

THE PURSUIT OF MAKING POST-COLONIAL MALAY MUSLIM-FRIENDLY NURSE UNIFORMS AT THE MINISTRY OF HEALTH MALAYSIA (1957-2018): THE EXPERIENCE OF THE “OTHERS”

(Usaha ke Arah Pakaian Seragam Jururawat Pascakolonial Mesra Melayu-Islam di Kementerian Kesihatan Malaysia (1957-2018): Pengalaman “Pihak yang Berbeza”)

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Abstract

In this article, the authors adopt the post-colonial lens to report on the nursing uniform transformation at the Ministry of Health Malaysia after Malaysia obtained political independence from Britain and the struggle in making the uniform culturally appropriate for Malay Muslim nurses. Being introduced during the colonial rule, the short-sleeved knee-length uniform carried the colonial values contradictory to the local religious and cultural norms of the majority of the population, this becoming one of the factors that led to the paradoxical under representation of the Malays in the nursing profession. In the third decade of the post-independence period, partial accommodation was granted, allowing Malay nurses to wear short-sleeved uniforms with pants and hair covers. Despite the challenges faced by numerous individuals and organizations who advocated for the cause at various levels, Malay Muslim nurses have been permitted to wear long-sleeved uniforms with pants and headscarves since 2001. The case demonstrates the post-independence struggle in the Malaysian nursing sector that became an ‘in-between space’ where the intersection between two cultures – the colonial modern nursing dress code and the marginalized ‘Other’ group’s clothing norm – occurred, thus creating a new cultural hybrid leading to a new ‘Malay Muslim nurse’ identity.

Keywords: Nurse uniform history, nursing dress code transformation, Malay Muslim dress, religious dress accommodation, cultural dress accommodation, post-colonial

Abstrak

Dalam makalah ini, penulis menggunakan sudut pandang pascakolonial untuk melaporkan transformasi pakaian seragam jururawat di Kementerian Kesihatan Malaysia setelah Malaysia mencapai kemerdekaan daripada Britain dan cabaran untuk mewujudkan pakaian seragam yang bersesuaian dengan jururawat Melayu dan Islam. Pakaian seragam berlengan pendek dengan labuh separas lutut yang diperkenalkan ketika pemerintahan kolonial bertentangan dengan norma agama dan budaya majoriti masyarakat di Malaysia, seterusnya menjadi satu daripada faktor kekurangan orang Melayu secara paradoksikal dalam sektor kejururawatan. Dalam dekad ketiga era pascakemerdekaan, pemurnian separa yang berlaku membolehkan jururawat Melayu memakai pakaian seragam berlengan pendek bersama seluar panjang dan penutup rambut. Walaupun pelbagai cabaran dihadapi oleh pelbagai individu dan organisasi yang terlibat dalam usaha tersebut

pada pelbagai peringkat, jururawat Melayu Muslim akhirnya dibenarkan untuk memakai pakaian seragam berlengan panjang bersama-sama dengan seluar panjang dan tudung sejak tahun 2001. Kes ini memperlihatkan kesukaran yang dihadapi dalam sektor kejururawatan di Malaysia selepas Malaysia mencapai kemerdekaan yang merupakan suatu “ruang di antara”, iaitu pertembungan dua budaya (budaya kod pakaian kolonial jururawat moden dan budaya pakaian golongan “lain” yang tersisih), seterusnya mencipta suatu budaya hibrid baharu yang melahirkan identiti “jururawat Melayu Islam”.

Kata kunci: Sejarah pakaian seragam jururawat, transformasi kod pakaian perawat, pakaian Melayu Islam, pemurnian pakaian agama, pemurnian pakaian kebudayaan, pascakolonial

INTRODUCTION

Malaysia (previously known as the Malay Peninsular and later British Malaya) is a multiracial multireligious country. The Malays form the majority of the population and Islam has been the dominant religion for centuries. The Malay traditional culture and religion both play vital roles in the clothing norm of Malay women throughout history, which emphasized modesty by using loose attire to cover from the neck down (Hassan, 2016; Shawal, 1994:76) and the clothing ensemble also commonly includes a scarf that either fully or partially covers the hair and neck (Lee, 2014; Tahir, 2003:96-110). Modern clothing that does not conform to such dress code was introduced by the British and adopted by the Malay elites (who were trained by and worked for the colonial government) despite being opposed by the Malay traditionalists as such clothing was seen as a threat to the Malay identity (Lee, 2014). In modern Malaysia, many Malays still conform to the modest dress code as it is integral to the Malay culture. Although such clothing norm is influenced by Islamic teaching, it does not fully comply with Islam and many women who wear headscarves are not religiously-motivated but rather conforming to the customs (Hassim, 2017; Hochel, 2013). Regardless of the motivation of the wearers – be it customs, religion, or both – the modest dress code is an integral aspect of the Malay society.

Besides the awareness of the clothing norm, the knowledge of the Malay women’s involvement in the workforce would facilitate understanding of the issue raised in this article. Traditionally, Malay women were mainly in charge of the domestic sphere but also contributed to their families’ economy by working from or close to home (Hirschman, 2016). This was the result of many

factors, including the patriarchal custom, the Islamic teaching which mandates breadwinning responsibilities to men, and the colonial government's gender-based work segregation policy (Ariffin, 1997). Women's role started changing during the industrialization phase in the 1970s when more women were employed (Ali, 2014; Ariffin, 1997) and by 2019, women made up thirty-nine percent of the labour force (Department of Statistics Malaysia, 2020:80).

The history of nursing as a formal profession started during the British colonial rule in Malaya. Expatriate nurses from the United Kingdom (UK) were employed early in the 20th century (Birks, Chapman & Francis, 2009). The first formal "on the job" nursing training (conducted by expatriate nurses and doctors) has been offered since 1938 (Birks, Chapman & Francis, 2009). Since the 1950s, Malayan nurses were given the opportunity to further their studies in Australia and the UK (Birks, Chapman & Francis, 2009). With the graduation of more local nurse tutors, more nursing schools were established (Birks, Chapman & Francis, 2009). Although nursing has been a women's profession, there was a shortage of nurses and under representation of Malays in nursing in the early post-independence period and the culturally-inappropriate uniform was cited as one of the factors (Perkara agama, 1958, October 7; Parliament of Malaysia, 1991, 1998). Saidun (2021) argued that the shortage of nurses was as a result of the conflicting nature between the Malay religio-cultural norms and various aspects of nursing, including the colonial nurse uniform. Over time, the number of nurses has steadily increased from 3000 in 1966 to more than 130 000 in 2017 while the percentage of Malay nurses increased from over 10% in 1966 to about 80% in 2005 (*324 saja dari 3000 jururawat ialah Melayu*, 1966, November 12,; Department of Statistics Malaysia, 2020:104-119; *The Star*, 2005). Despite increasing popularity as a career choice, nursing continues to be an oppressed profession in Malaysia (Birks, Chapman, & Francis, 2009).

During the colonial era, the nursing uniform consisted of short-sleeved knee-length uniforms and nursing caps. Since the pre-independent cabinet was formed two years prior to independence (in 1955), there were 20 male ministers who had served at the Ministry until 2018. Among them, there were only four Malay ministers and one Muslim non-Malay minister (*The Straits Times*, 1955; Wong, 2008). In the post-independence period, the Malaysian nurse uniforms have evolved from the short-sleeved knee-length uniforms with caps commonly seen in early independent Malay movies to the current long-sleeved uniforms with pants and headscarves widely worn by Malay Muslim nurses today. According to Dato'

M. Mahalingam (who was the Parliamentary Secretary to the Ministry of Health then), these changes occurred to accommodate the religious needs of Muslim nurses (Parliament of Malaysia, 1999). However, cases of culturally-unfriendly dress code policy in private institutions continue to date. As hygiene and infection control measures, several private institutions implement a no-headscarf rule and bare-below-the-elbows policy, which made national headlines in 2013 and 2015 respectively because of the alleged refusal to employ and alleged sacking of a nurse due to non-compliance to the dress code (Mokteh Bekeng, 2013; Muhammad, 2015). Within the Ministry of Health (MOH) Malaysia, the process of the uniforms' transformation to become friendlier towards the Malay modest dress code has been a long and controversial road, but the process has never been studied academically to the present date. Such a study would provide enlightenment regarding the recent issues of Malay-unfriendly dress code in Malaysia and how the situation could be improved by looking at the experience of the MOH in developing their uniforms.

The objectives of the paper are twofold. Firstly, the paper reports the evolution of nursing uniform at the Ministry of Health Malaysia from 1957 until 2018. Secondly, the authors aim to explore the experiences of the advocates and witnesses regarding the struggle to change, focusing on the pursuit of making the nursing uniform more friendly for Malay Muslim nurses.

THEORETICAL FRAMEWORK AND METHOD

Many theoretical lenses may be used in discussing this phenomenon which may provide different insights. Thus, a theoretical framework facilitates researchers in organizing the discussion and focusing on the study's direction in the presence of other intriguing diversions (Lusk, 1997). The perspective of postcolonial theory is adopted as the theoretical lens for the study to understand the influence of the British colonial past in Malaysia on the development of Malay-friendly nursing uniforms. Postcolonial scholars argue that the colonizers' cultural hegemony continue in their former colonies even after attaining political independence (Bickford, 2014). Nursing also experienced the effect of colonization and there has been a call to decolonize nursing (McGibbon et al., 2014). The use of postcolonial theory in nursing studies allows counter-narratives to the Western worldview to analyze and critique the status quo – that led to the inequalities in healthcare and oppression based on various demographics – and improve the situation to become a more inclusive society (Blackford 2003; Kirkham & Anderson, 2002; McGibbon

et al., 2014). Nursing studies which use postcolonial theoretical framework are mainly related to the recipients of healthcare (Bickford, 2014), but the focus of the present study is the nurses themselves. In this present study, the colonial nursing uniform was culturally inappropriate, which was one of the factors that led to inequalities in nursing employment among the Malay majority, as stated in the introductory section. Although postcolonial theory does not hold a single definition, it commonly concerns itself with exposing colonizing ideologies, values, and structures as a strategy for decolonization (Blackford, 2003; McGibbon et al., 2014). In deliberating the issue, the five features of postcolonial studies highlighted by Kirkham and Anderson (2002) will be applied; these are framing the research, linking self and society, giving voice to the marginalized group, accounting for intersectionality, and orienting toward praxis.

This exploratory qualitative research utilized the historical case study method to gain insight into the issue at the Ministry of Health Malaysia (MOH). This institution is chosen because it is the largest healthcare service provider in Malaysia and thus, have the largest nurse population working under the institutions. The study was carried out between January 2017 until July 2018. It is limited to Peninsular Malaysia and excludes East Malaysia (which consists of the states of Sabah and Sarawak) due to the logistical limits of the researchers, the different ethnic composition in East Malaysia and the different nurse uniforms during the early years of the Sabah and Sarawak amalgamation to Malaysia. The timeline from 1957 to 2018 is chosen because Malaysia obtained political independence in 1957 and since then it was ruled by the same coalition lead by United Malays National Organization (UMNO) before the first shift of political power in 2018.

The participants are individuals who had either been involved in or witnessed or may provide information regarding the process of advocating for the religio-cultural dressing accommodation in the nursing uniform policy at the MOH Malaysia during any period within the duration of the study (1957-2018) and possess the ability to speak in English or the Malay language. To ensure credibility, the participants must not have any debilitating illness or problems with memory. Participants' selection was done through purposeful and snowball sampling, where participants nominated other participants who fulfilled the criteria.

Ten face-to-face unstructured interviews were conducted with participants who either advocated for the change or participants who could provide insightful information regarding the struggle of advocating for religio-cultural dressing accommodation for Muslim nurses at various levels, as shown in Table 1. The

Table 1 Participants who provided information regarding the struggle to change the uniform at various levels.

Types	Number of participants
Participants who advocated for the change or who could provide information regarding the struggle to change at the individual level.	3
Participants who advocated for the change or who witnessed the advocacy to change through non-governmental organizations (ie: Malaysian Islamic Youth Movement and Islamic Medical Association in Malaysia)	2
Participants who advocated for the change or who witnessed the advocacy to change the Malaysian Nursing Union	2
Participants who advocated for the change or who witnessed the advocacy to change at the sub-institutional level (eg: hospital)	2
Participants who advocated for the change or who may provide information related to the advocacy to change at the Ministry level	3
Participants who advocated for the change or who witnessed the advocacy to change at the Parliamentary level	1

* Note: There were participants who advocated for or witnessed or may provide information regarding the advocacy process in more than 1 level

interviews were conducted at the participants’ homes or offices after obtaining informed consent. The participants were asked about the factors that may have driven the advocacy for religio-cultural dressing accommodation and the strategies used to overcome various challenges in the process. The interview was audio-recorded and lasted from 20 minutes to 2 hours. The interviews were transcribed within 48 hours. The transcripts were returned to the participants for verification. Content analysis was conducted on the transcripts.

Other than the interviews, data were collected from a number of other sources. Firstly, the nurse uniforms are exhibited at the Nursing Division, MOH, Putrajaya in the form of dolls wearing the nurses’ uniforms during different periods. Secondly, library research enabled the retrieval of relevant information regarding the issue written in the newspapers and parliamentary debates official report. The documents that would best provide all the data would be the paperwork for the proposed change,



Figure 1 Nursing uniform evolution at the Ministry of Health Malaysia, 1957-2018. (Photographed by the main author, Putrajaya, July 2017)

the meeting minutes, and the uniform circulars, but unfortunately, these were considered confidential documents. Despite that, the data from all the sources listed above allow for comparisons and triangulation.

Since the study involved interaction with human participants, ethical clearance was obtained from the Medical Research and Ethics Committee (NMRR-16-2364-33183, dated 16 January 2017) under the Ministry of Health. To protect the interests of the participants, the Medical Research and Ethics Committee stipulates that the participants are anonymized. To conform to the requirement, anonymization by number was done. Since individuals who were involved in or witnessed the process of changing the nurse uniforms are small in number, publishing the participants' backgrounds (including the duration of practice, locations where one practiced and posts held) may provide information on his or her identity; hence, such information is also considered confidential. The study only poses minimal risk no more than that of experienced daily by the participants.

DECOLONIALIZING NURSING UNIFORM IN MALAYSIA TOWARDS MALAY MUSLIM-FRIENDLY UNIFORM

Figure 1 (Nursing Division Ministry of Health Malaysia, 2017) shows the uniforms of the MOH nurses from 1957 to 2018. Based on the content analysis, the development of nurse uniforms at the MOH can be divided into three phases.

The illustration in Figure 2 is drawn by the author based on the above source.

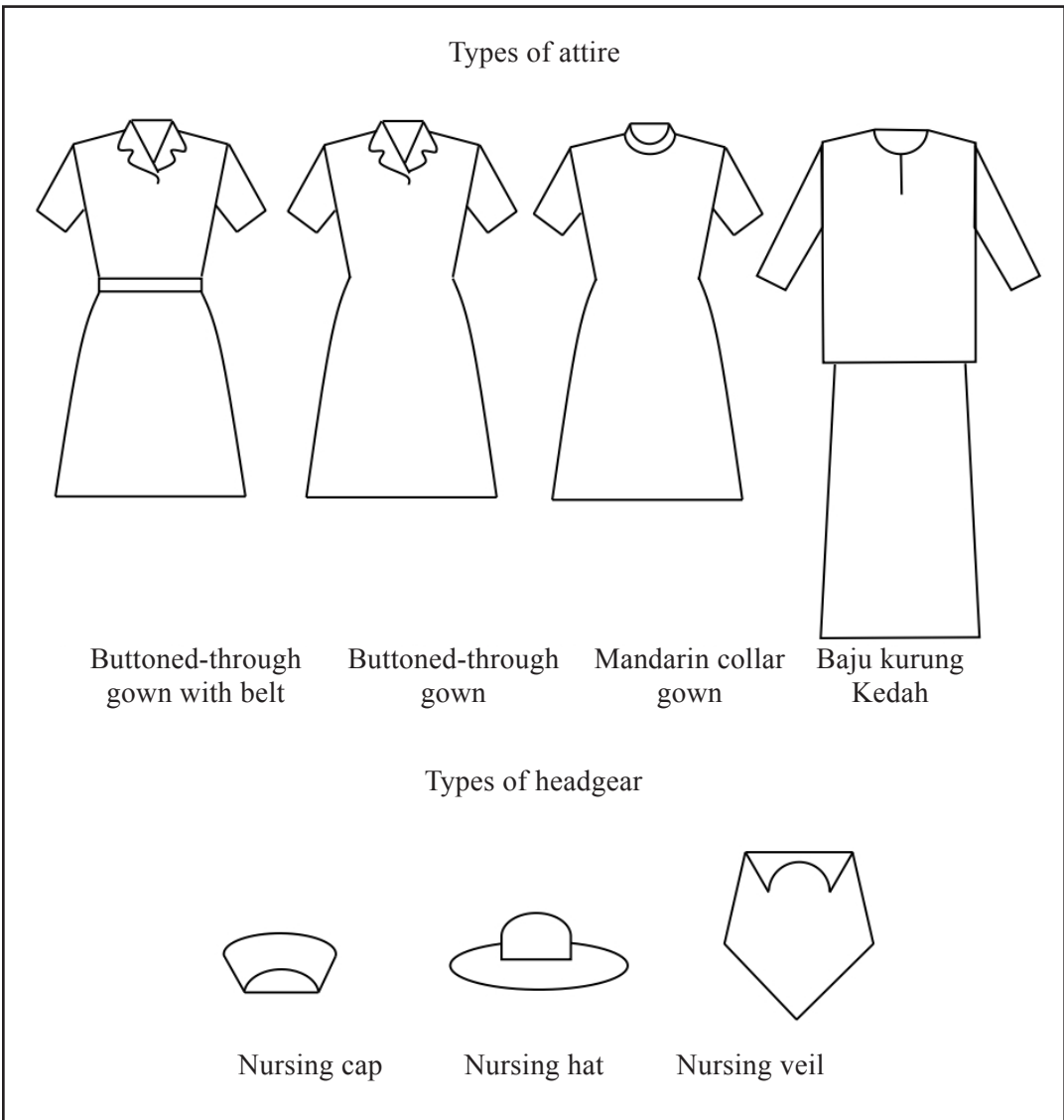


Figure 2 Nurse uniform, 1957-1978.

a) An assistant nurse wore either:

1. A white nursing cap with a white buttoned-through gown with a red band at the end of the sleeve and white belt.
2. A white nursing cap with a white buttoned-through gown with a red band at the end of the sleeve and red belt.

b) A midwife wore either:

1. A white nursing cap with a white buttoned-through gown with white belt.
2. A white nursing cap with a white buttoned-through gown with green belt.
3. A white-top and green-sarong *Baju Kurung Kedah*.

c) A rural nurse wore either:

1. A white cap with a purple band on the cap and a white buttoned-through gown with white belt.
2. A white cap with a blue-and-white-checkered band on the cap and a blue-and-white-checkered buttoned-through gown with white belt.

d) A staff nurse wore a white nursing cap with a white buttoned-through gown with a blue belt.

e) A public health nurse wore either:

1. A white nursing hat with a white-collared blue buttoned-through gown with a blue belt.
2. A white nursing cap with an all-blue buttoned-through gown with a blue belt.

g) A sister (head nurse) wore either:

1. A white nursing veil with a white buttoned-through gown and a white belt.
2. A white nursing veil with a white mandarin collar gown.
3. A white nursing hat with a white buttoned-through gown (for public health head nurse).

h) A matron (nurse supervisor) wore either:

1. A dark blue nursing veil with a dark blue buttoned-through gown and a dark blue belt.
2. A white nursing hat with a dark blue buttoned-through gown (for public health nurse supervisor)

Phase 1: Maintaining the Colonial Heritage (1957-1978)

Phase 1 occurred during the first two decades following the independence of Malaya. During this period, colonial influences were still strong as Malaysia just gained its independence from the colonial rule. The first row of the mannequins in Figure 1 and the illustration in Figure 2 shows the nurse uniform during the first phase when no change of uniform took place (Nursing Division Ministry of Health Malaysia, 2017). It is observable that the midwives were given the exclusive option of wearing a three-quarter-sleeved blouse with an ankle-length skirt (called *sarong*) similar to the Malay *Baju Kedah* (a Malay traditional dress consisting of a three-quarter-sleeved blouse with an ankle-length straight-cut skirt called *sarong*) as shown by the right-most mannequin in Figure 1 and more detailed in the right-most illustration in Figure 2.

None of the participants in the present study started advocating for the uniform change during this phase yet. The advocates for nurse uniform change during this period are either deceased or unreachable. The researchers were able to contact and recruit the participants who witnessed or were involved in advocating for the cause in the next phases only which is discussed in the next sections.

Phase 2: Balancing between the Colonial Heritage and the Local Dress Norms (1978-2001)

By 1978, nurses were given the choice to wear either a midi-length gown or a pair of long pants as part of the uniform as illustrated in Figure 3 (Department of Information Malaysia, 1978; Nursing Division Ministry of Health Malaysia, 2017). A special uniform existed for nurses who were on duty for providing healthcare services for Malaysians pilgrims in the holy land (Mecca and Medina) during *Hajj* (pilgrimage) season since 1983 which consisted of a long-sleeved top with pants and a headscarf worn over the top attire as shown in Figure 4 (*Pakaian jururawat dan pembantu jururawat yang bertugas di tanah suci Mekah*, New Straits Times, 1983). The healthcare service during *Hajj* in Mecca and Medina is provided by the Ministry of Health but managed by the Pilgrim Fund Board (*Lembaga Tabung Haji*, LTH). The MOH nurses in Malaysia were only allowed to wear black hair covers (only covers the hair) since 1985, as shown in Figure 5 (Parliament of Malaysia, 1999).

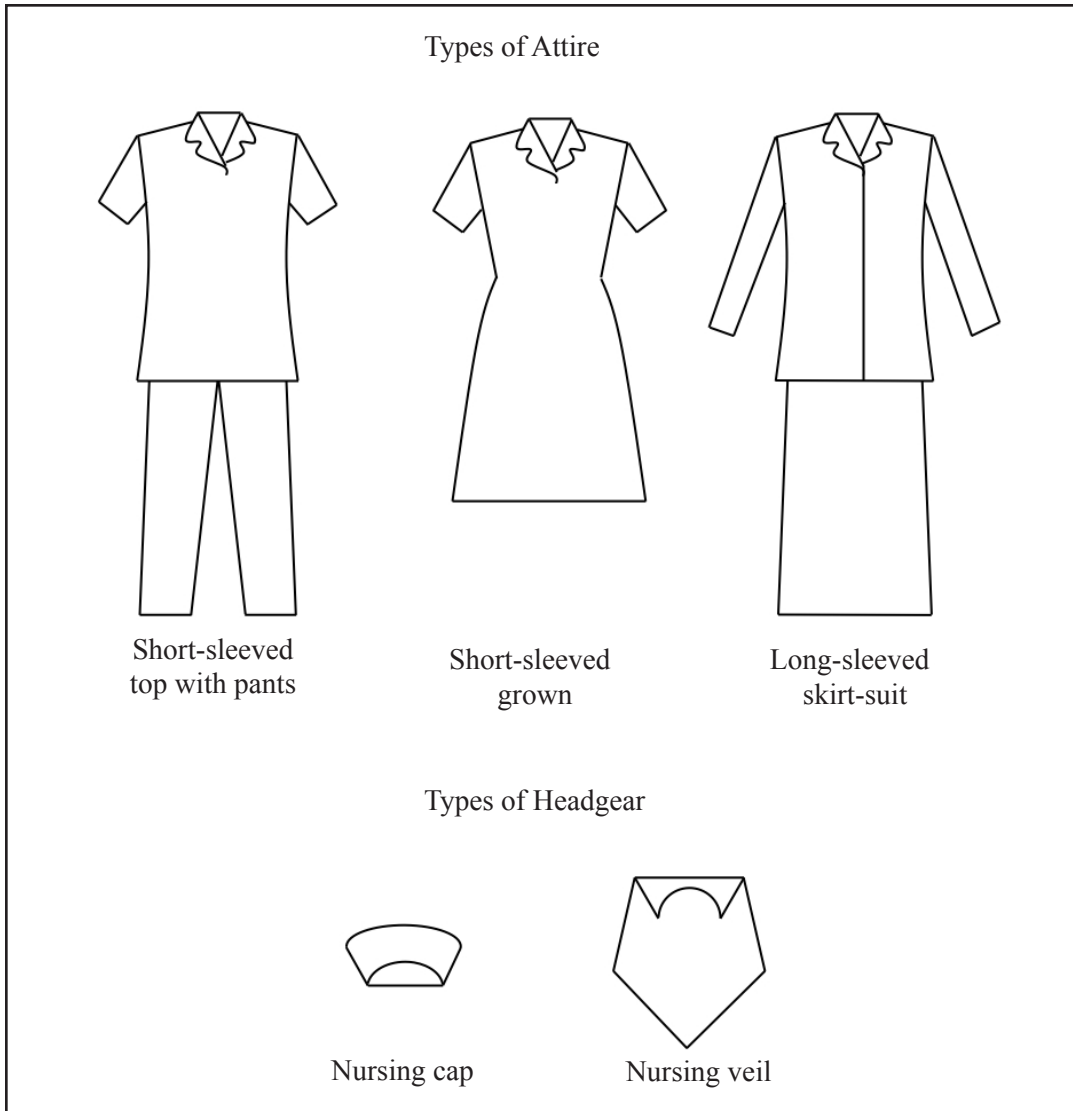


Figure 3 Nurse uniform between 1978 to 2001. (Department of Information Malaysia, 1978; “Transformation of nurses uniform in Ministry of Health Malaysia,” 2017)

The illustration in Figure 3 is drawn by the author based on the above source.

a) An assistant nurse wore either:

1. A white nursing cap with a red band on the cap and a white short-sleeved top with pants.

2. A white nursing cap with a red band on the cap and a white short-sleeved gown.
- b) A midwife wore either:
1. A white nursing cap with a green band on the cap and a white short-sleeved top with pants.
 2. A white nursing cap with a green band on the cap and a white short-sleeved gown.
- c) A rural nurse (later known as a community nurse) wore either:
1. A white nursing cap with a purple band on the cap and a white short-sleeved top with pants.
 2. A white nursing cap with a purple band on the cap and a white short-sleeved gown.
- d) A staff nurse wore either:
1. A white nursing cap with a blue band on the cap and a white short-sleeved top with pants.
 2. A white nursing cap with a blue band on the cap and a white short-sleeved gown.
- e) A sister (head nurse) wore either:
1. A white veil (later replaced with a white nursing cap) and a white short-sleeved top with pants.
 2. A white veil (later replaced with a white nursing cap) and a white short-sleeved gown.
- f) A matron (nurse supervisor) wore either:
1. A white veil (later replaced with a white nursing cap) and a dark blue short-sleeved top with pants.
 2. A white veil (later replaced with a white nursing cap) and a dark blue short-sleeved gown.
- g) The Chief Matron wore a long-sleeved dark blue skirt suit with no headgear.

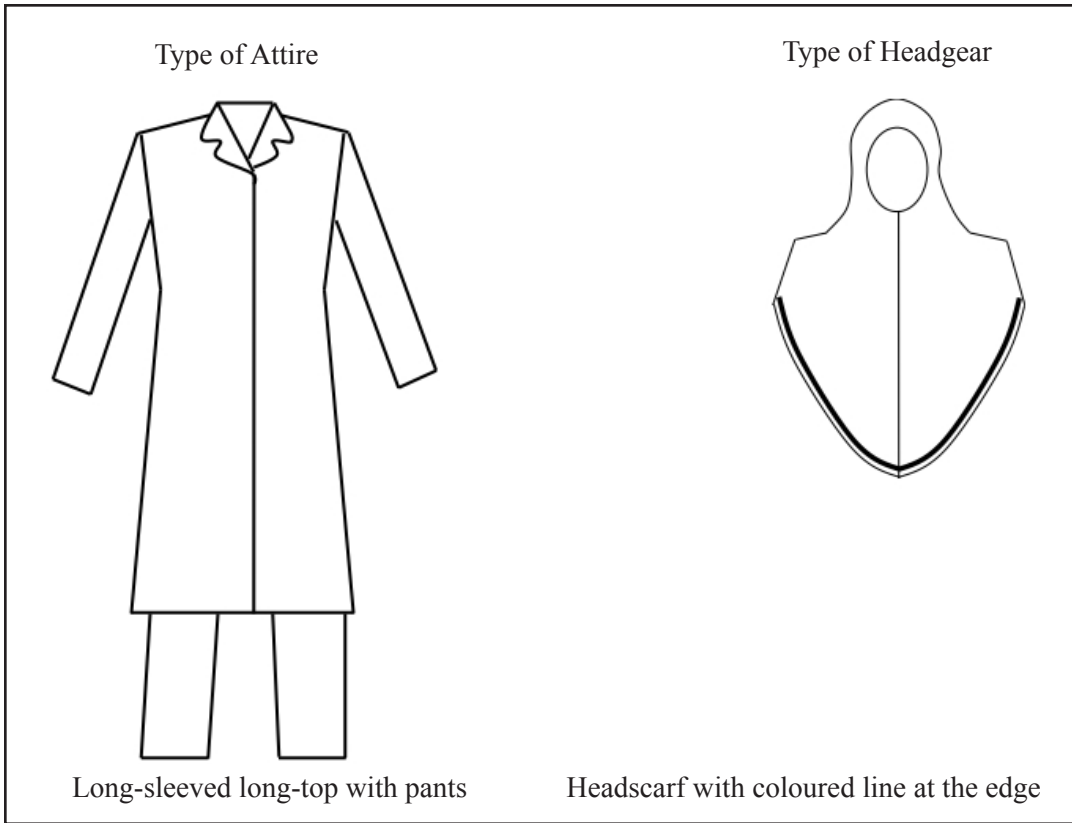


Figure 4 Nurse uniform during *Hajj* in Saudi Arabia since 1983 (Pakaian jururawat dan pembantu jururawat yang bertugas di tanah suci Mekah [The uniform of nurses and assistant nurses during their duty at the holy city of Mecca], 1983).

The illustration in Figure 4 is drawn by the author based on the above source.

- a) An assistant nurse wore a white headscarf with a red line at the edge of the headscarf and a white long-sleeved long-top with white pants.
- b) A staff nurse wore a white headscarf with a blue line at the edge of the headscarf and a white long-sleeved long-top with white pants.
- c) A sister nurse (head nurse) wore a white headscarf and a blue long-sleeved long-top with blue pants.
- d) A matron (supervisor nurse) wore a white headscarf and a dark blue long-sleeved long-top with dark blue pants.



Figure 5 Hair cover for Malay nurses who wish to cover their hair (1985-2001).

During this phase, the circumstances in Malaysia had changed. Two new government policies were introduced by the fourth Prime Minister, Tun Dr. Mahathir Mohamad in the 1980s. The first was the 1982 Look East Policy that aimed at emulating the work ethics of the Japanese and South Koreans in paving the way towards becoming a developed nation [Department of Information Malaysia, *Dasar Pandang ke Timur (Look East Policy)*. n.d.]. The second was the 1985 Incorporation of Islamic Ethics in Governance Policy that sought to strengthen the nation's identity by instilling Islamic values as Islam is considered the religion of the majority and the official religion of the state according to the Federal Constitution [Department of Information Malaysia, *Dasar Penerapan Nilai-nilai Islam dalam Pentadbiran (Incorporation of Islamic Ethics in Administration Policy)*, n.d.]. In 1999, in response to the question (during the Senate session) of whether or not the Ministry would consider allowing Muslim nurses to wear long-sleeved uniforms with headscarves, Dato' M. Mahalingam (who was the Parliamentary Secretary to the Ministry of Health then), stated that the changes that allowed nurses to opt to wear pants (1978) and black hair covers (1985) were due to religious factors. He also added that the Ministry was considering the change of policy to include the option of long-sleeved uniforms with headscarves (Parliament of Malaysia, 1999).

The uniform change was positively accepted by the nurses as they then had the choice of wearing either the midi skirt or pants. The nurses opined that the pants did not only allow them to cover their lower limbs but also was more practical for all range of movements during nursing work especially during house calls in rural areas.

Participant 1: "Pants are practical for us to sit and (do) whatever. Especially for healthcare workers because sometimes we have to do house calls, so it was very inappropriate to wear skirts, it is more practical to wear pants. At the hospital, among patients, not all the patients are women and children. There are many male patients too. In terms of etiquette, it is not nice (to wear a short skirt) and in terms of the Islamic ruling, it is better to cover our *awrah* (body parts required to be covered in Islam). Harassment (occurred with the skirt uniform) especially (when attending) young male patients. Harassment was one of the factors. Even if they do not touch, it was their eyes (that looked at the nurses inappropriately). It was common, I think. Plus, nurses have to move about a lot while working. In our heart, our intention is to work and to help people, but some men may have different feelings."

After the pantsuit option was introduced, advocating activities to further transform the uniform continued. Among the participants in this study, nine of them narrated their experiences during this phase which consisted of seven nurses (four of them have retired), a retired MOH doctor, and an UMNO (United Malays National Organization) politician. The four nurses were advocating for long-sleeved ankle-length uniforms with headscarves for themselves firstly, and later, they also advocated for other colleagues. The other three witnessed the process of advocating for the change. The doctor advocated for long-sleeved ankle-length uniforms with headscarves for nurses who worked under him while the UMNO politician advocated for all the MOH nurses. When asked why they advocated for the issue, the two nurses and the UMNO politician cited the Islamic environment they were raised in as they were from the rural areas (Participants 1, 5 and 7). For one of the nurses, her family’s opposition to her interest to join nursing due to the revealing uniform motivated her to advocate for the change.

Participant 1: “When I wanted to join nursing, my family objected because of the uniform at that time. But I remember until now what my brother told me, “If you want to become a nurse, do not become an ordinary nurse”. So, I told myself that I have to be strong to change the uniform at that time. That is one of the things that motivated me in the effort.”

The other interviewed nurse was inspired to start adhering to Islamic dress-code when her child (who went to an Islamic kindergarten) stated that not wearing an *awrah*-covering attire was an improper behavior (Participant 2). For the MOH doctor, his Islamic awareness started when he was studying overseas, influenced by other Muslims studying at the same university (Participant 6). Participants 1 and 6 were both active in the non-governmental *da’wah* (preaching Islam) organization called Malaysian Islamic Youth Movement (Angkatan Belia Islam Malaysia, [ABIM]) by attending their regular *halaqah* (Quranic study circle) gatherings.

Participant 3 stated that initially that many women just grabbed the opportunity to improve their families’ socioeconomic status despite having to wear the uniform (Participant 3). To the question regarding the reasons for advocating for the change, two of the participants cited the concept of considering work as a part of the “*ibadah*” (worshipping acts that will be rewarded) (Participant 1 and 2). Hence, survival takes precedence over religious obligation but the increase in

socioeconomic status led them to shift their paradigm to see the work as something beyond the means of obtaining sustenance.

The advocates faced various challenges. At the individual level, Participant 1 with her five colleagues started writing applications to their superiors, including the hospital director, state health director, and to the ministry although they did not receive any response. Another participant, Participant 11 who was working under the MOH in Terengganu also sent an application letter for the permission to wear a long-sleeved ankle-length uniform with headscarf (through her head of the department) but her letter did not reach the hospital director, which implied the head of the department's unwillingness to address the issue. On the other hand, Participant 5 who was working in Johor also sent an application letter to the Minister of Islamic Affairs to obtain assistance on convincing the MOH to allow Muslims to wear long-sleeved ankle-length uniforms with headscarves, but her plea was rejected on the basis of financial constraints to provide such uniforms.

Participant 5: "I was among the few who felt uncomfortable with the uniform maybe because I was raised in a village. So, at that time, I went all the way to Kuala Lumpur by myself to join the few of us because the KLites knew where the nursing association and nursing board were, so I had a few contacts that I knew during my (nursing) classes. Then, we had a meeting with two ministers, a Muslim Minister at the Prime Minister's Department and a Chinese Minister of Health. So, the Minister at the Prime Minister's Department who was supposed to be concerned of the religious matters, replied, you can't ask for such uniforms because we need to cover the costs for the policewomen and all other departments that have women in uniforms. But we stated in the proposal that we wanted to cover the cost of the uniforms, we did not want to burden the government, we wanted to use our own money, so why was it so difficult to provide the approval? We didn't get it."

When their applications were not approved, Participant 1 and 2 started wearing headscarves and long-sleeved tops against the dress code policy. Participant 1 started wearing the headscarf in 1979 in Terengganu and later in Perak before coming back to Terengganu. Participant 2 started wearing the headscarf in the 1980s in Terengganu. Due to the violation of the dress code, the nurses experienced many negative responses from their colleagues and superiors, including receiving negative comments, being pressured to resign, receiving threats of disciplinary actions, and receiving threats on promotion denial. Besides that, they were also

negatively labelled as a member of the opposition Islamic Party (Parti Islam Se-Malaysia, PAS) even though they were never involved with PAS (Participant 1 and 2). Besides these two nurses who worked in Terengganu and Perak at that time, there were other cases where nurses in Penang (1978), Kedah (1986), and Johor Bahru (1986) where nurses experienced the negative responses (including receiving warnings and being sacked) as a result of applying for the permission to wear long-sleeved ankle-length uniforms with headscarves or started wearing such uniform against the dress code (Parliament of Malaysia, 1978, 1986). For Participant 5, as a public health nurse, she used the hat (as shown in Figure 2) as a means to cover her entire hair (Participant 5). When facing negative comments from their colleagues or superiors, Participant 1 and 2 had different approaches in responding to such comments. Participant 1 used the opportunity to educate others regarding Islamic dressing rules while nurse Participant 2 preferred being silent to avoid them from feeling provoked to undermine the Islamic rules.

Participant 1: "I told them that I was just following Allah's command. Although I read the Quranic verses to them, Surah al-Ahzab, Surah Al-Nur, they said, "I don't want to hear those Quranic verses" ... They were angry when I read the Quranic verses on the concept of the *awrah* and said that they do not want to hear that. Because I learned about it, but they insulted me, "Do you think you are the only one who learned about Islam? We learn about Islam too. Do you think you are the only one who had performed *Hajj*?" But at that time, I have not performed *Hajj* yet."

Participant 2: "I was concerned that if I answer the question, the person's '*aqidah*' (foundations of faith) may be jeopardized ... I did not answer because I had heard that there was someone else in Marang who started wearing the headscarf and so she asked and received an answer, "Now we already know that it is indecent (in Islam) for women to not wear headscarves, the exposed hair will be in the hellfire." So, the Matron replied, "So just shave all the hair then!" That was why I preferred not to reply, my concern was her '*aqidah*' because this is related to the Islamic ruling. When the ruling is mandatory, we cannot take it lightly... So, I told to my two or three other colleagues not to answer, let them say that we are cowards, (better) than we provoke them to fall into the wrong '*aqidah*.'"

Regarding the threats of disciplinary action, Participant 2 was convinced that her non-compliance with the dress code would not lead to dismissal because there

was a shortage of nursing staff at that time. Both Participant 1 and 2 strived to perform well at work to prevent negative association between the uniform and their negative behaviors. Participant 1 noted that the unfavorable responses were mainly by Muslims while non-Muslims were more receptive as long as she delivered her work well.

Besides that, the nurses had to cover the cost of their long-sleeved ankle-length uniforms with headscarves and find their own supply (Participant 1 and 2). Participant 1 was also denied the opportunity to undergo a post-basic training in midwifery (sponsored by the MOH) for her failure to conform to the uniform policy. Determined not to be left behind in relevant trainings, she used her own money to join other nursing short courses. In addition, a superior officer to Participant 1 met her husband and pushed him to persuade Participant 1 to stop wearing the uniform that contradicted the existing dress code. In facing the difficulties, their religious conviction motivated them to stand firmly on their actions. When they met other nurses who were in a similar position, they shared their experiences and contacted each other to seek advice (Participant 2).

At the hospital level, the challenges were slightly different. As a top administrator of a hospital, Participant 6 used his authority to allow nurses to wear long-sleeved ankle-length uniforms with headscarves unofficially by telling them that no action would be taken against them at the hospital level. Besides Participant 6, there was another female hospital director in Kelantan who provided similar unofficial permission for nurses but the researchers were unable to contact her. For Participant 6, as was mentioned, she did not want to be accountable to God, for not allowing nurses under her authority to practice Islam.

Participant 6 was posted in various hospitals and state health offices across Malaysia (in Kelantan, Kedah, Terengganu, and Kuala Lumpur) and implemented similar actions wherever he was in charge. Since the permission was unofficial, nurses who wore long-sleeved ankle-length uniforms with headscarves reverted back to the short-sleeved uniforms without the headscarves whenever higher-ranked nurses or officers visited the hospital. Participant 6 had never advocated for the issue at a higher level as he was worried about the possible consequences.

On the other hand, the experience of the politician was also intriguing as he raised the issue at the party level. Unfortunately, when the issue was first raised in the 1980s, his concern was only supported by only two other UMNO high officials while others – including individuals with an Islamic background and holding religious portfolios – did not share similar concerns (Participant 7).

As time passed and the Islamic *da'wah* continued, Islamic activities such as public talks on religious matters became more common in the healthcare institutions in the 1990s, which further increased the Islamic awareness among healthcare workers (Participant 1). With higher Islamic awareness, the transformation of the nurse uniform started being advocated by larger organizations, including the Malaysian Nursing Union (MNU) and the Islamic Medical Association of Malaysia (IMAM). Participants 1, 2, 3, 4, and 5 were also involved in advocating for the issue through these institutions. IMAM started as an organization meant for doctors but later, they opened their membership for nurses to advocate for the transformation of nurse uniform (Participant 2). IMAM organized pre-conference workshops which addressed various issues including the nurse uniform which further improves the awareness of religious dressing requirement (Participant 5). Besides IMAM, the MNU contributed to the cause by conducting a survey among nurses to gauge their preference for the uniform (Participant 3). During the cause, the MNU had to use their financial resources while the MNU officials had to sacrifice their time and energy outside working hours to materialize the aim (Participant 3).

Phase 3: Adopting a Malay Muslim Nurse Identity (2001-Present).

The transformation of nurse uniform to the current style (as illustrated in Figure 6) happened in 2001. This new uniform has easy-to-roll sleeves to facilitate hand hygiene practices. Besides the accommodation of religion, the accommodation of culture is also evident with the option of wearing ankle-length skirts (which looks similar to the traditional Malay straight-cut skirt called *sarong*) for nurses who are mainly involved in administrative work. There was a two-year period when the uniform ensemble consisted of headscarves worn over the top attire (as shown in Figure 7) before reverting back to the tucked-in version but the exact date could not be determined. Currently, the headscarves for nurses supplied are in the form of ‘instant headscarves with hard visors’ on the face part that ensures neat appearance but the exact year of when this was enforced could not be determined.

Two of the participants provided greater insight regarding the minor changes during this phase. Besides the transformation to the long-sleeved ankle-length uniforms with headscarves, the uniform was changed from the back-zipped uniform to front-buttoned because it was said that there was an incident where a male patient tried to unzip a nurse’s uniform from the back (Participant 8).

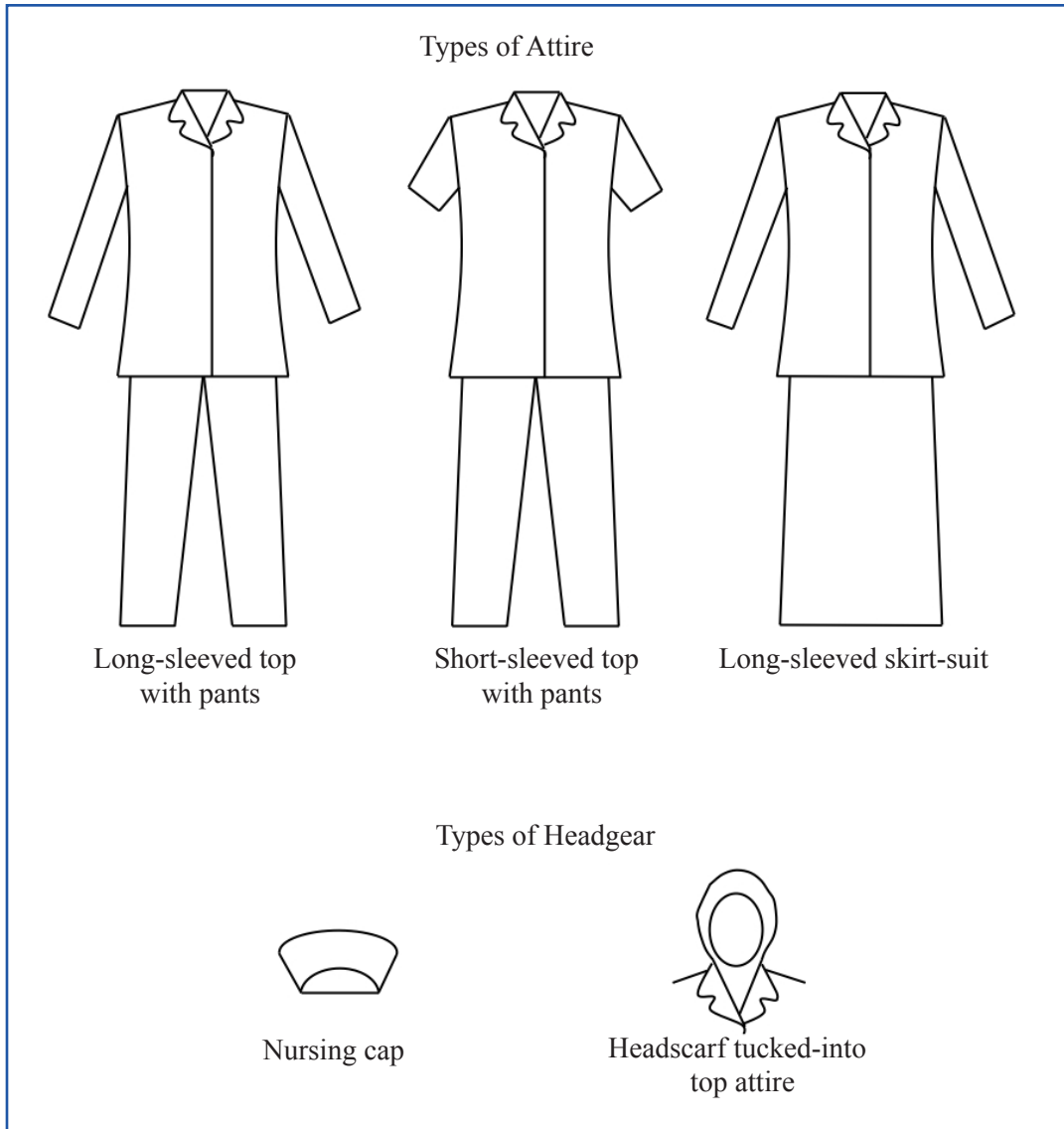


Figure 6 Nurse uniform after the year 2001 (Transformation of nurses uniform in Ministry of Health Malaysia, 2017).

The illustration in Figure 6 is drawn by the author based on the above source.

a) An assistant nurse wore either:

1. A white nursing cap with a red band on the cap and a white short-sleeved top with white pants.

2. A white headscarf (with a red band on the headscarf) tucked into a white long-sleeved top with white pants.
- b) A community nurse wore either:
1. A white nursing cap with a purple band on the cap and a white short-sleeved top with white pants.
 2. A white headscarf (with a purple band on the headscarf) tucked into a white long-sleeved top with white pants.
- c) A staff nurse wore either:
1. A white nursing cap with a blue band on the cap and a white short-sleeved top with white pants.
 2. A white headscarf (with a blue band on the headscarf) tucked into a white long-sleeved top with white pants.
- d) A sister (head nurse) wore either:
1. A white nursing cap and a blue short-sleeved top with blue pants.
 2. A white headscarf tucked into a blue long-sleeved top with blue pants.
 3. A white headscarf tucked into a blue long-sleeved top with a blue ankle-length skirt.
- e) A matron (nurse supervisor) wore either:
1. A white nursing cap and a dark blue short-sleeved top with dark blue pants.
 2. A white headscarf tucked into a dark blue long-sleeved top with dark blue pants.
 3. A white headscarf tucked into a dark blue long-sleeved top with a dark blue ankle-length skirt.
- f) A senior matron (senior nurse supervisor) wore either:
1. A white nursing cap and a dark blue short-sleeved top (with silver buttons) with dark blue pants.
 2. A white nursing cap and a dark blue long-sleeved top (with silver buttons) with dark blue pants.
 3. A white headscarf tucked into a dark blue long-sleeved top (with silver buttons) with dark blue pants.
 4. A white headscarf tucked into a dark blue long-sleeved top (with silver buttons) with a dark blue ankle-length skirt.

g) The Chief Matron wore either:

1. A white nursing cap and a dark blue short-sleeved top (with gold buttons) with dark blue pants.
2. A white nursing cap and a dark blue long-sleeved top (with gold buttons) with dark blue pants.
3. A white headscarf tucked into a dark blue long-sleeved top (with gold buttons) with dark blue pants.
4. A white headscarf tucked into a dark blue long-sleeved top (with gold buttons) with a dark blue ankle-length skirt.



Figure 7 The headscarf during the two-year period when it was worn over the top attire (Transformation of nurses uniform in Ministry of Health Malaysia, 2017).

Every nurses have different headscarf base on line at the edge. He different base on seniority on the hospital as below:

- a) An assistant nurse wore a white headscarf with a red line at the edge of the headscarf.
- b) A community nurse wore a white headscarf with a purple line at the edge of the headscarf.
- c) A staff nurse wore a white headscarf with a blue line at the edge of the headscarf.
- d) A sister (head nurse) wore a white headscarf.
- e) A matron (nurse supervisor) wore a white headscarf.

During the first decade, there was a two-year period where the headscarves were worn over the top attire. The reversion of the policy to tuck-in headscarves was implemented because there were incidents where the dangling headscarves touched the patients' faces and body parts during direct patient care. Besides that, the dangling position of the headscarf is seen as untidy when nurses try to secure the dangling part by putting it over their shoulders (Participant 8). Currently, there are requests among nurses to change the uniform towards conforming to the Islamic dressing requirements by having longer top attire (that extends to the thigh or knee), looser-cut top attire (compared to the current princess cut attire) and headscarves worn over the top attire (Participant 4 and 8).

Participant 4: "I tried to listen to the current generation's (of nurses) concerns. If possible, they would like the nurse uniform to conform more to the Islamic dressing requirements by allowing the headscarf to be worn over the top attire to conceal the shape of the neck and chest, and then, they prefer the top suit to be lengthened. I have heard such hopes."

CONCLUSION

As the longest and final colonizer, the influence of the British in Malaysia is prominent. During the colonial rule, the British not only modernized the Malaysian healthcare system but also provided education and training to locals who later became the leaders and high-ranked officials in the institution in post-independence Malaysia. As a result, their influence on work standards, work ethics, and dress code remain, maintaining their cultural hegemony. The landscape changed after the introduction of Islamization policies that gave way to the accommodation of the Malay cultural and religious dress code. Tensions were present between nurses and policymakers who conformed to the colonial rules (which was the internationally recognized dress

code) and “Others” who wanted culture-appropriate dress code. The situation was more difficult for individual nurses as they are the subordinates who were expected to follow the rules. The red tapes of changing a government policy (in this case, the dress code) complicated the process further. Conventional dress code standards recommend bare-below-the-elbows policy for hygiene and infection control. Malay nurses who conform to traditional norms felt uneasy with the dress code but recognized the importance of infection control; yet they did not see the long sleeves as a barrier to good practice as they could roll the sleeves during the procedure and unroll them once they are not directly involved in clinical procedures. Similarly, the headscarves are also perceived as non-problematic as it does not interfere with good practices as long as they do not dangle. In addition, Malay nurses also hope that the uniform could be further improved by allowing the headscarf to be worn over the top attire and the top suit to be lengthened to further obscure the women’s figure. The intersection between colonial and local culture created a tension that became a dilemma for many Malay nurses as well as Malay policymakers to choose between the international standards and culture and religion while non-Malay policymakers opined that the issue of nursing uniform and religious accommodation was considered less important compared to the quality of service. The situation slowly led to the negotiation of a new hybrid identity for Malay nurses in Malaysia.

The present case not only provide a practical strategy for making culturally-appropriate dress code policy for Malay nurses specifically and Muslim nurses in general. The strategy may be applied by other institutions in Malaysia and globally to become a more inclusive workforce towards Muslim employees.

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THE PURSUIT OF MAKING POST-COLONIAL MALAY MUSLIM-FRIENDLY NURSE UNIFORMS AT THE MINISTRY OF HEALTH MALAYSIA (1957-2018): THE EXPERIENCE OF THE “OTHERS”