

## **Decolonisation in nursing education**

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## BACKGROUND

- There is a growing movement in Higher Education Institutes [HEIs] in the UK to challenge traditional Eurocentric approaches curriculum development and delivery<sup>1</sup>. Decolonisation in education is the act of recognising and acknowledging the power imbalances in HEI that were formed, and persist, as a direct consequence of historical colonial action; and working to redress these imbalances by “rebuilding a school system that support all students, staff, and teachers.”<sup>2</sup>
- First described in 1978, decolonisation is not a new concept or desire<sup>3</sup>, but came to global attention in 2015 following the Rhodes Must Fall [RMF] protest movement. The RMF movement saw student demonstrations protesting the presence of a statue commemorating the prolific coloniser Cecil Rhodes on campus at the University of Cape Town (Image 1); the movement described the removal of the statue as symbolic of direct action against institutional racism<sup>4</sup>.
- Since 2015, further actions and movements have taken place in other countries, including Australia<sup>7</sup> and Canada<sup>8</sup>, where HEIs have sought to move away from colonial settler mentalities and “indigenise” curriculum. In the UK, as a former colonialist nation, addressing inequality and improving inclusion through decolonised curricula requires the dismantling of complex layers of influence and bias<sup>1,9</sup>.
- In nursing and medical curricula, “whiteness” has often been considered the norm in how health education is delivered. For example, medical images of health conditions affecting the skin are often only displayed on white skin tones<sup>10,11</sup>. Where students are not taught to recognise signs and symptoms on darker skin tones there is a risk to patients of delayed diagnosis or misdiagnosis and resulting harm<sup>11</sup>.
- Furthermore, in the clinical working environment, black and brown healthcare staff are disproportionately targeted by proscriptive uniform policies. For example, traditional or necessary hairstyles associated with black people may be deemed extreme, distracting or unprofessional<sup>12</sup>.



**Image 1:** RMF Movement, source: SA People News<sup>5</sup>.

**QR code:** Link to footage from RMF Movement, source: News24<sup>6</sup>



**Image 2 & QR Code:** Link to University College London student campaign<sup>9</sup>

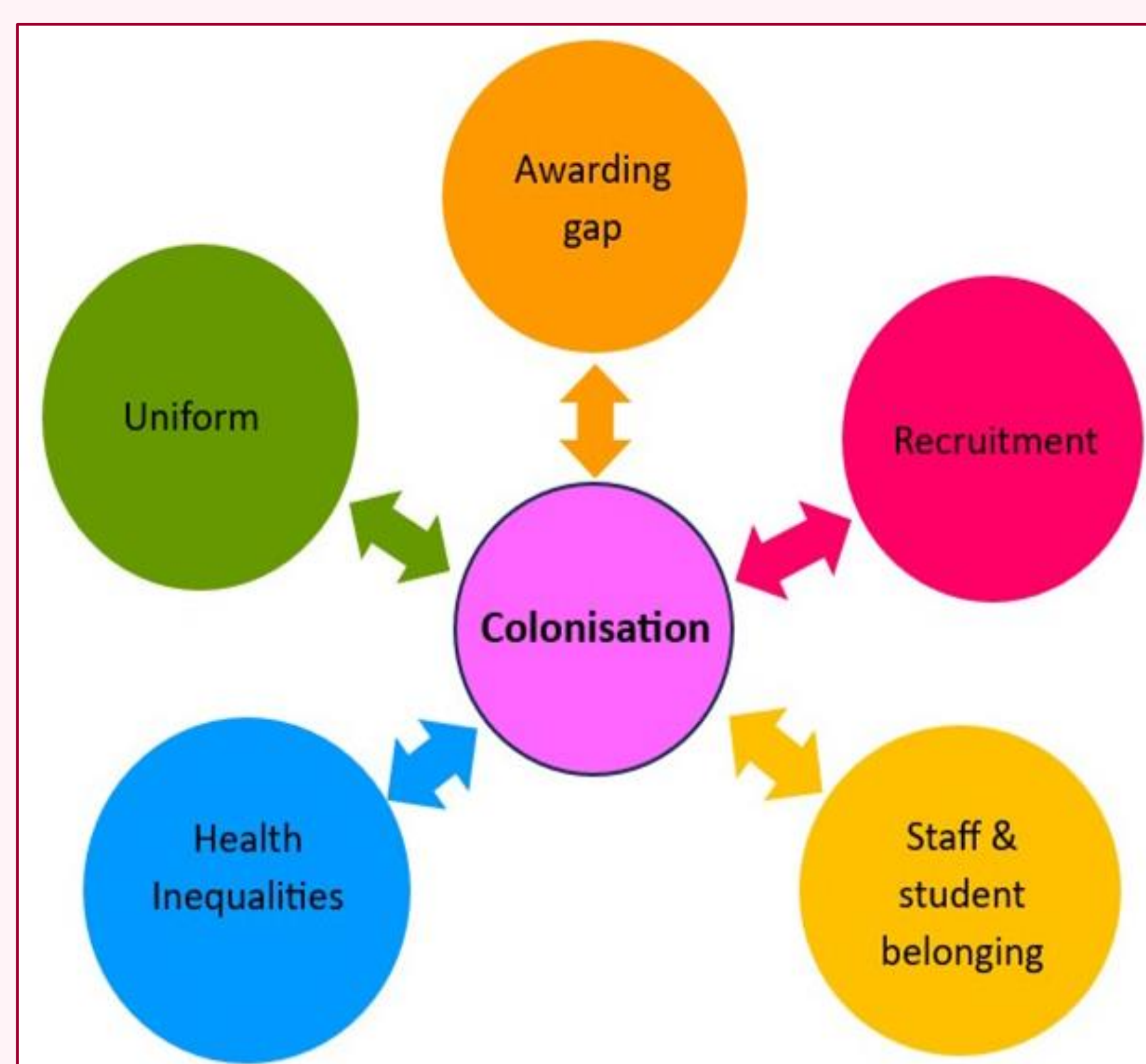
## AIM & OBJECTIVES

- Investigate current decolonisation practice in HEIs
- Collate and analyse student perspectives and university practices related to decolonisation at Sheffield Hallam University [SHU]
- Make recommendations for future practice and research

## METHODOLOGY

- Undertake a literature review of decolonisation practices in HEIs using ProQuest databases
- Review local institutional statistics and existing practices at SHU
- Analyse findings and present a synthesised summary and recommendations

## RESULTS



**Figure 1:** Factors resulting from colonised curricula

The impact of colonised curricula is multifaceted for students and institutions, with effects seen across academic and social spheres (Fig 1)<sup>13,14</sup>.

### Critical Anti-discriminatory Pedagogy [CADP]

There are multiple approaches across the HEI sector globally to support decolonisation of curriculum and pedagogy<sup>14</sup>. In 2017, Blanchet Garneau *et al.* proposed the CADP as a specific approach for nursing curricula, aiming to enable nurses, “to develop their capacity to counteract racism [and] promote social justice” in health service provision<sup>15</sup>. At SHU, the 2023 Race Equality Corporate Action Plan [RECAP] promotes inclusive pedagogic practice and an inclusive learning environment for all<sup>16</sup>.

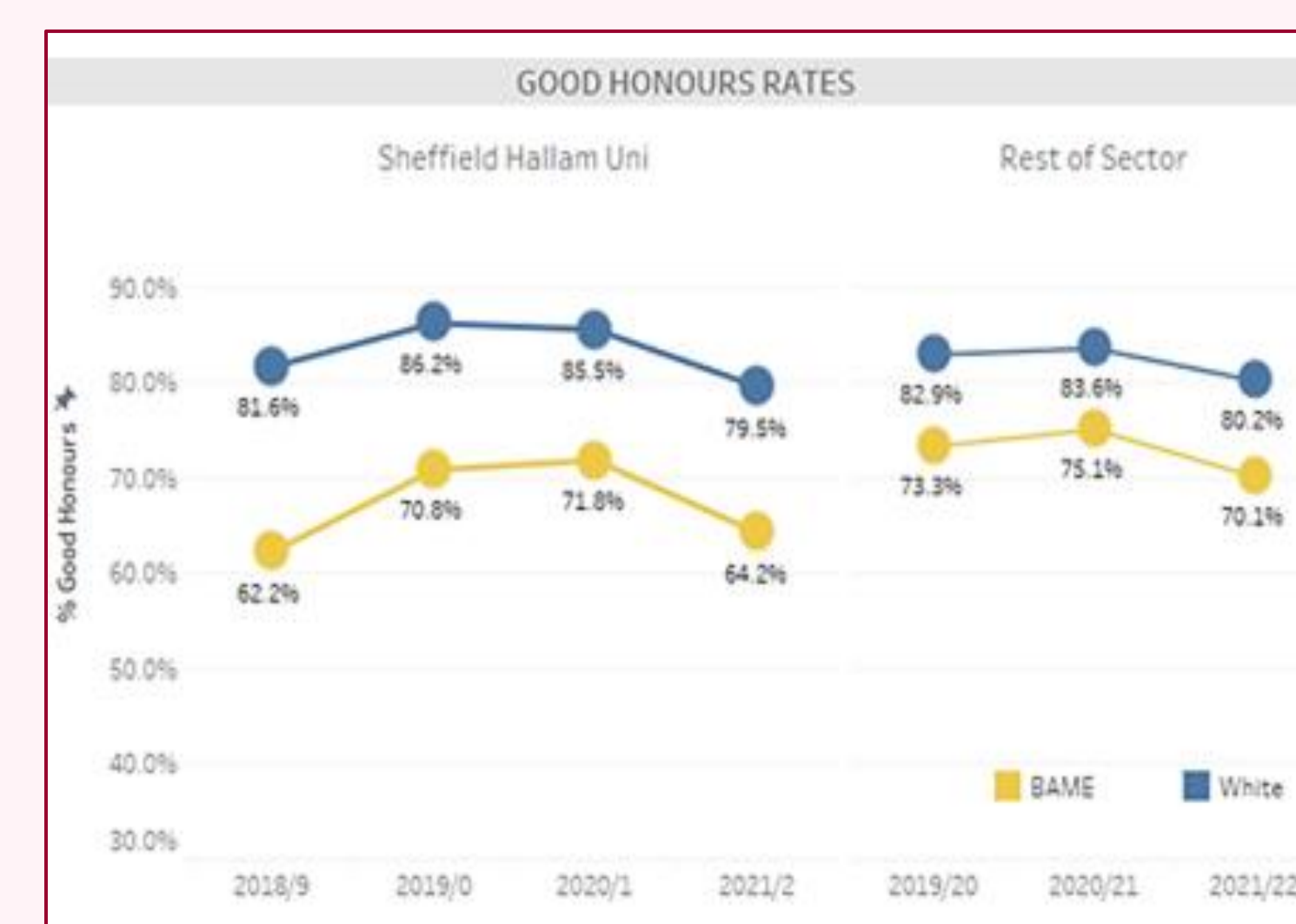
### Ethnicity degree awarding gap

The ethnicity degree awarding gap is defined as the difference in degree classification for White students compared to black and brown students<sup>17</sup>.

Whilst the awarding gap varies across HEIs, White students are consistently awarded a higher proportion of “Good Honours” degrees than their black and brown peers<sup>17,18</sup>. This trend is evident within degree awarding at SHU (Fig 2)<sup>19</sup>.

### Culturally Sensitive Curricula Scale [CSCS]

Developed by Thomas & Quinlan in 2021, the CSCS questionnaire<sup>20</sup> is a validated tool to measure the ‘whiteness’ of curricula, or more specifically how culturally sensitive students find their curriculum<sup>21,22</sup>. Students of colour in other HEIs evaluated



**Figure 2:** Ethnicity degree awarding gap at SHU versus the rest of the HEI sector over time<sup>19</sup>

N.B. “Good Honours” is defined as first or 2:1 degree.

**QR code:** Link to the CSCS Constructs and Items<sup>21</sup>

their curricula as less culturally sensitive compared to their white peers, with black students finding their curricula the least culturally sensitive<sup>20,21</sup>. Nursing students at SHU took part in the CSCS study in 2023, with provisional data showing similar trends<sup>23</sup>.

## DISCUSSION & RECOMMENDATIONS

The principles of the CADP are pedagogically driven, however further study is required to externally validate the model before it could be used as a standardised framework for curricula development at SHU. Even so, the principles of CADP can be applied by educators, such as when designing assessment tasks. For example, from a decolonisation standpoint, providing multimodal assessment options promotes justice and can positively impact outcomes in students of colour<sup>24,25,26</sup>.

The CSCS study showed that nursing curricula at SHU is not considered culturally sensitive by students of colour<sup>23</sup>. This could lead to these students feeling overlooked or less valued in lessons and may be a contributing factor in low course engagement, which could in turn be influencing the lower degree award classification<sup>17,21,27</sup>. For student nurses, the importance of visible minority ethnic role models and working with placement providers to ensure clinical practice in placement aligns with HEI decolonisation strategy have been found to be important factors in improving the placement experiences of students of colour<sup>28</sup>.

At SHU, the RECAP has introduced several initiatives to reduce the ethnicity degree awarding gap including introducing staff and student networks for peer support and to coordinate decolonisation work<sup>29</sup>; providing workshops on revising course content and reading lists<sup>30</sup>; and delivering Equity Accomplice [EA] training to staff and external stakeholders - EA training “starts the conversation about race equity and inclusion” and aims to promote a sense of belonging for everyone<sup>16</sup>. The goal now is to take this work further. A proactive strategy is needed to develop a decolonised curricula and learning environment for students. The following recommendations should be considered by SHU, and other HEIs:

1. Develop and commit to long-term resourcing to address decolonisation<sup>13</sup>
2. Implement the CSCS study more widely to investigate “whiteness” in module curricula and uncover areas for development and change<sup>16,22</sup>
3. Promote engagement with Equity Accomplice training to improve staff confidence in having culturally sensitive conversations and creating an inclusive learning environment<sup>16</sup>
4. Decolonise reading lists and learning materials, e.g. case studies<sup>30,31</sup>
5. Work collaboratively with students, staff and external stakeholders to ensure any changes are inclusive and align with any profession-specific requirements<sup>13,32,33</sup>

## CONCLUSION

The impact of colonised curricula in HEIs is multifaceted and enduring. Decolonisation efforts are essential to improve inclusivity across the sector and to reduce the ethnicity awarding gap for students of colour. Engagement with students, staff and external stakeholders is needed, alongside proactive and ongoing commitment, to ensure initiatives do not become tokenistic or unsustainable. Decolonising nursing curricula will improve student education and experience, improve health outcomes for the public, and promote social justice in health service provision<sup>34</sup>.

## REFERENCES

