

## **British born female Caribbean registered nurses: Post colonialism and the 'Other'**

'A post-colonial perspective challenges ideas of there being a universal standpoint on knowledge development. It provides a window for understanding how concepts of 'race', notions of racialized 'Other' (written with an initial capital to denote a specific category and space to which 'non-western' people constructed as inferior though the process of racialisation and cultural essentialism, have been assigned), fluid identities and hybrid cultures, have been constructed within particular historical and colonial context' (Anderson & McCann 2002, p, 8).

'Stereotypes of English Caribbean people includes being lazy, aggressive, rude and using drugs. In fact, the broad experience of Caribbean migrants to England has been marked less positive, experiencing unacknowledged wartime loyalty and treated as an unwelcome problem rather than as valued citizen of empire (Becares, et al 2012 p, 2112).

These are views that still hold true in modern British society (Becares, et al 2012) and the National Health Service (NHS) (Rao, 2014). To discover an explanation for these perspectives the history and relationship between Caribbean women, nursing and the NHS must be considered.

### **The 'first' Black Caribbean nurse in British History**

The story of black and minority ethnic (BME) nurses in Britain, particularly those of Caribbean origin, begins with Mary Seacole. Mrs Seacole, despite being unacknowledged by her contemporaries (Seacole, 2005), she was highly acclaimed by ordinary soldiers and Queen Victoria. Historically a significant number of nurses came from former colonies and nursed in Britain and continue to do so today. Mary Seacole, the most prominent woman of Caribbean origin to nurse in the 19th Century provided nursing care in Jamaica, Central America, England and famously on the battle fields of the Crimea war. In her biography (Seacole, 2005) she shines a light on how differently she was treated at the time compared to her white counterparts. This

was at the height of British colonialism. Mary's contribution was soon forgotten, and she remained absent from the history of nursing for over a hundred years. Only recently has her significant impact as a nurse been acknowledged by the nursing establishment and government. There is a statute (unveiled in June 2017) outside St Thomas' Hospital in London England. Seacole is a large and looming example of what (McGibbon et al., 2013, p. 2) would define as 'colonialized subjectivity' referring to the 'cultural, social, political and psychological, processes that shape and determine who we are think we are and how we situate ourselves in the world'.

### **History of the Caribbean nurses struggle in the NHS**

In the middle of the 20<sup>th</sup> century, particularly the post war period to the 1960s people, particularly women from the Caribbean came to Britain to work in the NHS. The newly formed health service started to recruit from overseas in 1949. 10,000 Caribbean immigrants arrived in Britain in 1954, by which time there were about 500,000 Caribbean and South Asian people in Britain, approximately 1% of the population. In 1964, 25% of the nurses in NHS hospitals were from black and ethnic minority backgrounds. The Immigration Act of 1971 reduced immigration, but between 1997 and 2007 44,230 Caribbean nationals were granted settlement in Britain (Brathwaite 2015, Many rivers to cross 2007, Kramer 2006).

By the 1970s to the late 1980s Female Caribbean nurses were well established in the profession and NHS. Researchers examining the experience of black nurses in West Yorkshire hospitals found evidence of overt racism; a key issue at the time was the lack of opportunities for black and minority ethnic nurses to advance from un-registered nurses and enrolled to registered nurse status. These nurses were Caribbean's, South Asians and East Africa Asians, who came to Britain under their own initiative or via NHS recruitment drives. They were essential to the running of the health service but their quality of their working lives was often poor (Baxter, 1988, Lee-Cunin 1989, Iganski & Mason 2002)

By the late 1990s researchers were focused on a new issue: the demise of the black nurse of Caribbean, African and South Asian origin (Iganski & Mason 2002). Nurses of Caribbean origin were by now under-represented on student nursing courses (Iganski & Mason 2002). As a senior lecturer in adult nursing for over 12 years I have seen a decline in the number of students in the classroom who share my Caribbean background, but an increasing number are from other British minority Ethnic (BME) groups – and they are still facing the same old challenges of racism; discrimination, overt, macroaggression and institutional (Dhaliwal & McKay 2008). The narrative of the BME nurse in the 21<sup>st</sup> Century continues to be marked by these inequality. This inequality is steeped in the colonial ‘Other’ (Sochan, 2011).

### **Colonialism and the ‘Other’?**

To be considered the ‘other’ you must be different. In itself difference is not a bad ‘thing’. However within the framework of colonialism difference is the consideration of who has the power and the reasons for the unequal distribution of that power. Perpetuating individual and structural barriers to power, the ‘other’ is powerless or at least has considerable less than the ‘non- other’. Colonialism was all about power and the ability to financially, culturally and socially construct a system in which only white men and women benefited and black Caribbean’s did not (Racine, 2008)

However Edward Said and Franz Fanon both theoretical giants on colonialism and the ‘other’, theorised from within different context, but for both ‘An ‘other’ (the colonised) existed as a primary means of defining the coloniser and of creating a sense of unity for them (Ashcroft, et al 2000 p, 42). Therefore this relationship is not simply a binary **them** (white colonisers) and **us** the black Caribbean colonised. It is one of a historical condition and not chronologically specific or about one society. (Anderson & McCann 2002). The Caribbean encompasses many small islands with common and unique cultures.

### **Post-colonial Feminism nursing and the NHS**

The present situation for female British born Caribbean nurses (BBCN) is still one based on colonialist assumptions and the all-powerful British ‘motherland’.

Recognising a 'power identity nexus' of white dominance and supremacy (Marsh & Macalpine, 2002, p.8). "Whiteness" propagates a negative and unequal and less powerful 'other' assumption of Caribbean women's gender, ethnicity and cultural identity (Mirza and Sheridan, 2003, p. 11-12). This can have a significant bearing on the social and occupational identity of the descendants of these black Caribbean female nurses. The BBCN are their daughters and granddaughters born in England.

Being a first or second generation BBCN has not improved in nursing. The colonial system of enforced power and dominant of white Britain over the indigenous people of the Caribbean laid the ground work for the construction of modern day 'race' and black representing the 'other'. Phenotypically, culturally and ethnically different. The most important aspect of this relationship is that it represents Caribbean women as less than in humanness, morality, intelligence and behaviour. (Fanon, 1988, Racine 2009, Schultheiss 2010). The consciousness of being white during and after decolonization (Schwarz, 2003) only helped to cement this 'Otherness' of BBCN. The NHS is a large organisation and did not develop its culture in a society free vacuum and nursing as a profession cannot be considered a 'colonial free zone' as there continues to be 'embedded colonised assumption' (McGibbon, et al , 2013 p.1).

There is an increasing narrative from black post-colonial feminists (Anderson, 2002, Anderson et al 2003, McGibbon et al 2013) that seek to use post-colonial theory to highlight 'white privilege and racism in the nursing profession' (McGibbon et al 2013 p.1). Anderson & McCann, (2002) encapsulate the complexities of gender and ethnic identity within a historical post-colonial framework. This addresses the lack of attention to 'marginalised' groups (Anderson & Kirkman, 2003, p. 2). Based on not only 'race' and culture but gender as well (Mirza, 2009; Anderson, 2004). Therefore the BBCN is not only the 'Other' but a marginalised 'Other' within the NHS and in the nursing profession.

Alexis & Chambers (2004, p1357), found that 'discriminatory assumptions and stereotypes' not surprisingly act negatively on black nurses. Also that managers may not take on the reality of this, for example racist comments by family members or patients' refusal for them to be cared for by black nurses can be accepted in favour of

the patient and not the BBCN and all black and Asian member of staff (Alexis and Chambers 2004 p1355, Dhaliwal & McKay 2008; Sprinks 2008). This is an example of the BBCN being the 'other' in every day interactions and can have devastating consequences for the BBCN in regards to leadership positions in the NHS, self-worth and even ill health (Becares, et al 2012, Dhaliwal & McKay 2008, Kline, 2014, West et al 2015).

It not only has an impact on the BBCN within the NHS but on patient care as well:

- 'Diverse workforce in which all staff and members' contribution are valued is linked to good patient care' (Kline, p3 2014).
- Kline (2014 p. 38 - 39) Looks at the evidence that links when BAME staff face discrimination in the work place that patient satisfaction goes down. Simply unhappy staff give care that is likely to be unsatisfactory to patients.
- When diverse teams in the NHS work together in collaboration patients/service users and staff benefit (West et al 2015).

To conclude, the colonial, decolonised and post-colonial 'other' has a consistent theme, that of difference and modern Britain's construction of 'race', culture and gender. These constructs have an unequal distribution of power and the BBCN continues to be underrepresented within positions of power in NHS and the nursing profession. Until these issues are not just acknowledged, but embedded in the NHS policies and strategies as well as the profession, the female BBCN will continue to be under represented and have no voice.

My PhD work seeks to investigate BBCNs stories in the nursing profession and how colonialism has formed this group as the 'other' and the significant impact this has on professional and occupational identity as a nurse.

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