

MR RAFEY REHMAN (Orcid ID : 0000-0002-8463-5139)

DR TASNEEM MOHAMMAD (Orcid ID : 0000-0002-1374-1815)

Article type : Perspectives

The Etiquettes of Hijab: Recommendations to Improve Care in Dermatology Clinics

R. Rehman,¹ A. Chabaan,² I. Hamzavi,³ F. Fahs⁴ and T.F. Mohammad³

¹Oakland University William Beaumont School of Medicine, Rochester, MI, USA

²University of Michigan-Dearborn, Dearborn, MI, USA

³Department of Dermatology, Henry Ford Hospital, Detroit, MI, USA

⁴Department of Dermatology, Wayne State University, Detroit, MI, USA

Corresponding Author: Tasneem F. Mohammad MD, FAAD

Email: tmohamm2@hfhs.org

Funding: None

Conflicts of Interest: None

A strong physician-patient relationship is the foundation of providing excellent patient care, as it improves providers' job satisfaction and patients' confidence, which influences their health outcomes.^{1,2} Strong relationships also prompt more accurate identification of patients' needs and perceptions, which may be used as

This is the author manuscript accepted for publication and has undergone full peer review but has not been through the copyediting, typesetting, pagination and proofreading process, which may lead to differences between this version and the [Version of Record](#). Please cite this article as [doi: 10.1111/BJD.20665](https://doi.org/10.1111/BJD.20665)

This article is protected by copyright. All rights reserved

an indicator of physician competence.³ Given the diverse racial, cultural, and religious backgrounds of patients, it is imperative for physicians to have a fundamental understanding of different cultures in order to provide the best care for patients. One subset of frequently overlooked patients are women who wear “hijab”. Hijab is a cloth worn by Muslim women to cover their hair and preserve their modesty around male non-family members (**Table 1**). Women who wear hijab generally also cover their arms and legs, leaving only their face, hands and feet exposed. The hijab may be removed in the presence of healthcare workers if the patient is seeking treatment for pertinent medical conditions. However, privacy concerns may cause patients to feel uncomfortable and hinder the care they receive. Therefore, it is important for providers to create a comfortable environment for patients and respect their preferences. The purpose of this manuscript is to provide recommendations on how to deliver culturally sensitive healthcare and ultimately improve physician relationships with patients who wear hijab in dermatology clinics.

The first recommendation is to address the hijab in a respectful manner. For example, hijab may also be appropriately referred to as a “headscarf” or “veil”. If possible, patients should be asked regarding their preference for a male versus female provider and given the option to be seen by female providers, including support staff and trainees, in the clinic. Ask the patient if it is okay to bring male trainees prior to them entering the room. Additionally, simple signals, both electronically and in-office, may be used to notify staff that a patient wears hijab and may require special accommodations. For example, a note in the patient’s chart and room can alert other providers in the clinic about the patient’s preferences. This signal will allow a smooth transition of care to the appropriate personnel without hindering the overall workflow of the office.

One recommendation for male providers is to assess the patient’s comfort level with removing her hijab during the visit. Every patient is different. Some patients may feel comfortable removing their hijab during their entire visit while others may feel comfortable removing their hijab only while the pertinent regions are examined. Ask if patients can loosen their hijab during their physical exam, such that hijab is able to be adjusted to allow adequate exposure of the pertinent areas while minimizing adjacent exposure. If there is an area of concern on the body, consider ways to examine the patient without having them remove all their clothing. All medically necessary areas should be examined to provide the standard of care for these patients, but a thorough explanation for why other areas are being examined can help put the patient at ease. If photography without hijab is performed, reassure patients that these photos are primarily for charting purposes. Lastly, if the patient agrees to remove the hijab but seems anxious, provide the option for a female chaperone in the room, as they can increase patient comfort levels during sensitive exams.⁴ The goal of these recommendations is to provide culturally sensitive care without compromising quality of care for this population.

The last set of recommendations revolve around seating arrangements. Try to seat the patient in a room located on the perimeter of the clinic. This way, if the door happens to be open, there is decreased risk of

accidental exposure to someone outside the room. Additionally, rooms should be arranged such that the patient is not in the view of the door. Providers should be mindful of people entering and exiting the room and minimize interruptions to avoid accidental exposure to those in the hallway. When concluding the visit, announce that you will be opening the door to exit if the patient has removed their hijab or is exposed to allow her a chance to cover or move. Alternatively, if available, draw a curtain prior to exiting so that the patient is not visible. **Table 1** provides an overview of the recommendations when caring for patients who wear hijab.


We have provided some recommendations that may assist dermatologists provide culturally sensitive yet competent healthcare to patients who wear the hijab to ensure a strong physician-patient relationship. We hope that utilizing the aforementioned recommendations will alleviate anxieties patients may have regarding dermatology visits and ultimately foster high quality healthcare for this demographic of patients.

References:

- 1 Kaplan SH, Greenfield S, Ware JE. Assessing the effects of physician-patient interactions on the outcomes of chronic disease. *Med Care* 1989; **27**:S110–27.
- 2 Skea Z, Harry V, Bhattacharya S, *et al.* Women’s perceptions of decision-making about hysterectomy. *BJOG An Int J Obstet Gynaecol* 2004; **111**:133–42.
- 3 Ha JF, Longnecker N. Doctor-patient communication: A review. *Ochsner J.* 2010; **10**:38–43.
- 4 The Use of Chaperones during Sensitive Examinations and Treatments. *JOGNN - J. Obstet. Gynecol. Neonatal Nurs.* 2014; **43**:677–677.

Table 1: Overview of recommendations when caring for patients who wear the hijab.

Image Credit: "Woman with Hijab" designed by Graphic Engineer ID via The Noun Project, CCBY license.

Hijab Illustration	Recommendations
	<ul style="list-style-type: none">• Address the hijab using appropriate terminology. Examples include “hijab” “headscarf” and “veil.”
	<ul style="list-style-type: none">• If desired by the patient, provide options for them to be seen by female providers when possible.
	<ul style="list-style-type: none">• If desired by the patient, limit the number of male providers during the physical exam unless medically necessary.
	<ul style="list-style-type: none">• Use notes in the patient’s chart and on the patient room to alert other providers in the clinic about the patient’s preferences.
	<ul style="list-style-type: none">• Assess the patient’s comfort level with removing her hijab during the visit.
	<ul style="list-style-type: none">• Ask if the patient can loosen her hijab during her physical exam, such that hijab is able to be adjusted to allow adequate exposure of the pertinent areas while minimizing exposure of adjacent areas
	<ul style="list-style-type: none">• If there is an area of concern on the body, consider ways to examine the patient without having her remove all her clothing, unless medically necessary.
	<ul style="list-style-type: none">• If photography without hijab is being done, the patient should be assured that these photos are only for her charting purposes and there will be minimal interaction with additional outside personnel.
	<ul style="list-style-type: none">• Provide the option for a female chaperone in the room.

	<ul style="list-style-type: none">• Seat the patient in a room located on the perimeter of the clinic.
	<ul style="list-style-type: none">• Arrange the patient rooms such that the patient is not in the view of the door.
	<ul style="list-style-type: none">• When concluding a visit, verbally announce that you will be opening the door to exit if the patient has removed her hijab or is exposed or draw the curtain so that the patient is not visible prior to exiting.
	<ul style="list-style-type: none">•