

# To Wear or Not To Wear: Perspectives on the Wearing Of Hijab While on Hospital Duty

Rica Rose May Adjawie Rubio

RN MAN, Faculty Member  
Western Mindanao State University, Zamboanga City, Philippines

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**Abstract:** The increasing number of female Muslim enrollees in the nursing course has given rise to the issue of Muslim religious and cultural rights vis-à-vis such nursing practice concerns as the hospital dress code, infection control, and terrorism. This qualitative study sought to determine and describe the participants' perceptions on the wearing of the hijab by Muslim student nurses while on hospital duty. The study utilized the focus group discussion method to gather data from 33 participants purposely chosen from the faculty and students of five nursing schools in Zamboanga City, Philippines. The participants perceived that the wearing of the hijab while on hospital duty can affect student nurse-patient relationship and the performance of the student nurse; it can also be a source of infection. However, they were sympathetic towards the wearing of the hijab because of cultural, religious, and personal considerations. The study unearthed the complexity of the issue on the wearing of the hijab while on hospital duty and the pertinent significance of the hospital dress code. Therefore, it was recommended to the hospital administrators in Zamboanga City that a sensitive approach to the dress and uniform requirements of female Muslim nursing students should be taken so that these would not in any way violate the significance of the hospital dress code.

**Keywords:** hijab, nurse-patient relationship, performance, infection, hospital dress code, religion, culture

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## 1. INTRODUCTION

Wearing of the Islamic dress, particularly the hijab has resulted in bitter controversies in certain Christian societies in the Western World. Some of them tried to prohibit the wearing of the veil or hijab in such social service institutions as hospitals and schools. In Asian countries like Thailand, Malaysia, and Indonesia, similar controversies have likewise occurred. The Indonesian and Malaysian governments prohibited the wearing of the hijab in the hospitals because they believed that institutions like hospitals do not represent any particular religion (Patung, 2007). Thus, every health professional has to follow and abide by the health ministry guidelines and that there should be no exceptions based on religious grounds (Malaysia Sun, 2008). Moreover, the Crescent International (2000), a newsmagazine of the Islamic Movement, had reported that the use of the hijab was banned in such workplaces as hospitals because it was considered dirty, dangerous, against the dress code, or it tended to alienate other people.

A similar incident could have also happened in Zamboanga City, Philippines. In a Philippine Daily Inquirer column, Jimenez-David (2008) stated that a Muslim participant in a forum brought up the "clash between academic policies and human rights based on culture." The incident involved certain Muslim nursing students in a Catholic-run hospital who were ordered to discard their hijab or head coverings while doing their rounds. The hospital administration, which gave the order, had cited concerns about "terrorism" and "scaring" the patients, who allegedly might be frightened by the sight of a veiled figure standing over their beds. This issue led the Commission on Higher Education (CHED) Regional Office IX to issue a memorandum on August 28, 2008 which mandated the various tertiary educational institutions in that region to "give due respect and utmost consideration on the wearing of veils or hijab by Muslim female nursing students during hospital duties, provided that the institutional rules and regulations concerning infection control and aseptic techniques are observed." However, instead of providing a solution to the brewing problematic issue, that particular CHED

memorandum has instead given rise to other issues concerning infection control and aseptic techniques in the hospitals. Accordingly, if allowed to be worn while the Muslim nursing students are on hospital duty, the hijab should not become a source of infection or mode of pathogenic transmission. This is one of the reasons why medical and nursing schools as well as hospitals strictly mandate its staff and the students to observe the hospital dress code.

The clamor to revise the policy on the nursing uniform so as to give way to the wearing of other garments, such as the hijab, may imply a change or modification in the meaning of asepsis and infection control. But ignoring the clamor for the wearing of the hijab may, on the other hand, give the Muslim women and the entire Muslim community in our society the impression that they are being marginalized and discriminated against. These are the most pressing issues which the nursing school officials in Zamboanga City are currently trying to address. It is therefore, the focus of this study to determine and describe the perceptions of nursing faculty and nursing students regarding the wearing of the hijab by female Muslim nursing students during hospital duties.

The results of this study will serve as a source of information for reviewing, revising, and implementing the policies of the schools and hospitals to which Muslim nursing students are affiliated. Moreover, the constituents in Zamboanga City and elsewhere will be more aware of the issues surrounding the wearing of the hijab in the hospitals.

## 2. METHOD

This is a qualitative study which employed the focus group discussion (FGD) method to gather the necessary data. The FGD was used to stimulate the discussion of the participants which provided greater understanding of the phenomenon in the study. It was conducted in Zamboanga City with a total of 33 participants from five nursing schools.

Originally, 35 participants were invited but only 33 were able to participate in the FGDs. There were a total of 9 faculty members and 24 fourth year nursing students, classified as follows: 14 were from three sectarian schools (schools run by religious sects) and 19 from two nonsectarian schools; 12 were males and 21 were females; 17 were Muslims and 16 were Christians.

Seven FGDs were conducted with four to five participants in each session. The first four FGD sessions were held in a nonsectarian school while the last three sessions were conducted in a sectarian school. This was the common issue asked of all the FGD participants: "Tell me what you think about the issue on the wearing of the hijab by female Muslim nursing students during hospital duties."

The FGDs were conducted in Tausug, Chavacano, Tagalog, and English. The discussions in each session were audio-taped (with permission from the participants) and transcribed verbatim and translated to English for presentation purposes. The responses were coded and grouped into themes for a better description and understanding of the views of the participants regarding the hijab issue.

In the actual data gathering, the participants were provided with adequate background and information about the study. They were advised of their right to withdraw from the study at any time they wished to. They were also assured that their responses would be treated with utmost confidentiality. To safeguard and maintain their anonymity, participants were labeled as F1A, F2B and so on.

## 3. RESULTS AND DISCUSSION

Six themes emerged from the analysis of the transcribed data. They were: the hijab affects student nurse-patient relationship because of safety issues, the hijab affects student nurse's performance in emergency cases, the hijab is a source of infection, wearing the hijab is a cultural and religious obligation, wearing the hijab is a personal/human right, and wearing the hijab is a personal choice.

**The hijab affects student nurse-patient relationship because of safety issues.** The data obtained from the FGDs support the idea that the hijab might affect the student nurse-patient relationship. A situation relevant to this was related by a faculty participant (F4D) who recalled his experience: "*I remember when I was in CNGH (Camp Navarro General Hospital), it was the 3 to 11 shift. We had lots of PTSD (Post Traumatic Syndrome Disorder) patients with traumatic encounters. It was already 10 PM, and the lights were off. One of them actually freaked out when he saw one of the students with the hijab on...the patient shouted 'Enemy!' again and again.*" A defensive reaction bordering on violence was displayed by the patient. This kind of reaction from a patient caused the female Muslim student to feel being

discriminated against and stereotyped, even fearful for her safety. Therefore, to avoid such situation, a student participant (F7D) firmly said, *"I will say no to hijab, so that no conflict will arise between the nurse and the patient."*

As to the safety of the female Muslim student nurse, especially if she is assigned in the Psychiatric Ward – the hijab can put her safety in jeopardy. Another faculty participant (F4A) cited an instance when a mental patient with mood swings grabbed the student by her hijab. He said, *"There are times when the hijab would dangle and the mental patients could grab and hold on to it during their mood swings (acting how a patient grabbed the hijab of the student). The point is, I have to emphasize as a CI, the safety of the students. With due respect, I would ask the student to remove the hijab while on duty in Ward 9 and wear it again after duty hours."* This situation is similarly cited by Yasin (2006) in her research about the experiences of Muslim women in the healthcare sector. In her research, a Muslim respondent who was a registered nurse stated that her current employers were more concerned with her safety, since she was working with disabled children who might grab her head cover. Another Muslim respondent in Yasin's research, a pediatrician, related that some patients refused to be cared for by her because of her appearance.

A female faculty participant (F5D) from a sectarian school expressed her view about the issue. She said, *"Considerably there are those non-Muslim patients who would not want to or who would hesitate to be under the care of someone wearing a hijab. So, to avoid such impressions or preconceived notions or ideas, why not go to the area without that identification vividly seen? Because I believe both the Muslim and Christian students can give total nursing care regardless of their appearance."* Similarly, a male student participant (F7E) said, *"There are people especially from other places who would come to Zamboanga, are scared of Muslims. They fear the Muslims, then, here comes a nurse wearing a hijab. Of course, they will not openly share their health problems!"*

Such instances revealed that the relationship between the student nurse and the patient was not effectively established, which was a step backward in achieving the relationship that is ideal for the recovery of the patient.

**The hijab affects student nurse's performance in emergency cases.** The participants mentioned how the hijab could limit the student nurse's performance and mobility. A faculty participant (F4B) said that the hijab causes potential delay in the procedures, especially during an emergency case when there was a need to take the vital signs of the patient. He said, *"The situation was a little bit of an emergency, and I asked the student to take the patient's vital signs. She was trying to insert the earpiece of the stethoscope into the hijab, she was doing like this and that (acting how the student inserted the stethoscope with her hijab on). There was a delay in the procedure"*.

A similar comment was expressed by a female Muslim student participant (F1C), who was wearing a hijab herself. She said, *"The hijab also has its disadvantage. It's quite difficult to get the vital signs of the patient in emergency cases."* She explained further that she was unable to move fast because it was quite hard to insert the stethoscope under the hijab.

Moreover, a student participant (F3A) cited an instance when her classmate removed her hijab inside the hospital, even when allowed to wear one, because it limited her mobility in performing some procedures. She said, *"I know of someone who puts the hijab on again when she is already out of the hospital. She told me that she removes it when inside the hospital because it limits her mobility, and it was quite hot with the hijab on."* She went on to say that because of the heat, her classmate was unable to concentrate well on the task assigned to her. A similar situation was related by half of the participants in a study done by Jiwani and Rail (2010) on "Young Shia Muslim Canadian Women's Discursive Constructions of Physical Activity". Though not a barrier to physical activity in general, the participants however, recognize that wearing it decreases their physical activity options and makes physical activity difficult for a number of reasons including getting hot and uncomfortable.

**The hijab is a source of infection.** It may be gleaned that the majority of the participants were of the opinion that the hijab can transmit infections when worn in the hospital. Here are some of the pertinent excerpts from the FGDs: *"The hijab might catch things that are unsterile, which can be a source of infection to the patient."* (F5B), *"My opinion would still stand that I am not for the wearing of the hijab because of contamination."* (F7A), *"For me, it's more on the hygienic side. The hijab can be a carrier of bacteria or germs."* (F6A), and *"If hijab will be worn during the duty, I believe it would be a source of contamination and a source of infection."* (F5C)

A similar perspective is discussed in the article written by Kristine Servando (2009), an ABS-CBN news correspondent, who reported about the issue on the hijab in some nursing schools. She said that some of the hospitals disagreed with the wearing of the hijab while the students were on duty because the veil was dirty and could become a means of transmitting microorganisms to patients.

No recent researches have been done to really establish the linkage of the veil or hijab to nosocomial infections. However, one participant, a female Muslim faculty (F4C) from a nonsectarian school cited during the discussion about two studies which she had read regarding nosocomial infection. She said, *“There are those who are saying also, the hijab might harbor pathogens. Now, I would like to cite a study that I have read by a UP professor that the nursing cap, contains 24 microorganisms. As if they were saying that the hijab might also be the same as that of the nurse’s cap. In fact, another study I’ve read, as far as bringing infection to the ward by health personnel is concerned, there was one study that created complication on the patient due to the infection of the anesthesiologist’s bag.”* The studies she read suggested that the nursing cap harbor about twenty-four microbes, and that the anesthesiologist’s bag is a carrier of infection. She explained that the hijab can be likened to these two things. Nonetheless, she went on to explain that it could be any part of the health care personnel’s accessories, and not just the hijab that can possibly transmit infection.

To avoid transmitting infection, adherence to infection control measures in health and safety requirements for the patient as well as the nursing students’ well-being should be prioritized. A hospital dress code is imposed on all health personnel to ensure that they adhere to infection safety as well as their own. According to Usman (2009), this is also true to all hospital health personnel who are expected to wear a standard dress code to help reduce healthcare-associated infections in patient-related care. Medically, the hospital attire is designed to tackle medical superbugs and infections such as Clostridium Difficile and Methicillin-Resistant Staphylococcus Aureus (MRSA). Because of this, all hospitals have adopted a dress code, which bans neckties, long sleeves, jewelry, and the controversial Muslim veil for doctors and other health professionals, in an effort to curtail the sources of hospital-acquired infections.

**Wearing the hijab is a cultural and religious obligation.** More than half of the Christian participants opined that the hijab should be allowed because of religious and cultural reasons. This suggests that the participants also sympathized with the female Muslim student nurses who wore the hijab during hospital duties, because they respected the religious and cultural differences among people, including the importance of the veil to the Muslim women. This has something in common with the idea of Read and Bartkowski (2000) in their study, which reinforces the argument that the hijab conveys the cultural distinction of the female Muslims and that such distinctiveness links them to the broader community of Muslim women as well as to the believers of the Islamic faith. Thus, the veiled respondents of the study conducted by Read and Bartkowski find comfort in the cultural and ethnic distinctiveness that the veil affords them, as well as in the knowledge that they belong to a community where they feel accepted and loved.

Moreover, all the Muslim participants felt that the rights, beliefs, and practices of female Muslim student nurses should be taken into account when the administrators implement the policies and guidelines of their schools, including the wearing of the hijab in the hospital. Their primary reason was that the wearing of the hijab is a *“religious obligation”* which a Muslim woman should practice wherever she is. Such obligation has even brought out the strong conviction of a female Muslim student (F1B). On the verge of tears, she said *“As far as I know there is no disadvantage in wearing the hijab if you know its importance. If there is faith in your heart, nothing is impossible for you. I’m a Muslim, I can easily turn my back from becoming a nurse because of my religion. I will not be this person if not for my religion. Allah will not give you obligations or sunna if He knew you will have difficulties in following it.”* A similar conviction was seen in a study done by Jiwani and Rail (2010). One of the major themes that emerged from the participants’ narratives is the religion’s precedence over physical activity. The participants in that study agreed that they will choose Islam over physical activity.

Wearing the hijab is prescribed in the Holy Qur’an, the sacred book of Islam, and in the Hadiths, the second-hand reports of Mohammad’s personal traditions and lifestyle. These are held in high esteem by virtually all Muslims (Read & Bartkowski, 2000). A Muslim student participant (F2C) expressed his view in relation to this. He said, *“First and foremost, as a Muslim you have to surrender to the will of Allah and it’s His will to wear the hijab. That’s why whether she likes it or not she has to wear it.”* The other participants in the group shared similar views regarding this. For the faithful Muslim believers, Islam controls all aspects of life including what a Muslim should wear.

**Wearing the hijab is a personal/human right.** Despite the argument that wearing of the hijab would violate the policy on hospital dress code, the participants still expressed their views positively, mainly because it was both a right and an obligation for a Muslim woman. A male faculty (F4E) corroborated this when he said, *“In formulating policies for institutions like this, we shall consider the culture or religion of the place. However, we shall also respect the individual rights of the person. The Muslim women, for example, if they wear the hijab, we should respect that”.*

Furthermore, a Muslim student participant (F6C) believed that wearing of the hijab is the right of a Muslim woman or girl. She said, *“For me, they should respect the rights of a Muslim woman.”* According to Gopalan (2010) in his article

“Behind the Burqa”, a Muslim girl has the right to dress the way she sees fit in accordance with her religious belief or right, which cannot be violated. Human rights are a person’s due as a member of society. They claim that such rights come from an authority higher than the state, an authority founded on essential and universal need. Nevertheless, they occur in the context of a culture and are influenced by the beliefs or value systems of that culture (Sia & Sia, 2006, p.379).

Similarly, Father Carlos Reyes, the Executive Secretary of the Episcopal Commission on Interreligious Dialogue, said that Muslim women wear veils as an expression of their religiosity and religious sentiment. He added that people have the “right” to practice their religious beliefs as long as public health and safety are safeguarded (UCA News, 2009).

**Wearing the hijab is a personal choice.** The participants expressed also that the wearing of hijab during hospital duties should be by choice among female Muslim student nurses. One such student nurse (F1A) said, *“In my case I wear a hijab but when I will go to my patient in the ward, I will remove it. I will put it on when I leave the hospital, before I will go out of the gates.”* Another student participant (F2D) expressed similar view regarding this. He said, *“For me, it depends upon the Muslim girl if she likes to wear it or not.”*

A faculty participant (F4C) also related a situation where female Muslim nursing students cried in the guidance office because they don’t want to wear the hijab but their parents forced them to wear it. She narrated, *“I would like to emphasize that there are those who also cried in the guidance office because they don’t want to wear the hijab but their parents would like them to wear it. So, in other words, if we really have to improve or come up with a policy, let’s make sure that it is not mandatory to all Muslim.”* Although religious scholars ascertain that the wearing of hijab is a religious obligation, Mubarak (2007) explains that “it is ultimately each woman’s prerogative to decide whether or not she will cover her hair. No one – not a father, husband, or brother – can ever force a woman to cover against her will, or that in fact violates the Quranic spirit of *let there be no compulsion in religion*”.

Moreover, a Christian student participant (F3C) expressed his view related to the above sentiments: *“It doesn't mean that they do not have faith if they will remove the hijab...in work you need to survive, whether you remove it or not...a Muslim girl will still be a Muslim girl even without the hijab!”* Similarly, a Muslim student participant (F1D) said, *“For me, hijab is not a reason why you cannot perform your job as a nurse. What you need is presence of mind and faith in Allah. If your faith is strong, you will never go wrong.”*

In her research titled, “The Veil and Urban Space in Istanbul: Women’s Dress, Mobility, and Islamic Knowledge”, Secor (2002) concluded that the women in her study felt that a true understanding of the Koran necessitated women’s veiling. But while some women felt that they were unable to remove the veil due to their ingrained ideas of womanhood and sin, others considered themselves as religious but saw veiling as a personal choice, an option that they could forgo without compromising their religious beliefs.

#### 4. CONCLUSION

The study showed that the participants perceived the wearing of the hijab during hospital duties as a factor that can affect the student nurse-patient relationship because of safety issues and the performance of the student nurse in emergency cases, and that the hijab is a source of infection. However, they were sympathetic to those who wore it because of cultural, religious, and personal considerations.

This study has also revealed the complexity of the issue because it involves religion and culture. One cannot ignore the fact that there are some religion-based biases toward the wearers of the hijab. It was palpable in the responses of some of the Catholic participants. In addition, the study has also highlighted the significance of a dress code in the hospitals.

The results of this study will serve as a source of information for reviewing, revising, and implementing the policies of the schools and hospitals to which Muslim nursing students are affiliated. Therefore, a recommendation was made to the hospital administrators in Zamboanga City to consider the religion and culture of nursing students and other health care providers when they formulate the policy on hospital uniforms, provided that the significance of the dress code would not be violated.

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