

The Changing Complexion of Learning Disability Nursing Education: Providing Culturally Embracing Teaching to Student Nurses

Chris Dlamini*

School of Health and Science, Teesside University, United Kingdom

Corresponding Author*

Chris Dlamini

School of Health and Science, Teesside University, United Kingdom

Email: c.dlamini@tees.ac.uk

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General Commentaries

This paper is an offshoot of a PhD study which explored the Indigenous Belief systems of student nurses of African origin and argued for the curriculum to offer opportunities for the exploration of students' beliefs, attitudes, and perspectives especially where it is known that they hold various beliefs systems about causation and management of intellectual disability. This paper seeks to spotlight the changing complexion of learning disability nursing in England and point out the pressing need for a decolonised nursing curriculum which currently is designed for the dominant population whilst seeking to teach increasing numbers of students from different cultural and ethnic groups.

Kaur-Aujla premise that there is an abundance of evidence that nursing programmes across the United Kingdom have been criticised for not 'decolonising' their curriculum content to prepare students to partake in a diverse workplace [1]. In a nursing classroom characterised by a student body with members from multi-national and cultural backgrounds, discourse on cultural beliefs and values about intellectual disability and mental illness need to be in the curriculum. Globalisation and internationalisation of nurse education both need to serve student populations who hold multiple views about disease and illness especially those about illness/syndrome causation and management. This paper argues that nurse education must address issues that may be viewed as biased towards and against minority ethnic student populations. Decolonising the curriculum must begin with the acknowledgement that when it is delivered, the curriculum meet the needs not only of the patient communities, but the diverse student populations studying it.

African students bring with them different beliefs about intellectual disability, health and illness which may impact on their attitudes and reactions towards people with intellectual disabilities and mental illness. For a long time, universities have recruited student nurses from these backgrounds yet even though the complexion of the nursing classroom has been steadily altering, the curriculum has remained largely Eurocentric and therefore biased. Ezenowu, advises that African-born student nurses are not homogenous even if they share similar tenets, such as beliefs about intellectual disability, mental illness, upholding strong family values, caring for one another intimately, and valuing education highly [2]. Additionally, they are diverse in ethnicity, religion, culture, and language, meaning; they enter the world of nursing with 'unfamiliar' cultural beliefs about the causation of intellectual disability and mental illness including interventions and treatment methods. For nurse education to be fully supportive of the expectations of its student cohorts, the curriculum needs to expand, adjust, and diversify not only for the sake of Sub Saharan African students but its own sustainability.

Cervasio and Fatata-Hall, propound that the effect of disability curriculum content on the attitudes of student nurses toward disabilities is a significant research agenda, suggesting that attitude changes are activated through knowledge, skill, and attitude acquisition [3]. Stigma, beliefs, and attitudes are generally considered learned dispositions from

places of origin and that changes in the curriculum of nursing education or specific interventions could be effective in changing students' attitudes. However, there are still important gaps in current knowledge about attitudes, beliefs, and perspectives of nursing students from minority backgrounds and the factors influencing them [4]. While there is a strong emphasis on cultural competence in English nursing curricula with focus on being aware of other cultures, the same emphasis is not apparent when the one learning about cultural competence comes from a different ethnic background.

To address this gap in knowledge, this paper proposes that exploring the belief systems of African born student nurses and how nurse education impacts on them will go some way in enriching the nursing curriculum. Theoretically, knowledge, skills, and attitudes of nursing students and faculty are intertwined in nursing education and acknowledging this helps prepare students to be open-minded. This paper further argues for the decolonisation of the curriculum, the concept which arises from the view that due to historical colonial power and privilege within so-called first world countries, certain groups, certain ideas, and beliefs become accepted as more important and superior and as a result dominate the curriculum [1]. Bhabra describe decolonisation as broadly concentrated on critically engaging with colonialism, empire, and racism as a focus of study, and the impact of these forces on what we understand as knowledge; and in turn opening up the curriculum to previously neglected ways of thinking [5]. Cultivating other cultural beliefs will help student nurses feel part of the curriculum. Correspondingly it will support them to embrace scientific evidence instead of holding on to beliefs based on traditional causation of disability and mental illness.

In a university classroom now comprised of not just native white, but black and minority ethnic students from the many previously colonised countries worldwide, it is imperative that the curriculum does not continue to perpetuate colonialist ideologies behind the veil of education. Bell is highly critical of today's nursing curricular and exposes the white dominance that pervades this field highlighting white educators that possess no cultural competencies [6]. Bell cogitates about nursing as:

"An oppressive educational climate for non-white identifying people, a curriculum that does not attend to the social construction of difference, and a nursing culture that is not consciously situated in a broader socio-political context" [6].

Burnett argue that Nursing and Midwifery educators often seem more concerned to preserve a façade of harmony and homogeneity, never to be 'upset' by opening the proverbial 'can of worms' of Structural Institutional and Individual Racism (SIIR) [4]. It is hoped that nurse academics and researchers will be open to welcoming and contributing to the development and use of 'alternative methods of studying our reality and refrain from sticking to the research pathways mapped out by Western methodologies, within which many have been trained' Owusu-Ansahh and Mji [7]. To add to the existing knowledge, this paper premises that even though the majority of students and patients remain white-British, through world-wide migration, it is now necessary, more than before to expand the curriculum to accommodate the expectations of the minority ethnic communities of students as well. Not only for the benefit of the students, but also for the expansion of the knowledge base for the academics, decolonisation will ensure education is fair in its delivery.

In this paper, it is suggested that the curriculum previously designed for the majority white population no longer serves the interests of the emerging diverse students. White, Western dominance of ideas, beliefs, authors, research, ways of knowing, accepted truths and knowledge, now need to be revisited by actively addressing both conscious and unconscious bias [1]. The aim is to decolonise the personal, cultural, and structural inequality that limits the true potential and inclusiveness of all individuals and to look beyond the traditional Eurocentric white male syllabus to include cultural belief systems of black and minority ethnic communities [8]. Another consideration of this paper is that the complexion of nurse

education is no longer white not only in the composition of the classroom but the cultural representation, beliefs, and diverse knowledge systems as well.

The thrust of this paper is to heighten awareness and contribute knowledge, stir new thoughts within nursing curriculum and generate future discussion on what is contained in the wealth of African indigenous knowledge. A diverse nurse education in many universities in England is characterised by diversity in views and beliefs about intellectual disability and mental illness which are not always explored. This paper seeks to make a small contribution to this knowledge gap, and to build the evidence base in this area of study by reporting findings from a qualitative study that sought the views and experiences of participants of African students as they undergo nurse education and encounter people with intellectual disabilities and mental illness in the United Kingdom.

This paper seeks to neither negate nor denigrate known Western methods of investigation, rather it seeks to persuade nurse academics to consider the understanding of indigenous knowledge about intellectual disability and mental illness from the point of view of African peoples, in particular student nurses in the English Higher Education sector. The paper will also inform the development of theory and practice of learning disability nursing when considering how to best understand Indigenous and Western belief systems so that our interventions are culturally appropriate, and this will be of particular use to universities that teach

learning disability and mental health student nurses from Southern African countries.

References

1. Kaur, A et al. "Embedding race equality into nursing programmes: Hearing the student voice." *Nurse Educ Today* 102 (2021): 104932.
2. Ezeonwu, M. "Baccalaureate nursing education experiences of African-Born Nurses in the United States." *J Nurs Educ* 58.5 (2019): 281-289.
3. Cervasio, K, et al. "Attitudes of nurses toward children with disabilities: the attitudes of nursing students toward children with disabilities: an experimental design." *Int J Phys Med Rehabil* 1.5 (2013): 1-15.
4. Burnett, A et al. "Dismantling racism in education: in 2020, the year of the nurse & midwife,"it's time". *Nurse Educ Today* 93 (2020): 104532.
5. Bhambra, K, et al. "Decolonising the university." *Pluto Press* (2018).
6. Blythe, B. "White dominance in nursing education: A target for anti racist efforts." *Nurs Inq* 28.1 (2021): e12379.
7. Ansah, O, et al. "African indigenous knowledge and research." *Afr J Disabil* 2.1 (2013): 1-5.
8. Lokugamage, A et al. "Decolonising ideas of healing in medical education." *J Med Ethics* 46.4 (2020): 265-272.