

# Towards a global nursing curriculum for the 21st century: Rethinking health through the lens of a sustainability paradigm – a contemporary issue

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## Abstract

Nursing education has historically been designed in harmony with societal development. However, the world is becoming increasingly complex, and we face ongoing global challenges. A new, progressive step towards a global nursing curriculum is needed. This development is anticipated, and nursing students often request knowledge and perspectives that will prepare them to care in a sustainable way. To provide this and ensure equal health, intersectional perspectives must be at the foundation of future caring activities. There is thus a societal shift that makes it necessary to take a decisive step towards rethinking health through the lens of a sustainability paradigm.

## Keywords

equal health, global nursing, intersectionality, nursing curriculum, sustainability paradigm

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The world is becoming increasingly complex, and we share ongoing global challenges and crises. In response, a new, progressive step towards a global nursing curriculum is needed.<sup>1</sup> We know that nursing students often request knowledge and perspectives that will prepare them to care in a modern and sustainable way. To provide this and ensure equal health, intersectional perspectives must be at the foundation of future caring activities as part of a sustainability paradigm.

Having worked in academia on nursing research and education for over three decades, we have begun to realise that the turns of development in history mostly happen for a reason. For example, nursing education has historically been designed in harmony with societal development and has thus been progressive. Historicising roughly, this is true from the needs and interaction theories of the 1930s to the post-war psychosocial theories and on to the transcultural theories of the 1990s.<sup>2</sup> Now we are facing a looming climate crisis globally, armed conflicts are underway around the world, and there is great mobility among people moving and trying to adapt to new societies. Knowing this, as scholars in the field, we find ourselves at the epicentre of a situation in which nursing education must be reshaped on the model of a sustainability paradigm.

In a previous editorial, a path for this emerging global nursing framework was outlined. A definition of global nursing was proposed, and the new stance needed in nursing curriculum was articulated:

Global nursing is about developing knowledge about health, care, persons, suffering and ecology in local and global

contexts. The subject profile area is characterised by advocacy, activism and sustainable development. This includes active use of knowledge and methods that include norm critical approaches to counteract inequalities and social injustice. Ultimately, knowledge in global nursing aims at alleviating suffering, safeguarding human dignity and contributing to health for present and future generations.<sup>3</sup>

In this follow-up contemporary issue, we focus on some specific aspects of this definition. Our concerns are the local and global, (i.e. 'glocal') binary, advocacy, activism and norm-critical approaches. We find all these issues essential for counteracting inequality and social injustice while contributing to the health of current and future generations. Based on this brief background, we ask ourselves, as scholars, how much room has there been to rethink the content of nursing education, given societal developments in recent years? This is not to say that scholars have not contributed to and developed the main subject in nursing programs. This has been done over decades in a purposeful and sustained manner as part of a historic and still ongoing process of academisation. However,

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within the context of the discipline, how successful have we been in including new perspectives that may not traditionally come to mind within the caring sciences/nursing/nursing science – perspectives that we know have been used for a long time by teachers and researchers in other academic educational contexts.

What has been largely withheld from nursing students are perspectives that deconstruct and develop the increasingly complex system of power structures that affect us all. These perspectives are urgently needed if we want to pursue progressive health education. An important educational task is thus to provide education about the distribution of privileges regarding health and how these privileges become invisible to those who possess them. We will present some viable perspectives and figures of thought that could be used in nursing programmes, taking a significant step towards the sustainability paradigm to come. In that paradigm, the competence of nurses will rest on their abilities to coordinate and cooperate in society in terms of leading the new, emerging forms of care. It will mean a shift from ‘hand to head’ in education, and we believe that education about, for example, gender perspectives, post-colonial perspectives and equity perspectives is required at the individual and group levels. Such education is vital to be able to provide good and safe care, since knowledge about these perspectives leads to an understanding of how they can be linked and determine people’s health. Now, we want to highlight, is the time to add new perspectives to the nursing students’ ‘toolboxes’ that they can use in a sustainable working life.

The interconnection and power dynamics between the abovementioned perspectives are articulated in the form of intersectionality. We have aimed to apply an intersectional perspective in both research and nursing education. The concept of intersectionality was coined in 1989 by the lawyer Kimberlé Crenshaw as a reaction to an overly one-sided way of looking at different social categorisations – such as gender, class and ethnicity – separately. Crenshaw argued that it is necessary to see how these categories are intertwined and influence each other.<sup>4</sup> For example, based on our experiences as teachers, gender has had a rather strong and prominent position in nursing education, while disabilities and religiosity have received more modest attention. Knowledge of intersectionality can contribute to a dynamic approach in which there is an understanding that people’s living conditions simply ‘depend’ and are situated. It is therefore not about generalising and standardising nursing but about demonstrating self-reflexivity and, if necessary, standing up for people and advocating for those who are vulnerable in different ways to contribute to equal health.

How, then, can we think from intersectional perspectives? We suggest that nursing students need to begin from a knowledge base addressing gender<sup>5</sup> – specifically, the gender order and gender equality. These lessons would contain knowledge of norms, values and notions concerning male and female. The gender order refers to the subordinate and superior orders of gender; it stands in the way of girls and boys, men and women, having the same rights and obligations to shape their lives. The content mentioned is linked to power and privileges that are renegotiated in relationships between people and are thus not gender-neutral courses of events.<sup>5</sup> In addition,

masculinity research could be significant for understanding hegemonic masculinity as a norm. Heteronormativity can also be mentioned in this context, as this frequently defines relationships between men and women as the ‘normal’ relationship. With knowledge of these themes, we want to emphasise that it would be possible for nursing students to better understand, for example, men’s violence against women and why violence occurs in close relationships.<sup>6</sup>

Further, we have chosen to connect to the glocal context, which consists of a heterogeneous population. From experience, we know that it produces success when nursing students are exposed to both individual and group perspectives, as they will have responsibility for people’s health on both the micro and macro levels. According to the Agenda 2030,<sup>7</sup> we must work for the good health and well-being of a sustainable society. This societal issue is urgent and a shared responsibility that also concerns us as nurses. Given the prevailing glocal society, we propose a postcolonial perspective. Postcolonial theory describes the consequences and aftereffects of colonialism in the present day and how, historically, an order has been created based on a logic of ‘us and them’ alongside essentialist notions and values.<sup>8</sup> It is not a matter of showing tolerance for ‘the other’ but of genuinely wanting to be responsive to each person’s and group’s living conditions to maximise health. This makes it possible to fulfil each person’s nursing needs in a customised way. A post-colonial awareness contributes to not taking things for granted but showing self-reflexive awareness that we have various privileges in different situations linked to ethnicity.

In addition, we focus on ethics and human rights.<sup>9</sup> We ask ourselves, to what extent do nursing students study human rights, and how do they practise nursing against this background? There are 30 human rights in the United Nations Universal Declarations. The last right suggests that we have responsibility in relation to each other to protect rights and freedoms. Knowing this, it is important that nursing students have the ability to advocate for care recipients, and further stand up for human rights as part of social activism. It is the ethical responsibility of nurses to protect democracy if we want a more equal and sustainable future that includes everyone.

Finally, when we look back, nursing education has always had collaborative elements. These are often based on a passive collaborative pedagogy between healthcare facilities and those responsible for education. To apply the global nursing framework and fulfil the Agenda 2030 in terms of equal health, an active social collaboration pedagogy needs to be given space. This is to capitalise on the new roles that nurses are expected to take in a sustainability paradigm. We need an active, cooperative pedagogy where knowledge of societal cooperation should be in focus rather than the execution of individual clinical tasks. We want to highlight nursing in all care contexts as a society-supporting function that must hold together and lead the future sustainable health practices that are emerging locally and globally.<sup>10</sup> At the beginning of this contemporary issue, we noted that the development of nursing education has, historically, happened for a reason. Now we find ourselves in such a shift, and it is time to take a decisive step in which we rethink health through the lens of a sustainability paradigm.

### Author contributions

JH has assumed overall responsibility for the contemporary issue. However, both authors have contributed to the design and planning of the paper, the writing, the critical discussions and revisions. JH revised the paper and completed the manuscript for submission. The authors approve the version to be published.


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