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NETIZENS' PERCEPTIONS REGARDING MUSLIM-UNFRIENDLY DRESS CODE FOR CLINICAL PERSONNEL IN MALAYSIA

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Abstract

The employee's right to freedom of religious expression at work and the institution's right to implement a uniform dress code policy have created many conflicts, including in the context of healthcare. Healthcare institutions implement strict hygiene and infection control policy which may include the banning of long sleeves and headscarves. This practice may be problematic for female Muslim personnel who prefer to cover their forearms, hair and necks. In the Malaysian healthcare sector, two events involving the alleged headscarf ban (in 2013) and long sleeves ban (in 2015) made national headlines that attracted many netizens to comment on the issue. This qualitative study thematically analyses the netizens' perceptions of the issue shared on various online platforms. Netizens expressed numerous opinions regarding the alleged bans, the clinical dress code policy, the Islamic dress code, the status of religion and Islam in Malaysia and the healthcare sector, the status of Malays and non-Malays in Malaysia, and the pro- and anti-Islamic trends. The findings demonstrate various conflicting opinions regarding the above issues in Malaysia which highlight the need for guidelines or frameworks for the harmonisation between employees' personal convictions and the institutions' interests.

Keywords: religious accommodation, employees' rights, Islamic dress code, healthcare uniform, online opinion.

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INTRODUCTION

Religion is an integral part of the lives of many individuals and the right to religious expression is proclaimed by the Universal Declaration of Human Rights (United Nations, 1948). On the other hand, an institution also has the right to exercise dress code policies best suited for its corporate identity and the best interest of the employees and clients. In the context of healthcare,

the dress code policy is formulated to uphold strict hygiene and infection control standards. However, the clinical dress code policies are not always in agreement with the individual employees' right to religious expression. For Muslims women who practice the Islamic dress code (by covering the awrah, that is the whole body except the face and hand), the headscarves and long sleeves commonly conflict with the clinical dress code. Although headscarves and long sleeves may infringe hygiene and infection control standards, there are practical means to allow Muslim female clinical personnel to continue covering their hair, necks and forearms without compromising the clinical procedures (Saidun, Akhmetova, & Awang Abd Rahman, 2018).

In Malaysia, two events attracted national interest in this second decade of the twenty-first century. The first event occurred in 2013 following the publication of a reader's letter to a newspaper claiming the banning of headscarf among nurses in a private healthcare institution in Kuantan, Pahang (Mokteh Bekeng, 2013). The second event occurred two years later when a nurse was allegedly denied to wear long-sleeved attire at work at another private healthcare institution in Kuala Lumpur (Tamboo, 2015). Following these events, netizens' comments flooded various online platforms in Malaysia. This paper aims to analyse the comments to gain an insight into the perception of netizens regarding the issue.

LITERATURE REVIEW

The challenges of wearing headscarves while working in healthcare institutions have been documented. While some Muslims assert that covering the hair is not a religious obligation, many Muslim women believe that it is (Reeves, McKinney, & Azam, 2012). Cases of patients refusing to be treated by healthcare personnel who wear headscarves have been cited. Hence, some women decide to abandon headscarves at work. At the same time, some women find that part of the society members do not mind nor support their practice (Malik et al., 2019; Reeves & Azam, 2012; Reeves et al., 2012; Siddiqui, 2012). A focus group discussion in the Philippines depicts that the headscarf has been associated with the risk of infection and hindrance to clinical work but a few (non-Muslim faculty member and nurses) participants opined that it should be allowed as it is a religious or cultural obligation (Rubio, 2016).

'Bare below the elbows' policy (BBE) is commonly practised in healthcare institutions. However, healthcare personnel perceived differently regarding its effectiveness in reducing infections (Pellerin, Bearman, Sorah, Stevens, & Edmond, 2014). A study in North Carolina, United States of America suggests positive patients' perceptions regarding BBE's effect on infection control and the professional appearance of medical personnel. The results for the staff respondents were positive but the statistics were lower than that of the patients' (Bischoff et al., 2016). On the contrary, surveyed patients in Britain did not view long sleeves as infection threats but perceived them as more hygienic than BBE and portray a more professional look (Ardolino, Williams, Crook, & Taylor, 2008; Baxter, Dale, Morrill, & Pollock, 2007; Subramaniam, Willis-Owen, & Houlihan-Burne, 2007). According to the results of a survey at the Royal United Hospital in Bath, patients perceived scrubs as the most hygienic and rolled-sleeves shirt as the most unhygienic, but overall, patients favour long-sleeved shirts with neckties as they look most professional and allow easy identification of doctors (Bond, Clamp, Gray, & Van Dam, 2010). The above studies demonstrate that BBE education improves

patients' perceptions regarding the policy and staff's readiness to comply (Ardolino et al., 2008; Bischoff et al., 2016; Collins, Connaughton, & Ridgway, 2013).

Although the BBE policy was adopted in the United Kingdom in 2008, the Muslim-unfriendly nature of the policy was changed in 2010 to accommodate long sleeves for Muslim women, which sparked a national debate. Commentaries in the British Medical Journal (BMJ) and the Nursing Times depict opposition to religious accommodation in the dress code policy as they opined that religious practices commonly conflict with the professional guidelines; thus, religious staff should resign or confine religious practices in personal spaces as it may jeopardise standards of care. As the accommodation is mainly due to the Islamic dress code, unfavourable comments about Muslims and Islam were present. These include Muslim double standard, undesirable Islamic practices, zealotry and terrorism. The patients' interests were the main focus of the debate as the commentators were concerned with the patients' perceptions, safety and standards of care. Despite apparent opposition for the religious accommodation to cover forearms, the commentators acknowledge the need for nurses to wear long sleeves to keep warm. The comments in both platforms suggest a lack of awareness regarding the legal obligation to prevent religious discrimination. The authors also noted the difference between comments published by the BMJ (which require disclosure of personal details of the commentators and editorial approval) and the Nursing Times as there was lack of evidence-based arguments and lack of personal details of the commentators in the latter (Jones & Shanks, 2013).

METHODOLOGY

This qualitative study collects data on netizens' comments surrounding the two events in Malaysia from various sites including YouTube, Facebook, Twitter, blogs, the news webpages and online forums. Due to the limited linguistic ability of the investigator, only comments in Malay language and English are included. Thematic analysis was conducted using Qiqqa. As the study only utilises published comments on various online platforms. ethics approval is not required.

RESULTS

Perception regarding the alleged ban

Netizens were divided between three groups. There were netizens who were neutral, as well as netizens who sided with either the institutions or the nurses. Netizens who did not take side affirmed that we do not know the real story regarding the alleged incidents. Some netizens opined that the dispute should have been settled through private discussion and negotiation or through proper legal channels.

She & her former employer [are] only the one[s] who knew every part of the real story begin [from] A-Z

Investigate first before deciding who is right or wrong. [translated from Malay]

Netizens who sided with the nurses were shocked by the news. They opined that the two institutions should cease operation, have their licenses revoked, be sued or be boycotted. These responses were suggestive of rage as many of them called bad names or called for non-violent and violent protests towards the institutions. Netizens shared motivating words that encouraged the nurses to maintain their Islamic stance and expressed their prayers for a better situation for the nurses and all Malaysians. The employers were blamed for the failure to follow labour law, failure to accommodate the religious needs of the observers of the official religion and failure to obey His Majesty Yang Dipertuan Agong as the head of Islam. Hence, the institutions need to apologise not only to the employees but also to all Malaysians.

Muslim should boycott the hospital [translated from Malay]

The hospital should apologise for the rules that hinder Muslims to cover awrah and change the rules [translated from Malay]

Another group of netizens were angry at the nurses. They opined that the nurses should not become nurses and should stay at home or work somewhere else instead. They agreed that such nurses should not be employed and if employed, should be sacked and blacklisted. The motive of the nurse in the 2015 case was also questioned because she already knew about the dress code before she started working. Thus, some netizens postulated that she twisted a trivial issue to make the defamation statement for the purpose of publicity by making it a racial-religious political issue. The nurse was labelled as an ungrateful person, opportunist, selfish (for prioritising her personal conviction over the standards of good clinical practice) and has a low level of understanding regarding infection control. Netizens asserted that employers have the right to decide rules including their institutions' dress code. In addition, employers should screen nurses who apply for jobs and should be firm regarding the rules despite risking losing Muslim customers.

No special treatment... In the hiring process, a dress code should be signed along with the random drug testing paperwork. You [either] agree or you are not hired. It's [the] policy and is followed by all or you are sent home. And fired. No matter of race, creed or belief. This is the job description. Take it or leave.

She doesn't seem to have [a] basic understanding in [of] medical care and bacterial infection preventive measures. How and where did she graduate from?

On the contrary, others assert that headscarves should be worn over the top attire as part of the Islamic dress code. There were also netizens who opined that it is acceptable to tuck the headscarves into the top attire if the top attire is loose. Surgical caps and hair covers are deemed insufficient to cover one's awrah as the neck is exposed. Some netizens highlighted the permissibility of wearing clean headscarves in the operation theatre.

But it is better and nicer to wear a headscarf over the top uniform than tucking it into the top attire. [translated from Malay]

Just wearing hair cover? The neck and chest will still be exposed. [translated from Malay]

The use of long sleeves

Netizens articulated their perception regarding sleeve length in clinical dress code policy. Many netizens believed that BBE policy ought to be exercised primarily because long sleeves may come into contact with the patients or surfaces, leading to cross-contaminations and infections which may lead to serious health problems or even death. Wearing short sleeves is deemed to be uncomfortable and impractical as it allows clinical personnel to wash their forearms between procedures, while long sleeves are impossible to be washed with every procedure. The forearms are required to be washed often compared to other parts of the body because forearms have the highest rate of contact with the patients and surfaces. Wearing long sleeves is considered a violation of the international clinical practice standards and thus, is a form of negligence. Netizens emphasised that responsible healthcare institutions would never jeopardise the patients' interest and the netizens would personally avoid seeking treatment in institutions that allow the use of long sleeves as they perceived that it is unhygienic. The banning of long sleeves is perceived as a petty issue because only the forearms are exposed, compared to the issue of hospital-acquired infections which is more significant and taxing. Some netizens pointed out that nurses in public institutions are also required to roll their long sleeves during clinical procedures and this is seen as troublesome and time consuming compared to wearing short sleeves.

Short sleeves are practical and suitable for the functions carried out by nurses to reduce risks of infections, If you must wash your hands before and after touching each patient, the logic says you must wash your sleeves too? Unless cloth prevents infection from being spread! Then I can cover up with cloth completely and stop all infection in the world!

On the other hand, another group of netizens rejected the banning of long sleeves in healthcare institutions. They opined that long sleeves are non-problematic from the clinical perspectives as long as hygiene standards are met, such as in the use of long sleeves by doctors and the use of the long-sleeved gowns in operation theatres. The BBE policy is said to be unsupported by strong evidence and there is no difference in the infection rates in institutions that practice BBE. As far as infection control is concerned, the netizens listed other potential infection-carrying items such as the gloves, necktie and uniforms worn outside the healthcare facilities, emphasising that the importance of safeguarding hygiene and not banning the items per se. Long sleeves are allowed in many hospitals with no apparent problem. This group of netizens questioned why healthcare personnel are not required to bare other body parts even though any part of the clothes (unlimited to the sleeves) may be contaminated. They did understand regarding the handwashing requirement for clinical procedures; thus, the BBE policy should be limited during such procedures. Usually, the procedures are done in a screened area, obscuring the nurses from being seen by other than the team and the patients. The use of disposable sleeves is also suggested. Long sleeves could provide better protections to the wearer, better comfort especially in air-conditioned facilities and improve the professional look by ensuring modesty. Netizens explained that Muslim women feel uneasy exposing their awrah (by not covering the body parts or wearing fitted clothes) because they felt like their bodies are being observed.

A research shows that there is no difference in infection rates with the use of long sleeves and short sleeves <http://www.medpagetoday.com/Hospit.../InfectionControl/24828> [translated from Malay]

Infection is not an issue as long as you practice the 6 basic steps of handwashing. [translated from Malay]

It is undeniable that nurses need to roll their sleeves during direct patient care but not exposing awrah all the time. [translated from Malay]

Perception regarding Islamic dress code

A group of netizens had negative perceptions regarding the Islamic dress code. Some netizens felt that it is a petty issue. Others questioned whether the Islamic dress code is explicitly written in the holy Quran and why there are Malaysian Muslims who do not complain about awrah, especially in the 1970s to 1990s. They believed that it is uncomfortable for women to cover themselves according to Islam while revealing forearm will not incite sexual desire. Islamic dress code is also believed to hinder many activities. It is also seen as a form of discrimination towards women. Wearing loose attire to cover the figure of the wearer also results in an unprofessional look. There were netizens who argued that God judges one's heart and not one's appearance; thus, God would understand non-compliance to Islamic dress code and would forgive such action for greater interest.

Quran does not specify the woman should wear long sleeves. During the 70s to 90s, we don't even hear this

On the other hand, many netizens affirmed that the dress code is compulsory for all Muslim women and does not hinder any activity. They further elaborated that covering awrah is not merely covering the skin by wearing non-transparent long-sleeved attire and headscarves but also include covering figures by wearing loose and long top attire to ensure coverage in any body position. The relaxation of the rules based on darurah cases (restricting situations which may lead to greater destruction) but the relaxation is limited during such situations and not permitted all the time. They also questioned why feminists and liberalist do not comment on the freedom of Muslim women who decide to dress according to Islam. Due to the apparent misunderstanding regarding awrah, some netizens highlighted the need for Muslims to explain Islamic dress code to improve the awareness, knowledge and attitude of the society.

Headscarves for women is a religious obligation. Uphold Islam!!!! [translated from Malay]

During specific circumstances, Islam allows exposure of awrah in the situation called darurah... but not exposing awrah all the time. Islam is not a troubling religion. [translated from Malay]

Feminist and liberals be [are] like...Oh, it's the Muslim things, we don't really care.

PERCEPTION REGARDING THE STATUS OF RELIGION AND ISLAM

Religion and Islam in Malaysia

Netizens disagreed regarding the status of Islam in Malaysia. Many netizens emphasised that ‘Malaysia is a secular nation’ and ‘an Islamic country only on paper’. Some netizens expressed dissatisfaction over perceived double standards for Muslims in Malaysia and the presence of individuals who like to take advantage of the Muslim privileges, which should not occur because every citizen ought to be treated equally regardless of his or her religion. Even though Islam is the official religion proclaimed by the constitution, some netizens highlighted that the constitution does not mandate Islamic dress code accommodation. Others called healthcare institutions to not give way to the request for such accommodation as Muslims would ask for more.

Double standard society.

The constitution does not prescribe any sort of dress code, Islamic or otherwise. Religion is killing our country. Foreign investors are not coming in and those here are running away. Keep religion in the house.

On the contrary, another group of netizens affirmed that Islam is Malaysia’s official religion. At the same time, some netizens shared the difficulty to practice Islam in Malaysia, including practising Islamic dress code due to Muslim-unfriendly policies especially at private healthcare institutions, hospitality-based business organisations and sports arena. Netizens called for expedited solutions as allowing such cases to continue would lead to further religious intolerance by various institutions.

How could such a thing happen in an Islamic country? [translated from Malay]

Not just hospitals, hotels are like that too. Malaysia an Islamic country and a Malay-majority country are merely names. [translated from Malay]

The limit has been reached. We have given too much and been too tolerant. We need to be firm or what is going on will continue and becomes worse. [translated from Malay]

Religion and Islam in healthcare

A group of netizens opposed the accommodation of religion in healthcare. Since the purpose of healthcare institutions is to provide healthcare services, patient interests ought to be prioritised by upholding the good practices in clinical procedures. The need to make the rules known by potential employees was emphasised. There are many religions in the world and accommodating one religion will lead to others asking for similar accommodation, which may be troublesome, costly and may delay development. Some netizens asserted that Islamic and Prophetic model is impractical, backward and unsuitable in the modern era compared to the period of the Prophet. There were netizens who opined that medical issues should be discussed from a secular perspective. Involving religion would discourage intellectual reasoning and depict one’s ignorance and weakness. At the same time, some netizens expressed the irony of

how religion should promote peace and not conflicts. The question of ‘why other Muslim nurses do not complaint’ was also raised. Besides that, if healthcare institutions allow Muslim staff to wear long sleeves, some patients may request to be cared for by other hospital staff due to the perception of substandard hygiene levels because of the long-sleeved attire. Some netizens lamented individuals who fight for religious accommodation against the international clinical standard as having a low mentality and did not consult medical experts before commenting.

Religion must give way to professionalism, ethics, code, hygiene, safety measures, etc. If others with the same faith as her[s] can follow the rule, why can't she?

Our Malaysian society has entered into illogical extreme polarisation. The lost [loss] of common sense has been due to the indoctrination of outdated religious practices and human beliefs and assumptions. Netizens who supported Islamic accommodation have their own opinions. In their opinion, the dress code is a matter of dignity and human right for the manifestation of one's religion. Many netizens believed that religion should be prioritised and clinical dress codes ought to be changed to suit religious rules citing examples from Muslim-minority countries. If it is not given, some netizens suggested that it is better to resign from working in the religion-unfriendly situation. It has been pointed out that other hospitals in Malaysia and other countries have no problem accommodating religious dress code. Religious intolerance and non-accommodation were seen as a backward step or just an excuse to terminate Muslim staff. The trend on Islamic lifestyle in Malaysia and the increasing demands for Shariah-compliant services by majority-Muslim consumers in Malaysia were highlighted.

This is racial and religious discrimination [translated from Malay] Islam must be prioritised and upheld [translated from Malay]

Just follow London's way. Everyone follow[s] procedure and Muslims are allowed to wear disposable hand socks. <http://www.telegraph.co.uk/news/health/new...giene-rule.html> win-win

Perception regarding the status of Malays and non-Malays in Malaysia

Netizens expressed their perceptions regarding how Malays are prioritised over other races in Malaysia and many issues are made into racial-religious issues. The dominant ruling party at that time was labelled as racist and would provide special treatment to the Malays. Some netizens went to the extent of claiming that alleged cases were devised to create a sense of insecurity among Muslims to continue to support the ruling party at that time amidst the national scandals. There were opinions regarding how religious accommodation should only be requested in Malay institutions and not in non-Malay private organisations.

This whole story... was created for the whole purpose of distracting the focus of the people and to create a sense of insecurity to consolidate Malay support for the regime. Now, look at how more than 10 million non-Malays have been discriminated against because they are not Malays and Muslims for about half a century and millions have migrated because of that... we now have apartheid-like discrimination against the non-Malays.

Contrariwise, another group of netizens communicated that Malays (the majority population) have been too tolerant in Malaysia to the extent that non-Malays have become intolerant regarding religious accommodation. The netizens called for action by the government (specifically the dominant ruling party, United Malays National Organisation), the Department of Islamic Development Malaysia (Jabatan Kemajuan Islam Malaysia, JAKIM) and the Association of Muslim Consumers Malaysia (Persatuan Pengguna Islam Malaysia, PPIM) to settle the dispute and prevent future occurrences. Some netizens emphasised that the Malays should unite in advocating for their rights including the right to practice religion. A few netizens also called for Muslims to improve themselves to gain respect from fellow non-Muslim citizens.

Just think about it. This is our country but non-Malays could make such rules. Where do we stand today? [translated from Malay]

Mufti, JAKIM, National Fatwa Council and His Majesty the Yang Dipertuan Agong, please do something for Islam. [translated from Malay]

Perception regarding anti- and pro-Islam trends in Malaysia

Netizens cited various anti-Islam trends in Malaysia. As a country with a colonial past, netizens mentioned that British colonial influence is still strong in Malaysia despite achieving independence for more than five decades when the incidents took place. Liberalisation and secularisation were among the trends that netizens cited. Other forms of anti-Islam trends mentioned were Communism, Americanisation, France-isation, Israelisation and Nazi-isation.

Liberal and secular [translated from Malay] It is like living in America [translated from Malay]

Netizens who disagreed with Islamic dress code accommodation linked the incidents with Arabisation and Shariah-isation trends. There were also netizens who labelled the trend as a form of extremism, ISIS-isation and Muslim supremacy. Seriously has anyone molested and raped a woman's arms before? When she chose the profession, she ought to know about the dress code. This Arabisation is penetrating our society.

It is a matter of time before they will insist on all female staff at hospitals to don the burqa. If you are not happy then go work at hospitals like Al-Islam Specialist Centre or even better in an IS state hospital in Syria. It is as simple as that. This country is really going to be more extreme than an IS state.

DISCUSSION

Racial-religious issues are sensitive. This may explain the emotional responses of netizens with regards to the two cases. The findings depict the racial, religious and political tension in Malaysia due to the variances in understandings regarding the raised issues. The majority of the responses represent two stances; either Muslim religious needs should not be accommodated and the rationales for that, or vice versa. Both parties presented various reasons to support their stances, highlighting the conflicts between the two stances and obscuring the common grounds

they share. In addition, there was a lack of discussion regarding the potential ways to cater to both parties including deliberation on alternative ways to allow the fulfilment of what both parties wish. The use of derisive and offensive language further complicated the dialogue. Therefore, it is important to address the misconceptions regarding the raised issue to prevent future occurrences of similar incidents that may disrupt racial-religious harmony in Malaysia. Besides that, it is also important to have a national framework with regards to cultural and religious accommodation in Malaysia to guide the decision-making processes. In harmonising the interests of various parties, it is imperative to find the common values shared to devise win-win solutions for all stakeholders.

The limitation of the study is related to the unknown background of the commentators as this study utilised online comments on the issue. Thus, the correlation between specific demographics and perceptions could not be investigated. Hence, cross-sectional surveys are recommended if other investigators are interested in bridging the knowledge gap while the findings of the present study may be used in the construction of the questionnaire.

CONCLUSION

The results demonstrate the different perceptions of netizens regarding various pertaining issues. The variant understanding of netizens regarding the alleged cases, the clinical dress code and the Islamic dress code is expected because of the diverse backgrounds of the netizens. However, the disagreement regarding the status of religion, Islam, Malays and non-Malays in Malaysia may lead to disharmony among multi-racial and multi-religious Malaysians. Thus, it is important to ensure that the issues are well informed among Malaysians to prevent misunderstanding. Furthermore, the presence of official guidelines or frameworks is necessary to prevent similar disputes that arise due to the conflict between employees' personal convictions and the institutions' interests.

DECLARATION

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