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# FROM THE COLONIAL DESIGN TO THE MALAY-MUSLIM STYLE: THE DEVELOPMENT OF THE CIVILIAN NURSE UNIFORM AT THE MINISTRY OF DEFENCE MALAYSIA (1981 TO 2018)

## *Dari Reka Bentuk Kolonial kepada Gaya Melayu-Muslim: Perkembangan Pakaian Seragam Jururawat Awam di Kementerian Pertahanan Malaysia (1981 hingga 2018)*

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## Abstract

The civilian nurse post in the Ministry of Defence Malaysia was introduced in 1981. Since then, the uniform has undergone a series of transformation which has never been formally documented. This historical case study examines the evolution of the civilian nurse uniform at the Ministry of Defence Malaysia concerning the local cultural and religious dress code. The paper divides the constant metamorphosis into four phases based on data collected through face-to-face interviews, photo analysis, and document analysis. The first phase involved the maintenance of the colonial-style nurse uniform. The first attempt to accommodate the local dress code norm occurred in the second phase in the 1980s when the nurses chose to wear either a knee-length short-sleeved uniform or a pair of pants with the short-sleeved blouse and were later allowed to wear a neck-exposing hair cover. The nurses were finally permitted to wear Muslim-friendly uniforms in the third phase in 2001. Finally, in the current phase (since 2012), the nurse uniforms are standardised with the Ministry of Health Malaysia uniforms, which considers the local cultural and religious clothing norm. The incorporation of the cultural and religious needs of the nurses depicts how employers may assimilate these needs without compromising the professional standards of practice, which has been a long-standing controversial issue for Muslim personnel globally.

**Keywords:** Nurse uniform, nursing history, religious accommodation, cultural accommodation, Malay Muslim, Islamic professional fashion

## Introduction

The position of the religious dress code in secular professional life has been in the interests of researchers and practitioners in the past few decades (Benefiel et al., 2014). Although freedom of religious expression is part of the Universal Declaration of Human Rights, the issue of religious dress code accommodation within secular organisations is still widely debated due to the competing interests between the individual employees and the institutions (Vickers, 2015). Unlike religious dress codes, the position of ethnic dress codes in the workplace receives less attention. However, when the cases of ethnic dress codes are discussed from the legal perspective, the discussion is based on similar grounds as religious dress codes (Plessis, 2009).

In the context of healthcare, the issue of accommodating religious dress codes, especially for Muslim healthcare personnel, has been a long-standing global issue. For example, the superbug phenomenon led to stricter hygiene rules in healthcare practices in the United Kingdom, including the bare-below-the-elbow

policy in 2008. The policy resulted in difficulties for female Muslim healthcare personnel, leading to the resignation of Muslim personnel who did not want to comply with the rules (“Muslim quits over bare arm policy,” 2008). In Singapore, Muslim nurses were prohibited from wearing headscarves until recently (Shafeeq, 2021). The cultural issue is another essential element in the dress code policy, and efforts to assimilate local culture within the uniform design have been observed. For example, in Japan in the late nineteenth century, nurses wore modified kimonos as their uniform (Takayashi, 2004), while in India, sarees uniforms are worn by nurses while delivering nursing care (Jane, 2017).

Malaysia is not excluded from the polemic of religious dress code in healthcare services. Malay-Muslims in Malaysia is the majority religious-racial group (Department of Statistics Malaysia, 2010). The nurse uniform is among the conflicts that arise from the modern secular health system introduced by the British during its occupation. In 2013 and 2015, the headscarf and long-sleeve ban cases at two Malaysian private healthcare institutions caused a public uproar (Saidun, 2020). Despite the long-standing controversies on the issue of cultural and religious dress codes in the professional nursing sphere, no previous study has examined the issue from the historical perspectives of Malaysian healthcare providers. The present study aims to bridge this gap through a case study on the civilian nurse uniforms at the Ministry of Defence Malaysia (MOD) to examine the evolution of the female civilian nurse uniform concerning the local cultural norms and religious dress code rules.

## **Methodology**

### ***Approach and scope***

The qualitative approach is best suited for this historical investigation. Therefore, this historical case study examines oral, textual, and visual data from primary and secondary sources, as will be presented in the data collection and analysis subsections. As the issue of religious dress code accommodation at work is relevant to many disciplines, it is crucial to delineate the issue of interest in this paper. The issue of female nurse uniforms is chosen because nursing has been a women-dominated profession. The involvement of the male counterpart in nursing is relatively new, and there have been few changes to their uniform since its introduction. In addition, there has never been any conflict between the male nurse uniform and the religious dress code of Muslims (the majority population in Malaysia), unlike the female nurse uniform. Since the article’s primary interest is the issue of religious dress codes, the paper focuses on the design of the uniform

itself in light of the Islamic clothing rules and exclude other features such as the material used and the cost of the uniform.

### **Data collection**

For the present study, the primary sources that would provide the best data for the research of nurse uniforms – including proposals, meeting minutes, paperwork, and circulars – are the archival documents related to the development of nurse uniforms. However, these documents are not accessible due to the institution's confidentiality policy. Hence, the data were retrieved from three other primary and secondary sources to gain insight into the case.

Firstly, semi-structured face-to-face interviews were chosen to collect insightful information on the process of nurse uniform development. The participant criteria include:

1. Individuals are involved in the process of constant development during any period within the study's timeframe.
2. Individuals who were not directly involved in the process but witnessed or experienced the process.
3. Individuals who have access to the archival materials of the uniform development process.

A purposeful and snowball sampling technique was used to identify potential participants. Face-to-face interviews were conducted involving twelve participants (senior nurses and officers) who provided valuable information but with limitations in getting first-hand information regarding transformations that took place prior to the year 2000. Even though these participants joined the workforce in the 1980s and 1990s, they were junior staff members and were not directly involved with the transformation process before 2000. However, they were witnesses of the process and experienced the uniform transformation phases. The nurses and officers involved in the process before 2000 could not be reached because they were either untraceable (after retiring or being transferred to the Ministry of Health, despite the researcher's effort to trace them) or deceased.

Secondly, the book '*35 Tahun Kor Kesihatan DiRaja 1967-2002*' (35 years of the Royal Health Corps 1967-2002) by Bidin et al. (2003) was referred to. The book presents the history of the corps with photos of civilian nurses in uniforms.

Thirdly, photos of the MOD's civilian nurse uniform were also referred to. The photos were either published in the local newspapers or personal photos shared by the interviewed participants. Different sources of photos help reduce photographer bias. In addition, the photos provide further information on the uniform when the photos were taken, or the newspapers were published.

## Data analysis

For the photo analysis, the photos of nurse uniforms first underwent internal criticism to determine their validity and external criticism to determine their relevance to ensure that the photos of nurses are civilian nurses of the MOD and not from other institutions. The photos are then arranged based on the date taken and then grouped based on the uniform design to identify the phases of the constant evolution. Next, the designs were examined to see each phase's public image the uniforms portrayed. Next, the designs were compared to identify what features had changed. The uniform phases (shown in Figure 1) are then presented to the interviewed participants to verify the phases.

The interviews were transcribed and underwent thematic and content analysis. The interviewees' accounts were also grouped into different phases corresponding to the constant evolution phases. Both the objective strategy (coding based on apriority codes that have been pre-figured from research questions and literature review) and the emergent strategy (coding based on new information that appears, resulting in empirical codes) were used in coding the data (Fox, 2004, 2). The codes are then appraised, sorted, and arranged into categories and themes (Erlingsson & Brysiewicz, 2017).

## Ethical consideration

Since the present study involves interactions with human subjects through interviews, ethical clearance was obtained from the Ethics Committee of the Tuanku Mizan Military Forces Hospital. The Ethics Committee stipulated that the identity of the participants is anonymized and remain confidential to protect their interests. In addition, no actual photos of nurses in uniforms are presented in this paper. This is done to protect the identity of the participants who shared their photos. Besides that, it is also unethical (from an Islamic standpoint) to publish photos of Muslim women with their *awrah* (body parts required to be covered) uncovered.




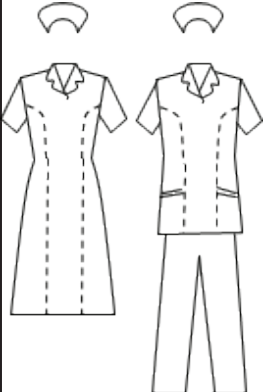

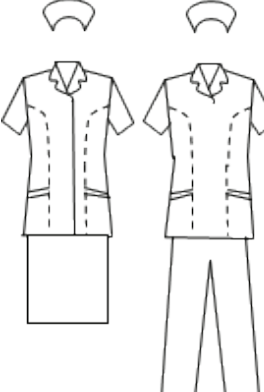
## Results

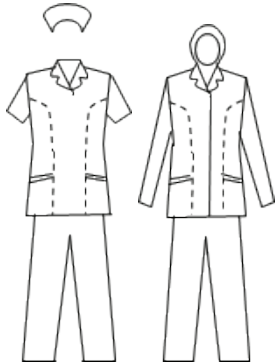
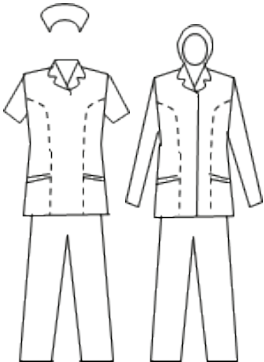
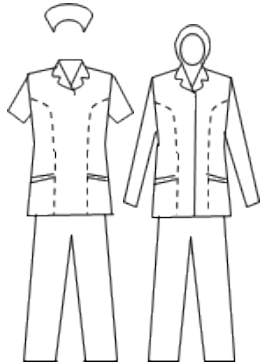
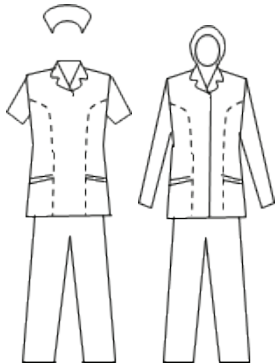
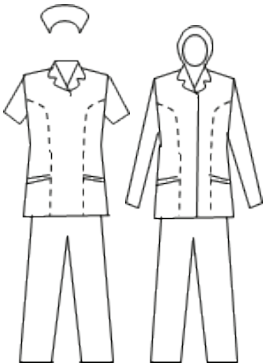
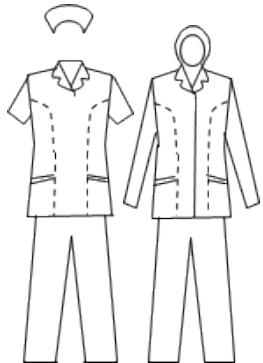
The Ministry of Defence (MOD) is the second largest public healthcare service provider in Malaysia. It provides healthcare services to all the MOD staff members, comprising civilian and army personnel. Before the early 1980s, civilian nurses who served the MOD were on secondment from the Ministry of Health (MOH). In 1981, trained nurse posts were first created in the MOD. In 1985, the post of Nurse Supervisor was introduced when a Nurse Supervisor was posted at Terendak Armed Forces Hospital, and another Nurse Supervisor was posted at Kinrara Armed Forces Hospital. In 1997, the first Head of the Nurse Supervisor of the MOD was appointed (Bidin et al., 2003). Initially, the nursing workforce of the MOD only provided services for the MOD facilities. However, in 2010, the system was changed to an 'open system' where nurses in the MOD and the MOH could be transferred between the two ministries. Figure 1 shows the evolution of the civilian nurse uniform at the MOD. Based on the findings, the article divides the evolution of the civilian nurse uniform of the MOD into four phases, discussed below. The discussion for each phase begins with the dress code norm of the Malay-Muslim society during the period, followed by the MOD nurse uniform.

### *Phase 1: Maintaining the colonial heritage (since 1981-1980s)*


During this time, the Malay women's clothing norms varied in different social groups. However, the traditional Malay attire and the modern attire were widely worn. The Malay traditional attire exists in multiple forms including *Baju Kurung*, *Baju Belah* (or also known as *Baju Kebaya Labuh*), *Baju Kedah*, and *Baju Pahang Riau*. These traditional attire share similarities in the ensemble, consisting of a long- or three-quarter-sleeved loose top worn with a loose ankle-length skirt called *sarong*. The colonial past and the Twiggy fashion in the 1960s influenced the modern Malay dress code, especially in the urban areas where revealing and tight clothes were ordinary.

Figure 1. Evolution of civilian nurse uniform at the MOD

	Assistant Nurse, Midwife and Staff Nurse	Head Nurse (Sister)	Nurse Supervisor (Matron)
Phase 1 (1981- 1980s)	 <p>White uniform White cap with coloured lines to differentiate between different ranks</p>	 <p>White uniform White cap</p>	 <p>Dark blue uniform White cap with lace trimmings</p>
Phase 2 (1980s- 2001)	 <p>White uniform White cap with coloured lines to differentiate between different ranks</p>	 <p>Light blue uniform White cap with lace trimmings</p>	 <p>Dark blue uniform White cap with lace trimmings</p>

	Assistant Nurse, Midwife and Staff Nurse	Head Nurse (Sister)	Nurse Supervisor (Matron)
Phase 3 (2001- 2012)	 <p>Light blue uniform White cap or black headscarf</p>	 <p>Royal blue uniform White cap with lace trimmings or black headscarf</p>	 <p>Dark blue uniform for Matron Mint green uniform for Public Health Matron Purple uniform for Chief Matron White cap with lace trimmings or black headscarf</p>
Phase 4 (2012- present)			



	<p>White uniform White cap with coloured lines to differentiate between different ranks</p>	<p>Light blue uniform White cap with lace trimmings or white headscarf</p>	 <p>Dark blue uniform (the Chief Matron's uniform has silver buttons) White cap with lace trimmings or white headscarf</p>
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The influence also led to the hybridisation of the Malay traditional attire with modern fashion resulting in the birth of fusion attire (such as *Kebaya Pendek*, *Kebaya Kota Bharu*, and *Baju Kurung Modern*), characterised by tight long-sleeved top worn with tight ankle-length skirts which often have slits (openings of the skirt, up to the knee level) to facilitate movement (Hussin et al., 2013).

At the same time, the headscarf underwent its transformation in Malay society. In the 1960s and 1970s, full headscarves were rare, and women who wore them were ridiculed. However, the use of semi-transparent scarves (called *selendang*) that partially cover the hair has long been part of the Malay culture. By the 1980s, the resurgence of Islamic awareness was more widespread, where headscarves became more common (although not a majority practice) in society (Ramle, 2013).

The first MOD nurse uniform consists of a short-sleeved knee-length uniform with a nursing cap, as shown in Figure 1 (Phase 1). Nurses other than Head Nurses wore white uniforms and were differentiated based on the lines on the cap: red lines for Assistant Nurses; green lines for Midwives; and blue lines for Staff Nurses. Head Nurses wore white uniforms and white caps with trimmings,

while Nurse Supervisors wore dark blue uniforms and white caps with lace trimmings.

The nurses interviewed could not recall any resistance towards the uniform among their colleagues due to the lack of Islamic awareness at that time. However, some patients passed negative feedback on the inappropriateness of the uniform.

“At that time, we did not receive much exposure on Islam. At that time, even our mothers did not wear headscarves.”

(Participant 8)

“The young patients might enjoy watching nurses wearing short skirts. There were older patients who asked, “Why are nurses wearing this?”.

(Participant 2)

The photos of the uniforms suggest that although the civilian nursing workforce started twenty-four years after gaining political independence from the British, the MOD maintained the colonial style for their nurse uniform with no consideration of the local religious and cultural dress code as there was no option to cover the legs, arms, hair, and neck.

On the other hand, the modest traditional Malay-Muslim dress code norms did not include full headscarves as Islamic awareness was still low and, at the same time, was influenced by modern fashion. Moreover, the Malay-Muslim clothing norm started to change toward the *awrah*-covering attire when the first positions for civilian nurses were opened in the MOD. Hence, the colonial-style short-sleeved knee-length uniform was generally accepted in society.

## **Phase 2: Compromising parts of the colonial heritage to partially accommodate local clothing norms (1980s-2001)**

As previously stated, the practice of *awrah*-covering dress code has encroached on the Malay culture in the 1980s. However, the *awrah*-covering dress code became more prevalent in the 1990s when many women adopted the practice by wearing headscarves and long-sleeved traditional or modern attire (Ramle, 2013).

Contrary to the original uniform, pants were later allowed to be worn by nurses in the 1980s (Phase 2 in Figure 1), although the exact year could not be

determined. The colonial-style short-sleeved knee-length uniforms remain an option for nurses who wish to wear them. Different ranks of nurses were differentiated through two means. Firstly, the uniform colour is specific for each rank: nurse supervisors wore dark blue uniforms, Head nurses wore light blue uniforms, and other nurses wore white uniforms. Secondly, the colour of the lines on the nursing cap differentiate between Staff Nurse (blue line), Community Nurse (purple), Midwife (green), and Assistant Nurse (red). Head Nurses and Nurse Supervisors wore white caps with lace trimmings. The banning of headscarves continued during this phase. Instead, nurses were later allowed to wear the black hair cover that does not cover the neck, but the exact year this was allowed could not be determined either.

Despite not being able to recruit the informants involved in the transformation process during this phase, the study participants who witnessed the change were able to share some insight. When asked about the experience of a senior nurse regarding the need for a Muslim-friendly uniform, Participant 2 replied:

“We were doing it to be able to focus on the concept of work as an *‘ibadah* [the act of worship]. I always emphasize that concept because besides getting our pays we want to get the blessing.”

(Participant 2)

The reply may suggest the role of increased socioeconomic status in the increasing religious expression at work as one could also focus on other things (including religion) and not merely survival. Interviews with the participants revealed that during this phase, there were pleas to change the uniform to a Muslim-friendly version. Participant 8 recalled that they signed a petition in support of the proposed change of nurse uniform to allow Muslim nurses to wear Muslim-friendly attire. The Nurse Supervisors of the MOD led the petition at that time (Participant 8). The participants were unaware of the challenges faced by the advocates as they were not among them. In one of the photographs, a Nurse Supervisor in Lumut Hospital wore a royal blue headscarf with a blouse with three-quarter-length sleeves in 1999, before the headscarf was allowed. Although her practice was against dress code policy, she was not subjected to disciplinary actions.

When asked about the effect of the change from knee-length uniforms to pants, the participants did not recall any adverse effects. The participants opined

that the pants are more practical for nursing work, which requires a wide range of movement (Participant 2 and Participant 8). During this period, it is observed that the colonial heritage was maintained but partly compromised to accommodate local norms when the nurses were given the choice of wearing pants and head cover. Nurses who wanted to wear headscarves and longer sleeves had to improvise their uniforms. Although the uniform did not fully accommodate the needs of nurses who have adopted the Islamic dress code, an effort to gradually accommodate the evolving local clothing norms of the Malay-Muslim majority was evident. The accommodation was done in stages where the pants option was first introduced, followed by the permission to wear the hair cover later.

### **Phase 3: Adopting a distinct Malay-Muslim MOD nurse identity (2001-2012)**

The Malay-Muslim women's dress code norm continues to evolve over the years. By the turn of the century, headscarf wearers constitute most of the Malay-Muslim women population. The headscarf was adopted as part of the MOD civilian nurse uniform in 2001. At the same time, the nurses were given the choice of wearing either short-sleeved or long-sleeved uniforms (as shown in Phase 3 in Figure 1).

The MOD also introduced new colours for the uniforms that is different from other healthcare institution. The Head of the Nurse Supervisor's uniform was purple, while the Public Health Nurse Supervisor's uniform was mint in colour. Other Nurse Supervisors wore dark blue uniforms, while the Head Nurses wore royal blue uniforms. Staff Nurses' uniform was changed to light blue, and no information could be obtained on the colours of the uniforms for the Midwives and Assistant Nurses as the intake ceased and Staff Nurses absorbed their roles. Nurses may opt to either wear nursing caps or black headscarves tucked into the entire attire.

Since further information could not be obtained, the primary rationale for the change was unknown but most probably due to the numerous pleas by various groups to grant Muslim women their right to wear Muslim-friendly attire at work. For example, there was a petition for a Muslim-friendly uniform signed by nurses when they were not allowed to wear headscarves and long-sleeved uniforms, as narrated by Participant 8.

The participants shared their views on the effects of the uniform change. The unique uniform of the MOD led to confusion in the ranks of nursing staff when

the MOD nurses interacted with the MOH nurses during the referral of cases, for example. The MOH nurse uniform used light blue for the Head Nurse uniform, while the MOD used light blue for the Staff Nurse uniform. Other than the colour change, the change of the uniform ensemble also took place with the introduction of the headscarves and long sleeves. The participants opined that the headscarf is not a hindrance to delivering good nursing care as long as the headscarf is secured in place and does not dangle onto the patients and work surfaces (Participant 8).

Furthermore, using the long-sleeved uniform is not a barrier to good nursing care because the long sleeves are designed to be easily rolled during hand washing and clinical procedures to conform to the infection control hygiene standards (Participant 2). Hence, nurses do not need to expose their forearms all the time but can limit them during specific procedures. One of the participants highlighted that hygiene practices are more critical in infection prevention compared to the length of the sleeves per se, as improper hygiene maintenance among short-sleeved wearers is also a threat to infection control (Participant 8). Other participants offered probable insight regarding the lengthy process of advocating for the Muslim-friendly uniform.

“It was because of the mentality at that time. They did not have the critical thinking on how we could modify it to facilitate us during any procedures. They had not had the critical thinking yet, so maybe they just made an easier decision to use short sleeves, [so that there is] no need to roll the sleeve.”

(Participant 2)

The nurses interviewed had no recollection regarding the presence of any negative feedback on the Muslim-friendly uniform and perceived it as a positive development.

“I see it as positive changes because it shows that we value both this world and the hereafter, we want both. Previously, to me, the uniform involves sins because we were showing our *awrah* to be seen to those who should not have, to the patient. Sometimes our position is improper. So, I think the changes are positive. I always focus on Islam. And then in terms of mobility, it facilitates our work, especially at the clinical sites. It was less problematic for the administrators [who do not deal directly with patients]. In the clinical setting

which involves direct interaction with patients, [thus,] being covered is better. There are many types of patients of various ages and various ideologies.”

(Participant 2)

During this phase, the accommodation of the local religious and cultural dress code of the Malay-Muslim is seen. The uniform design departed from the colonial style to portray a new Malaysian nurse uniform identity. The design also adopts new colours not typically used in nursing to give its distinct MOD nurse identity. The metamorphosis of the uniform from the colonial style to the Muslim-friendly uniform took almost two decades since the civilian nurse posts were first opened. The transformation was lagging behind the evolution of the dress code norm of the society as the Islamic dress code was common among the Malay-Muslim populace since the 1990s. The relatively slow progress resulted in at least a case of a nurse who had to alter the uniform in order to wear Muslim-friendly attire at work, as mentioned above.

#### ***Phase 4: Coordinating the uniform with the Ministry of Health (2012 to present)***

The new millennium witnessed the development of the headscarf beyond merely a modest culture to become a fashion trend. Headscarves are worn with numerous styling methods (Ramle, 2013). Innovations in headscarf design flourish, resulting in the introduction of modern headscarves such as the express shawls and express headscarves with hard visors that maintains the shape of the front part of headscarves, resulting in an easily maintained neat look.

When the civilian nursing workforce was changed to an open system, the uniform underwent another metamorphosis to allow standardisation of uniform with the MOH (as shown in Phase 4 in Figure 1). As a result, the ensemble includes the use of express headscarves with hard visors. Besides that, senior nurses who are mainly involved with administrative work (which does not require various movements) are given the choice of wearing pants or ankle-length skirts, similar to the Malay *sarong*.

The transformation was not without any issues. Although the system was changed in 2010, it was not until 2012 that the civilian nurses of the MOD started wearing uniforms similar to the MOH. It was due to the supply contract that was valid until 2012. Besides that, one of the participants expressed the preference of

some nurses for the headscarf to be worn over the top instead of being tucked into the top attire (Participant 2).

Although this transformation of the nurse uniform implies standardizing the nurse uniform in the two ministries, the uniform has more features that accommodate the current dress code norm of the Malay-Muslim. This is seen in the use of headscarves with hard visors, a popular headscarf in Malay-Muslim society. In addition, the ankle-length skirt option (for Nurse Supervisors, as shown in Figure 1) that closely resembles the traditional Malay *sarong* is also a popular choice of clothing among senior Malay women.

## Conclusion

The nursing workforce of the MOD consists of the army nurse and the civilian nurse. The present case study focuses on the uniform development of the civilian nursing workforce in the MOD. The paper divides the metamorphoses of the civilian nurse uniform into four phases based on the changes that took place. The first phase involved the maintenance of the colonial-style nurse uniform, followed by the second phase, which involved compromising the colonial heritage to accommodate local religious and cultural clothing norms. The MOD civilian nurses were finally allowed to wear Muslim-friendly uniforms in 2001 following the introduction of the Malay-Muslim tight uniforms with distinct MOD nurse identity. In the fourth phase, the nurse uniform was standardized with the MOHs, which have more features that suit the current Malay-Muslim fashion and clothing norms.

The MOD's efforts in fulfilling its nurses' dress code needs are evident. However, the uniform metamorphoses from the colonial style to the Malay-Muslim design was a long process that lagged behind the evolving dress code norm of the Malay-Muslim society. The case illustrates how the local cultural and religious needs may be fused within the professional dress code policy while still conforming to the standards of good practices in healthcare. The MOD nursing workforce has also demonstrated that delivering good nursing care while wearing Muslim-friendly attire is feasible with minor modifications to the uniform design.

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