Strides Dev Med Educ. 2027; 24(1):e1749. doi 10.22062/sdme.2026.202534.1749

Letter to editor

Beyond Secular Humanism in Medical Education: A Framework for Spiritual Mentorship and Meaning-Making in Generation Z

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Received: 2026 May 05; Revised: 2026 August 16; Accepted: 2026 September 14; Published online: 2026 November 15

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Citation: Soleymani S. Beyond Secular Humanism in Medical Education: A Framework for Spiritual Mentorship and Meaning-Making in Generation Z. Strides Dev Med Educ. 2027; 24(1):e1749. doi:10.22062/sdme.2026.202534.1749

Keywords: Spiritual Health; Medical Education; Generation Z

Dear Editor,

Statement of the Problem and Significance of the Study

Generation Z (defined here as individuals born approximately between 1996 and 2011 [1375–1390 in the Iranian solar calendar]) an increasingly large share of today's medical students, and of the patients they will treat, and despite unprecedented access to health technologies, faces increasing rising rates of psychological distress and a documented loss of meaning in professional life (1, 2). The religious identity of this generation is also increasingly shaped by digital technologies (3). At the same time, medical education and health services in many parts of the world, under the dominance of a secular and humanistic attitude, have separated health from the context of meaning and fiṭrah (4, 5). The necessity of redefining the theoretical foundations of medical education and spiritual health based on Islamic teachings, especially the concepts of "fiṭrah, (the innate spiritual disposition toward goodness and truth)" "tarbiyah, ((holistic character-building and value-oriented education)" and "ḥikmah, (clinical and practical wisdom integrating knowledge with moral action)" is strongly felt for Generation Z (6-8).

Theological Foundations: Rethinking Health and Education Through an Islamic Epistemological Lens

1. Critique of Medical Humanism through the Principles of "Fiṭrah" and "ʿUbūdiyyah": From Disconnected Autonomy to Dignity Connected to the Origin

Modern humanism in medicine, with its emphasis on patient autonomy, has achieved advancements in patient-centeredness and respect for individual choice. However, if autonomy is reduced to mere self-grounding disconnected from meaning, it can undermine the spiritual health of both patient and therapist. Islam considers human dignity to lie in ʿUbūdiyyah (the conscious ethical awareness of human servanthood to the Divine) and connection to the Creator: "And we have certainly honored the children of Adam" (Al-Isra: 70), and the core of this dignity is the divine fiṭrah: "the fiṭrah of Allah upon which He has created [all] people" (Ar-Rum: 30). In Generation Z, fiṭrah manifests as questioning and the search for meaning, and medical education can, through "tadhkīr" (reminding), guide it toward spiritual health and responsibility (8).

2. Challenging secular medical education through the Concepts of "Tarbiyah" and "Wilāyah": From Directionless Freedom to Purposeful Freedom in the Service of Responsibility

Secular medical education, with its emphasis on freedom without authority, can lead to moral relativism among healthcare providers. In contrast, the Quranic concept of "tarbiyah" is a gradual, holistic, and guided process for the flourishing of the cognitive, moral, spiritual, and emotional dimensions of the human being (9). In this framework, "wilāyah" does not mean the

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elimination of freedom, but rather guardianship and guidance of the teacher as a guide who accompanies the student on the path of growth. Thus, freedom and responsibility are not two opposing poles, but complementary; learning can be both pleasurable and responsibility-generating. The integration of Islamic values with modern educational technologies can also strengthen the professional identity of Generation Z against ethical crises (2).

3. From the Duality of Science and Religion to Epistemological Unity in the Service of Health: Following the two previous arguments, the principle of "comprehensiveness" in Islam does not draw a boundary between science and religion. The first revealed verses, "Read in the name of your Lord who created" (Al-Alaq: 1), establish the intertwining of reading (science) with the name of the Lord (faith) and give meaning to the acquisition of science in the path of God's pleasure. The Quranic model of "ta'līm" (teaching) also integrally cultivates cognitive, moral, and spiritual growth (9). The fruit of this perspective for Generation Z is the attainment of "ḥikmah" (wisdom): the ability to distinguish truth from falsehood and to find the meaning of healing within medical knowledge, not merely the accumulation of information.

Conclusion and Innovative Ideas for the Medical Education System

The analyses indicate that the failure to provide spiritual health for Generation Z is rooted in foundations that have stripped meaning from science and health; the relocation of pedagogical content from a purely technical-clinical frame to an integrated epistemological one (10). The following two executive proposals can initiate this path:

1. Awakening Fiṭrah through Interactive Tools, Not Direct Gamification of the Concept of Fiṭrah: Instead of gamifying the sacred concept of fiṭrah itself, "serious educational games" can be used that awaken fiṭrah through concrete situations (11). For example, an application could be designed that presents the student with the scenario of "conflict between the patient's wishes and true best interest"; after the student's choice, the relevant ethical/jurisprudential reasoning and the verse "And We have certainly honored the children of Adam" (Al-Isra: 70) are intelligently displayed. This approach activates innate truth-seeking within the context of clinical decision-making, without reducing sacred concepts to game tools.

2. Spiritual Mentor Model Alongside the 'Educational Supervisor' Establishing Reflective Support: The educational supervisor primarily focuses on assessing clinical skills and safety, whereas the "spiritual mentor" plays the role of a mentor and facilitator of critical reflection (12). A practical example: forming virtual reflection groups after encountering a medical error or the death of a patient, with the presence of a professor proficient in digital media, so that the digital experience of Generation Z is transformed from passive information consumption into faith-based agency and committed critical thinking. This model can first be implemented as a pilot in selected clinical departments and then generalized.

3. Operationalizing the Human-Centered Framework: Implementation and Evaluation: To translate this philosophical perspective into practical educational practice, we propose a two-tiered model integrating educational supervision with spiritual mentorship. The core distinction between these complementary roles is summarized in Table 1.

Table 1. Operational Comparison Between Conventional Educational Supervision and the Proposed Spiritual Mentorship Model

Dimension	Conventional Educational Supervision	Proposed Spiritual Mentorship Model
Primary Objective	Assessment of clinical competencies, procedural skills, and curricular milestones.	Cultivation of professional identity, inner resilience, and existential meaning.
Approach to Clinical Errors	Corrective, evaluative, and institutional-risk focused.	Reflective and restorative; examining emotional vulnerability and ethical integrity.
Encounter with Patient Death	Documentation and procedural debriefing.	Facilitated existential reflection, processing grief, and affirming human dignity.
Pedagogical Modality	Formal evaluations, logbooks, and objective structured assessments.	Reflective circles, serious ethical gaming scenarios, and individualized mentoring.

Note: *Comparison highlights the shift from purely competence-driven clinical oversight to a holistic, values-based mentorship framework tailored for Generation Z learners in medical education. While conventional supervision prioritizes measurable milestones and procedural correction, the proposed spiritual mentorship model fosters existential resilience, emotional processing of clinical trauma (such as patient loss), and holistic professional identity formation without compromising clinical standards.*

Proposed Implementation Metrics:

When piloting this framework in academic healthcare settings, programs can monitor institutional impact using measurable outcomes:

Student Well-Being and Resilience: Validated burnout and professional vitality scales pre- and post-mentorship.

Reflective Engagement: Participation rate and perceived psychological safety in post-incident reflective debriefs.

Ethical Self-Efficacy: Longitudinal assessment of students' perceived preparedness to navigate ethical and existential dilemmas in clinical clerkships.

Acknowledgements: None.

Conflict of interests: The author declares no conflict of interest regarding the publication of this manuscript.

Ethical approval: Not applicable. This manuscript is a conceptual commentary and does not involve human participants, patient data, or animal experimentation.

Funding/Support: This work received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

Authors Contributions: Soleimani S. Conceptualization, literature review, writing—original draft, writing—review and editing, and final approval of the manuscript. He is accountable for all aspects of the work and has approved the final version for publication.

Data Availability: Not applicable.

Artificial Intelligence (AI) Usage Declaration: The author declare that no artificial intelligence (AI)-assisted technologies were used in the preparation, writing, analysis, or presentation of this manuscript.

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