

Muslim Healthcare Students' Experiences with Dress Code Policies in Hospital Placements

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Background:

Muslim healthcare students striving for professional excellence can face a unique challenge: reconciling religious dress codes with hospital policies. While previous research highlights the potential conflict for Muslim healthcare professionals, limited data exists specifically for students.¹ Understanding the student experience of dress code policies and the intersection with faith-based principles is crucial for promoting inclusivity within medical education and the healthcare setting as a whole.

Aims:

An inclusive healthcare workforce is essential for the delivery of optimal patient care. With 3.3% of NHS workers identifying as Muslim, professionals must not be made to feel that they have to choose between their faith or adherence to dress code policies, and that their career progression is not limited further than it already is due to racial and social disparities, as discussed in a 2017 BMA report.^{2,3} This study aims to provide valuable insights into the challenges faced by Muslim healthcare students, so barriers such as dress code policy can be addressed early on in training, as otherwise this can lead to talented professionals being deterred from reaching their career goals, and limiting patient access to culturally competent care.⁴

Methods:

To address this gap, an online survey was distributed via the University of Birmingham Islamic Medical Society WhatsApp groups and Instagram page. The survey explored students' experiences of dress code policies during placement, and the extent to which these policies

may have impacted their ability to adhere to their faith. We also sought to ask their suggestions on how dress codes can be made more inclusive.

Results:

50% of students felt they were unable to adhere to dress code policies at placement due to their faith. 25% of students mentioned the 'bare below the elbows' policy particularly as affecting them, and 100% of students suggested that more modest options, such as a long scrub skirt and disposable sleeves, would make dress codes more inclusive of their faith-based practices.

Outcomes:

Following these results, research must be conducted on the impact of introducing modest uniform options for students and staff, and whether this has any effect on patient outcome or infection control.

References

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