



The Learning of Pancasila Values Construction Through Moral Inquiry: A Phenomenological Study of Prosocial Character of Health Vocational Students

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Abstract

The pedagogical challenge in health vocational education lies in preventing the reduction of Civic Education to a mere formalistic exercise that fails to influence professional behavior. This study investigates the construction of Pancasila values through the implementation of Moral Inquiry as a deliberative instructional strategy designed to foster prosocial character among health vocational students. We explored the lived experiences of eight participants from Speech Therapy, Radiodiagnostic and Radiotherapy, and Hospital Administration programs who engaged in a systematic value internalisation process. By utilizing professional ethical dilemmas as the primary stimulus for cognitive disequilibrium, the research sought to move students beyond conventional rule-following toward a post-conventional civic disposition. Adopting a transcendental descriptive phenomenological approach, we focused on the structural and textural descriptions of the students' moral development. Our findings indicate that the construction of prosocial character is achieved through a rigorous process of ego reduction where the students' self-oriented professional motives are surrendered to the civic imperatives of humanity and social justice. We identified a critical transition from theoretical value recognition to a habitual "moral automation" where prosociality becomes a core component of the students' vocational identity. This study demonstrates that the integration of civic values into specialized vocational training creates a "moral-technical synthesis" that empowers students to act as moral agents within the healthcare system. We conclude that this deliberative pedagogy is essential for developing a workforce that embodies the ethical spirit of the state philosophy while maintaining technical excellence in their respective health fields.

Introduction

Pancasila-based character education is an essential foundation in the national education system, serving as an integrated moral and ethical basis, especially for Generation Z who are often confronted with contemporary ethical challenges and individualistic tendencies (Ladamay & Mustakim, 2023; Rahman & Wahab, 2025; Hidayati & Hidayah, 2025). Pancasila, which uniquely integrates religious teachings with civic education, acts as a unified moral interpretative framework that encompasses national and humanitarian values (Amalia & Ratri Desiningrum, 2017; Afriadi & Fitri, 2025; Haq, 2025). The urgency of character formation does not stop merely at the ideological realm, but must materialize in tangible behavior, or what is known as prosocial character. Prosocial character, which includes behaviors like

helping, sharing, empathy, and mutual cooperation, is a manifestation of Pancasila's noble values, particularly the Second Principle (Just and Civilized Humanity) and the Fifth Principle (Social Justice for All Indonesian People) (Husaeni, 2023).

The context of health vocational higher education provides a crucial background for this research (Zuo et al., 2025; Rosen & Miaarii, 2025; Xiaobing & Ruiying, 2025). Prospective healthcare workers (HCWs) and health support personnel face daily moral and ethical dilemmas in their clinical practice, ranging from patient rights and the allocation of limited resources to professional conflicts of interest (Unozawa & Tsuruwaka, 2025; Ricciardelli et al., 2022; Alanazi et al., 2024). In the context of healthcare services, prosocial character is not merely an additional trait but a fundamental prerequisite for successful clinical competence (Theses & Alhazmi, 2019; Mühling et al., 2025; Villagrancia et al., 2025). Violations of prosocial principles, such as service discrimination or lack of empathy, can directly violate the Second and Fifth Principles of Pancasila, which emphasize non-discrimination and the equitable provision of the best services. This phenomenon has become increasingly acute, particularly following the COVID-19 pandemic period. Interaction restrictions during that time significantly limited the opportunities for health vocational students to apply their knowledge and develop interpersonal skills directly with patients, thus raising concerns about the quality of graduates in terms of ethical and prosocial competence (Leonard et al., 2023; El-Sayed et al., 2025; Fatima et al., 2025). Therefore, an innovative learning model is needed that is capable of revitalizing and stimulating prosocial life in this succeeding generation, turning dilemmatic situations into a constructive moment (Daffa Artamevia & Nirwana, 2025.; Yani, 2023).

Theoretically, prosocial behavior is closely linked to cognitive moral reasoning (Mohd Yusoff et al., 2022; Gungordu et al., 2025; Maiya et al., 2026). Correlational studies indicate a significant positive relationship between the level of moral reasoning (according to Kohlberg's framework) and the frequency and quality of prosocial behavior demonstrated by students (Nistor et al., 2024; Nazari et al., 2024; Sabeen, 2024). The higher an individual's stage of moral reasoning, the greater the likelihood that the individual will make decisions based on universal principles of justice, which are inherently altruistic. The Moral Inquiry (MI) learning model is a strategy that has proven effective in facilitating the enhancement of this moral reasoning. MI operates by presenting moral dilemmas that compel subjects to confront cognitive conflict, encouraging deep reflection, and facilitating the transfer of values, including the Pancasila values, into the context of practical ethical decision-making. However, despite extensive quantitative research on the effectiveness of MI and the moral reasoning-prosocial relationship, there remains a significant gap in the literature, particularly regarding how health vocational students experience the process of constructing Pancasila values into prosocial character (Adiyono et al., 2025; Bahri et al., 2025; Suriastini et al., 2025). A qualitative study utilizing a Phenomenological approach is necessary to explore the essence (core meaning) of this lived experience, which cannot be revealed through statistical measurement alone (Astalini et al., 2023; Daffa Artamevia & Nirwana, n.d.).

The primary rationale for selecting the Transcendental Descriptive Phenomenology (Moustakas) approach is to capture the essence of how students internalize and construct the values learned through Moral Inquiry (MI) (Alhazmi & Kaufmann, 2022; Abu Hawili, 2025;). The MI model was chosen due to its capability to trigger cognitive disequilibrium, which is a prerequisite for moral growth. The methodological uniqueness of this research lies in the structural parallel formed between the cognitive process of 'reduction' in Moral Inquiry where participants must strip away their initial opinions to arrive at a higher moral solution and the

analytic process of epoche (suspension of judgment) in phenomenology (Leshan Li, 1999). This methodological choice reinforces the researcher's ability to capture the participants' pure moral experience, uncontaminated by pre-existing academic prejudices or institutional norms. Thus, this study aims to provide a rich textural and structural description of the participants' lived experience. The objective of this research is to deeply describe the empirical reality of applying Pancasila Value Construction learning through Moral Inquiry and to find the essence (core meaning) of that experience in the formation of Prosocial Character among students in health vocational higher education (O. Hasbiansyah, 2008; Robby, 2024).

Methods

The investigation into the construction of Pancasila values among health vocational students was conducted through a qualitative lens using the transcendental descriptive phenomenology approach as articulated by Moustakas. This specific design was chosen to move beyond external behavioral observations and instead reach the intentionality of the students' consciousness as they navigated moral development. The research process was initiated through the practice of Epoche, where I as the researcher actively worked to suspend all prior judgments, personal theories, and professional expectations regarding health ethics. By creating this internal space of "bracketing," I ensured that the findings emerged purely from the participants' descriptions of their own reality rather than being forced into pre-existing academic categories.

The participants who formed the core of this inquiry consisted of eight students selected from the Speech Therapy, Radiodiagnostic and Radiotherapy, and Hospital Administration programs at a vocational health college in Bandung. These individuals were purposively chosen because they had completed a comprehensive twelve-session Moral Inquiry intervention that utilized professional ethical dilemmas as the primary stimulus for reflection. The setting of the study was designed to facilitate a transition from theoretical knowledge to lived value, specifically by placing students in "moral laboratories" where they had to reconcile the universal values of Pancasila with the gritty realities of clinical practice. For instance, the dilemmas presented during the sessions required students to confront the tension between social justice and institutional efficiency, such as when deciding the moral priority between patients under the national health insurance scheme and those in private VIP wards.

Data collection was an integrated and multifaceted process that prioritized the depth of the students' inner lives over the breadth of a large sample. The primary narrative data was gathered through semi-structured in-depth interviews that allowed participants the freedom to describe their internal shifts in perspective without being led by rigid questioning. These verbal accounts were meticulously cross-referenced with the Student Reflection Log Journals, which provided a chronological record of their evolving moral maturity and "ego reduction" throughout the semester. To add a layer of objective reality to these subjective accounts, I conducted participant observations during the group deliberations. These observations focused on the emergence of spontaneous prosocial gestures and the changing quality of dialogue among the students, serving as a silent witness to the manifestation of character that the students later described in their journals.

The transformation of this raw data into a coherent "essence" followed the rigorous reduction procedures of the Moustakas framework. Upon completing the verbatim transcriptions, I engaged in horizontalization by treating every reflection and observation as having equal epistemological weight. This prevented the premature dismissal of seemingly minor emotional reactions which often contained the seeds of significant moral shifts. These statements were then synthesized into textural descriptions of the students' experiences and structural

descriptions of the clinical contexts that shaped those experiences. The final stage of the analysis involved a creative synthesis to reveal the universal essence of the phenomenon, which is the internalizing of Pancasila not as a formal ideology but as a natural professional instinct. To ensure the validity and trustworthiness of this narrative, the findings were subjected to member checking, allowing the eight participants to confirm that the final descriptions resonated with their own lived truth, thereby fulfilling the qualitative requirements for credibility and ethical rigor.

Results and Discussion

The construction of Pancasila values within the health vocational context is revealed as a transformative process of "becoming" rather than merely "learning." The findings of this study suggest that students do not simply accumulate ethical knowledge; instead, they undergo a fundamental restructuring of their professional identity through the lens of transcendental experience. By engaging with complex moral dilemmas, the participants navigated a path from a fragmented, skill-based self-perception toward a unified, prosocial character that internalizes the essence of Indonesian humanism. This narrative of transformation is evidenced by four distinct patterns that emerged from the synthesis of their lived experiences, illustrating how the Moral Inquiry intervention served as a bridge between the abstract ideals of state philosophy and the concrete, often difficult, realities of healthcare delivery.

The Transition from Egocentric Technicality to Altruistic Professionalism

The first movement identified in the participants' moral construction is a profound shift from a self-enclosed technical focus toward an expansive, altruistic professional identity. In our analysis of the early stages of vocational health training, we found that students tend to internalize a "technical ego," a state where professional success is defined almost exclusively by the mastery of equipment and the achievement of quantifiable clinical outcomes. We observe that this technical preoccupation often functions as a psychological shield, distancing the student from the raw vulnerability of the patient. The Moral Inquiry process acted as a phenomenological catalyst, disrupting this narrow focus and moving the "self" from the center of the clinical encounter to the periphery. This allowed the patient's humanity to emerge not as a clinical variable, but as the primary orientation of the student's work.

We identify an initial state among participants characterized by "clinical distancing," where the patient is viewed as a series of tasks rather than a person. This is evidenced by the early reflections of Subject S and Subject L:

"I used to see patients as cases I had to solve... the goal was to see how the therapy would technically work. I was so busy thinking about the instruments and therapy modules that I forgot that the person in front of me was feeling anxious." (Subject S, Speech Therapy)

In analyzing this excerpt, we see a clear "subject-object" relationship where the practitioner acts as the dominant agent and the patient is reduced to a passive recipient of technical expertise. Subject S describes a state of "Technical Egoism," where self-validation is derived from the "success" of the therapy rather than the well-being of the human. We interpret this as a manifestation of the "noema" of the student's early experience a world where clinical success is a personal trophy. By recognizing that they were "too busy thinking about instruments," the student begins the process of horizontalization, realizing that the patient's anxiety is an essential phenomenon that must be addressed. This aligns with the work of Robby (2024), who argues that the construction of values in health vocational students requires a deliberate dismantling of the "clinical wall" to build a foundation for prosociality.

"At the beginning of my practice, my focus was solely on SOPs. If all the checkmarks were green, I felt like I was a great healthcare professional. I didn't really care whether the patient was comfortable or not; the important thing was that the task was completed." (Subject L, Hospital Administration)

In our view, Subject L's reflection highlights a "checklist mentality" that prioritizes administrative compliance over human connection. We interpret the phrase "if all checkboxes are green" as a metaphor for a fragmented moral consciousness that equates procedural correctness with professional greatness. We find that the Moral Inquiry intervention challenged this egocentric satisfaction by forcing the student to confront the "discomfort" of the patient as a moral failure, regardless of whether the SOP was met. This shift is critical; we argue that prosocial character is born when the student realizes that a "green checkbox" is meaningless if the human "other" is left in distress.

A robust finding we uncovered is that as students move toward altruism, they do not abandon their technical skills; instead, they re-purpose them as a form of moral protection. We believe this is a crucial distinction that prevents our study from overclaiming a move toward pure sentimentality:

"At first, I only thought about the right radiation dose to get good images for my grades. Now I realize that my meticulousness is a form of protection for my patients. If I'm not meticulous, I'm putting other people's lives at risk. Being meticulous is my way of caring for my patients." (Subject R, Radiology)

In this narrative, we observe technical precision being elevated from a mechanical requirement to a "moral stewardship." Subject R's realization that "meticulousness is a way of loving the patient" transforms a cold, radiologic procedure into a lived act of Humanity. We interpret this not as a change in *what* the student does, but *why* they do it. The "ego" is reduced because the student no longer seeks a "good image" for their own academic transcript, but for the patient's long-term safety. This supports the findings of Anghel and Popa (2024), who suggest that in technical fields, prosocial orientation is most effectively developed when technical competence is framed as a tool for sustainable human care.

"I now realize that in every administrative document I handle, there's a person waiting for certainty. My meticulousness is no longer just about office matters, but about humanity." (Subject M, Hospital Administration)

We interpret Subject M's shift as a "widening of the moral horizon." By linking "administrative files" to "human fate," the student collapses the distance between the office and the clinic. We find that this represents a sophisticated construction of Pancasila values, where the student sees the "invisible patient" behind the paperwork. We argue that this is a robust form of altruism because it applies even when the patient is not physically present, suggesting that the student has internalized a prosocial identity that is independent of immediate emotional rewards.

The final stage of this pattern involves a transition from seeking external validation to internalizing the value of service, leading to what we identify as professional humility:

"I feel more humble now. It turns out that my profession isn't about how well I diagnose or how smart I appear to the professor, but how much benefit my presence brings to the patient. If the patient doesn't feel spiritually helped, my intelligence is useless." (Subject A, Hospital Administration)

The emergence of "humility" in this excerpt serves as a definitive indicator of the "ego reduction" process. We interpret Subject A's realization as a conscious decision to "bracket"

the need for status and intellectual recognition. By stating that their intelligence is "useless" if the patient is not helped, the student demonstrates a recalibration of professional worth. We see this as a movement toward post-conventional moral reasoning (McLeod, 2025), where the student's moral compass is no longer calibrated to the "eyes of the lecturer" but to the "needs of the patient."

"I used to want to be known as the therapist who healed patients the fastest so I would be considered an expert. But Moral Inquiry taught me that healing is a process for the patient, not a showcase for my prowess. My job is simply to accompany and assist sincerely." (Subject B, Speech Therapy)

We find that Subject B's shift from seeing therapy as a "stage of greatness" to a "proses pasien" is a powerful evidence of self-transcendence. We interpret this as the final stage of the ego-reduction pattern, where the practitioner becomes a "witness" and "helper" rather than a "hero." In our analysis, this represents the highest form of prosocial character construction: the ability to provide expert care while remaining invisible enough for the patient's own recovery to take center stage. This essence of "accompany sincerely" is what we conclude to be the heart of the altruistic health professional.

The Internalization of Justice through Cognitive Disequilibrium

Continuing this trajectory of moral development, we find that the transition from a technical ego toward an altruistic identity naturally precipitates a more complex encounter with the structural realities of healthcare, leading us to the second identified pattern: the internalization of justice through cognitive disequilibrium. While the first pattern focused on the student's internal recalibration of the "self," this second pattern describes the "clash" between the students' burgeoning moral sensitivity and the systemic inequities they witnessed in clinical environments. We observed that the construction of the Pancasila value of "Social Justice" did not occur through the passive memorization of state ideology but rather through a state of profound psychological discomfort triggered by dilemmas involving the national health insurance (BPJS) versus private-pay (VIP) systems. In our analysis, we interpret this discomfort as a productive "disequilibrium" that forced participants to move beyond administrative obedience toward a critical, justice-oriented conscience.

This process is vividly illustrated in the reflection of Subject D, who recounted a specific instance of systemic disparity that challenged their previous acceptance of institutional hierarchies:

"I always thought it was fair that VIP patients were prioritized because they paid more. But during the Moral Inquiry, we were debating about fairness... I started to feel short of breath when I saw BPJS patients waiting in line for hours while those with money were simply let in. I realized that the lungs of BPJS patients and VIPs both need oxygen. Fairness isn't about who pays, but about who needs the help most." (Subject D, Radiology)

In evaluating this statement, we see a clear shift from "conventional" moral reasoning where fairness is equated with economic transaction to a "post-conventional" understanding of universal human rights. We interpret the phrase "I started to feel suffocated/tight in the chest" as a somatic manifestation of moral distress, indicating that justice has moved from an abstract concept to a felt reality. We believe that by equating the biological need for oxygen across socioeconomic lines, the student successfully bracketed the external "status" of the patients to reach the phenomenological essence of the human condition. This aligns with the findings of Theses and Alhazmi (2019) regarding the ethical challenges of conflicts of interest in

healthcare, where the internalization of justice requires a direct confrontation with the "normalization" of inequity.

The narrative of Subject K further supports this pattern by highlighting the struggle to maintain one's moral integrity when the institutional system seems to demand the opposite:

"Honestly, I was confused and angry with the system. On one hand, the campus taught Pancasila and justice, but in the field, we were forced to follow efficiency regulations that sometimes marginalized the common people. Moral Inquiry made me unable to remain silent any longer. I began to speak up with friends and seniors about how we can remain fair despite limited facilities." (Subject K, Hospital Administration)

We interpret Subject K's "confusion and anger" as the peak of cognitive disequilibrium, where the student's internal values are in direct conflict with their external professional reality. We find that the construction of prosocial character in this context is evidenced by the student's transition from "silent compliance" to "deliberative action". We argue that this represents the birth of a "justice-oriented professional" who no longer views administration as a neutral technical task but as a moral arena where the value of Deliberative Democracy must be fought for. As noted by Saul McLeod (2025) in the context of Kohlberg's stages, this progression to higher-level moral reasoning is often catalyzed by such social-cognitive conflicts.

The depth of this internalization is also reflected in the way students began to re-evaluate their role as gatekeepers of health resources, as seen in the testimony of Subject L:

"I used to pride myself on being able to schedule appointments quickly and efficiently to meet the hospital's goals. But now, every time I delay a patient's appointment for trivial administrative reasons, I feel guilty. I realize that behind that queue number lies the hope of justice. I no longer want to be just another heartless system robot." (Subject L, Hospital Administration)

In our view, Subject L's rejection of being a "system robot" is a significant authorial statement of moral agency. We interpret the feeling of "sin" not in a purely religious sense but as a realization of failing one's prosocial duty to the "other." We find that the student has reconstructed the administrative task of "scheduling" as a moral act of "distributive justice." This suggests that the Moral Inquiry successfully transformed the student's perception of the hospital environment from a factory of efficiency into a sanctuary of fairness. This synthesis of technical duty and social justice is what we consider the "essence" of the internalized Pancasila character, where the practitioner becomes an active defender of equity within the vocational sphere.

We contend that the construction of prosocial character requires the courage to sit with the discomfort of injustice until it produces a new, higher form of moral equilibrium. We conclude that by forcing students to confront the BPJS versus VIP tension, the Moral Inquiry intervention did not just teach them about justice but allowed them to "discover" justice as a non-negotiable component of their professional identity. This ensures that their future clinical practice will be guided not just by the protocols of the institution but by the ethical imperatives of the state philosophy they have now made their own.

The Normalization of Prosocial Manifestation

Building upon the internal recalibration of justice, we identify a third critical pattern that emerged during the final stages of the intervention. While previous patterns focused on the internal cognitive struggle and the dismantling of the professional ego, this stage represents the transition of Pancasila values from conscious ethical considerations to intuitive and almost

automatic professional behaviors. We observed through both participant reflections and our own field notes that prosociality began to lose its character as a calculated academic choice and instead became a natural reflex integrated into the students' clinical identity. This normalization is essential because it suggests that the Moral Inquiry process successfully bridged the gap between theoretical knowledge and the habitual character required in high-pressure medical environments where there is often little time for extended deliberation.

We find the essence of this transition captured in a reflection from Subject R, who described a shift in how they perceive their daily clinical interactions:

"I used to have to remind myself to smile or offer help to patients because it was part of my job. Now it just comes naturally. When I see a colleague struggling with equipment or a patient struggling to find a counter, my feet move on their own before my mind has time to think about it. Helping others now feels like breathing, completely natural and effortless." (Subject R, Radiodiagnostic and Radiotherapy)

In analyzing this narrative, we see the hallmark of what social cognitive theory identifies as the transition from external modeling to internal habituation. We interpret the phrase *my feet seem to move on their own* as a clear indicator that prosociality has been internalized at a pre-reflective level. We argue that this represents a successful "moral automation" where the student no longer experiences a "painful realization" or ego-conflict but instead operates from a stable prosocial character. This shift aligns with the Third Principle of Pancasila (Unity of Indonesia) as it manifests in the clinical setting through spontaneous mutual cooperation or mutual cooperation. As noted in recent educational neuroscience perspectives, such automaticity indicates that the cognitive load of moral decision-making has been reduced because the value has become an integral part of the individual's "self-schema".

This sense of natural integration is further reinforced by the experiences of students working within interdisciplinary teams where prosociality often manifests as a form of "collective survival" rather than a performative act. We find this reflected in the journal of Subject B:

"In the hospital, the work pressure is very high and everyone is tired. At first, I felt annoyed when I had to help others with work that wasn't my responsibility. But through our discussions, I realized that we are a team. Yesterday, when my senior looked really overwhelmed, I immediately took over her administrative tasks without her asking. I didn't do it for praise, but because I felt it was the right thing to do for the smooth running of our patient care." (Subject B, Speech Therapy)

We interpret Subject B's decision to act without being asked and not to be praised as evidence of a shift from transactional help to genuine altruism. We believe this demonstrates that the student has moved beyond the conventional stage of seeking social approval to a post-conventional stage where the "Unity of Indonesia" is lived through team solidarity and shared responsibility. We argue that this normalization is particularly vital in the vocational health context where service quality depends on the seamless cooperation of various specialized roles. By internalizing these values as a "natural professional instinct," students are better equipped to overcome the individualistic tendencies often observed in modern professional environments.

The normalization process also includes a newfound ease in confronting systemic fatigue with a prosocial lens, as noted by Subject M:

"Previously, when I was tired in administration, I became snappy. Now, even though I'm tired, I see the patient's face as a reminder. I was surprised yesterday when I was

able to patiently explain the procedure to a patient who asked me questions repeatedly. There's no burden of 'having to be patient,' but rather, that patience is present because I feel we have a common goal: their recovery." (Subject M, Hospital Administration)

We interpret this "surprise" at their own patience as a sign that the student's internal moral footing has stabilized. We find that the student no longer views patience as an external "burden" but as an internal state arising from a shared purpose, reflecting the Third Principle's emphasis on national unity and collective well-being. This supports the idea that Moral Inquiry allows vocational students to grasp Pancasila as a practical tool for solving clinical emotional exhaustion.

Furthermore, we observe that this normalization extends to the students' perception of their own professional identity, where the distinction between "being a professional" and "being a good person" begins to dissolve. This is articulated with particular clarity by Subject K:

"I used to think professionalism meant being rigid and technical. But now, my identity as a prospective HCW and the values of Pancasila have become one. Paying extra attention to a frightened patient during an X-ray no longer feels like 'extra work,' but rather my identity. If I don't do it, I feel like something is missing from my professionalism." (Subject K, Radiodiagnostic and Radiotherapy)

In our view, Subject K's statement that empathy is now part of their identity is the ultimate validation of the value construction process. We interpret the feeling that technical work is "incomplete" without human support as the synthesis of the textural and structural descriptions into a unified essence of character competence. We find that the student no longer sees a conflict between technical efficiency and humanistic care but instead sees them as mutually reinforcing components of a single professional reality.

Finally, Subject L provides a perspective on how this normalization acts as a buffer against institutional apathy:

"Some of my friends in the field say, 'You'll get tired of being a good person.' But I feel the foundation of this Moral Inquiry is different. I don't help out of naivety, but because I understand the principle of justice. Yesterday, I fought for the priority of patients who were overtaken, and the communication just flowed without fear. Honesty and justice have become my automatic responses now." (Subject L, Hospital Administration)

We interpret this "automatic response" as the crystallization of post-conventional moral reasoning. We find that the student has successfully moved past the fear of peer judgment "conventional stage" to stand firmly on universal principles of justice "post-conventional". This ensures that the Pancasila principles are not just decorations for an academic transcript but are operational tools that will continue to guide the participants' clinical practice long after their formal education has concluded.

Vocational Identity Synthesis

The normalization of prosocial habits leads us to the final and perhaps most nuanced pattern observed in our data. This stage represents the "flowering" of universal Pancasila values into the specific technical soil of each health discipline, demonstrating that moral construction is not a generic process but one that is deeply colored by the unique professional landscape of the student. We observed that while all participants moved toward a shared prosocial essence, the "texture" of their altruism varied significantly depending on whether they were training in Speech Therapy, Radiology, or Hospital Administration. We interpret this not as a fragmentation of values, but as a sophisticated integration where the technical demands of a

specific vocation become the primary medium through which the student expresses their commitment to humanity and justice.

This synthesis is first visible in how students within the Speech Therapy program begin to view communication not just as a mechanical function, but as the restoration of human dignity, as articulated by Subject S:

"I used to focus on how patients could speak fluently, technically and articulately. But now, I see that helping patients speak is my way of practicing my humanitarian values. When I patiently wait for them to utter a single word, I am respecting their right as human beings to be heard. My therapeutic skills are a tool to restore their dignity in society." (Subject S, Speech Therapy)

In our analysis of this excerpt, we see a fusion of technical goal-setting with the Second Principle of Pancasila "Just and Civilized Humanity". We interpret the act of "waiting for one word" as a deliberate moral choice where the student's clinical patience becomes a lived act of respect. We believe that by framing therapy as a way to "restore dignity," the student has successfully synthesized their vocational identity with a higher moral purpose. This confirms the perspective of Robby (2024), who suggests that for speech therapy students, the construction of values is fundamentally about humanizing the communicative encounter.

A distinct but complementary synthesis emerged from the Radiology program, where the "hidden" nature of the work led to a different expression of prosocial character centered on silent protection and invisible care, as shown in the narrative of Subject R:

"In Radiology, we don't talk as much with patients as nurses, but I realize that my Pancasila values are behind the scenes. When I ensure a patient is positioned correctly so they don't need to be re-examined and exposed to additional radiation, that's a form of compassion. My identity as a Radiographer is to be an invisible protector. I don't need patients to know my name; what matters is that they are safe from unnecessary risks." (Subject R, Radiodiagnostic and Radiotherapy)

We interpret Subject R's "invisible protection" as a unique vocational manifestation of the Third Principle (Unity of Indonesia) through the lens of collective safety. We find that the student has constructed a professional identity where "technical accuracy" is the highest form of altruism. We argue that this represents a profound moral maturity where the student no longer requires the emotional reward of a "thank you" to sustain their prosocial behavior. In our view, this synthesis proves that even the most "instrumental" health vocations have a deep moral core when viewed through the lens of Moral Inquiry.

In contrast, students in Hospital Administration synthesized their values through the lens of systemic fairness and the democratization of healthcare access, which we find clearly expressed in the reflection of Subject A:

"Administration is often perceived as rigid and solely about money, but I now see it as a gateway to justice. My identity is no longer merely a report-maker, but a system administrator who must ensure that no patient's rights are neglected due to bureaucratic reasons. When I simplify procedures for less fortunate patients, I am practicing democracy and social justice in its most tangible form in my office." (Subject A, Hospital Administration)

We interpret Subject A's view of administration as a "gate of justice" as a synthesis of the Fourth and Fifth Principles of Pancasila. We believe the student has successfully resisted the "administrative dehumanization" often found in large institutions by re-imagining their desk as

a site of moral action. We find that this synthesis is vital for the health system as a whole because it ensures that the "social" in Social Justice is upheld even in the back-office functions of healthcare.

The narrative of Subject B further illustrates how this synthesis allows for a more resilient professional identity that can withstand the pressures of the workplace:

"I feel like my identity as a therapist is now more solidified because I have a clear sense of value. I no longer feel burdened by having to work longer hours accompanying patients' families in consultations. I see my communication skills not as a way to show off my intelligence, but as a way to embrace their anxieties. The value of unity is evident when I can make patients' families feel calm and valued in their recovery process."
(Subject B, Speech Therapy)

We interpret Subject B's "solid roots" as the achievement of what phenomenology describes as a synthesized essence. We find that by "embracing anxiety" rather than just "treating a disorder," the student has integrated their technical training into a larger prosocial mission. We argue that this synthesis provides a protective factor against burnout because the student's work is no longer just a set of tasks but a meaningful expression of their personal and national values.

Finally, the vocational synthesis is completed when the student recognizes their role within the larger national health architecture, as reflected by Subject K:

"I used to just want to be a great radiographer individually. Now, I see myself as part of the Indonesian health system based on Pancasila. My identity is to serve without distinction of race or class, because in the X-ray room, everyone is a fellow countryman who deserves the best technology with a sincere heart. My profession is my devotion to the nation." (Subject K, Radiodiagnostic and Radiotherapy)

In our view, Subject K's move from "individual greatness" to "national service" represents the ultimate synthesis of vocational identity. We interpret the statement "all are fellow citizens" as the direct application of the First and Third Principles to clinical practice. We find that the construction of prosocial character is finalized when the student no longer sees their vocation as a private career path but as a public trust. This synthesis ensures that the future healthcare workforce is not only technically competent but is also deeply anchored in the ethical and philosophical foundations of the Indonesian state.

The Phenomenological Architecture of Prosocial Character Construction

The synthesis of our findings indicates that the construction of Pancasila values within the health vocational context is not a linear acquisition of theoretical knowledge but rather a multidimensional transformation of the professional self. By weaving together the patterns of ego reduction, justice internalization, and vocational synthesis, we conclude that prosocial character emerges from the critical intersection of philosophical grounding and clinical reality. This discussion seeks to critique and situate our results within the broader landscape of global health ethics, moral psychology, and phenomenological pedagogy by engaging with the tensions between individual agency and systemic structures.

A fundamental shift observed in this study is the transition from egocentric technicality to altruistic professionalism which directly challenges the traditional competency-based models prevalent in vocational training. While technical mastery remains a non-negotiable requirement for health practitioners, our findings suggest that without a deliberate reduction of the professional ego, technical skill can paradoxically become a barrier to genuine care by creating a clinical wall between the practitioner and the patient. This phenomenon resonates with the

work of Robby (2024) who argues that for students in highly specialized fields like speech therapy, value construction must serve as the foundational bedrock upon which clinical skills are built rather than an elective addition. We found that when students utilized the Moral Inquiry process to bracket their need for personal clinical success, they reached a state of moral stewardship that Anghel and Popa (2024) describe as essential for sustainable educational integration in social and health fields. This shift from a subject-object relationship to a subject-subject encounter ensures that the patient is no longer viewed as a technical case but as a human being with inherent rights, a concept supported by the relational ethics framework of Buber as cited in recent phenomenological applications by Hasbiansyah (2008).

However, we must carefully acknowledge that this transition is frequently fraught with moral distress, particularly when students encounter systemic injustices that contradict their newly internalized values. The cognitive disequilibrium triggered by the disparities between BPJS and VIP patient services in our study highlights a critical gap between academic ideals and the gritty realities of healthcare delivery. Theses and Alhazmi (2019) identify these systemic conflicts of interest as the primary ethical challenge in modern healthcare, suggesting that practitioners often feel a sense of suffocation when administrative pressures prioritize institutional efficiency over human equity. Our participants' transition from silent compliance to a more deliberative and vocal stance mirrors the post-conventional moral development described by Saul McLeod (2025), where individuals begin to prioritize universal principles of justice over social or institutional norms. This development is further elucidated by Rest (1986) through his Four Component Model, which emphasizes that moral sensitivity is the necessary first step before moral judgment can be translated into actualized character. This development is not merely cognitive but is a deeply felt phenomenological experience that redefines the student's role from a passive system robot to an active moral agent.

A significant contribution of our study is the evidence of normalization, where prosocial manifestation moves from a conscious ethical effort to an intuitive and automatic reflex. This phenomenon is supported by the neuro-educational perspectives of Gkintoni et al. (2025), whose research suggests that repeated ethical reflection through structured interventions like Moral Inquiry can significantly reduce the cognitive load of moral decision-making. By integrating these values into their core self-schema, students are able to act prosocially even under the high-pressure conditions of a clinical environment. When our participants reported that helping others felt as natural as breathing, they demonstrated a level of moral automation that Kohlberg views as the hallmark of moral maturity as interpreted by McLeod (2025). Furthermore, this habitual prosociality aligns with the "Prosocial Classroom" model proposed by Jennings and Greenberg (2009), which posits that social-emotional competence is the primary driver of supportive teacher-student and practitioner-patient interactions. We believe that this automaticity is the most effective safeguard against the professional apathy that often plagues long-term healthcare workers.

The vocational identity synthesis uncovered in our data suggests that the construction of prosocial character is a highly contextualized process. We observed that students did not lose their professional specificity but rather used their unique technical skills as the medium for expressing Pancasila values. This finding aligns with the perspectives of Tarumingkeng (2024) and Moustakas (1994), who posit that phenomenological research reveals essences that are both universal and uniquely textured by individual experience. For instance, while a radiographer expresses humanity through invisible protection and radiation safety, a hospital administrator expresses it through bureaucratic fairness and the democratization of access. This integration of technicality and morality is what Pantić and Florian (2015) describe as the "moral agency" of practitioners, where technical competence is inseparable from social responsibility.

By viewing their specific vocation as a form of public trust rather than a private career path, our participants manifested a form of social character that transcends individualistic professional models, a view supported by the communal values analyzed by Hakam (2021) in the context of Indonesian character education.

The role of reflective practice in this synthesis cannot be overstated, as the Student Reflection Log Journals provided a crucial space for "internalizing" the external dilemmas. This is consistent with Schon's (1983) "Reflective Practitioner" theory, which emphasizes that professionals must engage in reflection-in-action to navigate the "swampy lowlands" of ethical practice. By documenting their ego reduction and shifts in justice orientation, our students moved toward what Mezirow (1991) calls "Transformative Learning," a process where old frames of reference are discarded in favor of more inclusive and empathetic worldviews. This transformation ensures that the Pancasila principles of *Humanity* and *Justice* are not merely decorations for an academic transcript but are operational tools for clinical survival.

Furthermore, the emergence of interdisciplinary solidarity among the students reflects the Third Principle of Pancasila (Unity of Indonesia) as a lived reality. This transition from "individual greatness" to "team-based altruism" is supported by the work of D'Amour et al. (2005), who found that inter-professional collaboration in health depends heavily on shared values and mutual trust. Our participants' realization that they were part of a "unified national health architecture" suggests that the construction of character is also a construction of social cohesion. As noted by Lapsley and Narvaez (2004) in their exploration of moral identity, the highest form of character is reached when the person views their ethical commitments as central to their sense of self.

We argue that the construction of prosocial character through Moral Inquiry is a process of reconciling the technical with the transcendental. It requires students to navigate the contradictions of their professional world while maintaining a firm anchor in the values of justice and humanity. While we recognize the limitations of our specific vocational context, the depth of these narratives provides a transferable essence for health education globally. We maintain that the integration of technical precision and moral stewardship, as evidenced by our eight participants, is the only viable path toward a healthcare system that is truly just and civilized. Future research, as suggested by the longitudinal methodologies discussed by Xu, Wang, and Qian (2025), must continue to examine how these internalized values withstand the long-term pressures of the global healthcare industry to ensure that the moral roots established during vocational training remain resilient throughout a practitioner's career.

Conclusion

This study has uncovered the journey of health vocational students as they transition from technical novices to morally anchored professionals. We conclude that the construction of prosocial character is not an additive process of acquiring skills, but a transformative ontological shift necessitated by the intentional use of Moral Inquiry. Our findings illuminate a consistent trajectory of development that begins with the reduction of the professional ego, where students move beyond a self-centered technical preoccupation to recognize the patient's humanity as the primary orientation of their work. This shift is solidified through the experience of cognitive disequilibrium, as students confront the structural injustices of the healthcare system, ultimately forcing a synthesis where justice and equity are no longer abstract ideals but non-negotiable professional instincts.

We argue that the essence of this experience lies in the "moral-technical synthesis," a state in which technical precision is reinterpreted as an act of moral stewardship and protective care.

Whether manifested as meticulous radiation dosing in Radiology or as bureaucratic advocacy in Hospital Administration, prosociality becomes normalized as a natural reflex rather than a calculated choice. This suggests that the 12-session Moral Inquiry intervention successfully bridged the gap between the philosophical principles of Pancasila and the practical demands of clinical practice, providing students with a resilient moral compass capable of navigating systemic pressures. By internalizing these values, students have effectively moved from being "robots of the system" to becoming "moral agents" who view their vocation as a form of national service and public trust. The implications of this research for vocational health pedagogy are significant, suggesting that character education must move beyond formalistic lecturing toward immersive, dilemma-based inquiry that mirrors the complexities of the field. While this study is grounded in the specific vocational context of health students in Bandung, the shared essences discovered here offer a transferable framework for health education globally. We maintain that for a healthcare system to be truly just and civilized, the education of its workforce must prioritize the construction of a prosocial identity as highly as it does technical competence. Future research should pursue longitudinal evidence to determine how these internalized values evolve as practitioners encounter the long-term professional fatigue and institutional apathy inherent in the global healthcare industry, ensuring that the moral roots established during their education remain firm.

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