



## Dress

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# Harmonizing Culture, Religion, and Professional Nursing Standards

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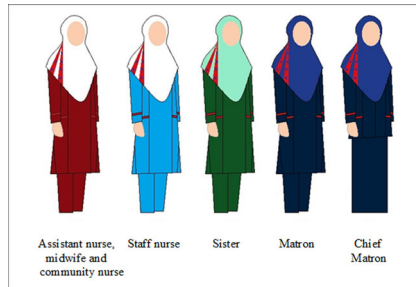


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# Research Report

## Harmonizing Culture, Religion, and Professional Nursing Standards: The Malay-Muslim-Friendly Development of Nursing Uniforms at Hospital Pusrawi, Malaysia, 1984–2018

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- 1 Christopher Dawson, *Religion and Culture* (Washington, DC: Catholic University of America Press, 2013), 43.
- 2 "Pertunjukan Fashion Nurse2 (Nurses Fashion Show)," *Berita Harian*, October 29, 1958, NewspaperSG, 2; "Perubatan Pakar Untuk Ra'ayat (Specialist Healthcare Services for the People)," *Berita Harian*, April 21, 1970, NewspaperSG, 5; "Striking Nurses Go Back," *The Straits Times*, June 13, 1963, NewspaperSG, 16.
- 3 Noor Atiqah Sulaiman, "Kolej Kejururawatan Jadi Kolej Universiti (Nursing College will be Upgraded to University College)," *Berita Harian Online*, May 12, 2016, <<https://www.bharian.com.my/node/152950>>; "Kuala Kubu Bharu Malaysia," *New Straits Times Press* (M) Berhad, 2001, <<https://www.klik.com.my/item/image/6919002/bfr03525>>; "Breastfeeding Facts," *The Star Online*, July 31, 2003, <<https://www.thestar.com.my/2003/07/31/breastfeeding-facts>>.
- 4 Sonia Ghumman, Ann Marie Ryan, Lizabeth A. Barclay, and Karen S. Markel, "Religious Discrimination in the Workplace: A Review and Examination of Current and Future Trends," *Journal of Business and Psychology* 28, no. 4 (2013): 439–54, <<https://doi.org/10.1007/s10869-013-9290-0>>.
- 5 *Federal Constitution 1957* (Kuala Lumpur: Commissioner of Law Revision Malaysia, 2010), 153.
- 6 Sir Frank Athelstane Swettenham was the first British Resident-General of the Federated Malay States; Frank Athelstane Swettenham, *Malay Sketches* (London: John Lane, 1895), 3–5.

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*This study describes the efforts of Hospital Pusrawi Sdn Bhd, Malaysia, to integrate local culture, religion, and standards of good nursing practices in the design of its nursing uniform from 1984 until 2018. The study is based on the analysis of the hospital's institutional archives and on interviews with retired or senior nurses and administrators. The hospital's endeavor in integrating culture, religion, and nursing practice proved to be challenging due to their contradictory natures. Clinical dress code recommends short sleeves to facilitate hand hygiene and infection control, the use of non-dangling attire to prevent cross-contamination, and non-movement-restrictive workwear whereas Malay-Muslim women prefer long sleeves, headscarves, and ankle-length skirts. The strategies used to overcome the challenges may serve as potential exemplary solutions for other healthcare institutions that are motivated to accommodate the religious or cultural clothing needs of their staff members without compromising the standards of good practices in healthcare.*

**Keywords** nursing uniform, healthcare dress code, cultural accommodation, Malay women, religious accommodation, Islamic professional fashion

## Introduction

**The relation between religion and culture is always a two-sided one. The way of life influences the approach to religion, and the religious attitude influences the way of life.**<sup>1</sup>

THIS OBSERVATION by religious scholar Christopher Dawson could be used in the case of Islam to explain how the social way of life may be transformed into something new with the introduction of a new religious doctrine. Cultural and religious lifestyles of individuals are manifested in their professional lives. This paper explores the intersection of culture and religion in one profession—nursing—through that profession's search for a uniform that will satisfy both.

In Malaysia in the early decades after its independence from Britain in 1957, nurses wore short-sleeved knee-length uniforms with nursing caps.<sup>2</sup> Since 2000, many Malay Muslim nurses from various institutions wear long-sleeved pantsuits with headscarves.<sup>3</sup> Too little attention has been given to the study of this transformation and the history of recent Malay nursing-uniform development. Sonia Ghumman, Ann Marie Ryan, Lizabeth A. Barclay, and Karen S.

Markel in their review paper on religious discrimination in the workplace have highlighted gaps in the literature related to the history of the accommodation of religious clothing at work.<sup>4</sup> Thus, this paper bridges the gap by examining the experience of Hospital Pusrawi in the development of Malay-Muslim-friendly nursing uniforms from 1984 to 2018.

The article first provides the contextual information required to understand the challenges in designing the nursing uniforms by discussing the status of Islam in Malay society and Malay-Muslim clothing norms. The case study of Pusrawi then is presented, followed by concluding remarks.

## Malay Culture, Islam, and Dress

Islam has been the dominant religion in the Malay society for centuries and is currently the official religion in Malaysia. Article 160(2) of the Federal Constitution defines a Malay person as both a follower of Islam and of Malay social custom.<sup>5</sup> Although custom was more predominant than religious practice, as described by Sir Frank Athelstane Swettenham (1850–1946) based on his experience in Malaya in the late nineteenth century,<sup>6</sup> the

scenario started changing in the 1970s when the *da'wah* (calling to practice Islam) started flourishing in Malaysia and other parts of the Muslim world.<sup>7</sup> Consequently, the evolution of Malay clothing norms was among the transformations seen.<sup>8</sup>

Malay women traditionally wore three pieces of *sarong* (a tubular piece of fabric) that cover the whole body and partially cover the hair.<sup>9</sup> This modest dress code had been widely practiced regardless of their commitments to religion. Non-conformers (Malays who were trained by or worked for the colonial ruler) who perceived traditional clothes as unsuitable for their socioeconomic status were considered to be violating Malay identity.<sup>10</sup> However, the full Islamic headscarf (that covers all the hair and neck, unlike the traditional Malay headscarf that only partially covers the hair, leaving the bangs and neck exposed) was not widely practiced until the 1990s. Before then, women who wore full headscarves were stigmatized and mocked with negative labels such as “wrapped ghost.”<sup>11</sup> Since then, the practice gradually became popular as a result of *da'wah*. By 2000, the full headscarf became a trendy fashion with the innovation of instant headscarves. As opposed to this full headscarf that is a piece of cloth pinned under the chin, the instant headscarf is designed to be pulled on over the head and can be worn in a variety of styles. The status of the headscarf is further elevated by the increased numbers of pricey designer headscarves—signifying high status and professionalism—that are worn by celebrities, professionals, and corporate figures.<sup>12</sup> Although covering the hair is a part of Islamic teaching,<sup>13</sup> the modern Malay headscarves are more cultural wear that does not necessarily fulfill the Islamic principles, and not all headscarf wearers are driven by the sense of religious obligation.<sup>14</sup> The Malay headscarf evolution depicts how culture and religion influence each other, as Dawson described.

From an Islamic perspective, color of clothing is not regulated.<sup>15</sup> In modern

Malaysia, no rule obligates the use of specific colors except in the case of royal functions.<sup>16</sup> Otherwise, everyone is free to wear any color.

## Our Study Methodology

Pusrawi in Kuala Lumpur was established in January 1984 as a private hospital wholly owned by the Federal Territory Islamic Council to fulfill the *fard al-kifayah* (a communal obligation that must be performed by a group in society that, once performed, absolves others from the obligation) in healthcare services and incorporate Islamic values in its services so as to be an exemplary Islamic healthcare provider.<sup>17</sup> Pusrawi started with outpatient services only and expanded to the current capacity of 164 beds.<sup>18</sup>

The ethnographic part of this study used the purposive sampling technique to identify key informants who are current and past Pusrawi staff. This technique identifies potential participants with in-depth knowledge about an issue since not everyone in the institution has knowledge regarding it.<sup>19</sup> Beyond that, the snowball sampling technique requested the participants to nominate other key persons who either witnessed or were involved in the process of uniform change.<sup>20</sup> Six key informants were interviewed. Five informants were on the committee for nursing uniform development throughout different periods; four of them had been or are still working as nurses in Pusrawi, and one of them was the hospital administrator for more than twenty years. Another informant has been working as a nurse at the hospital since the 1980s but was not a committee member for nurse uniform development.

Unstructured face-to-face audio-recorded interviews with informants were conducted to explore the factors and strategies they used to overcome challenges and the effect of the uniform changes. Interview sessions lasted between thirty minutes and one hour. The interviews were transcribed and

- 7 Jason P. Abbott and Sophie Gregorios-Pippas, “Islamization in Malaysia: Processes and Dynamics,” *Contemporary Politics* 16, no. 2 (2010): 135–51, <<https://doi.org/10.1080/13569771003783851>>.
- 8 Nurzihan Hassim, “Glocalizing’ the Hijab: A Malaysian Perspective,” *SHS Web of Conferences* 33, no. 16 (2017): 1–6, <<https://doi.org/10.1051/shsconf/20173300016>>.
- 9 Zubaidah Shawal, *Busana Melayu* (Kuala Lumpur: Jabatan Muzium Malaysia, 1994), 76.
- 10 Nazirah Lee, “Transformasi Fesyen Pakaian Muslim Di Semenanjung Tanah Melayu, 1930–1940 (Muslim Fashion Transformation in the Malay Peninsula, 1930–1940),” *Jurnal Perspektif* 6, no. 3 (2014): 68–80.
- 11 Ida Idayu Muhamad, “Saya Disindir Hantu Kom-Kom (I Was Mocked ‘Kom-Kom Ghost’),” in *Bagaimana Akhirnya Saya Bertudung (How I Finally Became a Hijabi)*, ed. Endok Sempo Mohd Tahir (Kuala Lumpur: PTS Millenia Sdn Bhd, 2003), 157.
- 12 Hassim, “Glocalizing’ the Hijab.”
- 13 Abdul Karim Zaydan, *Al-Mufasssal Fi Ahkam Al-Mar’ah Wa Al-Bayt Al-Muslim Fi Al-Shari’ah Al-Islamiyyah* (Encyclopaedia of Rulings Pertaining to Women and Muslim Families in Islamic Shari’ah), vol. 3 (Beirut: Mu’assasat al-Risalah, 1993), 298–326.
- 14 Hassim, “Glocalizing’ the Hijab”; Sandra Hotchel, “To Veil or Not to Veil: Voices of Malaysian Muslim Women,” *Intercultural Communication Studies* 22, no. 2 (2013): 40–57.
- 15 Zaydan, *Al-Mufasssal Fi Ahkam*, 298–326.
- 16 Asliza Aris, “The Evolution and Transformation of Baju Kurung in the Peninsular of Malaysia” (PhD diss., Universiti Teknologi MARA, 2014), 68–70.
- 17 Farahdina Abd Manaf, “Maristan (Hospital) Dalam Tamadun Islam: Suatu Kajian Perbandingan Dengan Perlaksanaannya Dengan Pusat Rawatan Islam Wilayah Persekutuan (Pusrawi) (Maristan (Hospital) in Islamic Civilization: A Comparative Study with its Application at Pusrawi)” (master’s diss., Universiti Malaya, 2005), 107–18.
- 18 “Tentang Kami (About Us),” Hospital Pusrawi Sdn Bhd, <http://www.pusrawi.com.my/index/korporat/tentang-kami/>.
- 19 W. Lawrence Neuman, *Social Research Methods: Qualitative and Quantitative Approaches*, 7th ed. (Essex: Pearson Education, 2014), 273–75.
- 20 Neuman, *Social Research Methods*.

21 Participant 5, interview by Salilah Saidun, Kuala Lumpur, May 11, 2017; Participant 6, interview by Salilah Saidun, Kuala Lumpur, July 20, 2017.

returned to the participants for verification where possible. Five out of six participants verified the interview transcript. Besides the interviews, other types of materials were consulted, including information from the International Nurses' Day Exhibition in 2017 and the briefing presentations on uniform policy to Pusrawi staff that were conducted from April to July 2017.

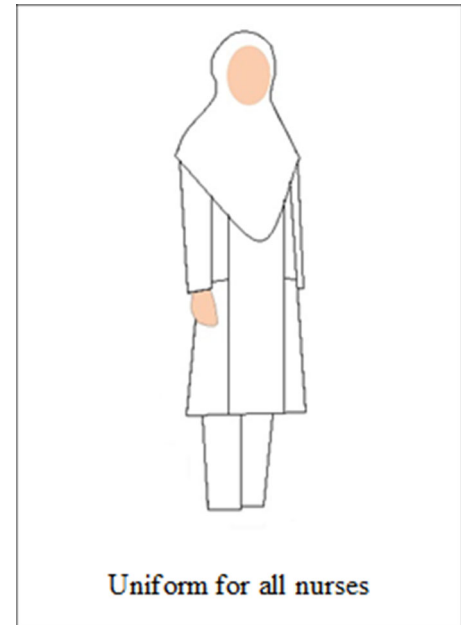
Working papers and meeting minutes regarding uniform changes would have provided better insight, but many of them have been destroyed, and the ones that are extant could not be accessed because they are considered confidential. Content analysis of the transcripts and institutional archives was conducted. The study is focused on the uniforms of the following ranks of nurses in this institution:

1. Nursing Manager (Chief Matron)
2. Assistant Nursing Manager (Matron)
3. Head nurse (Sister)
4. Staff nurse
5. Community nurse
6. Assistant nurse
7. Midwife

Pusrawi does not have its own institutional review board. Since the study involved human participants as part of a larger project involving four healthcare institutions, ethical clearance was obtained from the ethics committee of the other three institutions: the Ministry of Health Medical Research and Ethics Committee (NMRR-16-2364-33183), Tengku Mizan Military Hospital Ethics Committee (HATTM/EK/17-02), and Hospital University Sains Malaysia Human Research Ethics Committee (USM/JEPeM/17020134). All ethics committees stipulated that the identity of the participants remain confidential and no photographs can be published to protect their confidentiality.

Based on the findings, we divide the Pusrawi's experience in establishing new nursing uniforms into three phases. Each phase presents the different circumstances, processes, and effects of the transformation. The evolution of nursing uniforms is illustrated in FIGURES 1 to 7.

FIGURE 1 Nurse's uniform, 1984 to ca. 1989. Illustration by Salilah Saidun based on interviews with Participants 5 and 6; Hospital Pusrawi Hospital, "International Nurses' Day Exhibition" (May 12, 2017), poster exhibited at the Pusrawi Hospital.



### *Phase 1: Introducing a Malay-Muslim Nurse Dress Code, 1984 to ca. 1989*

The first phase in nursing uniform transformation occurred when Pusrawi started developing its first uniform for female nurses in 1984. The practice of headscarf-wearing was uncommon among the public at that time, but Malay women generally wore loose attire that covered the neck to the ankle. However, at that time no hospital in Malaysia provided a uniform that conformed to the Malay-Muslim clothing norms.<sup>21</sup>

The first nursing uniform in Pusrawi consisted of a pair of long loose pants in plain colors and a loose princess-cut tunic (FIGURE 1). The length of the tunic was one inch above the knee. The sleeves of the tunic reached the wrist, with plackets closed with snap fasteners so that they could easily be unbuttoned and rolled up for hand-washing. The tunic had a zipper at the back. While no breastfeeding opening at the front existed, nurses who wished for such a feature were permitted to add it on their



own. The headpiece of the uniform was a headscarf that covered the chest in front and extended on the sides to the mid-arm. To prevent the dangling of headscarves during clinical procedures, the headscarves were tucked into the tunic or a protective layer (an apron or gown) was worn to cover the ends of the headscarves. The first version of the headscarf had lace edges. This uniform was the same for all nurse categories with only nametags to differentiate between various ranks. All three parts of the uniform were white; therefore, an important feature of the uniform was the use of a thick opaque fabric so as to be non-see-through.<sup>22</sup>

During this phase, many factors contributed to the uniform design. As a hospital that endeavors to incorporate Islamic values in its services, the Islamic dress code was one of the main factors considered for its uniform design.<sup>23</sup> Another design influence was the knowledge that nurses had resigned their positions because the institutions where they worked did not allow headscarves.<sup>24</sup> “There were many who resigned [from other institutions] because they wanted to wear headscarves. When we [Pusrawi] opened in 1984, it turned out that there were many who would like to join.”<sup>25</sup>

Although the main aim was to fulfill Islamic dress code and none of the participants mentioned the incorporation of the Malay clothing norms, nevertheless Pusrawi’s tunic and pants uniform also catered to Malay women’s clothing norms at that time. The Pusrawi’s uniform thus appealed not only to those who conformed to Islamic dress code but also to those who desired only to wear conventional Malay clothing that covered from the neck down.

**At that time, I was working in a government hospital. I just wanted to find a workplace that allows me to wear a headscarf. So, when I heard that Pusrawi was established which followed the Islamic concept, I sent a twenty-four-hour resignation letter.... At that time, I was working in a government hospital. When I go to work, I wear a headscarf [outside the hospital]. Coincidentally, I**

**worked at the OT [operating theater]. In the OT, we could cover everything [long-sleeved surgical gown and surgical cap]. At that time, the skirt scrub suits were still used at the OT. So other staff asked, “Why do you choose to wear pants with a scrub suit?”, I just said because the OT was cold [air-conditioned]. So, I really wanted to work with my headscarf on. There was one time, I was called for wearing a headscarf [outside the hospital]. I was angry too and I said, “What is wrong with my wearing headscarf outside my shift? If my shift starts at 9:00 am and I still wear a headscarf at 8:30 am to go to buy books or food, what is wrong with that?” I was called because when I came on that day, she saw me wearing *Baju Kurung* [traditional loose two-piece dress that covers from neck down] and headscarf, which made her angry. The Matron was a Muslim. I said, “It should not be a problem if I wear this headscarf outside my shift. If I wear it while working and you want to be angry, then that is acceptable. If I go to a meeting, I wear a uniform similar to others. I only wear this headscarf when I come [to the hospital] and go back [home].”<sup>26</sup>**

**When I first joined Pusrawi, it was because of the uniform. Where I worked previously, at that time, we were still wearing skirts. Because [at that time] we tell our daughter to wear *Baju Kurung*, but she replied, “Even you wear a [knee-length] skirt every day [to work].” So, my husband and I searched for a hospital that allowed us [nurses] to wear a uniform that covers [the body]. At that time, only Pusrawi has a uniform that covers and coincidentally there was a vacancy, so I applied. Initially, I wore a headscarf only at work, during working hours in Pusrawi.”<sup>27</sup>**

Practicality for nursing tasks was another factor behind the design and transformation of nurse uniforms at Pusrawi. Pants had been used since the beginning, and they safeguard one’s modesty in any position while not hindering any range of movement. The length of the tunic (an inch above the knee) allowed nurses to move around easily, and the sleeves could be rolled up to prevent cross-contamination.<sup>28</sup> Although Islamic clothing rules require

22 Participants 5 and 6.

23 Participant 4, interview by Salilah Saidun, Kuala Lumpur, July 14, 2017; Participant 6.

24 Participants 4 and 6.

25 Participant 4.

26 Participant 4.

27 Participant 2, interview by Salilah Saidun, Kuala Lumpur, May 15, 2017.

28 Participants 2, 5, and 6.

29 Salilah Saidun, Elmira Akhmetova, and Amilah Awang Abd Rahman, "Muslim Female Healthcare Personnel Dress Code: A Proposed Guideline," *International Medical Journal Malaysia* 17, no. 2 (2018): 57–70.

30 Participant 6.

31 Participant 6.

32 Participant 3, interview by Salilah Saidun, Kuala Lumpur, May 15, 2017; Participants 5 and 6.

33 Participant 6.

34 Participant 4.

35 Participant 2.

36 Participant 5.

37 Participant 4.

38 Participants 4 and 6.

covering of forearms, baring the arms is permissible in exceptional circumstances, such as this hygiene requirement.<sup>29</sup>

To materialize the vision, Pusrawi faced many obstacles and experienced various effects as a result of its uniform. Since no other hospital had such a uniform, Pusrawi did not have any example to emulate. Hence, in designing the first uniform that fulfilled Islamic dress code, Pusrawi, with the help of a tailor, made an innovation based on the Ministry of Health (MOH) nurse uniform.<sup>30</sup> The sleeves were made longer, the top was cut looser and lengthened to one inch above the knee, and a headscarf replaced the nursing cap.<sup>31</sup> The head of the nursing department sought input from other nurses and external experts to prepare the proposal and design that she presented to the board for approval.<sup>32</sup> In introducing a new uniform to the nursing profession in Malaysia, Pusrawi considered both individual and institutional needs. When the design of the first uniform was finalized, the board approved it without any problem.<sup>33</sup> The uniform received high acceptance among its employees: "No one [of our nurses complained], everyone was happy. All nurses became our spokespersons. They explained the uniform to those who asked."<sup>34</sup> At the same time, the hospital's uniform policy increased awareness about Islam among the staff who not only become more knowledgeable regarding Islamic dress but also started practicing Islamic dress code outside of the hospital and observing other Islamic obligations.

**Initially, I only wear a headscarf at work, while in Pusrawi only. After that, I started wearing a headscarf all the time. It is not easy to change ourselves. Previously before joining Pusrawi, I did not perform daily prayers consistently, sometimes I did not pray at all in a day.**<sup>35</sup>

When Pusrawi first introduced the unique uniform in Malaysia, some patients had positive responses, such as complimenting the uniform and saying that the nurses looked beautiful in the uniform.<sup>36</sup> As the pioneer of a Malay-

Muslim nurse uniform, Pusrawi received many visits from members of other institutions who were interested in emulating its uniform policy.

**[The response was] very good. They came [to the hospital] non-stop in '84, '85. Most of my work was involved in being the spokesperson. So, I took the opportunity when newspaper journalists came, I spoke so that the news spread fast. . . . So, after a few months, about two to three months after opening Pusrawi, there was a group from a hospital. . . . But there was a group of 5 or 6 people like that. They wanted to introduce the uniform there [at their hospital]. They said, "If Pusrawi can do it, why can't we?" We took the opportunity. They observed us for a week, how we interacted with the nurses, and they really liked it.**<sup>37</sup>

However, Pusrawi received negative remarks from the health authority.<sup>38</sup> In the effort to gain approval, Pusrawi had to explain the rationale for the uniform by using the health authority's own arguments. Using nursing principles to justify the uniform was apt because using religious justifications in such a case would have been futile as the health authority was more concerned about conventional nursing standards than religious ones. In addition, Pusrawi demonstrated its nursing standards (for example, preparing sterile sets and conducting sterile procedures) to the health officers to convince them that the uniform did not hinder the practice of good nursing standards.

**They [the health authority] commented on many things, [for example,] "The headscarf is a source of infection." "How is that so?" [I asked]. "Your nurses go to Chow Kit [street market] for shopping while wearing the headscarves and come back to attend the patients." So, I said, "The same thing, your nurses go to Chow Kit too while wearing the uniform; do you think they would take a bath and wash the cloth before attending to patients? It's the same thing, right?" Then [they said], "What about in the OT? The headscarf will be dangling around, it's going to touch all the sterile field." [I responded,] "No, we tucked the headscarf inside the scrub in the OT." Then they came to**

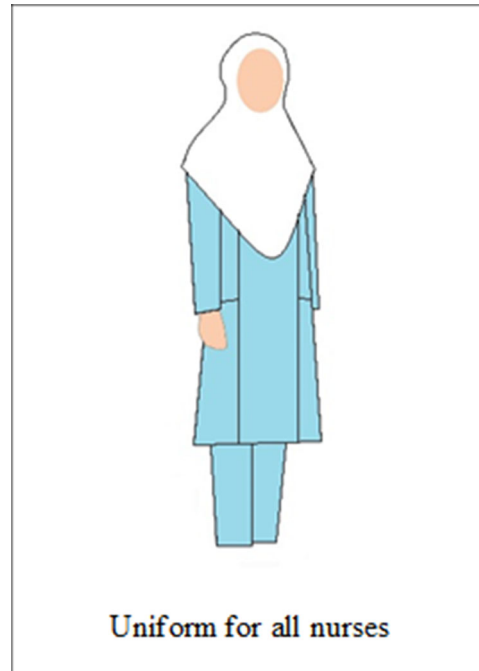
**Pusrawi and asked us to demonstrate how we work while wearing headscarves. At the nursery, we wear the [over]-gown, so it was not a problem because the gown is worn over the headscarf. In the OT, we are supposed to wear caps and all for the purpose of preventing hair fall. So, if we cover everything, that will be better. Overseas, they wear hoods that cover the neck for men who have beards, that is the principle. So, what is wrong if we apply the same principle?**<sup>39</sup>

Despite the resistance, Pusrawi continued using the uniform and, at the same time, asked for help from a United Malay National Organization politician in the government to obtain the health authority's approval.<sup>40</sup> As well as the perception that a uniform different from the conventional uniform at that time might hinder nursing practice, the external resistance could be attributed to the low Islamic awareness and diluted Malay values among individuals who were trained by and worked for the British.<sup>41</sup> "They [the health authority] did not want to change the system. It is simple, the system was like that."<sup>42</sup> Internally, the staff in Pusrawi [the first nurses and managers] already had Islamic awareness and were more open-minded in finding innovative solutions to fit Malay-Muslim needs while not dismissing good nursing standards. "Of course, the design was presented to the board.... When the board members looked at it, it was just approved because the awareness was already there [among the board members]."<sup>43</sup> Despite resistance from the health authority, Pusrawi received favorable responses from its clients, which might be attributed to the fact that those who sought treatment at the hospital (which at the time was called the Pusat Rawatan Islam or the Islamic Medical Centre) might be among those who also had Islamic inclinations.<sup>44</sup>

### *Phase 2: Maintaining the Malay-Muslim Nurse Dress Code, ca. 1989 to ca. 2009*

The second phase of the development of a Muslim-friendly nursing uniform

FIGURE 2 Nurse's uniform, ca. 1989 to ca 1990. Illustration by Salilah Saidun based on interviews with Participants 2, 5, and 6.



started around 1989. As has been highlighted earlier in this article, by this time sympathy towards headscarf-wearing had grown, and by the turn of the century, headscarf-wearing had become a norm in public. By 2000, the MOH had introduced Muslim-friendly uniforms in public hospitals that allowed the nurses to wear pants, long sleeves, and headscarves.

During this phase, Pusrawi maintained the original design with three minor revisions, as shown in FIGURES 2, 3, and 4. The position of Chief Matron was introduced in the 1990s (the exact year could not be determined). Initially, the Chief Matron wore her headscarf like other nurses (FIGURE 3), but from the mid-1990s, she started wearing a blazer over her top attire, and her headscarf was tucked into her blazer (FIGURE 4). Unlike the long pants required by other nurses who do clinical work, the Chief Matron's uniform was a tunic with an ankle-length skirt instead of pants as she was mainly involved in administrative work that

39 Participant 6.

40 Participant 6.

41 Lee, "Transformasi Fesyen."

42 Participant 4.

43 Participant 4.

44 Participant 4.

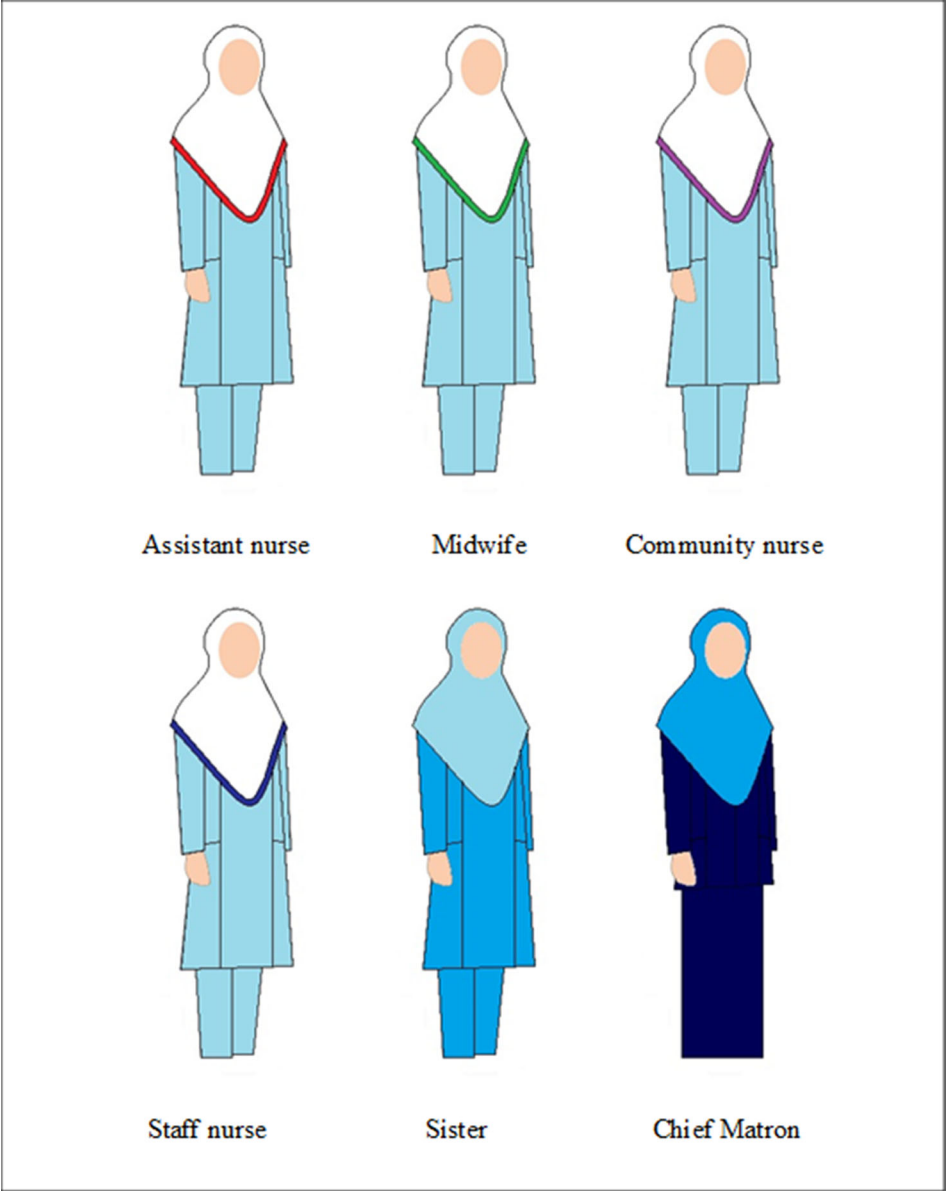


45 Zaydan, *Al-Mufasssal Fī Ahkām*, 298–326.

46 Participant 3.

47 Participant 3

**FIGURE 3** Nurses’ uniforms, ca. 1990 to ca. 1995. Illustration by Salilah Saidun based on interviews with Participants 2, 5, and 6; Hospital Pusrawi Sdn Bhd, “International Nurses’ Day Exhibition.”

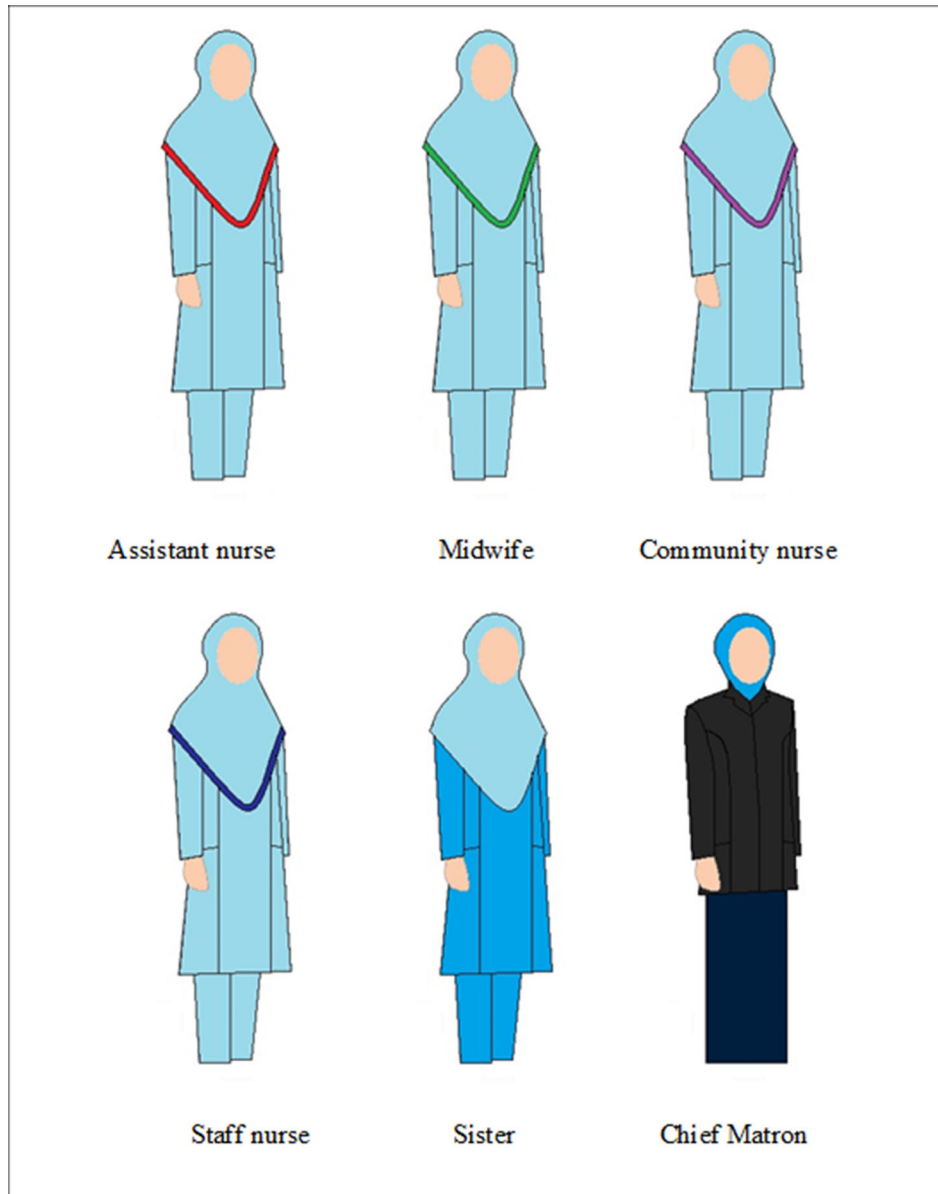


did not require much movement (FIGURE 3). Hence, the use of a skirt instead of long pants was seen as more favorable as it looked closer to the traditional Malay *sarong*. The use of a skirt reveals that Pusrawi followed Malay clothing norms because Islamic dress code has no preference regarding the use of *sarong* or pants as long as they conform to the Islamic teachings to be loose-fitting and not transparent.<sup>45</sup>

The main factor that drove the changes during this phase was to create a color that was unique to Pusrawi. At the end of the 1980s, Pusrawi changed its nurse uniform color from white to light blue to have its own identity, different from the nurses in other public healthcare institutions (FIGURE 2).<sup>46</sup> The decision to revise the uniform took into account feedback from numerous staff and clients to improve its practicality.<sup>47</sup> Easy discernment of various nurse

**FIGURE 4** Nurses' uniforms, ca. 1995 to ca. 2009. Illustration by Salilah Saidun based on interviews with Participants 2, 5, and 6; Hospital Pusrawi Sdn Bhd, "International Nurses' Day Exhibition."

48 Participant 5.



ranks was an important practical factor for both patients and staff. Hence, in addition to the identification by tags, Pusrawi distinguished various nurse ranks by different colored lines at the edge of the headscarf (FIGURES 3 and 4).

No specific challenge occurred during this phase. The only observation of the uniform from outside Pusrawi was the standard semi-official visit by MOH Matrons in the early 1990s to observe how Pusrawi nurses conducted nursing

work in the long-sleeved ankle-length uniforms with headscarves.

**I remember at that time . . . two [MOH] Matrons came to visit us. I accompanied them; they said, “We want to observe how you and your staff conduct nursing procedures with the headscarves and long sleeves.” At that time, the MOH did not allow their nurses to wear headscarves; it was in the early 1990s.<sup>48</sup>**

Unlike the first phase in which the introduction of a dress-code policy was

- 49 Participant 5.  
 50 Participant 3.  
 51 Pusrawi Hospital Sdn Bhd, Pakaian Seragam Kejururawatan (Nursing uniform), presentation at uniform briefing session, Hospital Pusrawi Sdn Bhd, Kuala Lumpur, April 11, 2017; Participants 3 and 6.  
 52 Participant 3.  
 53 Participant 3.  
 54 Participant 1, interview by Salilah Saidun, Kuala Lumpur, May 15, 2017.  
 55 Participant 3.  
 56 Participants 3 and 5.

different from the status quo, the second phase was less controversial for two main reasons. Firstly, Pusrawi did not introduce any significant change as it maintained its previous nurse-uniform design with only minor changes to the color and the use of multi-colored piping to differentiate the nursing personnel ranks. Secondly, acceptance of headscarf-wearing was growing among the masses, and the MOH, in turn, allowed its nurses to wear uniforms that they had previously (unsuccessfully) forbade Pusrawi to have.

### *Phase 3: Refining the Dress Code to Portray a Malay-Muslim Professional Corporate Image, ca. 2009 to 2018*

The third phase started in the late 2000s when Pusrawi started improving the aesthetic value of its uniform with the aim of conforming to the current clothing norms of Malay women. At that time, as has been discussed earlier, the Muslim fashion industry in Malaysia started booming with the invention of a variety of headscarves that signified style and professionalism.

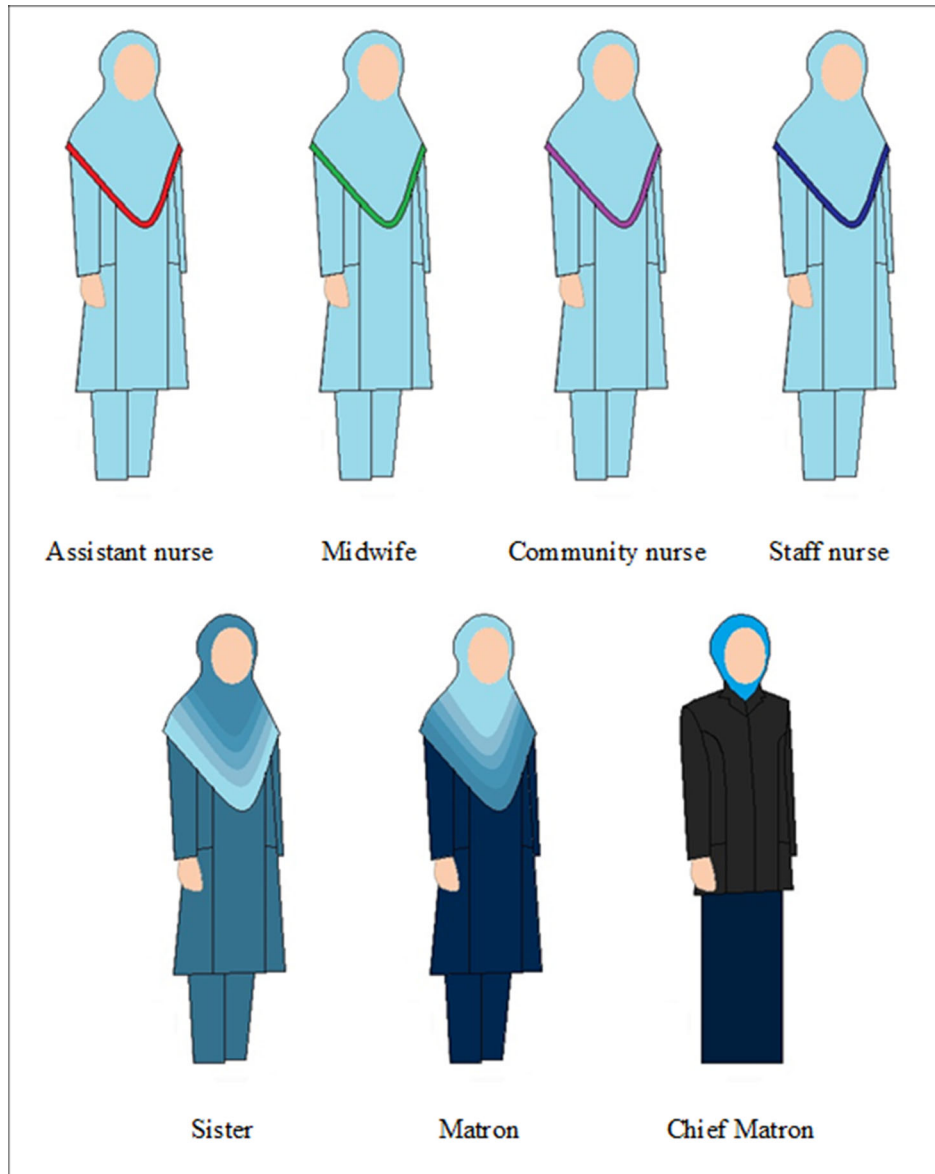
Pusrawi improved its uniform design from time to time, considering the problems faced with the uniform, to design better uniforms in the future.<sup>49</sup> Uniform policy was revised three times: ca. 2009 (FIGURE 5), 2010 (FIGURE 6), and 2015 (FIGURE 7). During this phase, revision was driven by factors such as better identifying nursing ranks and even more practicality. The uniform color for staff nurses and lower ranks reverted to white (FIGURE 6) to differ from the blue uniform of the student nurses of Pusrawi International College of Medical Sciences undergoing practical training at Pusrawi.<sup>50</sup> In 2015, the length of the tunic was shortened to two inches above the knee and six-inch side slits were added up the sides of the tunic from the hem to further facilitate free movement, especially during emergency cases, which might require nurses to run or climb onto the bed to resuscitate patients (FIGURE 7).<sup>51</sup>

Another factor in the new design was aesthetics. Being a private healthcare service provider, Pusrawi intended to have nurse uniforms that portrayed a professional Islamic corporate image with cosmetic appeal.<sup>52</sup> The ombre headscarves for Sisters and Matron (FIGURE 5) introduced in 2009 and for Matron and Chief Matron (FIGURE 6) used in 2010 are evidence of fashion trends being a factor of uniform change. The use of instant headscarves since then also has been driven by current fashion trends.<sup>53</sup> This type of headscarf is easy and fast to put on and wear.<sup>54</sup>

Interviewees cited numerous problems with uniform transformation during this time. For example, they noted that patients had difficulty distinguishing different categories of staff based on shades of the same color, such as the difference between Matron, Sisters, and other nurse ranks in FIGURE 5 or between Sister and Matron in FIGURE 6. Thus, the use of different colors was suggested to solve this problem, but this posed another challenge regarding the number of colors (not different shades of the same color) to use, since many categories of nurses, pharmacists, and clinical support staff exist.<sup>55</sup> Hence, the board decided that the uniforms of various staff categories should be of different colors or easily differentiated shades (such as light and dark blue, instead of royal blue and navy blue). As a result, the colors assigned for nurses included maroon, blue, emerald green, and dark blue (FIGURE 7). Other staff categories were assigned with other easily differentiated colors such as light green, light brown, and purple. The Chief Matron no longer wears a blazer over the top attire in the latest uniform version (FIGURE 7).

Pusrawi's commitment to ensuring uniformity that complies with Islamic teaching while taking into account the comfort of the staff was evident with its tailoring policy.<sup>56</sup> Satisfying everyone who has to wear the uniform was difficult. For example, Pusrawi had tried to use one tailor who sewed standard-sized

FIGURE 5 Nurses' uniforms, ca. 2009 to ca. 2010. Illustration by Salilah Saidun based on interviews with Participants 2, 3, 5, and 6; Hospital Pusrawi Sdn Bhd, "International Nurses' Day Exhibition."



57 Participant 3.

58 Participant 3.

59 Participants 3 and 5.

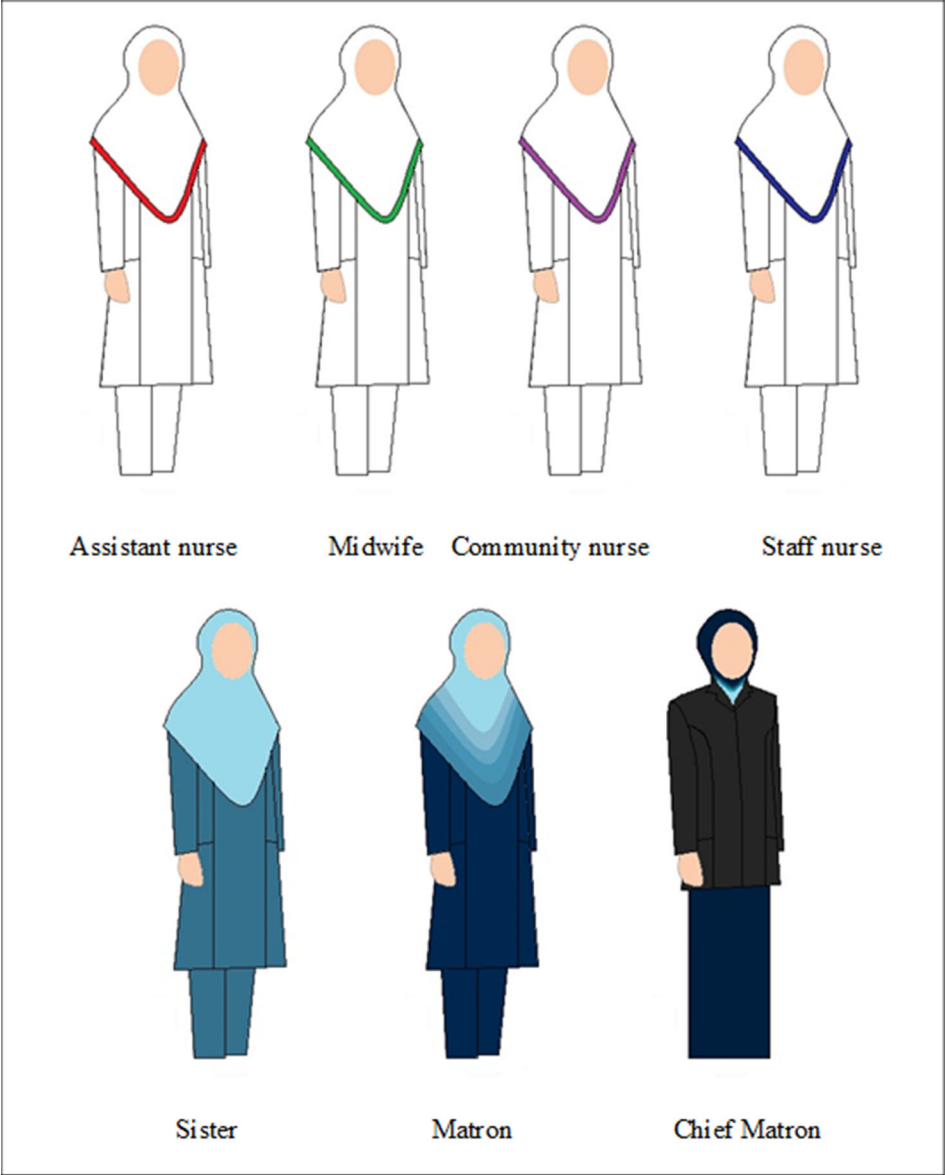
uniforms (small, medium, large, and extra large), but many nurses were dissatisfied with the fit. Thus, Pusrawi changed to a custom-tailored uniform, but some were dissatisfied with the workmanship. Nurses who wanted to send the uniform to their own tailor of choice could do so, but Pusrawi did not reimburse the cost as it had already paid the tailoring fee to the appointed tailor for all staff.<sup>57</sup> In some cases, nurses who had their own uniforms made did not follow the Pusrawi's specification.

Their uniforms were more fitted to the body, and in such cases, the nurses were warned and ordered to alter the uniforms.<sup>58</sup>

The use of instant headscarves was positively perceived to lead to a neater appearance all day. The instant headscarf is more structured; the front has interfacing that allows it to hug the forehead and face and to prevent the folding or shifting that occurs with regular Islamic headscarves.<sup>59</sup> However, the instant headscarf also raised challenges

- 60 Participant 3.
- 61 Participant 3.
- 62 Jovian Mandagie (@jmandagie), “Presenting to you the uniforms, Jovian Mandagie for Tabung Haji,” Instagram photo, May 24, 2015, <<https://www.instagram.com/p/3DT4MZvwYV/>>.
- 63 Pusrawi did not allow us to disclose the name of the designer or the appointed vendor of the headscarf brand.

FIGURE 6 Nurses’ uniforms, ca. 2010 to 2015. Illustration by Salilah Saidun based on interviews with Participants 2, 5, and 6; Hospital Pusrawi Sdn Bhd, “International Nurses’ Day Exhibition.”



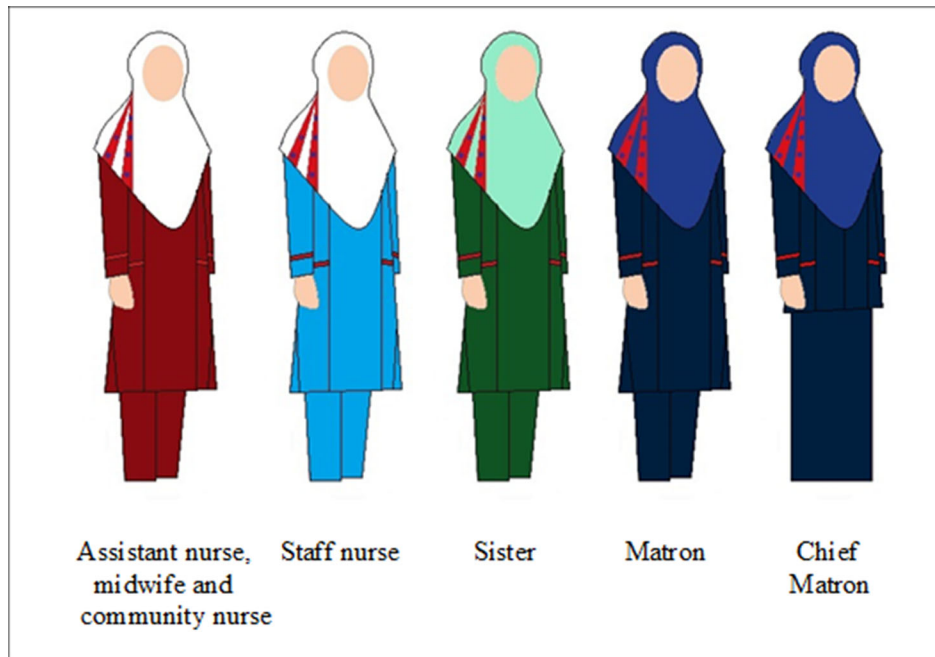
as a result of the changing fashion trends in headscarves. For example, the ombre headscarf was discontinued in 2015 because of the difficulty in obtaining the exact ombre fabric when the trend had subsided (FIGURE 7).<sup>60</sup>

In 2015, Pusrawi decided to seek outside assistance in designing a new Malay-Muslim professional corporate look. Thus, Pusrawi undertook three main actions during the development of the 2015 uniform:<sup>61</sup>

1. It examined the uniform of Lembaga Tabung Haji (The Pilgrim Fund Board that looks after pilgrims going to Mecca) that in 2015 introduced its newly designed uniform by Jovian Mandagie (a renowned Malaysia-based fashion designer).<sup>62</sup>
2. It invited a professional Muslim fashion designer to design the uniform.<sup>63</sup>
3. It appointed a vendor with a renowned headscarf brand to supply the headscarf.



**FIGURE 7** Nurses' uniforms, 2015 to 2018. Illustration by Salilah Saidun based on interviews with Participants 2, 3, 5, and 6; Hospital Pusrawi Sdn Bhd, "International Nurses' Day Exhibition"; Pusrawi Hospital Sdn Bhd, "Pakaian Seragam Kejururawatan (nursing uniform)," presentation at uniform briefing session, Kuala Lumpur, April 11, 2017.



The endeavors received a positive response from the Minister of Religious Affairs at the Prime Minister Department, who commented on the draft and suggested that Pusrawi add red and blue colors in the uniform as these are Pusrawi's corporate colors. As a result, the appointed Muslim fashion designer designed a unique instant headscarf on which were applied two diagonal lines using custom-print fabric with a red background and blue bamboo shoot motifs, as well as a matching color red piping at the wrist and front pockets (FIGURE 7). Pusrawi perceived that the unique eye-catching designs increased their visibility in Malay society.

**Before that, the uniform design was subtle, did not stand out, very simple. Maybe the society has been used to such image of Pusrawi where there was no striking color of nurse uniform and suddenly the uniform was transformed with these prominent colors and prominent headscarves. So, if we look at it the negative way, we can say that there was some sort of cultural shock. But from the positive way, we became an**

**institution that receives more attention, which created a situation where people want to know more about which hospital these nurses are working in, in terms of increased visibility. In addition, the cosmetic value of the professional Islamic corporate image was clearly visible.**<sup>64</sup>

As part of the dress code policy, the uniform will be reviewed at least every five years in the effort to continuously improve.<sup>65</sup>

## Conclusion

This article reviewed the history of the development of the cultural and religious influences on the Malay-Muslim-friendly nursing uniform in Pusrawi over more than thirty years. The first section of the paper laid the contextual understanding for this case study by discussing the general status of Islam and clothing culture among the Malays. It suggested that Malay women began following the Islamic requirements of clothing as a result of the Islamic reform movement in the 1970s. Yet, Malay

64 Participant 3.

65 Participant 3.

women began to wear headscarves and other Islam acceptable clothing more as fashion statements than as adherence to Islam. Thus, providing a Malay-Muslim friendly uniform code was not merely accommodating the Islamic religion but was also inclusive of Malay culture.

As the first hospital to introduce a Malay-Muslim-friendly nursing uniform in the 1980s, Pusrawi faced resistance from the health authorities during its early phase. This resistance was mainly due to concerns that the uniform might violate good nursing standards, potentially increasing cross-infection rates, but Pusrawi was able to convince the health authorities that the uniform would not affect hygiene standards. The introduction of the first Malay-Muslim-friendly uniform attracted many nurses who were dissatisfied with the short-sleeved, knee-length nursing uniform in other healthcare institutions. Hence, the uniform was positively accepted by the nurses and actually motivated them to become better Muslims.

The second phase, starting from the end of the 1980s, involved maintaining the Malay-Muslim elements in nursing

uniforms and was less challenging as the acceptance of Islamic clothing requirements among the public had increased. The original design of the nursing uniform was maintained with minor revisions to improve its practicality.

By 2009 (in the third phase), Pusrawi made a significant change to improve the uniform's aesthetic features and to portray a professional Malay-Muslim corporate image. Nurses were even more satisfied with this change as it allowed for personal tailoring preferences, and they felt it improved their professional image.

Pusrawi's commitment to harmonize Malay culture, religion, and the professional standards of nursing practice is evident as the hospital continues to improve its uniform design from time to time in consideration of these three aspects. The approaches used in the endeavor might potentially be applied in other similar institutions that wish to integrate the cultural and religious clothing of their staff members while still conforming to professional standards.