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The Stages of the Practice of Islamic Requirements in Muslim-Majority Institutions: A Historical-Comparative Study of Nurse Uniform Transformation in Four Malaysian Healthcare Institutions

Peringkat-peringkat Pengamalan Islam di Institusi Majoriti Muslim: Kajian Perbandingan-Sejarah Transformasi Pakaian Seragam Jururawat di Empat Institusi Kesihatan Malaysia

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ABSTRACT

Societal changes take place from time to time and the dynamics of group change are explained by a few theories but they may not be able to expound the phenomenon in specific groups with different backgrounds. The nurse uniform transformation is one of the observable changes in Malaysian healthcare institutions since Malaysia gained its political independence in 1957 but no comparative study has examined the experience of different healthcare institutions. The paper examines these two knowledge gaps to assess the factors behind nurse uniform transformation in Malaysia and the dynamics of Muslim-majority group change concerning the practice of Islamic requirements using the historical-comparative cross-institutional case study method involving four healthcare institutions in Malaysia. The Malaysian nurse uniform manifests the early three-decade post-independence period of colonial heritage maintenance and the subsequent gradual revival of the Malay-Muslim identity. The religious-related factors were the dominant motivation fuelling the transformation of nurse uniforms in Malaysia. Based on the four cases, a refined theory on the stages of the practice of Islamic requirements in a Muslim society or Muslim-majority institution emerges from the findings. It explicates four cyclic phases that society experiences in revising the status quo. It starts with the maintenance of the status quo, followed by the stage of acquainting a new concept, which ensues to the phase of learning to accept the new concept, followed by the initiation of the new practice before the practice is accepted as a new status quo. The theory also illustrates society's responses and the recommended approaches that advocates may adopt during each phase.

Keywords: Dynamic of change; group change; Muslim; Islamic dress code; nurse uniform evolution

ABSTRAK

Perubahan masyarakat berlaku dari semasa ke semasa dan dinamik perubahan kumpulan dijelaskan oleh beberapa teori. Akan tetapi teori-teori tersebut mungkin tidak dapat menjelaskan fenomena dalam kumpulan khusus dengan latar belakang yang berbeza. Transformasi pakaian seragam jururawat adalah salah satu perubahan yang boleh diperhatikan dalam institusi penjagaan kesihatan Malaysia sejak Malaysia mencapai kemerdekaan pada tahun 1957 tetapi tiada kajian perbandingan yang mengkaji pengalaman institusi penjagaan kesihatan yang berbeza. Makalah ini mengkaji dua jurang pengetahuan ini untuk menilai faktor di sebalik transformasi pakaian seragam jururawat di Malaysia dan dinamik perubahan kumpulan majoriti Muslim dalam pengamalan Islam menggunakan kaedah kajian kes perbandingan-sejarah rentas institusi yang melibatkan empat institusi penjagaan kesihatan di Malaysia. Pakaian seragam jururawat Malaysia dalam tempoh tiga dekad awal selepas kemerdekaan melibatkan pengekalan warisan kolonial dan kemudian kebangkitan semula identiti Melayu-Islam secara beransur-ansur. Faktor-faktor yang berkaitan dengan agama adalah motivasi dominan yang mendorong kepada transformasi pakaian seragam jururawat di Malaysia. Berdasarkan empat kajian kes tersebut, satu teori yang lebih diperhalusi mengenai peringkat-peringkat amalan Islam dalam masyarakat Islam atau institusi majoriti Islam terhasil. Teori ini menerangkan empat fasa kitaran yang dialami oleh masyarakat dalam menyemak semula status quo. Ia bermula dengan pengekalan status quo, diikuti dengan peringkat membiasakan diri dengan konsep baharu, yang seterusnya ke fasa pembelajaran untuk menerima konsep baharu, diikuti dengan permulaan amalan baharu, sebelum amalan itu diterima sebagai status quo baharu. Teori ini juga menjelaskan tindak balas masyarakat dan pendekatan yang disyorkan yang boleh dijadikan panduan oleh para pendukung perubahan pada setiap fasa.

Kata kunci: Dinamik perubahan; perubahan kumpulan; Muslim; pakaian Islam; evolusi pakaian seragam jururawat

INTRODUCTION

Life is dynamic with many episodes of changes at the individual and societal levels. Many researchers have investigated and theorised the dynamics of group change (as will be discussed in the next section). However, groups of individuals differ in many ways and the current theories may not be able to fully explain the phenomenon in a specific context for a group of individuals. Thus, there is a need to re-examine the phenomenon in a specific context and see if the theories require extensions for the specific group.

The transformation of nurse uniforms is one of the changes observed in many healthcare institutions worldwide. However, the factors that fuel the transformations may differ in different countries or even in different institutions within the same countries. Although there have been published reports on nurse uniform transformation in Malaysian institutions, further studies that compare and contrast the experience of these institutions may provide greater insight into the issue.

The present study aims to examine the dynamics of group change at four Muslim-majority healthcare institutions, with special reference to the nurse uniform transformation to examine the similarities and differences in their experience of reforming the uniform. The paper begins with a discussion of current theories on the dynamics of group change, and response to change. After presenting the methods and procedures, the paper then discusses the dynamics of change (related to the driving forces for and restraining forces against the change) and the stages of the practice of Islamic requirements in Muslim-majority institutions. The paper then ends with a discussion on limitations and concluding remarks.

CURRENT THEORIES ON THE DYNAMICS OF AND RESPONSE TO CHANGE

FACTORS FOR AND AGAINST THE CHANGE

Kurt Lewin asserted that "one should view the present situation – the status quo – as being maintained by certain conditions or forces" within the setting, termed "the field" (as cited by Burnes 2004). When the total force field changes to the extent of affecting the equilibrium, the initial state changes to a new state (Lewin 1947). The force field is commonly simplified into a representation shown in Figure 1, although many argue that the simplification does not fully represent the complex Field Theory (Burnes 2004). This theory will be the theoretical framework to compare the experience of the four selected cases in transforming their nurse uniforms. Hence, the discussion will focus on the driving forces to change, the restraining forces to maintain the initial state and how the advocates overcome the restraining forces to achieve the change.

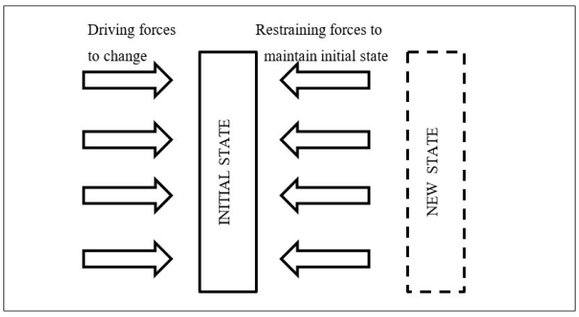

FIGURE 1. Force fields maintaining (in case of equilibrium) or affecting the initial state (when driving forces are greater than restraining forces)
Source: Burnes (2004).

STAGES OF GROUP CHANGE

Most of the theories on stages of group change were developed based on the famous 'Changing as three steps' (CATS) theory linked to the findings of Kurt Lewins, although Lewins had never explicitly written CATS in his publications (Cummings, Bridgman & Brown 2016). The first time the theory was mentioned as Lewin's CATS model was in 1958 by his former doctoral student, Ronald Lippitt, who used it as a basis for his seven-phase change model. The CATS model divides the change into unfreeze, change and refreeze phases. In the unfreezing stage, the group starts to accept the new idea or new practice (Cummings, Bridgman & Brown 2016). The stages of group change outlined by different theories are summarised in Table 3. As stated earlier, the present study examines the stages of group change in a specific Muslim-majority group to better expound the phenomenon in this specific group.

RESPONSE TO CHANGE

Kübler-Ross (2009) proposed a theory on the stages of dying which illustrates the individual responses after receiving the news of a terminal

illness. Later, her theory has been used by many to explain individual responses to receiving unfavourable news, unlimited to terminal illnesses. When an individual receives unfavourable news, the first response would be shock and denial, especially if the news is unexpected. Next, the individual may feel anger as to what is predestined to him. Later, he may start bargaining by becoming a better person in the hope that his new destiny may change. He may also enter into a state of depression. The next stage is acceptance of the news and the final stage is dechathexis, which is gradual separation. The theory describes the response of individuals and the present study will examine the phenomenon for a group of individuals.

METHODOLOGY

This study utilises the historical-comparative cross-institutional case study method. Larry W. Kreuger and W. Lawrence Neuman stated, "Historical-comparative research is suited for examining the combinations of social factors that produce a specific outcome (e.g., civil war). It is also appropriate for comparing entire social systems to see what is common across societies and what is unique, and to study long-term societal change" (Kreuger & Neuman 2006). The method has been utilized since the nineteenth century in the sociology and humanities disciplines. Kreuger and Neuman outline the three dimensions of historical-comparative study as follows:

1. The number of the nation involved, either a nation or more than one nation
2. The time dimension of the study, either the present time, one time in the past or across a certain number of years
3. The nature of data, either quantitative or qualitative

Based on the three dimensions above, the present study involves one nation, explores the issue across six decades (1957-2017) and involves qualitative data. Historical-comparative studies do not begin with specific hypotheses. Although the present study does not employ a grounded theory method, a theory may emerge in historical-comparative research. Despite that, the theory emerged has limited generalizability and replication, due to the unique culture of the society and the interpretative nature of the study (Kreuger & Neuman 2006).

Data for this study is based on the published four case studies, at the Ministry of Health Malaysia (Saidun & Akhmetova 2022a, 2022b), the Ministry of Defense Malaysia (Saidun, Akhmetova & Rahman 2022; Saidun & Akhmetova 2022c), Hospital Universiti Sains Malaysia (Saidun & Akhmetova 2020) and Pusrawi Hospital Sdn. Bhd. (Saidun, Akhmetova & Rahman 2021). The case studies report findings based on data retrieval from various primary and secondary sources. These include archival data, newspaper articles, magazine articles, books and narrative recollections of the advocates involved in the process of uniform transformation or individuals who witnessed the process of uniform transformation. Content analysis was conducted based on the data collected using Qiqqa version 79.

DYNAMICS OF NURSE UNIFORM TRANSFORMATION IN FOUR MALAYSIAN INSTITUTIONS

THE DRIVING FORCES FOR TRANSFORMATION

To answer the research question on the similarities and differences of the factors that fuelled the nurse uniform transformations at four Malaysian institutions, the comparisons are made based on non-religious factors and religious-related factors.

Non-Religious Factors: Identity, Image, and Fashion

Identity, image, and fashion are a common group of factors behind the transformation. Firstly, it is not surprising that every institution wants a distinct identity. This is even more important for the army as they require their uniform to be unique in Malaysia and the region. On the other hand, the institutions differ in terms of the main image that they endeavoured to portray. For example, before 2001, the Ministry of Health (MOH) and the Ministry of Defence (MOD) were more concerned with preserving the colonial heritage, while the Hospital Universiti Sains Malaysia (Hospital USM) and Pusrawi Hospital Sdn. Bhd. (Pusrawi) sought to integrate the Islamic identity into their uniforms. Another evidence of the commitments of the MOH and the MOD in keeping with tradition is the use of the traditional colours in nursing (white and various shades of blue) and army (green). In contrast,

the Hospital USM and Pusrawi have been using non-traditional colours to showcase their unique identity.

Secondly, the uniforms of all the institutions were designed to portray a neat and professional image. The use of headscarves with hard visors by all four institutions led to a neat and professional appearance. However, the notions of 'professional' and 'neat' are subjective. For example, the Hospital USM and Pusrawi may opine that their uniforms look professional and neat but the MOH may opine that wearing a headscarf over the top attire is untidy especially during clinical work when the headscarf is not secured in place.

Thirdly, fashion trends influenced uniform transformations from time to time. The MOH started with the knee-length skirt uniform which was fashionable before the 1970s but when the bell-bottom trousers and maxis were fashionable in the 1970s, the uniform lagged slightly behind fashion trends. In the 1980s, Pusrawi and the semi-official trial-run uniform of the Hospital USM defied fashion trends to introduce the long-sleeved ankle-length uniforms with headscarves. In the 1990s, the uniforms of the Hospital USM, Pusrawi and army nurses of the MOD embraced the flourishing local Islamic fashion trends while the MOH and the civilian nurses of the MOD had not adopted it until the year 2001. In the second decade of the new millennium, all institutions did not lag concerning the use of headscarves with hard visors. These suggest that although fashion does play a role in the dress code policy for nurses, there is not much significance in the institutions' priority list.

Non-Religious Factors: Practicality and Comfort

Practicality is a significant criterion for the nurse uniform dress code policy. For example, the use of trouser suit uniforms serves the purpose of movement practicality in all of the institutions. In the MOH, MOD (civilian nurse), Hospital USM, and Pusrawi, senior nurses who are not involved in clinical work could choose to wear ankle-length skirts because their work nature does not require as much movement compared to clinical nurses. Besides that, the long sleeves are designed to be easily rolled during direct patient care which requires stricter hand hygiene. When headscarves became part of the uniform ensemble in the institutions, there are standard procedures which ensured that the headscarves do not impede patient care but the MOH and the MOD resorted to tucking the headscarves into the top attire during all circumstances while the Hospital USM and Pusrawi only mandated that the headscarves are fixed well during direct patients care. Another issue of practicality that emerges is the function of the uniform in distinguishing different ranks of nursing personnel during all types of work. Although this group of factors is common behind the uniform transformation at the institutions, a few differences were observed. Firstly, the notion of being practical is subjective and differs among institutions. For example, when the MOH was using knee-length and midi-length uniforms, they were said to be practical but Pusrawi's stance was completely the opposite. The same applies to the length of the sleeves as the MOH officials opined that long sleeves are not practical for hygiene and infection control purposes but Pusrawi opined that the long sleeves do not adversely affect nursing care as long as hygiene is maintained. Besides that, the MOH official also stated that the headscarf may reduce a nurse's hearing ability but Pusrawi did not see it as a hindrance. As time passed, the opinion of those under the same institution also changed and now such uniform is not perceived as a hindrance to nursing care, except for the dangling nature of headscarves worn over the top attire. Therefore, nurses at the MOH and the MOD are still required to tuck their headscarves into their top attire. Another difference is related to the issue of how Hospital USM and Pusrawi (compared to the MOH and the MOD) handled the clash between the concerns for practicality and religion. The Hospital USM and Pusrawi were more open to finding solutions to harmonise the two dress code rules while the MOH and the MOD were more rigid with the issue of practicality.

Besides practicality, comfort is highly considered during the uniform design. Nevertheless, the issue of comfort is also subjective. When the MOH officials stated in the parliament that the knee-length uniform was comfortable in this tropical climate, they may be referring to the comfort related to temperature. On the contrary, individuals who advocated for the long-sleeved ankle-length uniforms with headscarves in the Hospital USM and Pusrawi also claimed that their uniforms are comfortable and they may be more focused on being comfortable when one's religious obligation is accommodated. Besides the concern about the

uniform at the general level, individual concerns were also considered. For example, the preference for custom-tailored uniforms by the nurses led Pusrawi to allow nurses with the preference for tailor-made uniforms to proceed at their own cost.

Non-Religious Factors: Eastern Culture and Local Norms

The factor of conforming to the 'Eastern culture' is evident from the 1980s onwards. The Eastern culture is mentioned in the parliamentary debates in 1988 and in the speech of the Chief of Armed Force during the change of army uniform in 1995. These were likely influenced by the government's Look East Policy introduced in 1982.

Besides the Eastern culture, the local norm was part of the factors driving the transformations. The ankle-length skirts for senior nurses in the MOH, the MOD (civilian nurse), the Hospital USM and Pusrawi are signs of the inclusion of local norms, as many Malay-Muslim women (especially elder women) prefer wearing *sarong*-like skirts (similar to the Malay traditional bottom wear) compared to trousers although Islam does not hinder wearing of trousers as long as they are not tight or transparent.

Non-Religious Factors: International and Local Conventional Standards

In 1975, the MOH stated that the uniform conformed to the international and local nursing uniform standards approved by the International Council of Nurses and the Malaysian Nursing Union. Besides that, similar uniforms were used in other Muslim countries. At the same time, Service Circular No 1 1974 already stated that government servants must wear decent attire but the definition and the guidelines on what is considered decent were not provided. This might explain the contradicting reality of the uniform although the Service Circular mandated decent attire. Unlike the MOH and the MOD, the Hospital USM and Pusrawi were less concerned regarding the conventional standards and were more interested in developing a new uniform that complies with the Islamic standards, without compromising the standards of good practice in nursing.

Non-Religious Factors: Modesty and Social Problems

The issue of modesty and social problems were included in the justifications for the need to change the nurse uniform. The inadequacy of the knee-length and midi-length uniforms in maintaining modesty was mentioned by the participants in all four institutions. The current trouser suit uniform serves the purpose of modesty maintenance better than knee-length or midi-length uniforms. Yet, in the 1970s, the Muslim Deputy Minister of Health opined that the uniform was acceptable. This suggests that the notion of modesty is subjective to evolving local norms. Besides that, the short-sleeved knee-length uniforms were also linked to social problems, such as sexual harassment and illicit affairs, which may affect the well-being of the nurses, patients, and society. Although the long-sleeved ankle-length uniforms with headscarves have been in use in all institutions, which amongst others, seek to maintain the nurses' modesty, the Hospital USM and Pusrawi took a step further to use knee-length tunics to further protect the nurses' modesty during works that required bending or climbing. These two institutions also ensured that their uniforms conceal the figure of the wearer by using loose tunics and headscarves that cover the chest.

Non-Religious Factors: Equality

The issue of equality for nurses in relation to others was questioned when the nurse uniform change was proposed. The advocates of change raised the Muslim nurses' dress code compared to various situations such as the dress codes of other clinical staff, the nurse dress code while being on duty during *Hajj*, the accommodation for other religions and the attire of individuals working in other institutions.

Non-Religious Factors: Logistical Issues

Logistical issues were mentioned as factors which deterred the transformation of nurse uniform. These include the resources (financial and human resources to develop the uniform) and the process line of the uniform change. The financial implications of the uniform have significantly influenced the decision to approve or oppose the proposed changes. The cost of the proposed uniform usually deters the process as the institutions need to prioritise their spending. The change of uniform involved substantial costs in terms of the need to provide greater material and more expensive tailoring fees. Thus, it was proposed that those who would like to wear

long-sleeved ankle-length uniforms with headscarves will cover the cost on their own to lessen the burden of the institution. Besides financial costs, other costs associated with the research required to be undertaken for the development of a new uniform policy and process line of uniform change were also considered. Although the cost of the uniform usually hinders the proposed change, it augmented the change in the case of the army uniform of the MOD as the new uniform was said to reduce the cost of the institution because the colour and the material used do not wear out as quick as the previous version. Different from other institutions, the financial cost of nurse uniform change was less concerned by Pusrawi, likely because of its greater financial status as a private hospital and the number of staff was relatively smaller compared to the other three institutions.

Besides financial resource, human resource was a factor that influenced the transformation. During the parliamentary debates, it was mentioned that it was difficult to include an expert in Islam in the committee that conducts research on the uniform policy for nurses because the expert's opinion may not be acceptable in the society. In contrast, this was not a problem for the Hospital USM and Pusrawi which managed to harmonise between the two stances. Besides the Islamic input, the input of design experts influenced the design of the nurse uniforms in the MOD (army nurse), Hospital USM and Pusrawi.

Thirdly, the process line for the policy change at the institution affect the transformation of nurse uniform. Since the Hospital USM and Pusrawi were relatively smaller in size, the process of uniform change was faster and easier to manage as it only involved individuals who were in the institution. Whereas, the uniform transformation of the MOH involved parliamentary debates and approval of the various levels of its leader, including the Chief of Nursing, the Director Generals, and the Ministers. Similarly, the process line at the MOD is long and involved various personnel.

Religious-Related Factors: The Status of Religion, Islam and Religious Dress Code in Malaysia

In Malaysia, "belief in God" is the first of five National Principles that Malaysians pledge (*Negaraku sehati sejiwa* 2017). Islam is the religion of the majority, as 61.3% of Malaysians identifies themselves as Muslims (Department of Statistics Malaysia 2010; *Negaraku sehati sejiwa* 2017). Article 3(1) of the Federal Constitution states that "Islam is the religion of the Federation, but other religions may be practised in peace and harmony in any part of the Federation" (*Federal Constitution 1957* 2010). The right to profess and practice one's religion is safeguarded in article 11(1) of the Federal Constitution while Article 8(2) prohibits discrimination based on religion. The government introduced the 'Incorporation of Islamic Ethics in Governance' policy in 1985 ("Dasar Penerapan Nilai-Nilai Islam Dalam Pentadbiran" n.d.). Despite the constitutional protections and the government's Islamisation policy, the reality did not align with the constitution and the policy during the early decades after independence when Muslim nurses were denied the right to wear long-sleeved ankle-length uniforms with headscarves in the MOH, the MOD, and the Hospital USM.

Although the status of Islam in the Federal Constitution applies to all states in Malaysia, the religious backgrounds of each state slightly differ. In Kelantan, where the Hospital USM is located, Muslims account for more than ninety per cent of the total population. Kelantan is also called "*Serambi Mekah*" (the Balcony of Makkah), which depicts the strong Islamic heritage with the widespread of *pondok* (traditional Islamic learning institutions) that promote Islamic education (Kamari 2009). Besides that, Kelantan is ruled by the Malaysian Islamic Party between 1959 to 1978 and 1990 to date. Various Islamisation efforts have been taking place in Kelantan which has increased the Islamic awareness of the Kelantanese, including the "Covering *Awrah* Campaign" (Muhammad Syukri 2000; Shukeri Mohamad., Mohd Yakub & Mohamad Azrien 2012). The *awrah* (body parts required to be covered in Islam) of an adult woman in the presence of an adult man whom she could legally marry is the whole body except the face and hands (Saidun, Akhmetova & Rahman 2018). On the other hand, the MOH and the MOD have facilities all over Malaysia and have to cater to thousands of Muslim personnel with various levels of Islamic awareness. In contrast, Pusrawi is situated in the capital city of Kuala Lumpur, where the proportion of the Muslim population is lower compared to other states, as only 41.4% of the population are Muslims (Department of Statistics Malaysia 2010). These facts suggest that the religious heritage of

Kelantan may influence the Islamic awareness of the advocates in Hospital USM. The case was different for Pusrawi, where its location may not have played a role in the formulation of the long-sleeved ankle-length uniforms with headscarves because the Muslim population was not greater than in other states.

In summary, the policies of the country and state where the institution is located may influence the dress code policy. However, the national and state law or policy may not align with daily practice, as has been highlighted above. In the following section, the status of religion in the workplace in general and in the specific institution is discussed.

Religious-Related Factors: The Status of Religion in the Workplace

The status of religion in the workplace in Malaysia was not highly regarded in general during the early post-independence decades when the influence of the British was still strong. The difference noted between the institutions is related to the status of religion relative to other concerns, such as the standards of good nursing practice. For example, the MOH and the MOD before 2001 prioritised good nursing standards and required nurses who would like to practice religion to modify their practice to maintain the nursing standards. On the contrary, the Hospital USM and Pusrawi prioritise religion and find ways for good nursing standards to fit within the religion. In addition, Pusrawi, being a subsidiary of the Wilayah Persekutuan Islamic Council endeavours to integrate Islamic principles in all aspects of its institution. Besides that, the religious backgrounds of the leaders in the institution were different, where the MOD, the Hospital USM, and Pusrawi are led by all-Muslim highest-ranked leaders, while the MOH has been led by many non-Muslim Ministers. The process of the transformation was a slow gradual process for the MOH. Contrary to the MOH, the process for the transformation of the army uniform of the MOD was slow but the change took place abruptly when the uniform metamorphosed from the short-sleeved midi-length uniform to the long-sleeved ankle-length uniform with headscarves in 1995 without any other intermediate gradual change. This was likely because of the change in the status of Islam in the MOD, which rose after the establishment of the Military Religious Corps (Kor Agama Angkatan Tentera [KAGAT]) in 1985. The duration that each institution took to revolutionise its uniforms may reflect the status of Islam in the institution.

Besides the policy of the institution, the practice of religious accommodation depends on the subunits within the institution. For example, although the MOH did not allow nurses to wear long-sleeved ankle-length uniforms with headscarves before 2001, there were at least two MOH hospitals where the superiors did not take action against nurses who wore the long-sleeved ankle-length modified uniforms with headscarves. Another example is the Hospital USM where the Hospital Director conducted a trial run for selected nurses to wear long-sleeved uniforms with headscarves to test the practicality of such uniforms for nursing work. As time passed by, the status of Islam in the four institutions rose. After 2001, the status of Islam in the institutions has been highly regarded where all institutions incorporate Islamic teaching in their institutional practice, evidenced by numerous Islamic practices taking place within the institution. Examples include the long-sleeved ankle-length uniforms with headscarves, the practice of the '*Ibadah*-friendly hospital' concept and the organising various Islamic events.

In summary, despite the influence of national and state law or policy as discussed above, the policy of the institution plays a greater role in determining its dress code. There were also cases where the subunits within the institution practised differently by not penalising the practice that contradicts the institution's dress code policy.

Religious-Related Factors: The Society's Preference for and Response to Religious Dress Code

Society's preference related to religious dress codes changes over time. The changes in the Muslim women's clothing norm in Malaysia likely influenced the transformations of the nurse uniforms. When society, in general, prefers long-sleeved ankle-length uniforms with headscarves and such preference is not addressed, it may lead to dissatisfaction among the nurses or the society in general. During the parliamentary debates, the Member of Parliament (MP) suggested that the shortage of nursing staff may be attributable to the low interest towards nursing due to the failure of the dress code policy to accommodate the Muslim religious requirements. It was also highlighted that failure to address society's preferences may lead to more opposition by Muslims against the

government. The participants of the study also highlighted the cases of personnel who resigned because they could not wear long-sleeved ankle-length uniforms with headscarves at work. Hence, accommodating the preference for religious dress codes was unavoidable to prevent adverse consequences to the institution.

THE RESTRAINING FORCES AGAINST TRANSFORMATION

Administrative Procedures to Change the Institutions' Policy

Every institution has different procedures for changing its policy. The advocates had to promote the transformation through different channels targeted at various levels.

It is crucial to convey the problems to the policymakers to alert them regarding the need to change. The advocates identified and utilised various methods of conveying the problem to the policymakers such as by submitting individual letters of application to wear long-sleeved ankle-length uniforms with headscarves (in the case of the MOH), submitting signed petitions (in the case of the MOH and MOD civilian nurse) or asking political leaders to inform the policymakers (in the case of the MOH and Pusrawi).

After identifying the different channels to promote the issue, the advocates directed their strategies at various levels, from the individual to the national levels. At the individual level, there were cases of individual nurses who started to advocate for the accommodation of their religion. Some nurses provided individual support in terms of moral encouragement and assistance to their colleagues. At the sub institutional level, there were at least two heads of the MOH facilities who provided unofficial permission for Muslim nurses to wear long-sleeved ankle-length uniforms with headscarves before the accommodation was officially granted in the MOH. At the institutional level, the advocates had to plan strategies for advocacy by first knowing the process line for the change of any policy and following the processes. The advocates put a lot of effort into preparing the paperwork for the proposed change, researching the appropriate design and fulfilling all the requirements until the proposed new uniform was officiated. The advocates had to cater to various groups within the institutions, from the top administrations to the nursing staff, which required different approaches. For example, the top administration may be more appealed to join a knowledge-sharing session to be conducted at comfortable venues such as a hotel. For the nurses for example, as the ones who wear the uniforms, ensuring that they are comfortable is essential in promoting adherence to the uniform policy, as was addressed by Pusrawi. At the national level, some MPs advocated for the issue at the Parliament and within the United Malay National Organisation (UMNO) party. When Pusrawi faced challenges from the MOH, Pusrawi sought the help of a UMNO politician to obtain permission at the ministry level. The Malaysian Nursing Union represented the nurses in Malaysia in amplifying their voices and bringing their concerns to the ministry. In educating the nursing community, the Islamic Medical Association Malaysia played an important role during its conferences and workshops.

The above examples perfectly illustrate how the advocates fought for the issue at various levels through diverse means. Even though it seemed like the whole movement was uncoordinated between one another, as a whole, the researcher opined that the combined effort led to the metamorphoses that we could witness today. Among the institutions, Pusrawi had a relatively shorter policy transformation process line and fewer internal challenges compared to the other three institutions. Besides that, the individual nurses and heads of the subunits of Pusrawi did not need to take personal initiatives to advocate for the uniform transformation compared to the MOH, MOD, and Hospital USM. At the national level, most of the advocates were promoting the issue for the MOH, as it is the largest healthcare service provider in Malaysia. The advocating activities at the MOD and the Hospital USM were more focused at the institutional level.

Lack of Knowledge and Unfavourable Attitude

The next type of challenge was a lack of knowledge (of both the advocates and the disagreeing parties) and an unfavourable attitude (of the opposing parties) towards the issue. The strategies of seeking enlightenment (on behalf of the advocates) and explaining the issue to the disagreeing parties were used to overcome it.

On behalf of the advocates, the lack of knowledge on the issue was present, for example, in designing the uniforms which have all the

characteristics required. In coping with this, the MOD, the Hospital USM, and Pusrawi involved fashion design experts while the MOD also involved the religious officer from KAGAT. Benchmarking visits facilitated the advocates in obtaining more information and inspiration, as conducted by Pusrawi and the MOH.

To justify the need for the change, the explanation strategy was essential to expound on the problems and the benefit of the proposed changes. For example, the MP explicated the norm in the rural areas where revealing attire was considered indecent and the changing fashion trends of maxi dresses and trousers in the 1970s, which the disagreeing party may have limited knowledge of. Apart from that, the advocates of all four institutions had to explain the Islamic dress code which was alien to society at that time. Sometimes, the unfavourable attitude towards the Islamic dress code stems from unfavourable attitudes toward Islam as a whole. Therefore, the advocates in the MOD had to explain the whole Islamic religion to improve the knowledge and attitude towards Islam and the Islamic dress code. When highlighting the problem of a status quo, the advocates not only explained the problem of the status quo from the advocates' perspectives but more importantly, they highlighted the problem of the status quo that the disagreeing parties would likely agree on. Hence, the researcher opines that the other non-religious-related factors cited may be means of highlighting the problem with the status quo from the perspectives that the disagreeing parties would likely agree on because they may have an unfavourable attitude towards Islam but not with the non-religious-related factors. For example, the advocating MPs highlighted that society and the nurses have a preference for long-sleeved ankle-length uniforms with headscarves and failure to address the issue may lead to increased opposition to the government and a prolonged shortage of nurses.

In their explanation, the advocates utilised several specific strategies to further enlighten the issue. Firstly, real case scenarios were cited to strengthen the explanation such as the explanation on how the knee-length skirt uniform was inappropriate and maybe sexually provocative by citing a real case of verbal sexual harassment, as used by the advocating MPs. Secondly, the advocating MPs cited local law and policy by reminding the status of Islam in the Malaysian constitution and questioned the government's real commitment to upholding Islam despite the Islamic policies introduced by the government. Thirdly, the MPs and Hospital USM advocates explained the historical transformation of the cap to explain why changing the cap is not breaking the nursing tradition as the cap has metamorphosed from the original hair-covering headgear. Fourthly, the advocates argued based on the scientific basis to counter the arguments of how the use of long-sleeved attire is potentially an infection hazard, as done by the advocates of the MOH, the Hospital USM, and Pusrawi. This strategy was apt because the higher administration was more likely to agree with the infection control benefits of wearing headscarves compared to the religious basis. Fifth, the Hospital USM advocates tried to inflict empathy from the disagreeing parties using an analogy by asking how they would feel if they (men) are obligated to wear shorts at work.

Besides not supporting the proposed change, the disagreeing parties sometimes utter provocative statements as cited in the case of MOH and Pusrawi. In response, some advocates explained the situation and some advocates chose to be silent to prevent the disagreeing parties from feeling provoked to further react negatively.

Problems with the Proposed Changes

The third type of challenge is related to the problems with the proposed uniform transformation. The strategies of negotiation and rules-bending tries were evident in the four cases.

The strategy of providing full or partial solutions to the problem was utilised in negotiating the proposed changes. An example is the negotiation for uniform change by proposing the transfer of burden. For example, the advocates in the MNU used the union's money and sacrificed time to survey the preference of nurses to support the proposal. Another form of negotiation was the suggestion to the nurses to wear skirts with long socks to cover their legs by an MP during the parliamentary debate. Besides that, if changing the policy is deemed too drastic, gradual changes may be proposed, such as the use of hair covers before the headscarves were permitted in the MOH and the MOD. In addition, if accommodation for all employees could not be granted, the advocates may propose for the accommodation to be granted

for specific circumstances, for example, the accommodation of a *sarong*-like skirt uniform for senior nurses or the use of long sleeves when not involved in clinical works.

Besides negotiations, the second strategy used is finding alternative ways to permit the cause within the stipulated rules. For example, Hospital USM conducted a trial run for the long-sleeved uniforms and headscarves to assess their practicality with nursing work.

The third strategy used is rules-bending tries without causing any harm, either overtly or covertly. An example of overt rule-breaking is the case of nurses who wore a modified long-sleeved uniform with headscarves (while maintaining strict hygiene to prevent harm) before the dress code permitted them, as happened in the MOH and the civilian nurse workforce of the MOD. Covert rules breaking were evident in at least two of the MOH facilities where the heads of the facilities allowed the nurses who worked under them to wear the long-sleeved ankle-length uniforms with headscarves but reverted to the official midi-length uniform when higher MOH officials came to visit.

Motivation Maintenance

Motivation maintenance posed a challenge. In coping with this, the advocates used two strategies, which are supportive and spiritual reinforcement.

The supportive strategy involves backing other advocates to continue promoting the cause. Another example of the supportive strategy is the support provided to other nurses who intended to wear the long-sleeved ankle-length uniforms with headscarves by providing advice, information or assistance, as occurred in the cases of MOH and Hospital USM. The support also occurred at the institutional level when the Hospital USM and the Pusrawi received visits and advised other institutions that were interested in implementing similar uniforms.

Besides that, the advocates reinforced their spirituality by praying more as cited in the MOH and the Hospital USM cases. The resort to spiritual practices to maintain motivation has not been mentioned in the literature. However, this does not rule out such a coping strategy as the advocates may do it in private, making it unknown to others. In summary, the strategies used by the advocates for specific challenges faced can be summarised in Table 1.

TABLE 1. Challenges faced, and strategies used during the process of advocating for the long-sleeved ankle-length uniforms with headscarves.

Challenges	General strategy	Specific strategy
Administrative procedures	Advocate through various channels using diverse means at all levels	1. Identify all possible paths to change the policy 2. Identify all the entities involved 3. Advocate through various channels and involve all the entities
Lack of knowledge and unfavourable attitude	Seeking knowledge and explaining the issue to the opposing parties	1. Find agreement: - Highlight the problem of the current policy that the disagreeing party would likely agree with, by citing real cases, local law or policy, historical transformation, scientific findings, analogies, and empathic reasoning - Highlight the advantage of the proposed policy that the opposition would likely agree with (what staff wants, local norms, satisfaction, practicality, nonprovocative, current fashion trends, government Islamisation policy, equality) 2. Some advocates avoid answering provocation, while others continue to explain the issue
The potential problem of the proposed change or potential problem of the process of the change	Offering possible solutions to the concerns or alternative ways to accommodate the Muslims' needs in negotiating for the proposed changes	1. Explore the concerns of the disagreeing party in terms of the potential problem that may arise with the proposed changes or the process of the proposed changes 2. Offer solutions to the problems or suggest alternative ways to cope with them. For example, by using long sleeves that could be rolled for a clinical procedure or by wearing clean headscarves to replace the cap 3. If the use of resources is part of the problem, transferring the burden is a possible solution. For example, by offering to cover the cost or offering human resources to undertake the process of the change

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		4. If the accommodation could not be granted all the time, offer to accept the accommodation for most of the time or sometimes. For example, if the long-sleeved ankle-length uniforms with headscarves could not be accommodated all the time (for example, with oversleeves), then advocates could request the accommodation most of the time or sometimes (for example, allowing long-sleeves when not involved in direct clinical care) 5. If the accommodation could not be granted at once, then the advocates request gradual accommodation over time
	Using an alternative means to achieve the aim within the stipulated rules	Finding alternative ways to legally practice, such as conducting a trial run for the long-sleeved uniforms with headscarves to assess its practicality for nursing works
	Rules-bending tries (without causing harm)	1. Overt tries by going against the rules 2. Covert tries by going against the rules when the authority is absent
Motivation maintenance	Supportive	Support the advocates and Muslims who had not been granted the accommodation by giving advice, tips, assistance and moral support.
	Spiritual strategy	Increasing prayer

STAGES OF THE PRACTICE OF ISLAMIC REQUIREMENT

The findings of the present study led to the development of a proposed theory. The theory describes the stages of the practice of Islamic requirements at the institutional or societal levels in a Muslim-majority setting.

The context of the groups studied in this paper differs from others. As Muslims, their morality is guided by Islamic law, which to them is supreme and sacred. Islam divides the moral standing of action into five general categories, which are mandatory, encouraged, permissible, discouraged and prohibited. While there are variances in rulings regarding the moral statuses of different actions, the statuses of other actions are clear and in agreement among scholars in all Islamic schools of thought. For example, the obligatory (*fard*) prayers, obligatory fasting, obligatory almsgiving, obligatory covering of women in Islam and others. Although there are people who assert that the obligatory covering of women in Islam has no religious basis but is rather based on Arabic culture, the obligatory ruling is considered an *ijma* (consensus) among the *ulama* (established scholars). Variances in ruling exist on the obligation to cover the feet, while there is a unanimous view that the all other body parts except the face and hands are obligated to be covered.

Figure 2 depicts the stages of the practice of Islamic requirements in a Muslim-majority institution or society. For the explanation of this theory, the author uses the cases of the Muslim clothing norms in Malaysia and the nurse uniform transformation at the selected Malaysian healthcare institutions as examples. A society holds on to a norm or a status quo that is widely accepted and practised. As Islam governs every aspect of life, the status quo has a moral status in Islam.

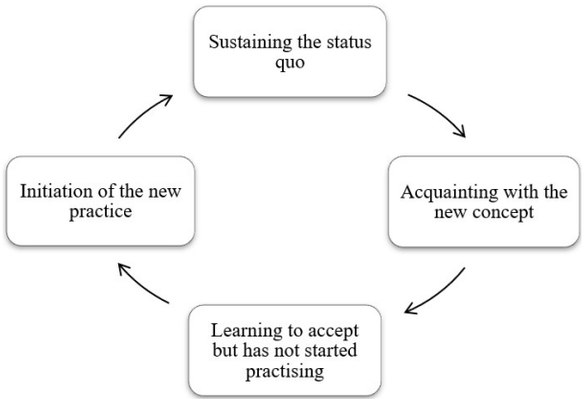

FIGURE 2. The stages of practice of Islamic requirements in a Muslim-majority institution or society

In the case of the clothing norm, when Malaysia gained independence, the Islamic clothing rule was alien in the Malay-Muslim society even among the religious teachers. The status quo for the Malay-Muslim women at that time was covering from the neck down and wearing a scarf which partially covers the hair. During this phase, there was a widespread misconception about Islamic clothing rules. Since the status quo was also practised by the religious community (religious leaders, teachers, and preachers), the majority of the society falsely believed that they were practising the teachings of Islam due to their trust towards the religious community. At the same time, the revealing

uniform of nurses was a part of the professional dress code used in the healthcare system in general. The nurses submitted to the rule and obeyed the system. As a result, society complies with the cultural norms and nurses conform to the professional dress code without being aware that they contradicted Islamic teachings. From the advocates' perspective, their role at that time was mainly related to knowledge enhancement to equip themselves with Islamic knowledge about the practice while still maintaining the belief regarding the practice as something that contradicts Islamic teachings.

In the second stage, the society undergoes the phase of acquainting with the specific Islamic rule, and in this example, the rule of Islamic dressing. Islamic clothing rules started to be introduced in the 1970s, with the rise of the *da'wah* (call to Islam) movement. During this stage, the advocates increased their efforts by educating the masses. At the individual level, some individuals accepted and practised the Islamic dress code after being introduced to it but at the societal level, society in general, could not accept the 'new' rule which has been recently introduced. This is because they have misconceived what they have been practising for a long as something that did not contradict the Shariah as most of the religious leaders, teachers and preachers also practised similarly. Hence, the 'new' rule being introduced was like a bomb which could potentially shatter their beliefs and trust towards their religious leaders, teachers and leaders. As a consequence, the majority of society could not accept the fact, which leads to rejection of the idea, refutation and rage. When someone discusses that the clothing norm was contrary to Islamic teaching, many members of the society took the comment personally as it may make them feel as if the other person is telling them that they and their religious leaders, teachers and preachers were not good Muslims. As a response, the members of the society who could not accept the 'new' rule started alienating, stereotyping and stigmatising Muslim women who conform to the Islamic dress codes. The denial regarding the age-old un-Islamic clothing norm also led to 'negotiation' where they convinced themselves that they still were good Muslims as they practice other Islamic rites (such as performing *Hajj*). Hence, the advocates have to be creative in educating society by using different approaches to assist them in improving their understanding and coping with their disappointments. At the same time, the advocates need to perform *da'wah bil-hal* (preaching by leading a good example) to prevent them from further distancing themselves from the advocates and further associating the newly introduced concept as something that has negative consequences. For example, the nurses of the Hospital USM who wore the trial-run uniform ensured that they performed well at work to prevent negative labelling of the uniform due to the wearer's negative demeanour leading to adverse consequences such as increased infection rates.

In the third stage, society as one unit has started learning to accept the 'new' concept but has not started practising it yet due to various hindrances. Members of society who have started practising are the minority. In the case of the nurse uniform, there were many barriers to start practising Islamic dress codes such as the professional dressing standards as part of the good practice standards in nursing. Despite starting to accept the obligation for Muslim women to cover their *awrah*, there were still hesitations regarding the suitability to implement it in the professional sphere. Hence, many choose to prioritise other issues such as prioritisation of 'work over religion', 'relationship over religion' or 'unity over religion', and 'professional commitment over religion'. Some of the nurses had started wearing the *awrah*-covering attire in the personal sphere but conform to the short-sleeved with no-headscarf dress code at work; this may be due to the separation between personal conviction and professional commitment. On the other hand, there were a minority of nurses who went against the rule and started wearing long-sleeved ankle-length uniforms with headscarves at work. Many individuals were interested to start practising but instead of practising straight away, they decided to observe the practice and the effect on the person. During this stage, the advocates played a role in supporting their intention to change by helping them to leap the improvement of the practice. For example, the Hospital USM and Pusrawi received many visits from other institutions which were interested to replicate their uniforms. The visit may have assisted them in obtaining the knowledge and skills needed to implement similar uniforms.

In the fourth stage, the institution or society has accepted the concept and started to practice it. In a society where there is no legal rule related to

clothing, the practice has been adopted by a simple majority of the members. On the other hand, in institutions where the practice has been previously banned, the practice is now formally permitted for all staff. However, individuals who have not adopted the practised are not considered eccentrics or oppose the norms because it has not become a norm.

The next stage is similar to the first stage, where society has practised it widely to the extent that it has become a new norm. The advocates of the practice who were previously negatively labelled are now praised by society for their contribution to improving the situation. Unlike the previous stages where the individuals who practice it understood the reason for practising, there are many individuals in this stage who practice it because they are just conforming to the norm and not necessarily because they understand the reason for practising. During this stage, the minority individuals who do not practice it are eccentrics in the society and therefore, are alienated, stereotyped and stigmatised instead. In this stage, the advocates may take the opportunity to make the practice a new standard procedure for the institutions or the society. At the same time, *da'wah* activities must continue to further educate the members of the society who conform to the norm but do not fully understand the wisdom and the Islamic rules about the practice. Another important role of advocates during this stage is to ensure that the positive transformation that has occurred stays in the future, such as by making it a standard that could not be changed easily, for example by making it part of the institution's or the society's policy or constitution.

The next stage follows a similar cycle. The duration of each cycle varies but usually takes months to years as it involves a change in a group's behaviour. Note that at one point in time, there are various 'new' concepts being introduced in society which challenge the status quo.

In the case illustrated above, the positive influence surpassed the negative influence and led to the improvement of practice in the society. However, the society is also exposed to negative factors which may lead to deterioration of practice in the society. Once a new status quo is established, the society undergoes similar cycles which positively or adversely affect the practice in the society. In the case of the uniform, we could see the gradual improvements of the nurse uniform in the MOH for example, where the uniform was changed from the knee-length skirt uniform to the midi-length gown uniform to the short-sleeved trouser suit uniform without a headscarf, followed by the permission to cover the hair only and then to the long-sleeved ankle-length uniforms with headscarves. On the contrary, the society may also regress and subside to the 'less Islamic' form of practice. This may happen due to two reasons. Firstly, it may be due to problems or challenges encountered in the practice, causing the society to revert to the 'less Islamic' practice. Secondly, it may also be due to a loss of interest to practice it due to inadequate knowledge regarding the wisdom of the Islamic practice. The regression phenomenon may be seen with the MOH when the headscarf was changed from being worn over the top attire, to being tucked into the top attire. This was said due to the hindrance it posed in delivering patient care as the headscarf dangles over the patients and worktop. However, the author personally opines that the regression occurs in tandem with the lack of knowledge on Islamic clothing rules as other institutions (the Hospital USM and Pusrawi) are able to deliver good clinical care with the headscarves worn over the top attire. When regression takes place, the advocates ought to identify the reasons behind the regression and find the solutions in order to assist the society in improving its level of Islamic practices. Table 2 summarises the findings in terms of the scenario in each stage and the appropriate strategies for the advocates.

TABLE 2. The scenario during each stage of practice

The scenario in each stage	Number of practising members	The appropriate strategy for advocates
Sustaining the status quo Obedience and compliance with the system Submission to rule Trust in leader Alienation of members who do not conform to the status quo	Minute	Advocate and strategise a plan to improve and strengthen their own knowledge to educate the society

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Acquainting with a 'new' concept Introducing a new concept leads to rejection, refutation, and rage Muslims take the information personal, as if telling them that they or their leaders have not been good practising Muslims (in the case of calling to practice Islamic teaching) or practical Muslims who consider the context (in the case of calling to abandon the practice) Negotiating with oneself to make him or her feel better. For example, 'as long as my heart is good, I am fine even though I do not practice (in case of calling to practice an Islamic teaching) or 'I am just practising my religion and no harm done' (in case of calling to abandon the practice)	Minute	Use the *mad'u*'s (those being called towards Islam or the *da'wah* audience) logic and rationale to explain the new concept
Learning to accept the concept but have not started to practice it yet Start realising the problems with the current status quo Prioritisation of other more important issues such as 'work over religion', 'relationship over religion', 'unity over religion' or vice versa. Observe the practice of other Muslims who have started practising Learning to accept the new practice Start changing gradually	Minority	Support their intention to practice a better option Obtain informal permission or trial to allow the practice of the better option If there are problems with the practice, explore possible solutions to the problems
Initiation of practice as a new standard in the institution or society If the practice was previously banned, the ban has been lifted The majority have practised it but it has not become a culture	Majority	Make the practice a standard or rule
Similar to the first stage when the practices become a new status quo Many individuals practice the status quo without understanding Alienation of individuals who do not practice Advocates are praised for the change that they have initiated	Vast majority	Continue educating to improve understanding, especially among members who practice because it is a norm, without understanding

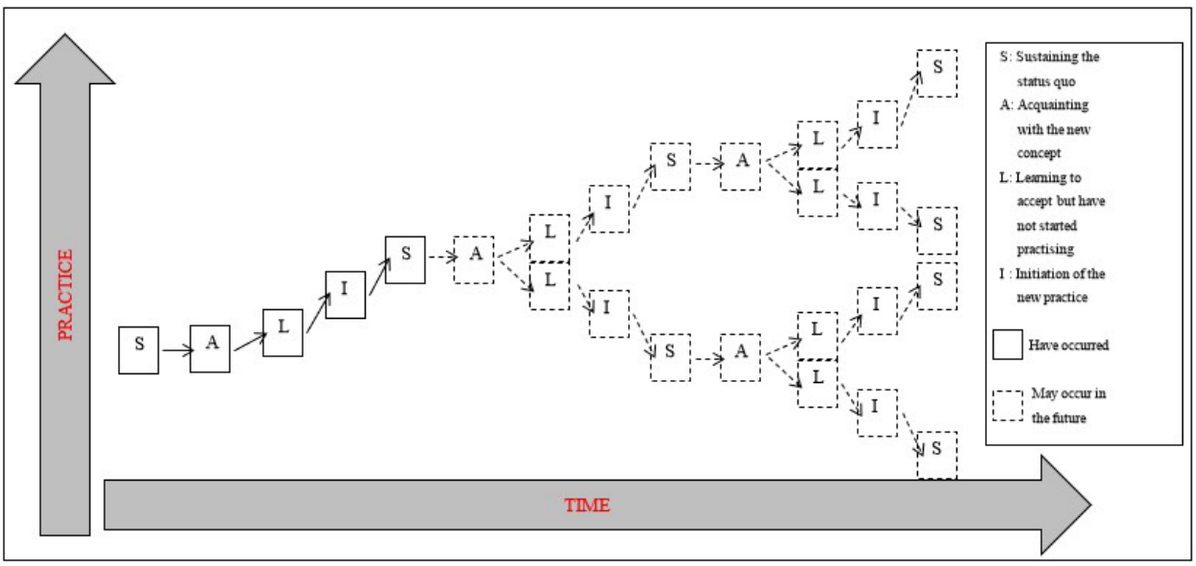

FIGURE 3. The stages of the practice of Islamic requirements in a Muslim society or a Muslim-majority institution. The society is always exposed to new concepts which either result in improvement or deterioration of the society's practice of Islamic requirement

COMPARISON OF THE CURRENT THEORY WITH THE EXISTING THEORY

The theory that emerges from the present study is comparable to many theories related to group change management. Comparing the first stage of unfreezing with the present study, the unfreezing stage is equivalent to the second and third stages of the present theory. The present theory provides a more detailed account of what happens in society during the 'unfreezing stage' by dividing it into the stages of 'acquainting with the new concept' and 'learning to accept the concept but have not started practising'. The second stage of CATS is the 'change' stage which is similar to the fourth stage of 'initiation of the new practice' in the present theory. The third stage described is the refreezing stage where the new practice becomes

the new norm which the present theory describes as the first stage of the cycle. The present theory also specifies suitable strategies that Muslim advocates could employ for each stage. The comparison between the present theory and other organisational change theories is summarised in Table 3.

In each phase, the present theory also describes how the members of the society respond to the situations. Hence, the theory ought to be compared to the stages of grief introduced by Elisabeth Kübler-Ross. Kübler-Ross describes various stages that one goes through when facing death but her model has been widely used to describe various stages of grief when one faces difficult situations (Kübler-Ross 2009). Comparing this model with the present theory, Kübler-Ross describes the emotional scene after the bad news is received but the present theory describes the situation before the new concept is introduced in society. The comparison is illustrated in Table 4.

LIMITATION

Yvonna S. Lincoln and Egon G. Guba discussed various means to ensure the trustworthiness of qualitative studies in their book, entitled Naturalistic Inquiry. In quantitative studies, the 'rigour' of the studies depends on internal validity, external validity, reliability and objectivity. On the contrary, the 'trustworthiness' of a qualitative study is evaluated through its credibility, transferability, dependability, and confirmability (Lincoln & Guba 1985). In addition, the present study is subjected to limitations related to the data collection process, data collection method and reporting of data.

The truth value is one of the main concerns regarding the trustworthiness of a study. The truth value in qualitative research refers to how credible the findings are to the original social actors. Lincoln and Guba recommend seven ways to improve the credibility of qualitative studies. The first two means to improve credibility are via prolonged engagement and persistent observation in learning the issue in the specific culture and context. In the present study, despite being part of the society, the researcher was unaware of the Malay-Muslim culture during the first three decades of the scope of the study (1957-1987). Since prolonged direct engagement and persistent observation are impossible as the timeline has passed, the researcher tried to engage in different mediums which portray the Malay-Muslim culture during that time by reading, watching movies, looking at photos, and listening to the recollection of the participants. These approaches are directly linked to the second method to improve credibility via triangulation, which means utilising multiple methods, sources and investigators. The information gathered using numerous methods (interview, document analysis, and film study) from various sources (primary and secondary) verify and strengthens each other. Triangulation of the investigator was not done as the study is conducted solely by the researcher because of the nature of the research (as the requirement for the degree of Doctor of Philosophy). Lincoln and Guba recommended qualitative researchers to conduct peer debriefing by explaining the study to a disinterested peer who is not superior or inferior to the researcher. The researcher was unable to do this but had presented the proposal and the findings of the study to the supervisory committee, faculty members, ethics committees, conference attendees and journal reviewers, which enabled the researcher to obtain feedback to improve further. Member checks (both formally and informally) were done to allow clarifications and error rectifications but not all participants of the present study were willing to conduct member checks. Negative case analysis and referential adequacy could not be done because of the limited cases and the four case studies do not have any negative cases. Although some of the measures to improve credibility could not be done, the triangulation conducted contributed to the better credibility of the findings.

The second evaluation criterion is related to the applicability of the findings in other groups or in different contexts. Unlike quantitative studies that are concerned with external validity (generalisability of the findings across different times, places and persons), qualitative studies are concerned with the transferability of the findings for populations that share similar characteristics. Hence, 'thick description' of the contextual background of the study, which has been presented in the specific publication for each case study.

Thirdly, the consistency of the findings of the study is another important characteristic of a sound research. This characteristic translates into the extent of replication of the findings of a quantitative study if the study is repeated using similar methods under similar conditions. However, qualitative researchers look at the dependability of the findings. The recommended

means of achieving this purpose overlap with the means to improve aforementioned credibility. In addition, an inquiry audit is also recommended to verify the findings and prevent fraud; this was done by my two Doctoral research supervisors.

Last but not least, the rigour or trustworthiness of a study depends on how well the study addresses the issue of neutrality from an individual's interests, motivations or biases. Hence, quantitative studies are judged on their objectivity while qualitative studies are judged based on confirmability. The means to ensure credibility and dependability above also improve the study's confirmability.

CONCLUSION

The Malaysian healthcare institutions maintained the colonial nurse uniform in the early three-decade post-independence period before gradually reinstating the Malay-Muslim identity in the dress code. The religious-related factors were the dominant motivation fuelling the transformation of nurse uniform in Malaysia. During the course, the strategies that the advocates of the uniform transformation used were manifold to resolve diverse deterrents related to the opposing parties, the potential problems of the proposed changes, and the morale of the advocates of the nurse uniform transformation to remain in the cause. The paper postulates that the realisation of the transformation of nurse uniform ensued from the combined efforts of numerous parties at various levels (from the individual level to the national level) using assorted strategies. The effects of the nurse uniform transformation were felt at the individual, institutional, and inter-institutional levels.

The practice of Islamic requirements in Muslim society or a Muslim-majority institution can be explained in four cyclical phases. During each stage, the response of the society changes and the advocates ought to opt for appropriate strategies specific to the stages of practice in the society. The theory allows advocates to better understand the stages of practices in the society which suggest that the process takes a long time; therefore, the advocates ought to expect that they need to be patient and prevent expecting to see fast results. The lengthy process means that the advocates may not even see the results in their lifetime, but the effort is imperative to allow the progression of the stages of practice. The knowledge on the stages of practice allows the advocates to expect how the society may react during each stage and plan appropriate strategies for each stage.

TABLE 3. Comparison between the different organisational change theories and the present study (as cited by Cummings, 2016)

Author	Stages								
Lewin, 1947 / 1951	Unfreeze				Change			Refreeze	
Lippitt et al., 1958	Diagnose the problem	Assess motivation	Assess resources	Select the change objectives	Select the role of the change agent. Work towards change			Maintain change	Terminate helping relationship
Schein and Bennis, 1965	Disconfirming to cause disequilib-rium	Connecting disconfirming data with goals and ideals		Seeing the possibility of solving problems	Cognitive restructuring through new learning or role model imitation			Reinforcing the new behaviour until confirming data is achieved	
Kolb and Frohman, 1970	Assess the need and abilities	Determine the problems and aims		Assess resources	Develop plan		Applying solutions	Evaluate	Confirming new behaviour
Tichy and Devanna, 1986	Recognise the need for change		Create new vision		Mobilise commitment		Transition	Institutionalise vision	
Kotter, 1995	Create urgency	Form coalition		Develop a vision	Communicate the vision	Remove obstacles	Create short-term goals	Build on the change	Anchor the change

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The present theory	Society: Sustaining the status quo Advocate: Continuous education if the current status quo conforms to Islam Enhance their knowledge and plan the strategy to advocate.	Society: Acquainting with the newly introduced rules Advocate: Educate the society, da'wah bil hal (preaching by showing good examples)	Society: Learning to accept the newly introduced concept but have not started practising Advocate: Motivate and facilitate change	Society: Initiation of the practice of the new Islamic standard Advocate: Make the 'new' concept a new practice standard.	Society: The new practice has become a new status quo Advocate: Continuous education to maintain the practice

TABLE 4. Comparison between the individual response in the Kübler-Ross' stages of grief and the response of the Muslim group in the present theory

Author	Stages				
Kubler-Ross, 2009	Shock and denial	Anger	Bargaining	Depression	Acceptance	Decathexis
The present theory	- Complacent - Trust towards the leaders and society - Obedience - Compliance	- Refutation - Rejection - Rage - Negotiation		- Prioritising (work over religion, relationship over religion or unity over religion) - Acceptance - Observation of members who have started practising - Start changing gradually	- Practice without understanding - Alienation of individuals who do not practice - Compliance - Praising the advocates of the change

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