

# Muslim Female Healthcare Personnel Dress Code: A Proposed Guideline

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## ABSTRACT

**Introduction:** The struggle of Muslim women to comply with Islamic teaching while working in the healthcare sector has been a long-standing issue. Following the case of a Muslim nurse who was allegedly fired for non-adherence to the short-sleeve uniform rule, the Malaysian Muslim Consumers Association highlighted the need for a uniform guideline to prevent similar instances. Yet, no guideline has been issued to date. **Materials and Methods:** This conceptual study employed library research method to gather relevant materials. Library research was able to retrieve guidelines from seven Muslim-minority countries but none from Muslim-majority countries. Document analysis of the materials gathered was undertaken. The different guidelines were compared, with special reference to *awrah*-related issues. **Results:** Several major issues that healthcare personnel dress code considers are the safety, health, cleanliness, and comfort for both patients and healthcare personnel. Islamic dressing requirement is not only in line with clinical practice but Islam also highly promotes maintenance of safety, health, cleanliness, and comfort. The widely adopted 'bare below the elbows (BBE) policy is the only practice that may contradict Islamic rules. However, some healthcare institutions in Muslim-minority countries allow modifications of uniform rules on religious grounds; some of the modifications are not observed in Muslim-majority countries. When providing direct patient care that requires BBE, the use of disposable over-sleeves is a good alternative to adhere to both clinical and Islamic standards. **Conclusion:** Healthcare personnel dress code policy that is concordant to both clinical and Islamic standards is possible although it may require greater resources.

**KEYWORDS:** Muslim healthcare dress code, workwear, uniform

## INTRODUCTION

The importance of women involvement in healthcare is undeniable. Muslim women are not only allowed

to work but encouraged to be involved in healthcare to meet the dire need of the ummah.<sup>1</sup> In Islamic history, women were regularly involved in medical practice in some capacity. Starting from the time of the Prophet (p.b.u.h.), there were many examples of Muslim women who made significant contributions to the improvement of the welfare of their societies and public healthcare. The names of nineteen women are cited in Islamic biographical collections (sirah books) as having participated in battles during the time of the Prophet (p.b.u.h.), mostly as water bearers and treating the sick and wounded.<sup>2</sup> Among them, Rufaidah bint Sa'ad Al-Aslamiyyah, Umm 'Atiyyah (Nusayba bint Harith al-Ansari), Umm Sulaym, Ar-Rubayyi 'bint Mu'auwidh and Al-Shifa (Layla bint Abdullah) were the main nursing figures. Starting as early as from the beginning of the 8th

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century, the Muslim governments began building mobile and permanent hospitals in various parts of the Muslim world to provide healthcare for the public, especially for poor and needy. As a result, skilled women with medical knowledge began being employed at hospitals. The first official female nurses, from Sudan, were hired at Al-Qayrawan (Kairouan) hospital, built in 830 by the order of the Aghlabid ruler, Prince Ziyadat Allah I of Ifriqiya (r. 817-838).<sup>3-4</sup> Today, women still predominate in the nursing profession in many parts of the world. In Malaysia, besides nursing, women account a significant proportion of healthcare workforce by becoming doctors, pharmacists, radiologist, physiotherapist, occupational therapists, dieticians, lab technicians and so on.

Despite the long history of medicine and nursing, it was not until the nineteenth century that an official dress code for nurses was introduced in the West but no specific code existed in the Muslim world. The first record of such history is the history of nurse uniform at the Deaconesses' Institute in Kaiserworth Germany, a Protestant Church nursing institution opened in 1836.<sup>5</sup> The uniform comprised of a long-sleeved collared long gown worn with a white hat tied under the chin.<sup>6</sup> During that time, doctors usually wear black frock coats until the late nineteenth century when they shifted to white coats - because white signifies cleanliness - and became the doctors' identity until today.<sup>7</sup>

Nurses started to shift to white uniforms in early 1900 and this was adopted by almost all institutions by the mid-century.<sup>8</sup> Besides the colour change, other evolution of nurse uniforms in the twentieth century includes shorter dresses or skirts, shorter sleeves, and smaller caps.<sup>8</sup> In the early twentieth century, doctors' white coats started changing to green or blue to reduce glare from the all-white operation theatre surroundings (wall, linens, towels, and coats) and prevent the blood colour afterimage perception against white backgrounds.<sup>7</sup> For nurses, the dress uniform evolved to trouser suit uniform around the 1970s and then replaced by the scrub suit in 1980s.<sup>8</sup> Today, dress codes for healthcare personnel vary widely. Scrubs and surgical gowns became a standard practice during surgical procedures. For doctors, scrubs, white coats, business suit or business casual attire are donned outside the operation theatre. Nurse uniforms are seen in the form of a dress, trouser suit, skirt suit or

scrub suit. Other healthcare personnel are also seen in various forms of dress, trouser suit, skirt suit, business suit or business casual attire.

Being colonised by the British, the healthcare personnel dress codes when Malaysia gained independence were not in accordance with Islamic standards. Since then, female Muslim healthcare personnel struggled to conform to Islamic dressing regulation while working.<sup>9</sup> The struggle continues to date in some healthcare institutions. In December 2015, a Muslim nurse was allegedly sacked due non-adherence to the short-sleeve dress code at a private hospital. The case made national headlines and received overwhelming attention. Following the case and other twenty complaints on similar discrimination, the Malaysian Muslim Consumers Association called for the issuance of guidelines on Muslim nurse dress code in Malaysian.<sup>10</sup> Although the call is specific for female nurses, guidelines on workwear policy for all female healthcare personnel are also necessary. Yet, no guideline has been issued to date. This paper aims to fill this gap by reviewing the guidelines on female healthcare personnel dress code in healthcare institution in various countries and proposing a guideline on Muslim female dress code in Malaysia by taking into consideration both the Islamic and clinical requirements. The paper only focuses on female *awrah* related issues and excludes the issue of adornment including the use makeup, accessories, and tattoos.

## MATERIALS AND METHODS

The present study is a conceptual study. Materials for the study are gathered through library research. Document analysis is conducted to identify common criteria for female healthcare personnel dress code in various countries.

Due to the limited language skills of the authors, the guidelines included are limited to guidelines published in English and Russia. This current study does not review the literature on the best practice related to dress code because the guidelines included in the study already incorporated current scientific evidence related to dress code. A proposed guideline is developed by considering both the Islamic and clinical requirements related to female healthcare personnel dress code.

## RESULTS AND DISCUSSION

Results and discussion are arranged in three subsections. The first subsection concerns with the guidelines on work attire in healthcare in Muslim-minority countries. The next subsection presents the female healthcare personnel dress code in Muslim countries. The final subsection outlines the Islamic dressing rules in professional life.

### Female healthcare personnel dress code in Muslim-minority countries

The guidelines on workwear issued by a few professional nursing unions, healthcare authorities and healthcare attire manufacturers in Australia, New Zealand, Canada, United States, United Kingdom, Ireland, and Russia are summarised below.

In summary, general criteria for workwear policy for the benefit of both healthcare personnel and patients as outlined by the institutions are as follows:

#### 1) Health, safety, hygiene, and comfort

- a. Despite the lack of evidence on the direct role of healthcare personnel attire in the spread of infection, the workwear should facilitate good practice of hygiene and infection prevention<sup>11-15</sup>
- b. Workwear including footwear must comply with the health and safety requirement<sup>11,12,15-21</sup>
- c. Work attire and footwear should be made from appropriate materials that provide protection, comfort, easy laundering and easy maintenance<sup>15,19-22</sup>
- d. Personal protective equipment must be worn when there is any risk of exposure to potential biohazards<sup>11,14,16,18-20,23</sup>
- e. The attire does not hinder full ranges of motion<sup>16,20,22</sup>
- f. Work attire should not be in contact with the patient unintentionally during clinical care<sup>11,12</sup>
- g. Bare below the elbows (BBE) policy is practised.<sup>11,13,16,20,23,24</sup> Long sleeves are acceptable for religious requirement or comfort (cold environment) but require to be rolled above the elbow for hand washing and during clinical works.<sup>11,12,19,23</sup> The Department

of Health United Kingdom allow staff to cover exposed forearm with disposable over-sleeves during direct patient care<sup>12</sup>

- h. It is a good practice to limit wearing uniform within the institution only due to public perception on the cleanliness of the uniform worn outside the institution<sup>11,12,17,19</sup>
  - i. Low heeled shoes with enclosed toes and heels and non-slip sole should be worn for health and safety reasons. It should provide good support, be comfortable, sturdy, quiet<sup>11-14,16-20,22</sup> and dark in colour<sup>16</sup>
- #### 2) Professional image
- a. Work attire should look neat and professional<sup>11,12,16-18,20,25</sup>
  - b. It should also fit appropriately<sup>11,17</sup>
  - c. Dress code policy should consider the perception of the patient group served to gain trust and confidence<sup>12,13,15-17,20</sup>. For example, paediatric healthcare personnel in some institutions wear attire with cartoon images<sup>19</sup>
  - d. Hair must be neatly tied above the collar<sup>11,12,14,17,19</sup>
- #### 3) Equality
- a. Dress code policy does not discriminate based on gender<sup>22</sup>
  - b. Workwear should consider the needs of staff during pregnancy<sup>20,22</sup>
  - c. Modifications of workwear may be done to comply with religious requirements<sup>11,16,18</sup>
- #### 4) Modesty
- a. Adequate maintenance of modesty during all ranges of motion<sup>16,20</sup>
  - b. Revealing attire are not allowed (for example, transparent, semi-transparent, low neckline, low cut back, sleeveless, shorts, short skirts above lower thigh, leggings)<sup>11,14,16,18,19,25</sup>
  - c. The attire does not carry inappropriate slogans<sup>14,25</sup> or product advertisement<sup>25</sup>
- #### 5) Other:
- a. Pantyhose or socks are either optional<sup>11,15</sup> or compulsory<sup>17,19</sup>
  - b. Staff shall be given the right to make informed choice regarding the dress code<sup>20,22</sup>
  - c. The design process should involve employees and relevant experts (for example, health and safety expert and podiatrist)<sup>18,22</sup>

## Female healthcare personnel dress code in public healthcare institution in Muslim countries or private healthcare institution managed by Muslims

Library research conducted was unable to retrieve any guideline on healthcare personnel dress code in Muslim-majority countries or Muslim-managed private healthcare institutions. This may be due to the absence of such guidelines, the absence of English version of the guidelines or the restricted public access to guidelines. Nonetheless, some insight may be obtained from the Ministry of Health Malaysia infection control policy, a published study on the dress code of selected Islamic healthcare institutions in Malaysia and nurse photographs in various countries.

The Policies and Procedures on Infection Control 2010<sup>26</sup> issued by the Ministry of Health Malaysia listed a number of good practices related to dressing for staff at the general intensive care unit. Nurses are required to wear ICU suit (loose short sleeve blouse with loose long trousers) while working in the unit. Headscarves are tucked into the top attire but the use of caps instead of headscarves is advisable. Rolling sleeves above the elbows is required during patient or equipment handling.

On the other hand, some input may be obtained on the issue based on studies on the dress code of female healthcare personnel in selected Islamic healthcare institutions in Malaysia. The study which involved ten Islamic healthcare institutions shows that the dress codes for female healthcare personnel of most of the institutions include loose long sleeve thigh-length or knee-length tunics with trousers and headscarves. In one of the institutions, the uniform top is a loose hip-length blouse with sleeves that covers up to the mid-forearm with a headscarf tucked into the blouse. The 'bare below mid-forearm' or 'bare below the elbows' policy during clinical procedures are in place in all of the institutions in the study. However, four of those allow the use of longer gloves or long-sleeved aprons to cover the exposed parts during clinical procedures.<sup>27</sup>

Another source of input on the dress code of healthcare personnel is through the photographs of nurses in various countries that appeared in newspapers, websites, and blogs. Thigh-length or knee-length long sleeve loose tunics or white coats<sup>28</sup>

<sup>-31</sup> are common uniforms in Muslim countries. The bottom garments are usually trousers<sup>30,31</sup> but long skirts<sup>28</sup> are also seen. Headscarves in various forms are also worn -- either worn over the top or tucked inside the top -- by female healthcare personnel in many Muslim countries both outside operation theatre<sup>28-32</sup> and in surgical settings.<sup>29,33,34</sup> Long sleeve scrub suits<sup>33</sup> or long sleeve attire worn underneath scrub suits<sup>29,32</sup> are observed. Face veils (*niqab*) are worn by some female healthcare personnel in Saudi Arabia.<sup>28</sup> White is a common colour for uniforms and coats<sup>28,31</sup> while blue and green predominates surgical attire.<sup>33,34</sup> No uniform with prints is seen in any of the photographs retrieved. The photographs do not provide any insight on the types of shoes worn.

In summary, there is a dearth of guidelines on female healthcare personnel dress code that incorporates Islamic dressing requirements. This further highlights the need for the present study and calls for such guideline.

## Female Muslim Islamic dress code in professional sphere

### *Relevance of the issue of Islamic dressing rules in professional sphere*

Dressing appropriately is imperative in daily life especially in professional sphere as it affects other people's perceptions towards one's demeanour. The discussion of female Muslim Islamic dress code in professional sphere is relevant especially in today's modern society where women contribute significantly to the workforce. The issue is even more pertinent in healthcare because Muslim women involvement in healthcare is crucial<sup>1</sup> to meet the dire need of the *ummah* since the time of the Prophet (p.b.u.h). In this light, it is also relevant to discuss the Islamic dressing requirement in normal circumstances and in restricting situations considering nature of work in healthcare. In normal circumstances, complying with Islamic dressing requirement may not be problematic. However, the professional standard of dressing in specific circumstances may contradict religious obligation which may lead to dilemmas; this requires a discourse to harmonise the two.

### *Wisdom of Islamic dressing rules for women*

*"So he made them fall, through deception. And when they (Adam and*

*Hawwa') tasted of the tree, their private parts became apparent to them, and they began to fasten together over themselves from the leaves of Paradise..." (Al-A'raf 7:26)*

Covering *awrah* is viewed as a *fitrah* (human nature) in Islam,<sup>35</sup> as suggested by the Quranic verse above. Instead of a restriction, Islam views the Islamic dressing requirement as a blessing (*rahmah*) bestowed by Allah<sup>35</sup> and the best clothing is that resembles righteousness, as mentioned in the following verse.

*"O children of Adam, We have bestowed upon you clothing to conceal your private parts and as adornment. But the clothing of righteousness - that is best. That is from the signs of Allah that perhaps they will remember." (Al-A'raf 7:26)*

Covering of *awrah* alleviates the status of women as a respected human being by safeguarding their modesty.<sup>35</sup> This is aimed to prevent indecency towards women during interaction with other human beings. In the case of healthcare, nursing career has a negative image, sexual in nature in some societies.<sup>36</sup> Modest dressing in Islam may be helpful in preventing such indecent perceptions towards the profession and those in the profession.

#### *Extent of coverage*

In the presence of other Muslim women, obligatory body parts to cover are between the navel to the knee but one should also consider consequences of showing the body parts. If there is any concern that it may lead to any negative consequence, then it is not permissible to uncover the body parts.<sup>37</sup> The *awrah* in the presence of non-Muslim women or non-*mahram* men is similar, which is the whole body except the face and hand,<sup>37</sup> as affirmed by a hadith by the Prophet (p.b.u.h):

*"Narrated Aisha, Ummul Mu'minin: 'Asma, daughter of Abu Bakr, entered upon the Messenger of Allah (p.b.u.h) wearing thin clothes. The Messenger of Allah (p.b.u.h) turned his attention from her. He said: O Asma', when a woman reaches the age of menstruation, it does not suit her*

*that she displays parts of her body except this and this, and he pointed to his face and hands'."*<sup>38</sup>

The obligation for women to cover the head has been debated by certain groups.<sup>39</sup> Al-Qaradawi affirmed that the obligation for women to cover their heads is an *ijma'* and the word *khimar* - which is misconceived to mean merely a piece of cloth - in Arabic specifically means a head cover.<sup>39</sup> There are some variances in rulings among Muslim scholars regarding the obligation for women to cover the face.<sup>40</sup> Some scholars in the Hanbali *madhhab* also include the feet as body parts allowed to be seen by non-*mahram* men.<sup>40</sup> Scholars also differ in opinion that the *awrah* in front of non-Muslim women where they opined that it is similar to the *awrah* in front of Muslim women.<sup>37</sup>

#### *Looseness and length*

Obscuring figure is part of Islamic dressing regulation.<sup>39</sup> It is important to note that the requirement should be maintained in all ranges of motion. Hence a tunic may serve the rules better compared to a blouse as the *awrah* of the wearer may be unveiled when the wearer of the blouse bends over.

#### *Transparency*

The rules to cover also include obscuring the skin colour. Hence, transparent, semi-transparent or tight clothes are impermissible in Islam.<sup>39</sup>

#### *Colour, image, and slogan*

There is no specific rule regarding the colour of the clothing.<sup>38</sup> Images of inanimate objects are acceptable in Islam but not the images of living organisms.<sup>41</sup> Images that are against Islam faith (such as Christian cross or worshipped beings), against Islamic ruling (such as liquors or narcotics) or related to sacred figures (such as angels or Prophets) are also prohibited.<sup>41</sup> Muslims should avoid wearing clothes that carry the name of Allah, angels, and prophets (if the garment will be used in the lavatory)<sup>39</sup> or any inappropriate slogans.

#### *Noise*

The attire, footwear, and accessories should be made from materials that do not make much sound when one moves.<sup>41</sup>



### *Clothes specific to the opposite gender or other religious groups*

Wearing an attire that is specific for the opposite gender or specific to certain religious groups is also impermissible.<sup>41</sup> Trousers are not considered men-specific clothes and women are allowed to wear trousers.<sup>38</sup>

### *Other related issues: Safety, health, cleanliness, comfort and informed decision*

Safeguarding one's safety and health is imperative from the Islamic perspective. Removal of harm is one of the five major maxims in Islam (*Qawaid Al-Fiqhiyyah*).<sup>42</sup>

Cleanliness is a vital aspect of a Muslim's life. Discussion on cleanliness in Islam encompasses cleanliness of one's body, attire, and surrounding. Islam mandates Muslims to be clean during acts of worship (such as prayer and pilgrimage) and highly encourages maintenance of personal hygiene in daily life especially during interactions with other human beings.<sup>40</sup>

Comfort is also another important aspect of any dress code especially when comfortable attire enables a person to carry out his or her job more efficiently. In Islam, anything that does not contradict its teaching and leads to a beneficial outcome are encouraged.<sup>41</sup>

Muslim scholars have discussed the rules regarding contract and agreement in Islam in-depth. One of the criteria required to be fulfilled is that the details of the item or service are described in order to allow both parties to consider to accept or reject the offer.<sup>43</sup> In the context of work attire, the dress code is among other things that require disclosure in order to allow potential employees to consider and make informed decisions regarding the employment.

### *Common problems of dress code policy in healthcare for Muslims*

In general, most conventional standards of good clinical practice related to dressing do not contradict Islam. The following are the dress code policy that commonly problematic for Muslims healthcare personnel:

1. **Headscarf in a sterile environment:**  
In a sterile environment, personnel are required to change into clean attire provided by the institution. Female personnel commonly find difficulty to wear headscarves because clean headscarves are not commonly provided. The cap is insufficient to cover a woman's *awrah* as it exposes the neck. In such case, Muslim female personnel usually bring their own clean headscarves to be worn only when they enter the sterile environment.
2. **Face veil (*niqab*):**  
Facial recognition is necessary to prevent bogus personnel from providing care or entering restricted areas. Face masks that are commonly worn by personnel is a good alternative for those who want to wear face veils. Face masks may provide coverage of the face but are require to be taken off for security check.
3. **Long sleeves during direct patient care:**  
Wearing long sleeve during direct patient care is not recommended because unlike bare forearm, it is difficult to wash the sleeves before and after direct patient contact to prevent contamination. The use of disposable sleeves or disposable long sleeve aprons may enable women to cover *awrah* while performing clinical procedures.

Besides these, other conflicting dress code policies are usually related to institution corporate image (for example, images on the uniform, length of skirt or fitted top) and not related to standards of good clinical practice.

### *Islamic dressing rules in threatening circumstances*

In threatening circumstances, the Islamic dressing rules may be relaxed when it fulfils the criteria of *darurah* as outlined by Al-Zuhayli, which allow relaxation of Islamic ruling that legalises an act otherwise forbidden in normal circumstances. The criteria are as follows:<sup>44</sup>

1. There is a reason to do the otherwise forbidden act, such as to protect any of the five necessities.
2. There is high certainty of the possibility of the anticipated effect towards the five necessities, based on past experience or other means.
3. There are no other choices except to do the

- otherwise forbidden act in Islam
4. The impermissible acts that need to be done must not include the acts that are absolutely prohibited, for examples murder, fornication, apostasy, and others.
  5. The impermissible act committed during the threatening condition is limited to the minimum necessary to remove the harm.
  6. For medical cases, before opting for the *haram* treatment, the expert opinion of a Muslim doctor who is trustworthy for his religion and medical knowledge is necessary to determine whether or not such cases fall under the category of *darurah*.

Thus when the Islamic dressing requirement contradicts the standard medical practice, we ought to consider the above factors. The first factor is fulfilled as the aim of medical practice is to preserve one's health and life. The second factor that must be considered is that if Islamic dress code poses a hindrance to nursing care, what are the effects of the Islamic dress code? If the effects are known, we can then weigh the severity of the effects and the severity of not complying with the Islamic rules. In order to illustrate on this further, we will consider this hypothetical case: supposed long sleeves are believed to transmit infection between patient which may worsen patients' conditions, cause further complications, and even increase the risk of mortality. In this case, one can argue that complying with the Islamic rules would inflict harm. Therefore in such case, it may be permissible in Islam for the nurses to wear shorter-sleeved. Nevertheless, we must also know the certainty of the effects. Using the hypothetical case described above, we have to consider how certain is the belief-either absolute certainty based on scientific evidence or conjectural hypothesis. Fourthly, the presence of other permissible alternatives should be explored before committing the impermissible acts. In the hypothetical case, if bare-below-elbow the BBE is necessary, there are other ways to maintain nurses' *awrah* such as by using disposable over-sleeves or long sleeve disposable aprons that can be changed between procedures to maintain hygiene and prevent cross-infection, which was adopted by the Department of Health United Kingdom.<sup>12,24</sup> Another possible alternative is to assign same-sex healthcare practitioners for the patients so that there is no problem for the healthcare practitioners to uncover

the body parts as they are not considered *awrah* when seen by same-sex persons; nevertheless this alternative may be more difficult to practise compared to the alternative of using the disposable over-sleeves or long sleeve aprons. Since there are alternative ways that allow works to be done while still complying with the Islamic rules, the non-compliance may be unjustifiable. Next, we have to consider whether the acts are considered absolute prohibition in Islam. In this case, uncovering the forearm (when no permissible alternative is present) is not an absolute prohibition. In case there is no permissible alternative which allows works to be done without inflicting further harm, the degree of relaxation should not be beyond what is necessary. For example in the hypothetical case, if long sleeves are proven to cause cross-infection while there is no other alternative than to uncover the forearm, then nurses are allowed roll the sleeves to wash the hands and forearms for the procedure but still have to comply with the Islamic rules when not conducting any procedures. The extent of body parts uncovered and the duration of uncovering are limited to the minimum necessary. It is important to note that in deliberating on the issue, high level of piety, sincerity, and honesty are essential. Without these, the privilege of relaxation of Islamic rules in threatening conditions may be easily abused. Intellectual ability is also necessary in order to understand the certainty of the claim and explore various permissible alternatives to achieve similar output while still complying with the Islamic requirements. Hence during deliberation on the issue, it is important to involve a Muslim who has expert knowledge of the area and at the same time is a trustworthy practising Muslim.

## RECOMMENDATION

Based on Islamic dressing requirements discussed and guidelines on healthcare personnel dress code in various countries outlined above, we would like to propose the following guideline for female Muslim healthcare personnel dress code.

### General principles for dress code policy

Islam upholds the importance of health, safety, and hygiene. This is evident in Islamic teaching which encourages the removal of harm (*mafsadah*) and the promotion of benefit (*maslahah*). Hence, from the perspective of health, safety, and hygiene, the

following are recommended:

1. Dress code must not pose any threat to health, safety, and hygiene
2. The uniform design process should involve the employees and relevant experts such as health and safety expert, podiatrist and infection control team. The perception of the target patient group is also taken into consideration as long as it does not contradict health, safety, hygiene and Islamic requirements.
3. The dress code policy ought to be reviewed and revised from time to time, taking into account new relevant scientific evidence and evolving perceptions of the employees and target patient group
4. The material used for the workwear is easily cleaned, easily maintained, comfortable and suitable for providing the intended protection
5. The workwear and footwear allow all ranges of movements without difficulty
6. Barrier protection is necessary for protecting healthcare personnel from exposure to potential biohazards
7. Workwear should not be in contact with anyone or any surface unintentionally (for example, dangling parts of the attire) to minimise the probability of soiling and contaminating the workwear
8. If the work attire is worn outside the institution, it is encouraging to cover the work attire with an outer garment (for example, a long cardigan)
9. The work attire must look neat and professional

Justice is an important element of Islamic law. However, justice in Islam does not promote equality because the nature and rights of an entity may be different from another. Rather, the Islamic concept of justice aims to place everything at its rightful place by fulfilling the rights they deserved as outlined in Islam law.<sup>45</sup> In light of this, the following recommendations are made:

1. The dress code for female healthcare personnel should be appropriate for women and may not be identical to the male dress code. For example, male healthcare personnel may wear short sleeves attire but Muslim female healthcare personnel must wear long sleeve attire.
2. The attire should consider the needs of staff during pregnancy
3. The attire should consider the needs of staff

during lactation

4. If the personal preference to wear something that is not ruled compulsory in Islam (or vice versa), the dress code must be complied with because the community's interest is prioritised over individual interest.<sup>46</sup> For example, if a female healthcare personnel prefers to wear a face veil (*niqab*), she should be advised to wear the face mask instead and may be asked to remove it to verify her identity. This is further explained in the forthcoming subsection on 'Specific recommendation' under item 2, 'Face veil'.
5. New healthcare institution should provide various uniforms for employees with different needs based on gender, religion, pregnancy and breastfeeding status.
6. If the institutions' existing uniform does not comply with Islamic dressing requirements, Muslim staff should be allowed to make modifications, as recommended by healthcare institutions in Muslim-minority countries (refer subsection 'Female healthcare personnel dress code in Muslim-minority countries' above). For example, Muslim staff could wear their own clean headscarves or clean long sleeve t-shirt underneath short sleeve scrubs.
7. The dress code policy should be known to potential employees before employment to allow them to make an informed decision regarding the employment.

Modesty is an integral aspect of Islamic dressing requirement for the benefit of both the wearer and those who interact with her. Hence, it is important that the attire provide coverage of all *awrah* parts during all ranges of motion as the nature of work of a healthcare worker may require one to stretch or bend.

Specific recommendations (including in the operation theatre setting):

1. Headscarf
  - i. The headscarf is made from non-transparent (refer subsection 'Transparency' above), non-body-hugging (refer subsection '*Looseness and length*' above), easily laundered, easily maintained (ironless or minimal ironing) and comfortable material especially in Malaysian working conditions (absorbs perspiration and dries quickly)
  - ii. The headscarf must cover and obscure the



shape of the chest as stated in the following Quranic verse:

*“And tell the believing women to reduce [some] of their vision and guard their private parts and not expose their adornment except that which [necessarily] appears thereof and to wrap [a portion of] their headcovers over their chests and not expose their adornment except to their husbands, their fathers, their husbands' fathers, their sons, their husbands' sons, their brothers, their brothers' sons, their sisters' sons, their women, that which their right hands possess, or those male attendants having no physical desire, or children who are not yet aware of the private aspects of women. And let them not stamp their feet to make known what they conceal of their adornment. And turn to Allah in repentance, all of you, O believers, that you might succeed.” (An-Nur 24:31)*

Hence it is recommended that the headscarf is worn over the top attire. During clinical work, an apron or scrub can be worn over the headscarf to prevent dangling and avoid any contact with the patient, equipment or any surface.

- iii. The headscarf does not have images of animate objects, images contrary to Islamic faith (such as Christian cross or worshipped beings, images of objects ruled impermissible in Islam (such as liquors or narcotics) or related to sacred figures such as angels or Prophets (refer subsection ‘Colour, image and slogan’ above).
- iv. The headscarf does not signify specific religious groups (refer subsection ‘Clothes specific to the opposite gender or other religious groups’ above).
- v. The headscarf does be secured in place (eg: using safety pins) and does not dangle to prevent unintentional contact with anyone or any surface
- vi. The headscarf does not carry the name of Allah or inappropriate slogans (refer subsection ‘Colour, image and slogan’ above)

## 2. Face veil (*niqab*)

- i. Since there are variances in rulings regarding the obligation to cover the face (refer subsection ‘Extent of coverage’ above), it should be disallowed in any healthcare institution in Malaysia for security reason to allow identity verification.
  - ii. If a female healthcare staff prefers to wear a face veil due to her belief that such practice is compulsory based on the rulings of some Muslim scholars face (refer subsection ‘Extent of coverage’ above), she should opt to wear the face mask while working instead. This is because face mask is part of healthcare PPE and asking a woman to wear a face mask is not as offensive as asking a woman to remove a face veil to verify her identity. She should also understand that the mask may be asked to be removed to verify her identity.
  - iii. The face mask should comply with standard healthcare practices including changing the mask when necessary (for example, when contaminated or torn).<sup>47</sup> Rebmann, Carrico and Wang (2013) found that wearing face mask through-out a twelve-hour shift did not lead to adverse health effects but participants of the study complained subjective symptoms including perceived discomfort, breathing discomfort, headache, lightheadedness and hindered communication.<sup>47</sup> Thus, she should be advised to remove the mask if she has any discomfort related to wearing it that affects her performance.
  - iv. These rules should be known to her before she commences her employment at the institution.
- ## 3. Necklines (front and back) should not be low to prevent unintentional *awrah* exposure if the headscarf moves especially during bending
- ## 4. Attire:
- i. The attire is made from non-transparent (refer subsection ‘Transparency’ above), non-body-hugging (refer subsection ‘Looseness and length’ above), easily laundered, easily maintained (ironless or minimal ironing) and comfortable material especially in Malaysian working conditions (absorb perspiration and fast drying)
  - ii. The attire is consists of a loose pair of

trousers because trousers allow one to move freely without the possibility of uncovering the lower limb as opposed to long skirts. However, nursing staff who are only involved in administrative works may wear long skirts.

- iii. The trousers should be loose and cover the whole lower limbs.
- iv. Trousers are associated with tripping accidents.<sup>48</sup> Thus, the length of the trousers must not be longer than the heel for safety reason to minimise the risk of tripping.
- v. The top attire is recommended to knee length or mid-thigh length tunics which ensure the coverage of one's body (abdomen and back) during bending or stretching. If the top attire is knee length, it is also recommended that there are two side slits up to the mid-thigh level to facilitate movement.
- vi. The attire should obscure the wearer's figure. For example, a straight-cut or A-line tunic serves this purpose better than a v-waist tunic.
- vii. Provide adequate room for pregnant abdomen for pregnant staff
- viii. Lactation friendly with the presence of a zip or buttons on the chest
- ix. Long sleeves should be allowed for Muslim staff as there is no conclusive evidence to date which confirms that long sleeves increase the rate of infection.<sup>49</sup> The sleeves must be able to be rolled and secured for hand washing. During clinical procedures, long gloves, long sleeve aprons or over-sleeves should be used to cover the exposed forearm
- x. No specific recommendations regarding colour
- xi. The attire does not have images of animate objects, images contrary to Islamic faith (such as Christian cross or worshipped beings, images of objects ruled impermissible in Islam (such as liquors or narcotics) or related to sacred figures (such as angels or Prophets).
- xii. The attire does not signify specific religious groups.
- xiii. The attire does not carry the name of Allah or inappropriate slogans

- 5. Stocking should be encouraged but not compulsory because the combination of long trousers and closed shoe would suffice in covering the *awrah*. Besides that, there are differing opinions regarding the obligation to cover the feet.
- 6. Footwear:
  - I. Footwear must safeguard the safety of the foot. Recommended features include closed toe-to-heel, made from sturdy material and non-slip.<sup>50</sup>
  - II. Footwear must be quiet as recommended by guidelines in Muslim-minority countries (refer subsection 'Female healthcare personnel dress code in Muslim-minority countries')
  - III. Footwear must be comfortable. Recommended features include low heel, adequate arch support, soft cushioning for the heel, breathable, not too heavy and fit.<sup>50</sup>
  - IV. Footwear must easily cleaned.<sup>50</sup>

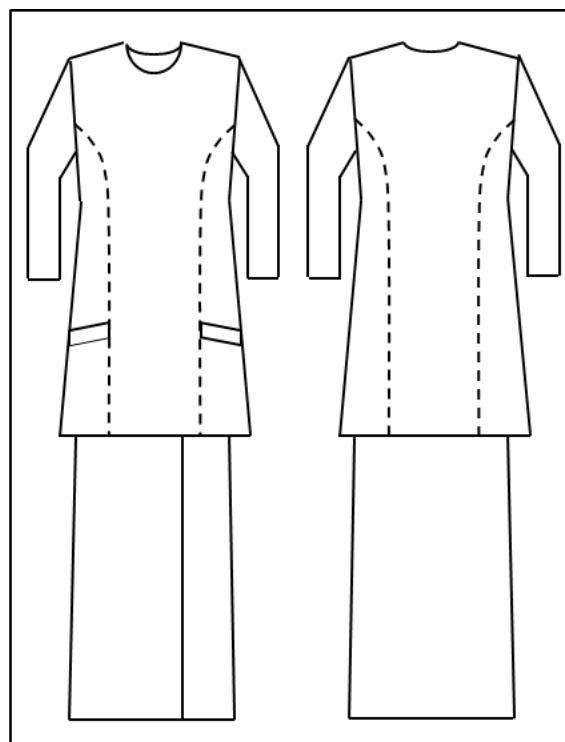
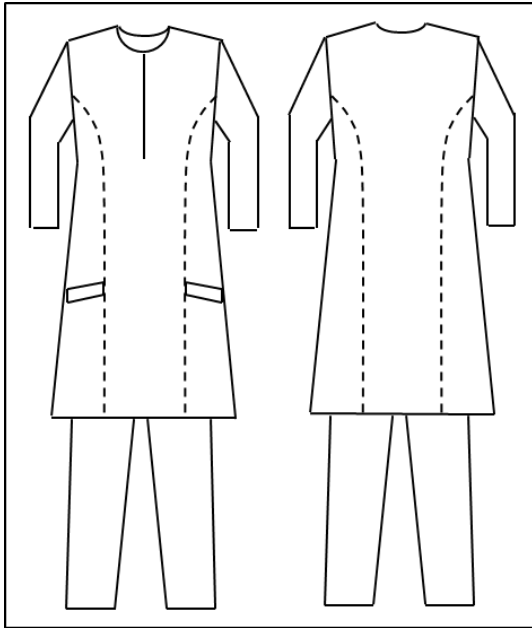
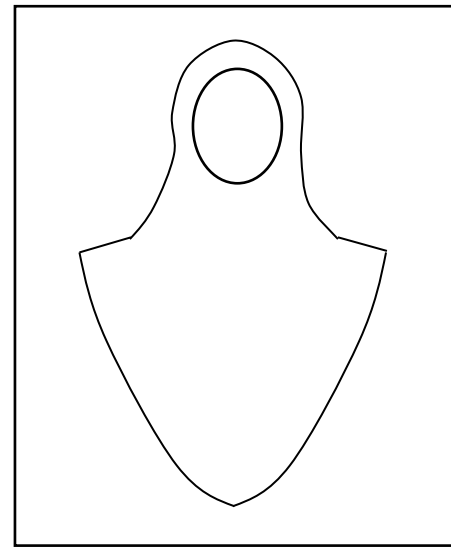


Figure 1: An example of a recommended attire for Muslim female healthcare personnel who are only involved in administrative work.



**Figure 2:** An example of a recommended attire for Muslim female healthcare personnel especially those who are involved in clinical work requiring various ranges of movements.



**Figure 3:** An example of a recommended headscarf for Muslim female healthcare personnel. When not involved in direct patient care, the headscarf may be worn over the top attire. During direct patient care, the headscarf must be secured using pins or wearing protective clothing (for example, apron or surgical gown for surgery) over the headscarf.

## CONCLUSION

It is ironic that library research could not retrieve guidelines on healthcare personnel dress code issued by Muslim-majority countries when Islam governs every aspect of life including dressing requirements and many Muslims believe that Islam is the solution to many things. On the other hand, such guidelines are present in Muslim-minority countries and some aspects of the guidelines are quite near to the Islamic standard. For example, the recommendation to allow healthcare personnel to make informed decisions regarding the dress code is in line with the Islamic law. Besides that, some healthcare providers in Muslim-minority countries accommodate Muslims' dressing requirements.

It is contradicting to assert that Islamic dressing requirements contradict standard clinical practice, while in the aseptic environment, healthcare personnel are dressed in surgical attire that covers the whole body except the forehead and eyes. In cases where Islamic dressing requirement is proven to hinder clinical practices, alternative attire or procedures must be explored before committing the impermissible on grounds of *darurah*. If healthcare institutions in Muslim-minority countries allow religious accommodations to dress code, healthcare institutions in Muslim-majority countries should allow similar accommodation. Making healthcare dress code policy comply with the Islamic

requirements is possible, although it may require greater effort (in designing and maintaining the cleanliness) and extra costs. If such commitment is too heavy for the institution, the change can be introduced gradually over a period of time. Besides the need of having a Muslim-friendly dress code for healthcare personnel, similar needs exist in other sectors too. Hence the call for the issuance of guidelines on dress code policy for Muslim workers should be extended to all institutions in Malaysia. The discussion in this paper is limited to the guideline on dress code policy for female Muslim healthcare personnel related to *awrah* exposure. Further study is recommended to extend the discussion to adornments (such as makeup, perfume, accessories) and the needs of other religious groups.

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