportunities for

[28] Zhitao Hou et al., "Reimagining Medical Education: Integrating Medical Humanism and Narrative Medicine into a New Educational Paradigm," *Frontiers in Medicine* 13 (January 2026), https://doi.org/10.3389/fmed.2026.1761177.

[29] Imron et al., "The Impact of Islamic Religious Education on Students' Spiritual and Social Development."

students to encounter, interpret, and reflect on human experiences. Xue et al. (2023) found that narrative medicine improved professionalism, empathy, and humanistic caring among nursing students. Narrative approaches invite students to attend closely to patients' stories and understand illness from the patient's perspective. Instead of reducing the clinical encounter to symptoms and treatment plans, students learn to interpret emotions, values, and life circumstances.

Scenario-based learning and empathy mapping offer another practical approach. Dong et al. (2026)[30] examined the use of empathy mapping combined with scenarios to improve nursing students' empathy and humanistic caring competence. Such methods can be adapted to Islamic Religious Education by presenting cases involving pain, disability, poverty, end-of-life care, reproductive health, mental illness, or religious diversity. Students may be asked to identify the patient's concerns, emotional state, social context, rights, and spiritual needs before considering the appropriate professional response. Islamic values can then be used to guide reflection rather than merely appended as conclusions.

Volunteerism and community engagement may also cultivate humanistic awareness. Chen et al. (2023)[31] described volunteer-based humanistic education as a means of strengthening medical students' practical awareness and social responsibility. Direct engagement with vulnerable communities allows students to recognise health inequities and the realities of patients' lives outside clinical settings. In Islamic education, this approach is compatible with service, social responsibility, and care for those in need. However, community service should include guided reflection so that it does not become a ceremonial activity or a means of positioning students as morally superior to the communities they serve.

The development of humanistic care is influenced by both individual and environmental factors. Wang et al. (2020)[32] used a structural approach to examine the formation of humanistic care among nursing students, indicating that caring competence emerges from multiple interrelated influences. Grilo et al. (2023)[33] likewise studied patient-centred attitudes, empathy, assertiveness, and communication over time among rehabilitation students. These studies demonstrate that humanistic character is developmental. It may increase or decline depending on curriculum, workload, clinical culture, and opportunities for reflection.

This finding is important because healthcare training can sometimes produce emotional detachment. Students may adopt distancing strategies to cope with suffering, stress, and clinical pressure. A degree of emotional regulation is necessary, but excessive detachment can reduce empathy and turn patients into impersonal tasks. Islamic Religious Education can help students distinguish between professional emotional stability and indifference. Patience, compassion, and respectful presence do not require students to absorb every patient's suffering without boundaries. Rather, they require a balanced response that combines emotional awareness with professional judgement.

Humanistic character also requires effective communication. Respectful communication includes listening without interruption, using understandable language, acknowledging patient concerns, maintaining privacy, and involving patients in decisions. Patient-centred care depends on the ability to recognise that patients have preferences and

[30] Dong et al., "Effectiveness of Combining Empathy Mapping with Scenario-Based Teaching to Enhance Empathy and Humanistic Caring Competency among Nursing Undergraduates."
[31] Chen et al., "Exploration and Practice of Humanistic Education for Medical Students Based on Volunteerism."
[32] Wang et al., "Research on the Formation of Humanistic Care Ability in Nursing Students."
[33] Grilo et al., "Attitudes toward Patient-Centred Care, Empathy, and Assertiveness among Students in Rehabilitation Areas."

values that may differ from those of healthcare professionals. Bin Abdulrahman et al. (2025)[34] include respect for autonomy, dignity, cultural diversity, compassion, integrity, and teamwork among the central attitudes expected of health science students. Islamic values can reinforce these expectations when interpreted in ways that support dignity, consultation, and non-discrimination.

However, religious language should not be used to override patient autonomy or impose personal beliefs. A humanistic Islamic approach requires sensitivity to religious diversity and professional boundaries. Muslim healthcare students may be motivated by Islamic values, but they must provide equitable care to all patients. Compassion and justice require respect for patients from different religious, cultural, and moral backgrounds. Therefore, Islamic Religious Education should develop both religious commitment and ethical pluralism: students remain grounded in their own moral framework while engaging respectfully with others.

The literature on compassionate nursing education identifies several implementation challenges. Silva (2025)[35] notes that compassion and empathy are difficult to standardise and assess and may be constrained by institutional limitations. Létourneau et al. (2022)[36] also highlight the need for progressive development of humanistic caring competence through education and practice. These concerns suggest that institutions should not rely on a single workshop. Humanistic care must be reinforced throughout the curriculum, from classroom learning to laboratory simulation and clinical placement.

Training can produce measurable improvement. Hu et al. (2023),[37] through a systematic review and meta-analysis, found that educational training can enhance nurses' humanistic care abilities. Kidayi et al. (2025)[38] similarly developed training related to health literacy and respectful compassionate care among student nurses. The implication is that empathy and compassion are educable competencies. They should be intentionally designed, practised, supervised, and evaluated.

From an Islamic perspective, the development of humanistic character may be conceptualised as a movement from awareness to internalisation and actualisation. The STAR-AIK model examined by Masrizal and Nurhuda (2026)[39] demonstrated improvement in moral competence, professional accountability, and empathy among nursing students. Qualitative findings in that study described stages of spiritual awareness, internalisation, and actualisation, through which students reconstructed nursing as a form of worship and integrated Islamic values into professional identity. This model illustrates how reflective religious learning can connect spiritual consciousness with observable caring behaviour.

Human dignity should remain the central criterion for evaluating humanistic care. A healthcare interaction is not humanistic merely because the professional speaks politely. Humanistic care also requires avoiding discrimination, protecting privacy, respecting bodily

[34] Bin Abdulrahman et al., "Attitudes and Practices of a Professional Health Science Student."
[35] Silva, "Integrating Compassion and Empathy into Nursing Education."
[36] Dimitri Létourneau et al., "Nursing Students and Nurses' Recommendations Aiming at Improving the Development of the Humanistic Caring Competency," *Canadian Journal of Nursing Research* 54, no. 3 (2022): 292–303, https://doi.org/10.1177/08445621211048987.
[37] Jian-xin Hu et al., "Effect of Training on the Ability of Nurses to Provide Humanistic Care: Systematic Review and Meta-Analysis," *The Journal of Continuing Education in Nursing* 54, no. 9 (2023): 430–36, https://doi.org/10.3928/00220124-20230816-12.
[38] Paulo L. Kidayi et al., "Development of a Training Programme to Improve Health Literacy and Respectful Compassionate Care Competencies among Undergraduate Student Nurses: A Quantitative Study," *BMC Medical Education* 25, no. 1 (2025): 348, https://doi.org/10.1186/s12909-025-06894-5.
[39] Masrizal and Hengki Nurhuda, "STAR-AIK Learning for Moral and Spiritual Formation in Islamic Nursing Education," *Al-Mudarris (Jurnal Ilmiah Pendidikan Islam)* 9, no. 2 (2026): 105–22, https://doi.org/10.23971/mdr.v9i2.11436.

integrity, responding to pain, and recognising patient participation. It requires attention to structural conditions that affect access and treatment. In this sense, humanistic character combines interpersonal compassion with justice.

The synthesis therefore indicates that Islamic Religious Education can contribute to humanistic healthcare when it cultivates *raḥmah*, empathy, dignity, responsibility, and service through active pedagogies. The most effective approaches appear to be those that connect values with stories, scenarios, patient encounters, community engagement, role modelling, and reflection. Humanistic character emerges when students repeatedly practise seeing the patient as a person and understand compassionate care as both a professional obligation and a moral commitment.

Integrating Islamic Ethics into Health Professions Education

The integration of Islamic ethics into health professions education requires more than adding Qur'anic verses, prayers, or religious terminology to an otherwise unchanged curriculum. Genuine integration occurs when Islamic values shape learning outcomes, ethical reasoning, professional identity, clinical behaviour, and institutional culture. The literature indicates that Islamic ethics can enrich healthcare education by connecting contemporary professional standards with concepts such as *amānah*, *'adl*, *raḥmah*, *iḥsān*, avoidance of harm, and the preservation of life.

One of the central frameworks for this integration is *maqāṣid al-sharī'ah*. In healthcare contexts, the preservation of life, intellect, lineage, religion, and property provides a broad ethical orientation for considering human welfare. *Ḥifẓ al-nafs*, or the preservation of life, is particularly relevant to patient safety, disease prevention, treatment, and protection from harm. However, *maqāṣid al-sharī'ah* should not be reduced to a list of objectives mechanically applied to every case. Padela (2025)[40] emphasises the need to connect *maqāṣid* discourse with contemporary biomedical, ethical, and policy questions in a methodologically responsible manner.

Islamic jurisprudential principles can contribute to global bioethics by offering perspectives that balance individual rights, family roles, communal welfare, and moral responsibility. Muhsin et al. (2026)[41] argue that contemporary bioethics can benefit from non-Western ethical traditions, including Islamic jurisprudence. This contribution is important because mainstream bioethics is often framed primarily through autonomy, beneficence, non-maleficence, and justice. Islamic ethics can enter into dialogue with these principles while also emphasising intention, accountability, relational responsibility, public welfare, and moral limits.

The principle of avoiding harm is especially relevant. Amalia et al. (2026)[42] identify *lā ḍarar wa lā ḍirār* alongside trustworthiness, justice, honesty, *iḥsān*, and *ḥifẓ al-nafs* as important foundations for professionalism. Students can use these principles when analysing patient safety, confidentiality, informed consent, treatment refusal, resource distribution, or emerging technologies. The value of the Islamic framework lies not in producing automatic answers but in guiding disciplined ethical deliberation.

Islamic bioethics also requires engagement with modern science. Noor et al. (2026)[43] discuss Islamic bioethics in relation to developments such as genetic engineering,

[40] Padela, *Maqasid Al-Shariah and Biomedicine*.

[41] Muhsin et al., "Can Global Bioethics Benefit From Islamic Jurisprudential Principles?"

[42] Amalia et al., "Integration of Medical Ethics from an Islamic Perspective on the Formation of Professionalism in Medical Education."

[43] Muhammad Fauzi Noor et al., "Islamic Bioethics from the Perspective of Islamic Religious Education toward the Development of Modern Science," *AL GHAZALI: Jurnal Pendidikan Dan Pemikiran Islam* 6, no. 3 (2026): 1128–45, https://doi.org/10.69900/ag.v6i3.637.

transplantation, assisted reproduction, vaccination, and biotechnology. These issues demonstrate why Islamic Religious Education in healthcare programmes should be interdisciplinary. Students need sufficient scientific understanding to evaluate ethical questions accurately, while religious educators need familiarity with clinical realities. Without interdisciplinary collaboration, ethical teaching may become abstract or technically uninformed.

The same principle applies to palliative and end-of-life care. Nassif (2026)[44] notes a gap between normative Islamic bioethical guidance and its implementation in clinical care. End-of-life decisions involve suffering, prognosis, family expectations, spiritual needs, and complex questions about treatment proportionality. Students require more than simplified statements about preserving life. They must understand that preservation of life does not necessarily mean prolonging biological function through every available intervention. Ethical reasoning must consider benefit, harm, dignity, futility, and compassionate care.

Islamic ethics should therefore be integrated with core professional competencies. Heidari et al. (2025)[45] developed a model for religious and spiritual competencies in medical education, reflecting the growing recognition that healthcare professionals should be prepared to respond appropriately to patients' spiritual concerns. Such competence does not mean performing the role of religious authority. It includes recognising spiritual distress, communicating respectfully, facilitating appropriate support, and understanding how beliefs may influence healthcare decisions.

Clinical fiqh offers another area of integration. Asmadi et al. (2025)[46] found that nursing students recognise the importance of clinical fiqh but may lack structured formal preparation for applying it in practice. Their review recommends educational interventions, experiential learning, and competency-based assessment. Topics may include purification and prayer during illness, gender-sensitive care, modesty, medication ingredients, fasting, end-of-life rituals, and family involvement. These topics must be taught in ways that respect professional standards and patient diversity.

The integration of Islamic values must also address the gap between ritual or textual competence and professional enactment. Khalid et al. (2025)[47] showed that students may perform well in recitation and memorisation while displaying less consistent Islamic etiquette in clinical encounters. This demonstrates that religious knowledge is not equivalent to ethical competence. Curricula should therefore translate values into specific behaviours. For example, *amānah* can be linked to confidentiality and accurate documentation; *raḥmah* to compassionate communication; justice to equitable care; and *iḥsān* to clinical excellence.

Interdisciplinary teaching materials can support this translation. Herlina (2026) identified limitations in PAI materials that were predominantly normative and insufficiently aligned with medical students' professional needs. The developed model contextualised religious learning through contemporary medical issues and linked conceptual understanding with practical application and affective internalisation. This approach is highly relevant because students are more likely to perceive Islamic Religious Education as meaningful when it addresses situations they may actually encounter.

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[44] Rawan A. Nassif, "Integrating Islamic Bioethics Into Palliative Care: A Narrative Review and Framework for Practice in the Middle East," *American Journal of Hospice and Palliative Medicine®*, March 9, 2026, 10499091261433968, https://doi.org/10.1177/10499091261433968.

[45] Heidari et al., "Training Well-Rounded Healthcare Professionals through Developing Religious/Spiritual Competencies."

[46] Asmadi et al., "Islamic Ethics in Nursing."

[47] Khalid et al., "Implementation of Islamic Values to Strengthen Medical Student's Professionalism at Universitas Muslim Indonesia."

Case-based learning is one of the most suitable strategies. A case may describe a patient refusing a treatment for religious reasons, a family requesting nondisclosure of diagnosis, a student witnessing unsafe clinical practice, or a conflict over reproductive technology. Students can analyse the case through professional ethics, clinical evidence, Islamic principles, and patient perspectives. The objective is not simply to identify the "Islamic answer" but to develop reasoned judgement, humility, and awareness of competing considerations.

Reflective learning is equally important. Reflection allows students to examine their intentions, emotions, assumptions, and conduct. It connects external experience with internal moral development. The STAR-AIK model described by Masrizal and Nurhuda (2026)[48] illustrates how active reflection can strengthen moral competence and spiritual transformation. Reflective journals, guided discussion, narrative writing, and post-clinical debriefing can help students identify ethical tensions and consider how Islamic values should guide future action.

Role modelling remains a decisive factor. Students observe whether lecturers and clinical supervisors practise the values they teach. A curriculum that speaks about dignity but tolerates humiliation, or teaches honesty while ignoring academic misconduct, sends contradictory messages. Lestari et al. (2026) identify lecturer role modelling and institutional support as enabling factors in character education. Integration must therefore involve organisational culture, not only course content.

Mentoring can provide more personal reinforcement. Suyadi et al. (2023)[49] found that mentoring contributed substantially to Islamic character development. In healthcare education, mentoring can support students as they encounter ethical uncertainty, emotional stress, and identity challenges. Mentors can guide reflection without imposing simplistic solutions. They can also help students integrate professional aspirations with spiritual commitments.

The assessment of integrated Islamic ethics should include knowledge, reasoning, behaviour, and reflection. Written examinations may assess concepts, but they cannot fully evaluate professionalism. Scenario analysis can assess reasoning; simulated encounters can assess communication; portfolios can document growth; and supervisor feedback can evaluate behaviour. Patient feedback may also be relevant when used appropriately. Assessment criteria should be transparent and should avoid judging personal religiosity in intrusive ways. The focus should remain on competencies and ethical conduct relevant to professional practice.

Curricular integration must also avoid exclusivity. In plural healthcare settings, Islamic ethics should prepare Muslim students to care for all patients fairly. Religious sensitivity includes understanding one's own tradition and respecting the beliefs of others. Islamic principles of justice and human dignity support non-discriminatory care. Therefore, integrating Islamic ethics should strengthen, rather than weaken, universal professional commitments.[50]

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[48] Masrizal and Nurhuda, "STAR-AIK Learning for Moral and Spiritual Formation in Islamic Nursing Education."

49 Suyadi et al., "The Best Strategy for Student's Islamic Character Development Program in Public University."

50 Farkhan Syahrul Mubarok and Roisna Kamila, "Contemporary Islamic Educational Philosophy: Integrating Ethics, Technology, and Spirituality," Al-Munawwarah: Journal of Islamic Education 2, no. 1 (2026): 1–12, https://doi.org/10.38073/almunawwarah.v2i1.4885.

A further challenge concerns overreliance on legalistic reasoning. Muaygil (2026)[51] argues for reviving Islamic philosophical ethics in medical education so that students develop moral reflection rather than treating bioethics as merely technical or regulatory. This critique is valuable. Islamic healthcare ethics should engage questions of virtue, character, human flourishing, suffering, and the meaning of the good professional. Legal rulings are important, but character formation requires deeper philosophical and spiritual reflection.

The conceptual synthesis generated from the literature can be represented as a four-stage process. The first stage is normative grounding, in which students understand Islamic moral values and professional ethical principles. The second is contextual interpretation, in which values are applied to healthcare cases and contemporary biomedical issues. The third is internalisation, supported by reflection, mentoring, role modelling, and habituation. The fourth is professional actualisation, visible in honest academic conduct, ethical judgement, compassionate communication, patient-centred care, and responsible clinical practice.

This process also demonstrates that Islamic Religious Education should not operate in isolation. Effective integration requires collaboration among PAI lecturers, healthcare educators, bioethicists, clinicians, and institutional leaders. Curriculum mapping can identify where ethical and spiritual competencies are introduced, reinforced, practised, and assessed. Such coordination prevents repetition and ensures that values are encountered throughout the educational programme.

Overall, the literature suggests that Islamic ethics can make a significant contribution to health professions education when it is academically rigorous, contextually relevant, pedagogically active, and institutionally supported. Its contribution lies in connecting professional competence with moral purpose. Through this integration, prospective healthcare professionals can learn to view clinical work not merely as technical performance but as a trust requiring justice, excellence, compassion, and accountability.

CONCLUSION

Islamic Religious Education can provide a strong foundation for developing ethical and humanistic character among prospective healthcare professionals. Its contribution lies in integrating professional competence with values such as honesty, trustworthiness, justice, responsibility, compassion, excellence, and respect for human dignity. When connected to healthcare ethics, academic integrity, patient-centred care, and *maqāṣid al-sharīʿah*, Islamic Religious Education can help students understand healthcare practice as both a professional responsibility and a moral trust. This role becomes more effective when religious values are taught contextually through case-based learning, reflection, mentoring, role modelling, clinical scenarios, and interdisciplinary curriculum integration.

This study is limited by its reliance on library research and a structured narrative review. The conclusions were drawn from previously published studies with different populations, educational settings, research designs, and cultural contexts. Consequently, the study does not directly measure the influence of Islamic Religious Education on students' ethical behaviour, empathy, professional identity, or clinical performance. In addition, the literature reviewed remains uneven, as studies on Islamic character education and studies on healthcare professionalism are often conducted separately and use different conceptual and methodological frameworks.

Future research should empirically examine the relationship between Islamic Religious Education and ethical-humanistic competence among medical, nursing, midwifery,

[51] Ruaim A. Muaygil, "The Best Physician Is Also a Philosopher: Reviving Islamic Philosophical Ethics in Saudi Arabian Medical Schools," *International Journal of Ethics Education* 11, no. 1 (2026): 147–61, https://doi.org/10.1007/s40889-025-00224-5.

pharmacy, and other healthcare students. Longitudinal, mixed-method, comparative, and intervention-based studies are particularly needed to assess how Islamic values are internalised over time and translated into academic integrity, moral sensitivity, compassionate communication, and professional conduct. Further studies should also develop and validate contextually appropriate instruments and educational models for integrating Islamic ethics, bioethics, and humanistic care into health professions curricula.

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