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Implementation of Islamic Values to Strengthen Medical Student's Professionalism at Universitas Muslim Indonesia

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Abstract

Integrating Islamic values into medical education strengthens professionalism by combining clinical competence with moral and spiritual integrity. In the medical context, these values enhance empathy, compassion, and ethical conduct toward patients, families, and colleagues. To evaluate the implementation of Islamic values—*tahsinul qiraah* of QS. Al-Fatihah, memorization of selected Qur'anic verses and prayers, and demonstration of Islamic etiquette—in strengthening professionalism among medical students at the Faculty of Medicine, Universitas Muslim Indonesia. A descriptive, cross-sectional study was conducted with 24 clinical clerkship students completing rotations in July 2023, selected through purposive sampling. Assessment tools included standardized evaluation forms for *tahsin*, memorization, and patient-reported etiquette. Performance was categorized as *mumtaz* (80–100), *ahsan* (70–79), *kaafii* (60–69), and *sayyi'* (<59). In *tahsinul qiraah*, 17 students (70.8%) achieved *mumtaz* and 7 (29.2%) *ahsan*. In memorization, 18 students (75%) attained *mumtaz* and 6 (25%) *ahsan*. For Islamic etiquette, 14 students (58.3%) "often" demonstrated appropriate manners, while 10 (41.7%) did so "sometimes"; none reported "never". The strong performance in recitation and memorization reflects nearly two years of targeted training during clinical clerkship. However, etiquette implementation remains suboptimal due to limited habituation, time constraints during visits, an emphasis on medical over spiritual care, and the absence of etiquette as a summative assessment criterion. Recitation and memorization outcomes are well achieved, but Islamic etiquette in clinical practice requires reinforcement. Structured training and direct supervision by Islamic Medical Discipline (IDIK) faculty during patient encounters are recommended to embed spiritual care in medical services.

Keywords: behaviour, doctor's professionalism, islamic values, medical education, tahsinul qiraah

Introduction

The integration of science is a process of perfecting dichotomous knowledge to produce a holistic scientific concept. The integration of Islam and science is defined as an effort to combine science and Islamic teachings, which are based on the qauliyah verses, namely the Qur'an and Hadith, and the kauniyah verses, namely phenomena that exist in the universe.

The dichotomy between religious knowledge and general knowledge in the education system doesn't need to occur, because both are like two sides

that are interrelated, religion without knowledge is fragile and knowledge without religion is paralyzed. Faith without knowledge leads to apathy, while knowledge without faith will lead to destruction.

The integration of Islamic values in medical education is not merely intended to enrich academic content but also to shape a strong professional character and identity (Adiyono et al., 2025; Nasution et al; 2024). In the learning process, medical students should be guided to understand that medical practice is not merely a technical skill but a trust (amanah) that must be carried out with sincere intention and based on the principle of ihsan. This perspective can foster a high sense of moral responsibility, ensuring that every medical action considers the benefit (maslahah) of the patient as well as the humanitarian values aligned with Islamic teachings (Herlandy et al., 2024).

Furthermore, the application of Islamic values in medical education can help internalize a sustainable work ethic (Prayitno & Sari., 2023; Samsudin et al., 2025). Values such as amanah (trustworthiness), sidq (truthfulness), and adl (justice) serve as guiding principles in clinical decision-making, especially when facing ethical dilemmas. This spiritual reinforcement aligns with the principles of maqashid al-shari'ah, which prioritize hifz al-nafs (protection of life) as a primary objective (Fuadi et al., 2025). Thus, medical students are equipped not only with scientific competence but also with a clear moral compass to practice professionally in the increasingly complex landscape of the medical field (Kamila et al., 2025).

In the modern educational context, the development of 4C skills—critical thinking, communication, creativity, and collaboration—has become a priority. Historically, the integration of Islam into medicine is deeply rooted; the Islamic Golden Age produced influential physicians such as Al-Razi (Rhazes), Ibn Sina (Avicenna), and Ibn Rushd (Averroes), whose works continue to be referenced today. In Islam, medicine occupies a highly esteemed place, regarded as a means of preserving life and serving humanity.

Classical Islamic scholarship, as noted in *Kitab Adab Asy-Syafi'i wa Manaqibuhu* (Dar al-Kutub al-'Ilmiyyah), categorizes knowledge into two types: religious knowledge (including *fiqh akbar*—creed, and *fiqh asghar*—jurisprudence in worship and transactions) and worldly knowledge, which includes medical science.

The urgency of integrating Islam into medical education is underscored by contemporary challenges such as the rapid development of technology, the risks of unfiltered internet access, exposure to harmful social influences (e.g., smoking, alcohol, and drug abuse), and the erosion of manners and etiquette. In the medical profession, religious and moral knowledge helps cultivate empathy, courtesy, and respect

for patients, their families, colleagues, and healthcare staff.

Medical professionalism, from an Islamic perspective, extends beyond clinical competence to encompass spiritual care—reminding patients to have patience (*sabr*), trust in Allah (*tawakkal*), and maintain prayer even during illness. Effective communication, supported by ethical conduct, is key to avoiding conflicts between patients and healthcare providers. Therefore, medical education must foster both intellectual competence and moral integrity through the integration of scientific and religious knowledge.

In a study (Anggie, 2018), entitled "Analysis of the Application of Ethics and Health Law in Healthcare Services at Nene Mallomo Hospital in Sidenreng Rappang Regency," the application of ethics by healthcare workers was found to be 99% good and 2% poor.

Islamic Medical Discipline, which is divided into three units. Unit 1 focuses on basic understanding of Islam; Unit 2 focuses on strengthening medical professionalism with Islamic values; and Unit 3 focuses on strengthening medical professionalism through the study of medical sciences from an Islamic perspective. In this research, what was observed was the implementation of unit 2, including tahsinul qiraah QS.Al-Fatihah, memorization of selected verses and prayers as well as behavior showing Islamic adab to patients served by MPPD with the criteria of being served 2x24 hours.

1. Formulation of the problem

a. How does medical students reach the mumtaz criteria on the tahsinul qiraah Al-Fatihah aspect?
b. How does medical students reach the mumtaz criteria on the verse memorization and prayer selection aspect?
c. How does the level of application of Islamic etiquette in interactions with patients?

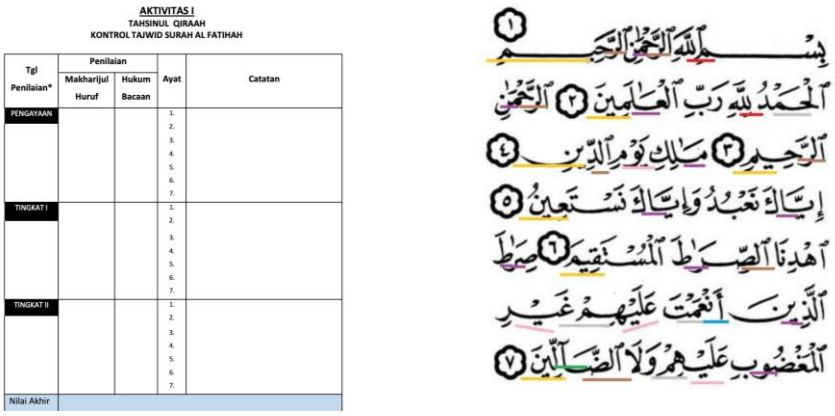
This study aims to determine success rate of the implementation Islamic values (tahsinul qiraah, verse memorization, and Islamic etiquette) to strengthen medical students' professionalism at Universitas Muslim Indonesia. This is crucial to developing future Muslim doctors in accordance with the Vision and Mission of the Faculty of Medicine, Universitas Muslim Indonesia, to become caliphs on earth. This study can provide baseline information as a basis for improving the implementation of Islamic values to strengthen medical student's professionalism. This study is original article.

Methods

This research is a descriptive study and using a cross-sectional design. The population on this study is all of medical students of the Faculty of Medicine, Universitas Muslim Indonesia, using a purposive sampling technique, there were medical students who had completed the clinical clerkship cycle in

July 2023 as many as 24 students. The instrument used in this study an assessment form for tahsinul qiraah QS. Al-Fatihah, memorizing verses and selected prayers.The verses were selected from several groups: human creation, human development, worship and health, and food and drink. Selected prayers included prayers for the sick, prayers for those struck by disaster, and etc.

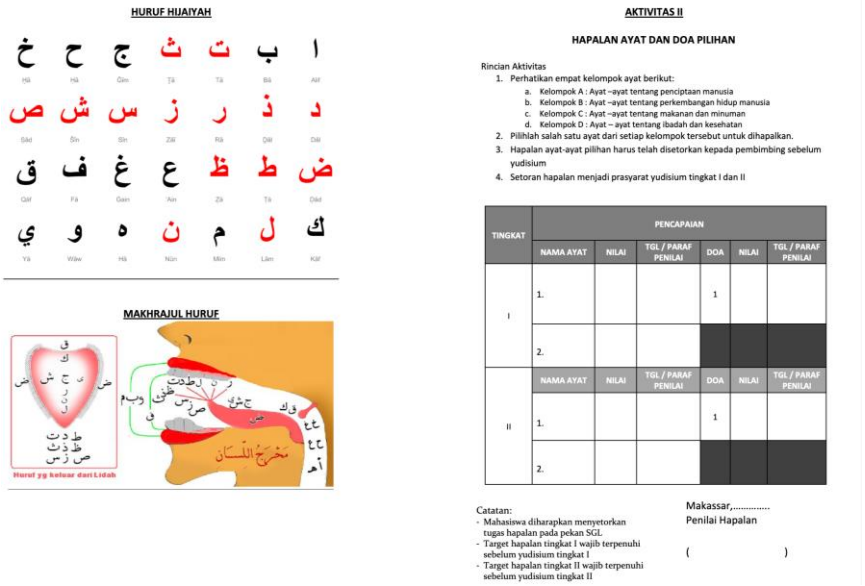
In the behavioral component, showing Islamic manners to patients was obtained through a form filled out directly by the patient. The inclusion criteria used were medical students who had completed the clinical clerkship cycle, while the exclusion criteria were medical students whose assessment form was incomplete. Data were obtained by collecting the logbooks of the Islamic Medical Discipline, Bioethics, and Professionalism Department at the end of the cycle. For the assessment of tahsin and memorization, the criteria used were mumtaz (80-100), ahsan (70-79), kaafii (60-69), and sayyi' (<59). Meanwhile, for the assessment of Islamic etiquette: 1 (Never), 2 (Sometimes) and 3 (Often).



AKTIVITAS I
TAHSINUL QIRAAH
KONTROL TAJWID SURAH AL FATIHAH

Tgl Penilaian*	Penilaian		Ayat	Catatan
	Makharijul Huruf	Hukum Bacaan		
PENGAYAAN			1. 2. 3. 4. 5. 6. 7.	
TINGKAT I			1. 2. 3. 4. 5. 6. 7.	
TINGKAT II			1. 2. 3. 4. 5. 6. 7.	
Nilai Akhir				

Figure 1. QS.Al-Fatihah Tahsinul Qiraah Assessment Form



HURUF HIJAIYAH

خ ح ج ث ت ب ا
ص ش س ز ر ذ د
ق ف غ ع ظ ط ض
ي و ه ن م ل ك

MAKHRAJUL HURUF

AKTIVITAS II

HAPALAN AYAT DAN DOA PILIHAN

Rincian Aktivitas
1. Perhatikan empat kelompok ayat berikut:
   a. Kelompok A : Ayat –ayat tentang penciptaan manusia
   b. Kelompok B : Ayat –ayat tentang perkembangan hidup manusia
   c. Kelompok C : Ayat –ayat tentang makanan dan minuman
   d. Kelompok D : Ayat – ayat tentang ibadah dan kesehatan
2. Pilihlah salah satu ayat dari setiap kelompok tersebut untuk dihapalkan.
3. Hapalan ayat-ayat pilihan harus telah disetorkan kepada pembimbing sebelum yudisium
4. Setoran hapalan menjadi prasyarat yudisium tingkat I dan II

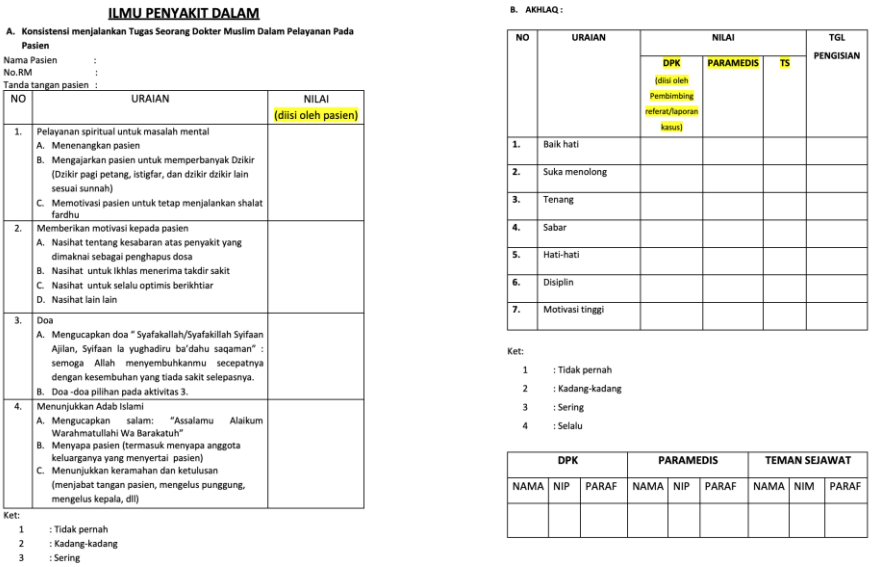
TINGKAT	PENCAPAIAN					
	NAMA AYAT	NILAI	TGL / PARAF PENILAI	DOA	NILAI	TGL / PARAF PENILAI
I	1.			1		
	2.					
II	NAMA AYAT	NILAI	TGL / PARAF PENILAI	DOA	NILAI	TGL / PARAF PENILAI
	1.			1		
	2.					

Catatan:
- Mahasiswa diharapkan menyetorkan tugas hapalan pada pekan SGL
- Target hapalan tingkat I wajib terpenuhi sebelum yudisium tingkat I
- Target hapalan tingkat II wajib terpenuhi sebelum yudisium tingkat II

Makassar,.....
Penilai Hapalan

( )

Figure 2. Selected Verse and Prayer Assessment Form



ILMU PENYAKIT DALAM

A. Konsistensi menjalankan Tugas Seorang Dokter Muslim Dalam Pelayanan Pada Pasien

Nama Pasien :
No.RM :
Tanda tangan pasien :

NO	URAIAN	NILAI (diisi oleh pasien)
1.	Pelayanan spiritual untuk masalah mental A. Menenangkan pasien B. Mengajarkan pasien untuk memperbanyak Dzikir (Dzikir pagi petang, istigfar, dan dzikir dzikir lain sesuai sunnah) C. Memotivasi pasien untuk tetap menjalankan shalat fardhu	
2.	Memberikan motivasi kepada pasien A. Nasihat tentang kesabaran atas penyakit yang dimaknai sebagai penghapus dosa B. Nasihat untuk Ikhlas menerima takdir sakit C. Nasihat untuk selalu optimis berikhtiar D. Nasihat lain lain	
3.	Doa A. Mengucapkan doa " Syafakallah/Syafakillah Syifaan Ajilan, Syifaan la yughadiru ba'dahu saqaman" : semoga Allah menyembuhkanmu secepatnya dengan kesembuhan yang tiada sakit selepasnya. B. Doa -doa pilihan pada aktivitas 3.	
4.	Menunjukkan Adab Islami A. Mengucapkan salam: "Assalamu Alaikum Warahmatullahi Wa Barakatuh" B. Menyapa pasien (termasuk menyapa anggota keluarganya yang menyertai pasien) C. Menunjukkan keramahan dan ketulusan (menjabat tangan pasien, mengelus punggung, mengelus kepala, dll)	

Ket:
1 : Tidak pernah
2 : Kadang-kadang
3 : Sering

B. AKHLAQ :

NO	URAIAN	NILAI			TGL PENGISIAN
		DPK (diisi oleh Pembimbing referat/laporan kasus)	PARAMEDIS	TS	
1.	Baik hati				
2.	Suka menolong				
3.	Tenang				
4.	Sabar				
5.	Hati-hati				
6.	Disiplin				
7.	Motivasi tinggi				

Ket:
1 : Tidak pernah
2 : Kadang-kadang
3 : Sering
4 : Selalu

DPK			PARAMEDIS			TEMAN SEJAWAT		
NAMA	NIP	PARAF	NAMA	NIP	PARAF	NAMA	NIM	PARAF

Figure 3. Islamic Manners Implementation Form

Results and Discussion

1. Result

In the tahsinul qiraah component of QS. Al-Fatihah, 17 students were categorized as mumtaz (excellent), 7 students were categorized as ahsan (good), and none were categorized as kaafii (fair) or sayyi' (poor). In the component of memorizing selected verses and prayers, 18 students were categorized as mumtaz (excellent), 6 students were categorized as ahsan(good), and none were categorized as kaafii (fair) or sayyi'(poor). In the behavior component of demonstrating Islamic etiquette toward patients, 14 students frequently performed it, 10 students occasionally performed it, and

none were found in the category of "never." These behaviors included give greeting to patient (Assalamu Alaikum), say hello to patients and their families, and demonstrating friendliness and sincerity, such as shaking hands, stroking their backs, stroking their heads, and other gestures.

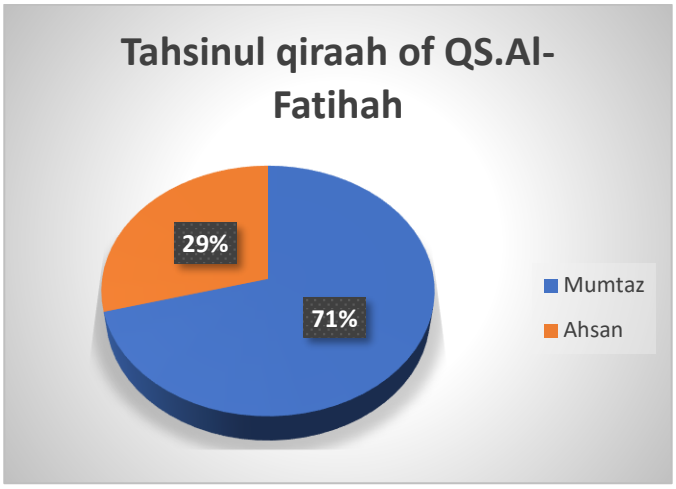


Figure 4. Percentage of Tahsin Assessment

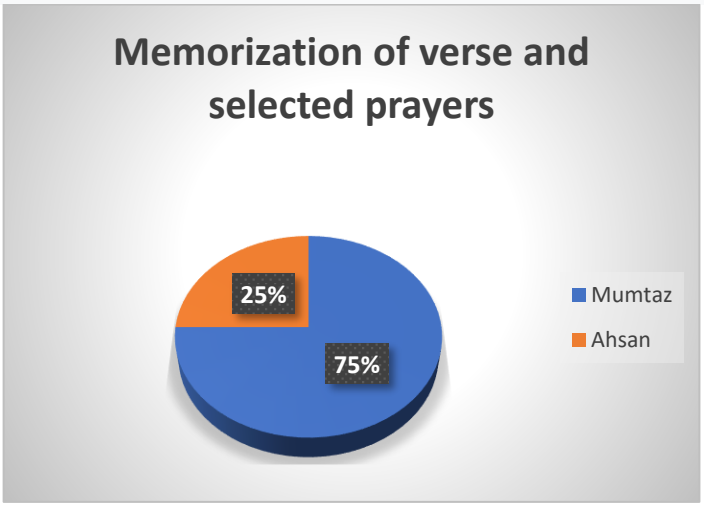


Figure 5. Percentage on Memorizing Verses and Selected Prayers

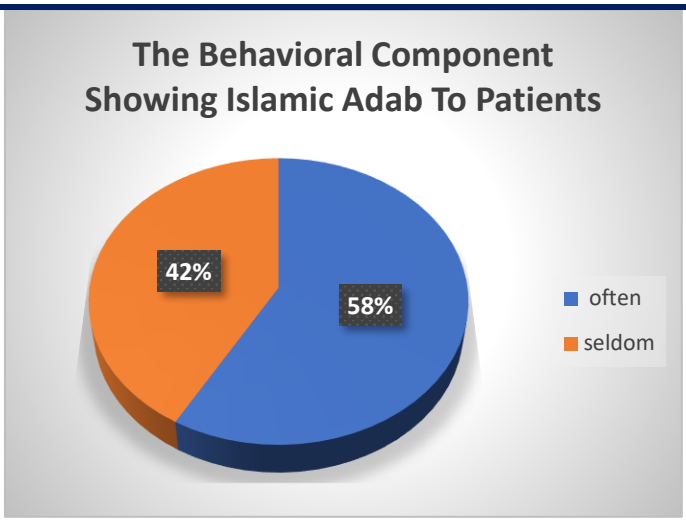


Figure 6. Behavior Showing Islamic Manners towards Patients

2. Discussion

In the tahsin component, 17 students received mumtaz category, and in the memorization and selected verses component, 18 students received mumtaz category. This means that the majority of current graduates in batch 3 of 2023 have good reading and memorization skills, ranging from 71-75%. This is the result of nearly two years of training during their clinical clerkship. Furthermore, the Islamic etiquette component has not been implemented very well with patients, as only 58% apply it in their daily lives, while the remaining 42% still do it occasionally. This occurs due to several factors, such as a lack of habituation, insufficient visitation time, which results in a focus only on medical services while neglecting spiritual care, and the lack of use as a summative assessment for the medical students.

The findings on the suboptimal implementation of Islamic etiquette in clinical practice underscore the gap between theoretical knowledge and actual behavior in the field. While students may excel in Qur'anic recitation and memorization, these competencies do not automatically translate into consistent application of Islamic manners when interacting with patients (Zakaria et al., 2022). This gap suggests that moral and spiritual education requires not only cognitive reinforcement but also behavioral conditioning through real-life clinical exposure, reflective practice, and continuous feedback from mentors who embody Islamic professional values (Prayitno et al., 2020).

Moreover, the limited time spent with patients, often constrained by the demands of clinical procedures, can unintentionally shift the focus toward biomedical outcomes while sidelining holistic patient care. From an Islamic perspective, this imbalance is problematic, as the concept of shifa' (healing) encompasses both physical and spiritual dimensions (Jayanti et al., 2022). Therefore, strategies such as structured bedside spiritual care sessions,

integration of adab assessment into clinical evaluations, and the use of role-modeling techniques can help ensure that Islamic values are not treated as supplementary knowledge but as an intrinsic part of medical professionalism (Coronel et al., 2025; Fatimah et al., 2025).

In the study by Anggie (2018) titled *Analysis of the Implementation of Ethics and Health Law in the Provision of Health Services at Nene Mallomo Hospital, Sidenreng Rappang Regency*, it was found that the application of ethics by healthcare professionals reached 99% in the "good" category, with 2% in the "poor" category. The difference in the present study lies in the sampling—Anggie's research involved various healthcare workers, not exclusively physicians. The findings of the present study are therefore not entirely aligned.

Similarly, in the study by Rieke (2015) titled *Overview of the Application of the Indonesian Medical Code of Ethics (KODEKI) among General Practitioners in Public Health Centers in Padang City*, 21 general practitioners who participated as respondents were categorized as "poor" in the KODEKI Reflection Questionnaire. These results are relatively consistent with our findings, which also indicate suboptimal implementation.

In another study by Sofia (2020) titled *Review of the Application of Medical Ethics in the Provision of Health Services during the COVID-19 Pandemic Era*, the results demonstrated that healthcare services and ethical practices were in accordance with prevailing laws and regulations. This contrasts with our findings.

Previous research has highlighted the importance of integrating moral and religious values into medical education. For example:

a. Al-Eraky et al. (2014) demonstrated that the cultivation of medical professionalism requires a holistic approach, including spiritual values and local ethics.
b. Abu-Raiya and Pargament (2011) emphasized that religiosity, including Islamic values, can play a role in fostering empathy, compassion, and professional integrity.

The present findings support and strengthen previous research by highlighting that the integration of Islamic values—such as *ihsan* (excellence), *amanah* (trustworthiness), and *rahmah* (compassion)—not only enhances professionalism but also provides a strong spiritual foundation for navigating ethical dilemmas and workplace pressures.

A key distinction of this study is its direct focus on the implementation of Islamic values in strengthening professionalism, as well as the development of an integrative curriculum, which remains relatively underexplored in the literature.

Several important implications for curriculum development in medical faculties include:

a. Integration of Islamic Values into Ethics and Professionalism

Courses – Values such as honesty (*siddiq*), responsibility (*amanah*), and compassion (*rahmah*) can be used as indicators in assessing student professionalism.

b. Contextual Learning Based on Islamic Case Studies – The use of ethically challenging cases approached from an Islamic perspective can train students to manage clinical situations professionally and spiritually.
c. Interdisciplinary Collaboration – Involving lecturers from Islamic law or philosophy alongside medical faculty members in curriculum design can make the application of Islamic values more practical.
d. Holistic Professionalism Assessment – Beyond cognitive and technical skills, curricula should systematically assess students' affective and spiritual competencies.

To strengthen physician professionalism based on Islamic values, several implementable steps can be applied:

a. Early Training in Islamic Professional Character – Student orientation can include training in the manners (*adab*) and ethics of the medical profession from an Islamic perspective.
b. Mentorship by Islamic Role Models – Establish mentoring programs with doctors or faculty members known for their integrity and religiosity, and provide informal discussion forums on common ethical and spiritual dilemmas faced by Muslim physicians.
c. Islamic Co-curricular Activities – Organize regular study circles (*halaqah*) on Islamic medical ethics and conduct community service programs that combine health services with *da'wah* to instill the principle of *rahmatan lil 'alamin* in medical practice.
d. Value-based Professionalism Assessment Systems – Incorporate Islamic values into professionalism assessment rubrics to ensure they are prioritized alongside clinical skills.

Conclusion

The following conclusions were drawn:

a. The assessment of the recitation of the Al-Fatihah Quran has been achieved well.
b. The memorization of selected surah, such as verses on creation and human development, worship and health, food and drink, and selected prayers, has been achieved well.
c. The implementation of Islamic etiquette in medical services has not been going well.

This study emphasizes the need for structured and continuous integration of Islamic values in medical education, supported by appropriate assessment systems. Efforts to reinforce

professionalism should include early training in Islamic character, role modeling by lecturers and physicians, case-based learning from an Islamic perspective, and holistic assessment that values spiritual and moral competencies alongside cognitive and technical skills.

1. **Recommendations:**
   a. Incorporate Islamic values into the formal curriculum, particularly in ethics and professionalism courses.
   b. Strengthen mentoring systems with role models who exemplify Islamic professional conduct.
   c. Develop assessment tools that measure professionalism holistically, including spiritual and moral dimensions.
   d. Facilitate co-curricular programs that integrate community service with Islamic teachings to foster empathy and compassion in future physicians.

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