

Cultural and Religious Dressing Accommodation in Healthcare: Parliamentary Debates on Nurse Uniforms in Malaysia (1959- 2018)

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Abstract

Nurse uniforms have been a long-standing polemical issue in post-independence Malaysia for the past six decades. Although the issue has been debated multiple times at the parliamentary level, studies still need to be done to date which examine these debates. The paper first provides a contextual background to facilitate understanding the findings by presenting the evolution of the clothing norms in Malaysia since the 1950s. It then thematically analyses parliamentary debates on Muslim-friendly nurse uniforms from the first parliament (1959-1964) to the thirteenth parliament (2013-2018). Finally, the paper considers eight themes that emerged in the debates: religion, local norms, and Eastern culture; international and conventional standards; comfort and practicality; freedom and preference; fashion, image, and tradition; modesty and social problems; difficulty to change; and equality. The authors argue that the evolution of the clothing norms and parliamentary debates on dress code policy demonstrate Malaysian Muslims' search for identity after obtaining political independence. Despite geographical differences, the issues of nurse uniforms debated in Malaysia shared many

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similarities with other cases discussed in the literature, except for the issues of the use of face veil, the abolishment of the nurse uniform, the uniform's white colour, and the effect of the uniform on power relationships.

Keywords: Nurse uniform, religious dress code, cultural dress code, Muslim women, healthcare dress code

Introduction

Malaysia is a developing multi-racial and multi-religious country with a predominantly Muslim population. Muslims comprise 60.5 percent of the population, according to the 2010 census (Department of Statistics Malaysia, 2010). Malaysia was previously colonised by the Portuguese, Dutch, Japanese and British, and their influence on work standards, dress code, and work ethics remains obvious. Malaysia's modern healthcare system was introduced by the British during colonial rule before independence in 1957. The British introduced the nursing profession, with its uniform comprising a short-sleeved blouse and knee-length skirt. After six decades of independence, nurse uniforms in many healthcare institutions have evolved tremendously. Now, Muslim nurses at all public healthcare institutions in Malaysia can wear long-sleeved tops with long pants and headscarves.

The process of nurse uniforms evolving to become friendlier towards Muslims who wish to cover themselves according to their Islamic belief has been long and controversial. The issue has been and will continue to be, debated on various platforms, including in the Parliament of Malaysia. Despite that, no previous study has analysed the nurse uniform controversy in Malaysia or the parliamentary debates on the issue. The present study aims to undertake the task by analysing the parliamentary debates from the first parliament (1959-1964) to the thirteenth parliament (2013-2018).

Literature Review

History of discourse on nurse uniform

Although no specific study has been done in Malaysia, the issue of nurse uniforms has been broadly discussed in the literature. Articles by Greenwood and Timmins (2015), Jones and Shanks (2013), Hatfield *et al.* (2013), Houweling (2004), and Pearson *et al.* (2001) all provide good information on the history and discourse on nurse uniforms. The present study will focus on the history and

discourse in the literature after 1959, corresponding to the time frame of the present study.

The nurse uniform had evolved tremendously from the first ever recorded uniform (long-sleeved ankle-length gown with bonnet) of the Deaconesses at Kaiserworth, Germany, in 1836 (Pearson et al., 2001). By the 1950s, the sleeves and skirts of nurse uniforms globally had become shorter and the head gear smaller, taking the form of a cap. During this decade, the all-white uniform became widespread because it portrayed cleanliness. Fashion and textile technology influenced this evolution, along with the invention of easily-maintained wrinkle-free materials (Houweling, 2004).

However, as feminism rose, the image of an all-white uniform also changed, becoming perceived as a focus of oppression and unprofessionalism in the power struggle with doctors (Houweling, 2004; Pearson et al., 2001). As a result, there was a call to abandon the cap, initially used to cover and secure the hair off the face. Reasons to justify the abandonment include being unfashionable, serving no purpose, and potentially being an infection hazard.

Other groups called for the maintenance of the unique symbol of nursing (Houweling, 2004). During the 1970s, the nurse uniform began to evolve in various forms. Pantsuits started becoming popular following anti-discrimination laws, allowing female nurses to wear pants like male nurses (Houweling, 2004). Additionally, midwives started opting for scrubs, advanced practice nurses started favouring lab coats, and nurse managers began donning business suits to distinguish between different types of nursing staff.

The next decade saw the abandonment of other forms of uniforms in the United States in favour of scrubs, persisting until today. This was due to its easily maintained, inexpensive, practical features, availability in various colours and patterns, comfortable, and suitability for both sexes (Houweling, 2004). In the United Kingdom, nurse dress uniforms have been criticized as impractical, as they restrict mobility and are insufficient in maintaining modesty in various positions. The need to be easily identified by patients led to the suggestion of the reuse of the cap.

However, others have argued that uniforms play little role in identifying healthcare personnel. For example, most doctors are recognized by their confidence rather than their uniform. Multiple authors discussed the more significant role of hand hygiene over uniform in infection control in the 1980s. In

the 1990s, the role of the nurse uniform continued to be questioned. Uniformed staff is perceived as lower ranked in an organization, affecting nurse morale and creating a barrier to cooperation.

At the same time, the uniform is alleged to reinforce patients' sick role and disempowerment. Studies on nurse uniforms have continued into the twenty-first century. Nurses of a Victorian Hospital in Australia stated the following issues related to uniformity versus abandonment of the nurse uniform (Pearson et al., 2001):

1. Uniforms are essential for identification, versus nurses are still identifiable without uniforms.
2. Uniforms enhance power relationships, versus abandoning uniforms will reduce barriers.
3. Uniforms empower nurses, versus abandoning uniforms will enhance one's confidence when one looks good without uniforms.
4. Uniforms allow separation between work and personal life, versus abandoning uniforms allows the expression of individuality.
5. Uniforms prevent ruining own clothes (costly ones) at work versus the economic advantage of the abolished need to supply uniforms by the institution.

A review conducted by Hatfield *et al.* (2013) suggests variances in the preference for the colour or styles of nurse uniforms among different locations and demographics. It also reveals that the issues of identity, power relationships, and professionalism continue to dominate the discourse on nurse uniforms in the literature. Jones and Shanks (2013) conducted a textual analysis of journal commentaries regarding the 'Bare Below the Elbows' policy. Issues highlighted in the commentaries include separating religion from work, prioritizing patients' best interests, and preferential accommodation for Muslim healthcare workers.

Another article by Gayatri Nambiar-Greenwood and Fiona Timmins (2015) examined the discourse on face-veil (*niqab*), which centres around the issue of hindering communication due to a lack of facial expression. However, such arguments are countered by comparing the situation with the use of facial masks or with healthcare workers who lack expression due to facial disfigurement or paralysis.

In summary, nurse uniforms have evolved globally from the white short-sleeved dress or skirt uniform and nursing cap in the 1950s; to the abandonment of caps and the replacement of skirts with long pants in the 1970s; to scrub suits starting

from the 1980s. The call for the abandonment of uniforms started in the 1990s, but many institutions have continued to have nurse uniforms until now. The themes of the debate before the 1990s concentrated on the issues of practicality (including infection control), fashion trends, identity, equality, and modesty, while the literature after the 1990s focused on practicality, identity, power relationships, and professionalism. The issue of religion only surfaced in the twenty-first-century literature involving Muslim healthcare personnel in Muslim-minority countries. The above discussion involves academics from other parts of the world. The accounts will be used for comparison with the results of this study.

Clothing norms among Muslim women in Malaysia

Islam mandates covering *awrah* (body parts required to be covered in front of marriageable men), which includes the whole body except the face and hands. The Quran states:

“And tell the believing women to restrain their looks, and to guard their privates, and not display their beauty except what is apparent thereof, and to draw their coverings over their breasts, and not expose their beauty except to their husbands, their fathers, their husbands' fathers, their sons, their husbands' sons, their brothers, their brothers' sons, their sisters' sons, their women, what their right hands possess, their male attendants who have no sexual desires, or children who are not yet aware of the nakedness of women. And they should not strike their feet to draw attention to their hidden beauty. And repent to God, all of you believers, so that you may succeed.”

(An-Nur 24:31)

According to Ibn Abbad r.a. and Aishah r.a, the meaning of “what is apparent” is one’s face and hands because Prophet Muhammad SAW forbid women from wearing gloves and face veils during *ihram* for *umrah* and *haji* (Al-Zuhayli, 2002, p. 610). Although Muslim women are required to cover the whole body except the face and hands, the Muslim society’s clothing norm may not fully conform to the Islamic clothing rules due to various factors such as individual compliance and local customs.

Before analysing the parliamentary debates, it is worthwhile to look at the historical trends of clothing norms among Muslim women in Malaysia. However, the discussion is limited to the period of the 1950s because the analysis of the

parliamentary debates starts from the First Parliament in 1959. Therefore, the following discussion is based on a popular edited book, *Bagaimana Saya mula bertudung* (How I started wearing a headscarf), published in 2003, written by multiple authors on their personal experiences with wearing the headscarf. The discussion was based on the writings of the following five contributors to the book: Harlina Halizah Sirah, an Obstetrician and Gynaecologist who is also the daughter of a *qadi* (district religious officer); Noraini Ramlee, a medical practitioner; Endok Sempo Mohd Tahir, an engineer who is also the daughter of a PAS (Parti Islam SeMalaysia, Malaysian Islamic Party) activist, Hafidzah Mustakim, a general practitioner; and Zaharah Sulaiman, a medical specialist, and lecturer. These authors wrote on the practice of religious dress at the societal level during different decades to expound the circumstances before and after they started wearing headscarves. Hence, their accounts will be used in this discussion.

The practice of religious clothing in the 1950s differed from what we see in Malaysia today. As Tahir stated:

The scenario in the 1940s and 1950s... There was no Malaysian woman who wore a headscarf that fully covers the hair and neck at that time. They only wear *Baju Kurung* or loose *Kebaya* with scarves on their shoulders.

(Tahir 2003)

Baju kurung is a Malay traditional loose tubular long-sleeved tunic worn with an ankle-length sarong skirt (covering all body parts below the neck). Meanwhile, *kebaya* is a Malay traditional loose long-sleeved tunic with front openings, worn with an ankle-length straight-cut skirt called *sarong* (covering all body parts below the neck).

In the 1960s, the Ministry of Education mandated that all schoolgirls wear a mid-thigh-length pinafore uniform to improve national integration. Only students of religious schools were allowed to wear *Baju Kurung* with headscarves. However, many religious school students only wore headscarves while attending school. Even students of religious schools had negative perceptions of the headscarf as unpretty, backward, and unattractive, resulting in embarrassment and the perceived reduced prospect of getting married. These perceptions resonated with society's perceptions towards headscarves, including being frozen, untrendy, and not modern.

Religious schools were seen as 'second-class' schools. Most parents wanted their children to pursue modern English-streamed education and only opted for religious schools if their children failed the exams. Headscarf-wearing was also alien to the families of religious teachers, preachers, and politicians affiliated with PAS. The most-covered form of clothing worn then was a small triangular headscarf tied under the chin with the hair bangs exposed (Tahir, 2003).

The next decade was different from the previous as headscarf-wearing started to be seen at the end of the 1970s, although it was still rare (Raimi, 2003; Siraj, 2003). This was the decade when the Islamic *da'wah* (preaching) movement started flourishing, but the stigma associated with headscarf-wearing persisted (Tahir, 2003).

Tahir described headscarf-wearing as a norm at the university where she lectured and was becoming more common at the general population level in the 1980s (Tahir, 2003). However, many opposed the increasing awareness towards clothing that covers the whole *awrah* (body parts required to be covered in Islam according to the majority of Muslim scholars, which is the whole body except the face and hand) on the basis that it is a form of extremism and a symbol of backwardness (Tahir, 2003; Siraj, 2003). The opposition was received from their own families, as young women who wore headscarves had to abandon the practice when any of their family members were around to avoid being scolded. Some parents resorted to burning their daughters' headscarves (Siraj, 2003; Sulaiman, 2003). In healthcare, headscarf-wearing was still against the dress code policy for all healthcare personnel. Raimi recalled her experience as a young doctor in the 1980s when the operation theatre Sister (head nurse) opposed her act of wearing a headscarf in the operation theatre.

Nevertheless, the non-Malay (most likely non-Muslim) surgeon permitted her to wear it (Raimi, 2003). On the other hand, Mustakim recounted her experience as an intern doctor in Australia, where she was allowed to wear a headscarf in the operation theatre. However, she heard from fellow Malaysian doctors that they had difficulties in the operation theatre and other clinical settings, as headscarves were perceived to hinder clinical work (Mustakim, 2003).

Sulaiman recalled when she was the only student who did not wear a headscarf in her matriculation class in the 1990s. At the same time her brother joined the *Tabligh da'wah* group, her sister-in-law started covering herself according to Islam. As a result, they encouraged her to start wearing a headscarf. However, her interest in the headscarf did not start until her close friend started

wearing it (Sulaiman, 2003). The number of headscarf-wearers in Malay society continued to increase in the new millennium. Mustakim wrote that by early 2000, headscarf-wearing had become a norm and a modern, up-to-date fashion phenomenon (Mustakim, 2003).

These clothing norms reflect the search for identity among the Muslim-majority population in Malaysia. In the 1950s, Malay-Muslim society still adhered to the traditional Malay attire, covering all parts of the body below the neck but not the hair and neck. The next decade witnessed the aspiration to move forward as a nation by adopting Western solutions, as evidenced by the mandatory use of short-sleeved knee-length school uniforms for all primary and secondary school girls. During this phase, the *awrah*-covering dress was linked to the image of backwardness. However, the traditional *Baju Kurung* and *Baju Kebaya* have survived as the identity of the Malay-Muslim society. The surge of the Islamic *da'wah* movement in the 1970s led to refining the Muslim clothing norms in Malaysia to include headscarf-wearing, which was alien during the early phase of independence. By the new millennium, such clothing had become Muslim women's identity in Malaysia.

Malaysian policies in consonance with the Eastern and Islamic culture

This section presents the policies concordant with Malaysia's Eastern and Islamic cultures throughout the present study. This context is essential to understand the debates on a nurse uniform. Many MPs, Senators, and government officials have cited these policies in the debate.

The move towards more Islamic lifestyles and policies became widespread in Malaysia in the 1970s, as with other parts of the Muslim world (Abbott & Gregorios-Pippas, 2010). Numerous entities have contributed to the efforts since then. The *da'wah* movement increased Islamic awareness among Muslims in Malaysia through various preaching activities by individual preachers, non-governmental *da'wah* organizations, and government-sponsored *da'wah* institutions. In addition, PAS and UMNO (United Malays National Organization) have advocated for Islam in the political arena. However, some perceive the campaign by the more secular UMNO party as a political move to gain votes in competition with the Islamic party of PAS (Abbott & Gregorios-Pippas, 2010).

There were two newly introduced government policies in the 1980s, both by the fourth Prime Minister of Malaysia, Tun Dr. Mahathir Mohamad. The first was the 1982 Look East Policy, which aimed to emulate the Japanese and South Korean work ethics in paving the way toward becoming a developed country (Department of Information Malaysia, 2017a). The second was the 1985 Incorporation of Islamic Ethics in Governance Policy that sought to strengthen the nation's identity by instilling Islamic values because Islam is both the religion of the majority and the official religion of the constitution (Department of Information Malaysia, 2017b).

The new millennium witnessed the *Islam Hadari* (Civilizational Islam) Approach introduced by the fifth Prime Minister of Malaysia, Tun Abdullah Ahmad Badawi, in 2004. The campaign aspired to produce citizens with strong spiritual, intellectual, and material characteristics for dealing with current challenges. One of the ten principles of the *Islam Hadari* Approach was 'Cultural and Moral Integrity,' which endeavoured to safeguard cultural integrity and sustain religious-based morality (National Secretariat of Islam Hadhari, 2004).

The same year, Hospital University Science Malaysia (a statutory body) introduced and practiced an *Ibadah*-friendly Hospital concept. However, the concept focused on the facilitation of the practice of Islamic rituals (*ibadah*) among patients, the presence of a religious officer in the hospital, and the training of medical personnel to assist the patients in helping to increase their knowledge of the medical personnel themselves (HUSM Amal Konsep Mesra Ibadah 2006). By 2017, the number of *Ibadah*-friendly Hospitals increased to 146 (146 Hospital Awam Laksana Konsep Mesra Ibadah 2017).

The Ministry of Health has also partnered with the Department of Islamic Development Malaysia (Jabatan Kemajuan Islam Malaysia, JAKIM) to improve the concept by developing accreditation and quality assurance standards by positioning religious officers in selected hospitals to facilitate implementation (Department of Islamic Development Malaysia 2015).

The sixth Prime Minister of Malaysia, Dato' Seri Najib Razak, announced the 1Malaysia concept in 2009 to promote unity among multi-racial citizens based on four noble values, which include moderation (The Prime Minister's Office, 2009). The concept of *wasatiyyah* (moderation) was upheld, and the *Wasatiyyah* Institute of Malaysia was established under the Prime Minister's Department in 2012 to promote the concept of *wasatiyyah* in the practice of religion and other spheres of life in Malaysia (Institute of Wasatiyyah Malaysia, 2017).

Later, he introduced a new Islamic governance tool known as the *Shariah* Index in 2015 (Department of Islamic Development Malaysia 2015). The *Shariah* Index was formulated based on the five *Maqasid Al-Shariah* (Objectives of Islamic Law) in Islam: protection of religion, protection of life, protection of intellect, protection of progeny, and protection of property. The *Shariah* Index includes seven areas: the Islamic legal system, politics, economics, education, health, culture, infrastructure and environment, and society.

Method

Relevant official reports on parliamentary debates were retrieved from the official webpage of the Parliament of Malaysia using its search function. The search identified 103 reports, which underwent a superficial examination to determine the relevance of the debate. Fifty-two reports were excluded after superficial examination as the contents were irrelevant to the scope of the study. Twenty-six reports were directly related to the issue of nurse uniforms.

In comparison, nine reports were related to the issue of uniforms in general, and sixteen were related to the issue of uniforms of other workforces. In addition, the reports related to the issues of dress code policy in other workforces and the issues of uniforms relevant to any workforce were also included to gain insight into the issue of uniforms in general and compare them with the issue of nurse uniforms. The reports were analysed using thematic and content analysis using the computer-assisted qualitative data analysis software Qiqqa (version 79).

Findings

Negotiating for religious and cultural dress code accommodation for nursing at the parliamentary level

Othman Abdullah, a member of the Malaysian Islamic Party (PAS) representing Tanah Merah, Kelantan, was the first Member of the Parliament (MP) at the First Meeting of the First Session of the First Parliament in 1959 to raise the inappropriateness of the nurse uniform as it was considered 'too revealing' (Parliament of Malaysia 1959). At that time, a nurse uniform consisted of a short-sleeved blouse, a mid-thigh-length or knee-length skirt, and a nursing cap, as introduced by the British during colonial rule. However, the issue did not receive any response from other MPs. After that, the issue remained dormant for almost two decades.

The second half of the 1970s witnessed seven debates on the issue at the House of Representatives and Senate. The nurse uniform never changed during this period, even two decades after independence. When MP Nik Abdul Aziz Nik Mat first raised the issue in 1975, Abu Bakar Omar (Deputy Minister in 1975) begged to differ in opinion and stated that the midi-length gown was not 'too revealing' (Parliament of Malaysia, 1975a).

Senator Salmah Sheikh Hussein was the first woman who advocated for the change of nurse uniforms at the Senate level in 1975 (Parliament of Malaysia, 1975b). In 1977, MP Oon Zariah Abu Bakar was the first UMNO MP who raised the issue of the inappropriateness of the nurse uniform, and this time, then-Deputy Minister of Health, Abu Bakar stated that he was aware of (Muslim) society's preference for the long skirt and long pants and affirmed that the Ministry was seriously considering the issue (Parliament of Malaysia, 1977a).

Besides the government officials, three Muslim Senators disagreed with the notion of changing the uniform due to various factors (Parliament of Malaysia, 1978), to be discussed in the next section. Despite opposition, by 1978, nurses were given a choice to wear either a midi-length gown or a pair of long pants as part of their uniforms (Department of Information Malaysia, 1978). The parliamentary debates may have influenced this change. Although the MPs and Senators advocated that Muslim nurses be allowed to wear long sleeves and headscarves, the uniform change did not include these demands.

Geographically, the MPs and Senators who advocated for the change were from Kelantan, Terengganu, Perak, and Penang. Kelantan is known as the 'Balcony of Mecca,' reflecting its rich Islamic heritage. This may explain why the first two MPs who raised the issue, in 1959 and 1975, were both from Kelantan. Muslims account for more than ninety percent of the population in Kelantan and Terengganu and a simple majority in Perak and Penang (Department of Statistics Malaysia 2010).

In the 1980s, there were seven debates on nurse uniforms, similar to the previous decade (Table 1). In addition to the debates on nurse uniforms, three other debates during this decade were related to the dress code of government servants in general (Parliament of Malaysia, 1982), the headscarf ban in the private sector (Parliament of Malaysia, 1988a) and the uniform of policewomen (Parliament of Malaysia, 1987).

Table 1: MPs/Senators Who Raised the Issue of the Inappropriateness of Nurse

Year	Venue - Parliament – Session – Meeting	Senator / MP	Party	Area presented	
1	3/12/1959	House of Representatives - 1-1-1	Othman Abdullah	PAS	Tanah Merah, Kelantan
2	2/04/1975a	House of Representatives - 4-1-2	Nik Abdul Aziz Nik Mat	PAS	Pengkalan Chepa, Kelantan
3	24/07/1975b	Senate - 4-1-1	Salmah Sheikh Hussein	PAS	Penang
4	9/11/1976	House of Representatives - 4-2-1	Nik Abdul Aziz Nik Mat	PAS	Pengkalan Chepa, Kelantan
5	20/4/1977a	Senate - 4-3-1	Mohd Amin Yaakub	PAS	Kelantan
6	19/07/1977b	House of Representatives - 4-3-	Oon Zariah Abu Bakar	UMNO	Kuala Kangsar, Perak
7	20/01/1978a	Senate - 4-3-2	Salmah Sheikh Hussein	PAS	Penang
			Amin Yaakub	PAS	Kelantan
8	21/03/1978b	House of Representatives - 4-4-1	Lukman Abdul Kadir	PAS	Ulu Nerus, Terengganu
9	15/3/1984a	House of Representatives - 6-2-1	Azharul Abidin Abdul Rahim	UMNO	Batang Padang, Perak
10	15/3/1984a	House of Representatives - 6-2-1	Azharul Abidin Abdul Rahim	UMNO	Batang Padang, Perak
11	12/03/1986a	House of Representatives - 6-4-1	Othman Abdul	UMNO	Ulu Muda, Kedah
12	18/03/1986b	House of Representatives - 6-4-1	Alias Md Ali	UMNO	Ulu Muda, Kedah
			Abdul Rahman Sulaiman	UMNO	Parit Buntar, Perak
			Mohamad Razlan Abdul Hamid	UMNO	Matang, Perak

13	19/10/1988	House of Representatives - 7-2-	Mohd Yusoff Abdul Latiff	UMNO	Tasek Gelugor Pulau Pinang
14	16/03/1989 ^a	House of Representatives - 7-3-1	Mohd Yusoff Abdul Latiff	UMNO	Tasek Gelugor Pulau Pinang
			Bujang Ulis	United Indigenous Pesaka Party (PBB)	Simunjan, Sarawak
			Shahidan Kassim	UMNO	Arau, Perlis
15	28/3/1989 ^b	Senate - 7-3-1	Abdul Manap Hashim	UMNO	Kedah
16	19/06/1991 ^a	House of Representatives - 8-1-2	Abdul Hadi Awang	PAS	Marang, Terengganu
17	24/10/1991 ^b	House of Representatives - 8-1-2	Mohamad Sabu	PAS	Nilam Puri, Kelantan
18	11/12/1997	Senate - 9-3-3	Hunaizah Mohd Noor	PAS	Kelantan
19	26/05/1998	Senate - 9-4-1	Jamilah Ibrahim	PAS	Kedah
20	5/05/1999 ^a	Senate - 9-5-1	Siti Hawa Mohd Nor	UMNO	Kelantan
21	26/07/1999 ^b	Senate - 9-5-2	Ramlah Kassim	UMNO	Pahang
22	25/11/2015	House of Representatives - 13-3-3	Siti Mariah Mahmud	PAS	Kota Raja, Selangor
23	10/12/2015	Senate - 13-3-3	Khairiah Mohamed	PAS	Kelantan

In that decade, eleven UMNO Senators and MPs highlighted the need to revise the uniform further to allow Muslim nurses to wear long-sleeved uniforms with pants and headscarves. The absence of PAS representatives who advocated the issue may be explained by the small number of PAS members in the Parliament at that time, with four and one PAS member, respectively, during the Sixth (1982 to 1986) and Seventh Parliament (1986-1990). It may also reflect the increasing Islamic awareness in Malaysia, which has extended beyond politicians who affiliate themselves with PAS.

From the government side, five officials responded to the issue. In response to the suggestion to allow all Muslim government servants to wear long-sleeved attire with headscarves at work, Mohamad Nasir stated that there had been a circular that mandates 'decent clothing' and the government could not obligate multi-religious staff to cover themselves according to Islam (Parliament of Malaysia 1982).

K. Pathmanathan (Deputy Minister of Health from 1984 to 1989) explained various problems related to incorporating Islamic clothing requirements into the nurse uniform (Parliament of Malaysia, 1984a; Parliament of Malaysia, 1989a). Additionally, Chan Siang Sun (Deputy Minister of Information in 1984) and Ting Chew Peh (Parliament Secretary of the Ministry of Health in 1989) stated that the Ministry would research the issue raised (Parliament of Malaysia, 1984b; Parliament of Malaysia, 1989b). Abdul Hamid Pawanteh (Deputy Speaker in 1984) acknowledged that the issue was necessary to the government's dilemma in harmonising religious requirements in public services (Parliament of Malaysia, 1984a).

Despite multiple applications to allow Muslim nurses to wear long sleeves and headscarves at their own expense, the only change seen was the permission in 1985 to wear a hair cover that did not cover the neck (Parliament of Malaysia, 1999a). The MPs and Senators who advocated for the accommodation of religious clothing for Muslim nurses in this decade were from Kedah, Terengganu, Perlis, Perak, Penang, and Sarawak.

Debates on nurse uniforms continued into the 1990s. The issue was raised in the Senate four times twice in the House of Representatives. Two male PAS MPs, two female PAS Senators, and two female UMNO Senators advocated for a change in the nurse uniform (refer to Table 1). Two government officials responded to the issue raised. Farid Ariffin (Deputy Minister of Health in 1991) and M. Mahalingam (Parliament Secretary of the Ministry of Health in 1999) affirmed that the uniform

was already suitable for nursing work, but the government was still considering the suggestions to change the uniform (Parliament of Malaysia, 1991a; Parliament of Malaysia, 1999a; Parliament of Malaysia, 1999b). Mahalingam added that the policy that allowed nurses to wear long pants and hair cover was in line with the Incorporation of Islamic Ethics in Governance Policy (Parliament of Malaysia, 1999a).

Despite various pleas with the affirmation that the government was considering changing the uniform, it was not until 2001 that a significant change took place when Muslim nurses in the Ministry of Health were allowed to wear long-sleeved tops with long pants and headscarves, while the midi gown uniform was abolished for all nurses. The politicians who advocated for the change of nurse uniforms represented Terengganu, Kelantan, Kedah, and Pahang.

After the turn of the century, the issue remained dormant until 2015. At that time, a Muslim nurse was allegedly sacked by a private hospital because of non-compliance with the short-sleeve uniform policy. As a response to this event, a female PAS MP representing Selangor and a female PAS Senator from Kelantan raised the issue at the House of Representatives and Senate, respectively (Parliament of Malaysia, 2015a; Parliament of Malaysia, 2015b), reminding the Parliament of the right of Muslim women to conform to Islamic dress code and that such a practice does not hinder nursing work.

Regarding the dress code policy in other sectors, Senator Ainon Ariffin claimed that some private companies do not allow their female employees to wear long-sleeved ankle-length attire with headscarves at work (Parliament of Malaysia, 1988b). The need to allow Muslim policewomen to wear long pants was raised three times (Parliament of Malaysia, 1991b; Parliament of Malaysia, 1992; Parliament of Malaysia, 1999c). Two of these debates highlighted that nurses had been given the choice of wearing long pants while policewomen still could not (Parliament of Malaysia, 1992; Parliament of Malaysia, 1999c).

Interestingly, MP Lim Hock Seng (Democratic Action Party member representing Bagan Jermal, Penang) was the first non-Muslim who advocated for changing policewomen uniforms in 1999 to allow them to have hair covers similar to the nurse uniform (Parliament of Malaysia, 1999c). The need to allow policewomen to wear headscarves was mentioned in 2001 before the change of policewomen uniform took place (Parliament of Malaysia, 2001). During the debate, the permissibility granted to nurses was mentioned once again.

In addition to policewomen's uniforms, the issue of uniforms of Muslim flight attendants in Malaysian airline companies was raised four times between 2006 and 2016 (Parliament of Malaysia, 2006; Parliament of Malaysia, 2014; Parliament of Malaysia, 2015c; Parliament of Malaysia, 2016). Nevertheless, until now, the stewardess uniforms in Malaysian airline companies have stayed the same.

The case of non-Muslim-friendly athletic uniforms was highlighted once in Parliament in 2007 (Parliament of Malaysia, 2007). The most recent event was in November 2017, related to the right of front desk hotel employees to wear headscarves, which was mentioned five times at the House of Representatives (Parliament of Malaysia, 2017a; Parliament of Malaysia, 2017b; Parliament of Malaysia, 2017c; Parliament of Malaysia, 2017d; Parliament of Malaysia, 2017e).

Members of Parliament and Senators Who Were Involved in the Debates

The timeline, venue, and MPs or Senators who advocated for the change of nurse uniform are listed in Table 1. The government officials (Ministers, Parliament Secretary of Speaker) who responded to the issues is detailed in Table 2.

Arguments for and Against the Change of Nurse Uniform Religion, local norms, and Eastern culture

Religion, local norms, and Eastern culture have been the core justifications in the debate on the need to change the nurse uniform. Senator Salmah, MP Azharul Abidin Abdul Rahim, MP Mohd Yusoff Abdul Latiff, MP Abdul Hadi Awang, and Senator Hunaizah Mohd Noor all emphasised that covering the whole body is a part of the Islamic teaching (Parliament of Malaysia, 1975b; Parliament of Malaysia, 1984a; Parliament of Malaysia, 1988a; Parliament of Malaysia, 1991b; Parliament of Malaysia, 1997). MP Nik Aziz pointed out that the nurse uniform is not only inappropriate from the Islamic perspective but is also considered indecent by the Malaysian clothing norms (Parliament of Malaysia, 1976).

Table 2: Government Officials Who Responded to the Issues

Year	Venue - Parliament – Session – Meeting	Senator / MP	Party	Area presented	
1	2/04/1975a	House of Representatives - 4-1-2	Abu Bakar Omar (Deputy Minister of Health)	PAS	Kota Setar, Kedah
2	24/07/1975b	Senate - 4-1-1	Lee Siok Yew (Minister of Health)	MCA	Hulu Langat, Selangor
3	19/07/1977b	House of Representatives - 4-3-1	Abu Bakar Umar (Deputy Minister of Health)	PAS	Kedah
4	20/01/1978a	Senate - 4-3-2	Chong Hon Nyan (Minister of Health)	MCA	Kuala Lumpur
		Senate - 4-3-2	Ahmad Arshad	UMNO	Tangkak, Johor
		Senate - 4-3-2	Abdul Razak Husain	UMNO	Unknown
		Senate - 4-3-2	Dasimah Dasir	UMNO	Penang
5	21/03/1978b	House of Representatives - 4-4-1	Chong Hon Nyan (Minister of Health)	MCA	Kuala Lumpur
6	5/04/1984b	House of Representatives - 6-2-1	Chan Siang Sun (Deputy Minister of Information)	MCA	Bentong, Pahang
		House of Representatives - 6-2-1	K. Pathmanathan (Deputy Minister of Health)	MIC	Teluk Kemang, Negeri Sembilan
7	18/03/1986b	House of Representatives - 6-4-1	K. Pathmanathan (Deputy Minister of Health)	MIC	Teluk Kemang, Negeri Sembilan
		House of Representatives - 6-4-1	Abdul Hamid Pawanteh (Deputy Speaker)	UMNO	Arau, Perlis

8	16/03/1989 ^a	House of Representatives – 7-3-1	K. Pathmanathan (Deputy Minister of Health)	MIC	Teluk Kemang, Negeri Sembilan
9	28/3/1989 ^b	Senate - 7-3-1	Ting Chew Peh (Parliament Secretary of the Ministry of Health)	MCA	Gopeng, Perak
10	19/06/1991 ^a	House of Representatives - 8-1-2	Mohd Farid Ariffin (Deputy Minister of Health)	UMNO	Balik Pulau, Penang
11	5/05/1999 ^a	Senate - 9-5-1	M. Mahalingam (Parliament Secretary of the Ministry of Health)	MIC	Subang
12	26/07/1999 ^b	Senate - 9-5-1	M. Mahalingam (Parliament Secretary of the Ministry of Health)	MIC	Subang

MP Mohd Yusoff highlighted that the British introduced a uniform unsuitable to be worn in Malaysia, especially among nurses who work in rural areas (Parliament of Malaysia, 1988a) where local norms are highly regarded. MP Azharul Abidin stressed the importance of allowing nurses brought up with Islamic values to wear long-sleeved ankle-length uniforms with headscarves, especially nurses from rural areas (Parliament of Malaysia, 1984b). MP Mohd Yusoff added that it is essential for nurses assisting childbirth in conforming to Islamic requirements, including wearing long-sleeved ankle-length uniforms with headscarves (Parliament of Malaysia, 1988a). This notion may be explained by the Malay-Muslim belief that a new-born must be born in an Islamic environment, which signifies a good beginning of life. From another perspective, allowing Muslim nurses to wear such uniforms which fulfil the Islamic dress code was considered appropriate as Islam is the official religion of Malaysia (Parliament of Malaysia, 1978; Parliament of Malaysia, 1988a; Parliament of Malaysia, 2015a). Allowing such practices will demonstrate the government's proper stance and commitment to uplifting the status of Islam (Parliament of Malaysia, 1986a;

Parliament of Malaysia, 1986b; Parliament of Malaysia, 1988a; Parliament of Malaysia, 1989a).

The government's various policies – including the Look East Policy (1982) and Incorporation of Islamic Ethics in Governance Policy - were questioned, as the uniform policy did not accommodate the Islamic dress code (Parliament of Malaysia, 1988a). Senator Othman Abdullah stated that the government dress code policy should also follow the Eastern culture as a part of the Look East Policy (Parliament of Malaysia, 1982).

In the Malay culture, older women are usually more religious, and it was embarrassing that the senior nurses still had to wear knee-length uniforms while their daughters had started covering themselves according to Islamic teachings (Parliament of Malaysia, 1976; Parliament of Malaysia, 1988a). MP Alias propounded that failure to fulfil the Islamic dress code was a more significant issue than the issue of non-compliance with the nurse uniform policy.

At the same time, MP Mohamad Razlan Abdul Hamid suggested that the uniform committee should include an Islamic knowledge expert (Parliament of Malaysia, 1986b). In 2015, when Senator Khairiah Mohamed mentioned the issue of a private hospital nurse who was allegedly sacked for failure to conform to the short-sleeve rule, she emphasized that JAKIM should ensure that religion can be practiced freely at work (Parliament of Malaysia, 2015a). The rights of every Muslim nurse to wear long-sleeved ankle-length attire with headscarves at work were stressed (Parliament of Malaysia, 2015a). The use of religion, local norms, and Eastern culture as parts of the justification suggests the call for cultural independence from the influence of the previous colonial culture. It also suggests a call for returning the rights of the Muslim majority to practice Islam at work.

Deputy Speaker Abdul Hamid asserted that the issue was significant, but it has been a dilemma to harmonise between career and religion (Parliament of Malaysia, 1984a). Senator Abdul Razak Husain offered a solution of wearing long socks with a knee-length uniform to cover the legs as he opined that it conforms to the Islamic requirement of covering the lower limbs (Parliament of Malaysia, 1978). However, this suggestion should have addressed the Islamic requirement to cover other body parts (upper limbs, heads, and necks) and not to wear tight clothes that reveal any part of the body. Then-Minister of Health Lee Siok Yew differed in an opinion by stating that one should only practice logical traditions in the modern world. He also stressed that the issue of nurse uniforms was considered less important than the quality of service (Parliament of Malaysia, 1975b). These

debates represent varying opinions regarding the social status of religion compared to conventional standards of practice in modern Malaysia.

International and conventional standards

In Malaysia, Circular No 1 1974 mandates that all government servants wear non-provocative and decent attire at work (Parliament of Malaysia, 1982). Despite that, the definitions of non-provocative and decent needed to be more detailed in the circular (Department of Public Services, 1974). This lack of definition may be responsible for differences in opinion regarding whether the nurse uniform at that time was considered decent and non-provocative or vice versa.

On the other hand, the then-Minister of Health, Lee, emphasised that the nurse uniform complied with the international nursing standards as an appropriate uniform for nursing. Moreover, he highlighted those nurses wore the uniform in developed countries and many other Muslim countries (Parliament of Malaysia, 1975b). The Malaysian Nursing Union's opinion was considered during the uniform design process. Additionally, the then-Minister of Health Chong Hon Nyan underscored that the nurses who work with the government already knew that the uniform was as such before commencing employment (Parliament of Malaysia, 1978). Despite affirming that the knee-length uniform complies with international and local conventional standards, the then-Minister did not mention whether knee-length uniform was permissible, encouraged, or mandatory for nursing work. If the knee-length uniform is mandatory for essential nursing practices, then it is worthwhile to mention that and closes any suggestion to alter the length of the uniform. However, if it is merely permissible, then others have the opportunity to propose a change.

Comfort and practicality

Senator Salmah suggested using bell-bottom pants, as these are comfortable to wear (Parliament of Malaysia, 1975b). Senator Mohd Amin Yaakub argued that wearing pants would allow nurses to move freely in all ranges of motion (Parliament of Malaysia, 1977b). The practicality of the nurse cap was also raised, as it was debated that the cap could not cover one's hair and served no purpose because it could not prevent hair from falling (Parliament of Malaysia, 1989b). When advocating for the right to wear attire that covers the entire *awrah* of women among female athletes, Senator Mumtaz Nawawi highlighted that the work performance of nurses, policewomen, and women in other uniforms was not affected after the wearing of the headscarf was allowed (Parliament of Malaysia, 2007).

MP Siti Mariah Mahmud stated that a long-sleeved uniform is non-problematic for nurses. In exceptional circumstances where they must perform specific procedures, Muslim nurses understand what is required (including uncovering the sleeves only during the procedure) (Parliament of Malaysia, 2015b). This suggests that politicians who advocate for the right of women to wear long-sleeved ankle-length attire with a headscarf at work believe such attire is not only comfortable but also practical. Comfort is a subjective issue. These MPs and Senators may refer to comfort and the joyous feeling when one's preferred attire (in this case, a long-sleeved uniform with a headscarf) is worn.

On the contrary, the government officials against the uniform change asserted that the short-sleeved blouse and knee-length skirt or short-sleeved knee-length gown uniform was practical and comfortable. As the climate in Malaysia is hot and humid, the then-Minister of Health Lee believed such a uniform was comfortable for nurses at work. He also added that the knee-length uniform did not hinder any range of movement (Parliament of Malaysia, 1975b).

Because the nature of nursing involves good listening skills, then-Deputy Minister of Health Pathmanathan affirmed that covering the ears (with headscarves) may hinder nursing work. Wearing long sleeves is also a barrier to good hand hygiene when washing the hand and forearm is required. In addition, long sleeves may become easily contaminated and may potentially cross-contaminate other surfaces (Parliament of Malaysia, 1989a). The above notions suggest that contrary to politicians who advocated for a uniform change to conform to the Islamic dress code, Ministry officials found that the proposed uniform may cause discomfort in the Malaysian tropical climate and potentially adversely affect clinical work. As stated above, comfort is a subjective issue. Thus, the Ministry officials may refer to the effect of the suggested uniform on the wearer, such as potentially causing sweating in hot weather.

Freedom and preference

The post-independence nurse uniform was unacceptable for many Muslims in Malaysia (Parliament of Malaysia, 1976). The Muslim population preferred to see Muslim nurses wearing a long-sleeved ankle-length uniform with a headscarf (Parliament of Malaysia, 1977a). Failure to address this perception and preference may lead to adverse consequences, such as reducing interest among Muslim nurses to continue working and decreasing interest among Muslims to join nursing, leading to a shortage of nurses (Parliament of Malaysia, 1978; Parliament of

Malaysia, 1991a). MP Othman Abdul has suggested that if the preference is not addressed, it may create anxiety among Muslims, and an increasing number of individuals oppose the government (Parliament of Malaysia, 1986a). The mid-length uniform was also unacceptable in rural areas where society was more traditional (Parliament of Malaysia, 1988a).

The right to wear long-sleeved ankle-length attire with headscarves is considered by a few MPs as a part of the freedom to practice religion as outlined by the constitution (Parliament of Malaysia, 2014; Parliament of Malaysia, 2016). The MPs and Senators cited many cases in which Muslim women wanted to wear such a uniform at work, but it was against the uniform policy. Hence, some nurses received warning letters for non-conforming to the dress code policy (Parliament of Malaysia, 1978; Parliament of Malaysia, 1986a).

The uniform policy of public healthcare institutions should be in line with Malay culture to suit local preferences (Parliament of Malaysia, 1989a). These notions articulated the changed preference of Muslim nurses and the Muslim population in general for long-sleeved ankle-length attire with headscarves at the end of the 1970s, as discussed in the previous section on clothing norms in Malaysia. The preference for a long-sleeve uniform with a headscarf was vital to the extent that the nurses were willing to pay for their modified uniforms.

Despite that, Senator Salmah in 1975 noted that the revealing uniform was still preferred by young nurses who were believed to love to show their flattering figures (Parliament of Malaysia, 1975b). There were also cases where the nurses made their uniforms tighter and shorter than the specification (Parliament of Malaysia, 1975b; Parliament of Malaysia, 1984b; Parliament of Malaysia, 1989a). These preferences were acknowledged by MPs and Senators who advocated for the change. In contrast, none of the Senators and Ministry officials (who disagreed with the proposed change of the nurse uniform) reasoned based on freedom and preferences.

Fashion, image, identity and tradition

At a time in which bell-bottom pants and maxi dresses were fashionable, then-Senator Salmah and MP Nik Aziz suggested their use to replace the knee-length skirt or gown by stating that they are friendly, neat, fashionable, and modern (Parliament of Malaysia, 1975a; Parliament of Malaysia 1975b). An international television series was cited by MP Azharul Abidin, which depicted nurses wearing bell-bottom pants as part of their uniforms (Parliament of Malaysia,

1984b). MP Mohd Yusoff articulated his opinion that long-sleeved ankle-length uniforms with headscarves portray a neat appearance and that it would be nice to see such nurses (Parliament of Malaysia, 1988a). Despite primarily advocating for the uniform change to accommodate religious requirements, these Senators and MPs acknowledged the need to consider fashion trends and the image of the uniform.

Then-Minister of Health Lee and then-Deputy Minister Pathmanathan affirmed the nurse uniform as a nursing tradition (Parliament of Malaysia, 1975b; Parliament of Malaysia, 1989a). The same goes for the cap, which was a part of the nurse's identity, and many perceived it as pretty (Parliament of Malaysia, 1989b; Parliament of Malaysia, 1989a). These opinions indicate that the Ministry officials were more concerned with preserving the long-standing traditional identity of nurses and were less interested in keeping up with timely fashion trends.

Modesty and social problems

When addressing the inappropriateness of a knee-length uniform for both nurses and policewomen, MP Azharul Abidin recalled the sexual harassment of a policewoman he witnessed during which boys and men were shouting at her to lift her skirt (Parliament of Malaysia, 1984b). MP Shahidan Kassim commented that long tight pants worn by nurses who chose to wear pants (after they were allowed to choose between long pants or midi-length uniform) were more provocative compared to midi-length uniforms and stressed the importance of ensuring compliance to (loose pants) uniform specification (Parliament of Malaysia, 1989a).

MP Nik Aziz emphasised that the knee-length uniform was insufficient to safeguard a nurse's modesty, especially when she squats or stands in a higher place (Parliament of Malaysia, 1976). Such occurrences were believed to affect the nurses' dignity (Parliament of Malaysia, 1959) and the patient's well-being, as it was considered provocative (Parliament of Malaysia, 1976; Parliament of Malaysia, 1984b). In addition, the uniform was alleged to be one of the influencing factors of increasing social problems related to illicit affairs (Parliament of Malaysia, 1959; Parliament of Malaysia, 1975b). These MPs and Senators highlighted that a revealing uniform adversely affects nurses, patients, and society.

On the other hand, then-Deputy Minister of Health Abu Bakar disagreed with the notion that the uniform was inadequate in maintaining modesty or potentially affecting the patients' well-being (Parliament of Malaysia, 1976). The

subjectivity of modesty and provocative clothing may have led to variances in opinion regarding what is considered modest.

Equality

In justifying the rationale for the change, MPs and Senators made comparisons with other similar circumstances. For example, the question, “if doctors and hospital assistants were allowed to wear long pants and long sleeves, then why nurses were not allowed to wear pants and long sleeves as part of their uniforms,” arose (Parliament of Malaysia, 1977b; Parliament of Malaysia, 1986b). The permissibility of wearing pants for men (non-nurses) was also compared (Parliament of Malaysia, 1977b).

Additionally, the MPs also compared the midi-length uniform with the uniforms of public nurses who were sent to Saudi Arabia for duties during the *Hajj* (pilgrimage) seasons, as they were allowed to wear long-sleeved ankle-length uniforms with headscarves while in the Holy Land (Parliament of Malaysia, 1984a). Another comparison was made with the accommodation for Sikh observers in 1991, who were allowed to wear turbans instead of helmets in traffic law (Parliament of Malaysia, 1984a; Parliament of Malaysia, 1991b). Finally, MP Azharul Abidin cited the case of school pupils who were mandated to wear knee-length uniforms in the 1960s but later allowed to wear long-sleeved ankle-length uniforms with headscarves starting from the 1980s (Parliament of Malaysia, 1984b). All of these comparisons lead to the question of why the accommodation of the Islamic dress code was not granted to a specific group. In contrast, others were allowed to wear attire that had similar characteristics to the proposed uniform.

Then-Deputy Minister Pathmanathan in 1984 emphasised that comparing the nurse uniform with the doctors’ long sleeves attire was unreasonable because doctors did not have any uniforms but were discouraged from wearing long sleeves (Parliament of Malaysia, 1984a). He also stated that the nurses on duty in Makkah were under the Prime Minister’s Department (Parliament of Malaysia, 1984b); hence, the uniform was the Minister’s Department’s concern and not that of the Ministry of Health. In response to various comparisons, Ministry officials affirmed that the situations differed and did not merit comparison.

Difficulty to change

Senator Amin, in 1978 expounded that, although it would undoubtedly be costly to change and supply the new long-sleeved uniforms with headscarves, the

Ministry could allow Muslim nurses who were interested in wearing such uniforms. However, they should cover the expense (Parliament of Malaysia, 1978). Senator Abdul Manap expressed that the change from cap to headscarf only involves a minor modification (Parliament of Malaysia, 1989b). These Senators realised the difficulty of changing and thus presented potential practical solutions to ease the difficulty of changing the nurse uniform.

The cost was mentioned as a hindrance to changing the uniform because more fabric is required to make long-sleeved uniforms with headscarves (Parliament of Malaysia, 1978). Other difficulties related to the uniform change included the difficulty of including an expert in Islamic knowledge in the uniform committee, the difficulty in considering the practicality and religious requirement, and the difficulty of ensuring uniformity among multi-religious staff (Parliament of Malaysia, 1982; Parliament of Malaysia, 1984b; Parliament of Malaysia, 1991b). These difficulties were significant challenges to the proposed nurse uniform change, especially the financial implication, as the Ministry has to supply uniforms for nurses annually.

Dress Code Policy in other Sectors in Malaysia

Although the paper's primary focus is to analyse the debates on nurse uniforms, we also consider a similar parliamentary debate on dress code policies in other sectors. To support the proposed changes, MPs and Senators who advocated for the change of dress code policy in other sectors used similar justifications. After the change of nurse uniforms took place, MPs and Senators who advocated for the change of policewomen and athlete uniforms used the case of the nurse uniform as a comparison to justify their proposed changes (Parliament of Malaysia, 1999c; Parliament of Malaysia, 2001).

The tight uniform of flight attendants is considered disrespectful towards the dignity of women, as it is sexually provocative and potentially exposes its wearers to sexual harassment and violence (Parliament of Malaysia, 2013). The preference of Muslim women to wear the headscarf is evident as there are cases when the flight attendants wear the headscarf outside office hours and only take it off while on duty (Parliament of Malaysia, 2014; Parliament of Malaysia 2016). The image of the headscarf has changed to portray an image of a modern, neat, and professional staff, and the headscarf has become a part of current fashion trends locally and internationally (Parliament of Malaysia, 2014).

The strategy of making comparisons with other situations or countries is also seen by comparing the stewardess uniforms of Malaysia Airlines with their ground staff (who are allowed to wear headscarves), the stewardess uniform for *haji* flights, and the stewardess uniform of Royal Brunei Airline and Saudi Airline (Parliament of Malaysia, 2014; Parliament of Malaysia, 2016).

Similar religious justifications for advocating similar dress codes in other industries may be observed, such as Islam is the official religion of the constitution, Muslims have the right to practice their religion at work, covering the whole body is a part of the Islamic teachings, such incident increases dissatisfaction among Muslims, pressuring JAKIM to act and questioning government's Islamic campaigns such *Islam Hadari*, *Wasatiyyah* governance and *Shariah* Index (Parliament of Malaysia, 2017a; Parliament of Malaysia, 2017d; Parliament of Malaysia, 2017e; Parliament of Malaysia, 2014; Parliament of Malaysia, 2016; Parliament of Malaysia, 2017b; Parliament of Malaysia, 2017c; Parliament of Malaysia, 2017f; Parliament of Malaysia, 2006).

When the issue of a headscarf bans for front desk hotel employees by hotels in Malaysia surfaced in November 2017, in addition to the constitutional declaration on the status of Islam as the official religion and the freedom to practice religion, then-Minister of Tourism Nazri Abdul Aziz cited Article 8(2) that prohibits discrimination based on religion. Despite that, the then-Minister of Tourism Nazri explained that the Ministry could not take action due to the absence of an Act that allows the Ministry to take legal action against hotel management prohibiting headscarf-wearing dress at work. The incident involved an international hotel brand, and the policy was condemned as unsuitable for the Malaysian context.

Additionally, there is no international standard of operating procedure related to the headscarf ban among hotel workers. By 2017, there was no question of the practicality of long-sleeved ankle-length uniforms with headscarves, and banning headscarves was considered illogical and 'stone-age behaviour' (Parliament of Malaysia, 2017a; Parliament of Malaysia, 2017b; Parliament of Malaysia, 2017d; Parliament of Malaysia, 2017e).

The evolution of clothing norms and parliamentary debates (on nurse uniforms and the dress code policy in another workforce) suggests the post-independence identity search among Malay Muslims in Malaysia to be independent of the instilled foreign colonial values. When one looks at the parliamentary debate on the dress code policy of other sectors, the process for each was similar because the justifications used were similar. This is peculiar in

that the MPs and senators had to go through a similar process for every sector they advocate for, even though the right has been granted to women in the healthcare sector.

Conclusion

Although the issue of nurse uniforms was first mentioned in 1959, it only gained serious attention in the 1970s, in line with the resurgence of *da'wah* movements in Malaysia and the evolution of the clothing norm to include headscarves. This suggests that the discourse started due to the disagreement between the nurse uniform and the clothing norms of the Muslim majority in Malaysia. The evolution of the clothing norms and the parliamentary debates on nurse uniforms illustrate the post-independence search for identity among Malay Muslims in Malaysia.

During the debates, the issues raised by both the advocates and the opposing parties share similar themes but are contradictory due to the subjectivity of the issue. In this light, when deliberating on the issue, decisions ought to incorporate the factors which require more excellent prioritisation, taking into account the good practices in clinical care, the concerns of the healthcare workers, and the interests of society.

Numerous issues relating to infection control, practicality, fashion, traditional identity, equality, freedom, and preference reported in the literature are similar to those discussed in the Parliament of Malaysia. However, unlike the discourse in the literature, the parliamentary debates did not mention any issue with the white colour of the nurse uniform, the need to abolish the uniform or the effect of the uniform on power relationships.

The discussion on the issue of religious dress code in nurse uniform policy in the literature has only surfaced after 2000 because the literature is mainly by authors from Muslim-minority countries which have only recently experienced increasing diversity among healthcare workers. The face veil has never been raised in the Parliament of Malaysia because the face veil has never been part of Malaysian Muslim clothing norms. However, a minority of Malaysian Muslims have started wearing a face veil, and the number is increasing. Hence, the issue of face veils for nurses may be addressed in the future.

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