



Inclusivity in nurse education

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Introduction

We operate in a world whose core has been shaken by the effects of the COVID-19 pandemic: demonstrations, protest, strike actions and campaigns that seeks to administer social justice. Challenges exist for nursing education to be truly inclusive in approaching how current and future nurses are taught, educated and prepared to work in a world that is socially unjust. Social justice in nursing relates to the equity and redistribution of resources for better health outcomes. It focuses on the elimination of social and political barriers that negatively impact on the health of individual or groups in society. In nursing, these include areas that relate to practice, policies and systems that govern care.¹ In this editorial, we explore three areas of nurse education where inclusive practice can lead to social justice and better outcomes for care recipients.

Cultural competence

There are worrying reports of culturally insensitive care, for example, Almutairi *et al*² found that a nurse's country of birth may influence delivering culturally sensitive care and perceptions of individuals based on their culture. Cultural diversity in care settings often lead to misunderstandings and stereotyping, based on how a nurse perceives a patient through ethnicity, customs, practices, gender, socioeconomic status, health beliefs and sexual orientation. These are based on historical beliefs, and socialisations of differences in society.

Globalisation has led to sociocultural diversification of patient populations and, therefore, cultural competence should be the application and art of the science of nursing. Cultural competence teaching can be embedded in the nursing curriculum through using a values-based approach. A starting point can be the 6Cs of nursing, that is, care, compassion, competence, communication, courage and commitment.³ The 6Cs as cultural competence values needs to be decolonised by exploring the intersectionalities that impact on care delivery and its outcomes. For example, a substantiable Caribbean diabetic diet needs to be based on the cultural context of foods, diet and nutrition that allows the individual to incorporate cultural foods that are preferable or known to them. By developing a sustainable Caribbean diabetic diet, the nurse can demonstrate compassion by prioritising people, competence through understanding cultural foods and nutrition practices; communication by being able to speak to the individual in a way that they understand the importance of a sustainable diabetic diet, courage to look at the different foods that various ethnic groups consume and commitment to learning and applying these values as part of culturally competent care.

Racism

There is a dominance of whiteness in nursing curricula,⁴ philosophers and philosophies taught are mainly white.

In the UK nursing philosophers and philosophies taught are of the schools of Florence Nightingale, Edith Cavell, and Elizabeth Garret Anderson. Pioneers of nursing such as Mary Seacole, Kofoworola Abeni Pratt, Mary Eliza Mahoney and Sojourner Truth are rarely taught, yet we have a diverse population and nursing workforce (Workforce Race Equality Standards 2020). This whiteness of nurse education is represented in how nursing is taught, for example, caring for someone with non-white skin tone. Oozageer-Gunowa *et al*⁵ reported that classroom teaching was framed in a predominately white lens and that whiteness was the norm in teaching pressure injury care. People of different hair textures are often neglected and Cox *et al*⁶ discuss the issue of hair racism among black nursing personnel, this needs to also extend on teaching students how to provide hair care for black and minoritised ethnic patients.

An inquest into the death of Evan Smith, a patient with sickle cell disease (which mainly affects black and ethnic minority people) in England, ruled, he died as a failure to appreciate the symptom of sickle cell crisis (LeighDay 2021). These all represents a curriculum that is highly racialised toward white people, leading to poorer care outcomes for black and ethnic minority patients. Nursing faculties that do not include or recognise the worth of antiracist and non-racist approaches to teaching are at risk of contributing to the structural racism in health inequalities and we urge them to review their curriculum and halt the white supremacy that exist in nursing education.

LGBTQ+

Lesbian, gay, bisexual, transgender and queer (LGBTQ+) people face laws that criminalise disclosure of their identities in 71 countries (Human Dignity Trust, 2022). These laws can translate into unfair and inequitable care. Sexual minoritised individuals' health have not always been prioritised in nursing education and significant gaps exist as care is often taught through a heteronormative lens. This has led LGBTQ+ communities to encounter historical and present day discrimination and inequities regarding their healthcare.⁷ Faculty have identified lack of teaching skills, knowledge and confidence to teach nursing students LGBTQ+ care.⁸ Clinicians also report feeling underprepared and or uncomfortable to administer evidenced based care to LGBTQ+ people.⁹ All countries adhere to a professional code, which requires nurses to provide optimal care, respect and dignity to all patients of which LGBTQ+ people belong. A requirement and obligation exist for nurse educators and nurses to provide education and training that will positively impact on LGBTQ+ patient safety and care with better health outcomes for this community.

Conclusion

Inclusive nursing practice can be derived through appropriate nursing education that challenges social injus-

tice. We live in a society where values such as honesty, respect, dignity, care, compassion and equity are under constant threat from societal pressures. It is important to offer student nurses (our future workforce) sustainable skills, knowledge and tools to provide inclusive care that spans across the three areas (cultural competence, racism and LGBTQ+ care) covered in this paper. We acknowledge that other areas not covered here lend themselves to expansion and important discussions for an inclusive and socially just nursing education and practice.

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