

Decolonising professional nursing education and practice: a global initiative, requiring local action

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‘Decolonising higher education’ has been an emerging, and much-debated concept within the UK’s Higher Education sector in recent years. Having become acutely aware of social inequalities in the UK, and of the importance of an Equality, Diversity and Inclusion agenda, Universities and Higher Education Institutions (HEIs) are developing and implementing appropriate strategies; through introducing race relations, gender, diversity and inclusion into the curriculum; and through changing teaching and learning pedagogy (Moncrieffe et al., 2019; Batty, 2020).

This editorial engages with critical ethical questions of decolonising professional nursing, specifically on professional education, research, and practice in the UK and globally. These questions are:

- What does ‘decolonising’ mean for the nursing profession?
- How do we decolonise (or undo) deeply engrained the colonial concepts, values, practices, and mindsets, which inform and guide professional nursing education and practice today?
- And, finally, is it even possible to truly decolonise professional nursing education, research and practice?

To clarify the concept of decolonising professional nursing, it is useful first to define ‘colonising.’ According to the *Cambridge Dictionary* ([online, no date: https://dictionary.cambridge.org/dictionary/english/colonize](https://dictionary.cambridge.org/dictionary/english/colonize)) colonising means: ‘filling a particular place or taking control of a particular area of activity.’ Essentially it is about those in power, be it economic, political, religious, or professional power, having domination or control over minority, or less powerful, groups. Colonising has been widely experienced globally, to various scales, and in various forms, for centuries, indeed through many generations of human history, and of course still occurs. It is not just about British, European, and American, colonial or imperial expansion, and their control over less powerful peoples, communities, or countries. It also includes any group with power, systematically suppressing less powerful, and minority groups, or professional colleagues, within their own community, over time, thus firmly shaping social and professional concepts and values. Transmissible through education curricula, or simply by everyday social interactions, and political practices, it can also happen unconsciously, and be invisible. Decolonising is perforce complex, requiring political commitment, reflection, and sensitivity.

The concept of ‘decolonising higher education’ raises profound questions. Yet available literature on this topic, and accounts of any HEI in the UK attempts to decolonise, translate the concept very superficially, focussing only on social inclusion. We argue it merits exploration in greater depth. The movement needs to look at the impact of colonisation on professional nursing, within our own communities, but also go much further, beyond the UK, and the higher or nursing education sector. A close examination is needed of how nursing values and practices have been shaped by colonial influences across all societies.

We live in a time-compressed and interconnected world, where messages can be transmitted across the world, within seconds. The very core of the current global order in politics, health, education, economy, infrastructure, development, and every other sector, is shaped by global, economic, and political processes. Colonial mindsets are prevalent everywhere, local values and practices have gradually been eroded and reshaped and become influenced by global forces over a period of time. Appadurai (1996) terms this process as the ‘globalisation’, or ‘homogenisation’, of socio-cultural values and ideas. Professional nursing is part of a larger global process.

Nursing is now a university level education almost everywhere, across the world. Given that professional nursing is a global/ globalised and highly gendered (predominantly female) profession, with a diverse workforce, in terms of race, ethnicity, religion, culture and nationality, the inclusion of diverse and minority healthcare workforce personnel in policy making positions, has been an ongoing challenge, in the UK, the United States of America (USA), and many other countries.

If we examine nursing education, practice and research, these too are heavily influenced by Western bio-medical values and practices, which dominate most healthcare systems globally. For this discussion, ‘(de)colonising professional nursing’ in nurse education and professional development is contextualised in Nepal, and in Nepali nurse migration to the UK. What does this mean in real practice for Nepali, and many other minority, migrant nurses working in the UK. Nepal is regularly represented as an exotic Himalayan country, which has never been officially ruled by a western, or any other, imperial power. As such, it has no direct colonial links. However, professional nursing in the country was established by European and North American missionary nurses and development workers, the curriculum has always been based on Euro-American nursing values and principles. Nepali nurses learn those principles, and professional values, throughout their education and professional practice. Their concept of nursing is based therefore on colonial values, with many other countries globally also sharing those values. Nursing in India, and the Philippines, was also set up with external support (Choy, 2003). Therefore, the decolonisation of professional nursing across the world demands closer and in-depth understanding.

Thousands of internationally educated nurses currently practise in affluent countries, including the UK. It makes sense to relate this concept to migrant nurses, and their everyday practice contexts, and their inclusion in shaping healthcare policy and practices. Nurse migration is predicated on disadvantage and reinforced through class, race and ethnicity (Smith and Mackintosh 2007). Further, a significant proportion of the global nursing education system has been shaped by international development assistance. How do the nurses in those countries see the professional values and practices needing to be decolonised is another key question?

The need for, and the value of, ‘decolonising’ nursing research and ethics has been recognised, for the very core of nursing ethics is shaped by Western colonial values (Brannelly, 2016). There is an urgent need to understand and adequately acknowledge how a colonial mindset completely dominates the current education system, politics, health, and many other sectors, globally. Professional practitioners, and policy makers should actively explore and embrace minority views, so often suppressed in current professional education practice.

Decolonisation should be considered when designing and implementing nursing curricula and practice, across the world. Inclusion should not just mean a representation of diverse and minority people in a team, or a position. These values should have meaningful implementation. People in powerful positions should actively accept and value the ideas of those in less powerful positions. This was demonstrated in an article recently published in this journal, which described the active measures required within healthcare organisations to support black and minority ethnic nurses and midwives to overcome barriers to their professional development (Adhikari et al. 2022). As the authors conclude, it is vital we expand our understanding of diversity and inclusion and create a safe space for everyone. It is time to think differently.

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