Developing guidelines to inform the decolonisation of Health Sciences curricula at the North-West University

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North-West University

Promoter: Dr J Pool

Co-promoter: Dr Y Heymans

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DECLARATION

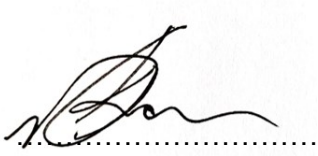
I, MC (Rhea) Koch, hereby declare that this thesis is my own work. I conceptualised the study, conducted the research, wrote the thesis and the published manuscripts under the guidance and supervision of my promoters.

I declare that this work has not been submitted to any other institution or for any other qualification. The sources used in this study have been duly acknowledged and referenced.

I declare that this research has been approved by the North-West University Health Research Ethics Committee (NWU-HREC) (NWU-00128-22-A1) and that permission was granted by the North-West University Research Data Gatekeeper Committee (NWU-RDGC) (NWU-GK-22-061).

For the sake of transparency, I declare that I did, to a lesser extent, made use of Artificial Intelligence (AI) such as Grammarly, Writefull, SciSpace and Large Language Models to improve readability and language. It was done responsibly and in accordance with the principles of academic integrity.

MC (Rhea) Koch



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Signature *Date*

DEDICATION

This work is dedicated to my husband Tiaan, daughter, Sulize and son Marthin. Thank you for all your patience and support. Without the three of you, this would not have been possible.

PREFACE

In accordance with the prescribed format for the presentation of this doctoral thesis, the article format has been chosen. This format entails the incorporation of previously published or publishable articles, each corresponding to a distinct chapter or section within the thesis. The adoption of this format aligns with the academic standards and requirements laid down by North-West University for the presentation of original research.

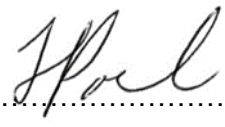
The student, MC Koch, was responsible for conceptualising and writing the articles, thereby enabling the student to submit this thesis for examination. The co-authors, Prof J Pool (promotor) and Prof Y Heymans (co-promotor) of the three articles that form part of this thesis, individually grant permission for the inclusion of their contributions in this work for degree purposes.

The first and second article has been accepted for publishing and the third article is under review:

Article 1 The Nature of Decolonisation in Health Sciences Curricula: a Scoping Review with the SAJHE (Accepted for publishing in vol 38(4) *South African Journal for Higher Education*. §Annexure E).

Article 2 Decolonisation of Health Sciences curricula as a vehicle for transformation in Higher Education: A scoping review. (Accepted for publishing *South African Journal for Higher Education.* Annexure F).

Article 3 Guidelines for Decolonising Health Sciences Curricula: A Roadmap to Transformation (under review at *Advances in Health Sciences Education.* Annexure G*)* PREPRINT available at Research Square: https://doi.org/10.21203/rs.3.rs-3465522/v1



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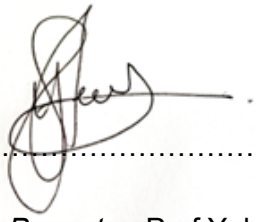

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Co-Promotor: Prof Yolande Heymans *Date*

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To my colleagues at the Centre for Health Professions Education (CHPE), working with you all these past three years has been one of the highlights of my career. I will miss you next year when my path leads away from yours, but I'm hoping we still get many opportunities to 'bacon panini'.

A word of thanks to my promotors, Prof Jessica Pool and Prof Yolande Heymans. I have learned so much from you. Thank you for your open doors and for believing in me, even though I sometimes asked for the impossible.

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Last, but not least, thank you to every academic from the Faculty of Health Sciences (FHS) at the North-West University (NWU) who contributed to this study and the larger decolonisation project, whether engaging in critical conversations on decolonisation, joining the workshops and allowing me to use your data for this research. Thank you for sharing this journey with me.

ABSTRACT

Key terms: Decolonisation, Decolonization, Transformation, Higher Education, Health Professions Education, social responsiveness, transformative education

The need for transformation in Higher Education (HE) has become evident for various reasons. In response to the imperative for curriculum transformation in HE, the concept of decolonisation has emerged as a catalyst for reshaping curricula and educational practices. The pivotal moment in addressing decolonisation in HE came with student-led movements such as #RhodesMustFall and #FeesMustFall. These movements challenged Higher Education Institutions (HEIs) to reevaluate existing curricula in response to the students' demands.

Decolonisation presents a unique opportunity to confront and rectify the persistent legacies of colonialism. However, concerns have been raised about institutional efforts. A risk exists that decolonisation might be reduced to a mere metaphor for curriculum renewal and transformation, lacking commitment to practical implementation within the curriculum. Despite extensive debates, discussions, and publications on decolonising curricula, there is a noticeable absence of a shared understanding of the concept of decolonisation and practical guidelines, particularly in Health Sciences disciplines. This lack of guidance hinders the facilitation of the decolonisation process. This study seeks to address this gap by proposing practical guidelines academics can apply as a roadmap for curriculum transformation. Hence, the central question this research aimed to answer was: What guidelines could be developed to inform the decolonisation of Health Sciences curricula at the North-West University?

Strategies of inquiry included a literature review and an empirical study. The scoping literature review explored the nature of decolonisation within Health Sciences and how decolonisation is used as a vehicle for transformation in HE. The findings indicate that the nature of decolonisation in Health Sciences is described as the process of acknowledging the impact of colonialism; combatting injustice and inequities; reclaiming and revaluing heritage; and interrogating knowledge to find alternative ways of knowing, being and doing. Fourteen (14) decolonial actions were identified from the literature and presented as an action framework.

The empirical study investigated how academics in the Faculty of Health Sciences (FHS) perceive decolonisation within their discipline. A workshop methodology was adopted and during the workshops qualitative data were collected using the Nominal Group Technique (NGT). The insights gained were used to inform the development of practical guidelines to assist academics in decolonising their curricula. To develop the guidelines this researcher made use of the Appraisal of Guidelines for Research & Evaluation instrument (AGREE II). This instrument,

comprising six domains, provided a strategy for the development of the guidelines and contributed to validity.

The developed guidelines can assist academics to recognise the impact of colonialism, promote social justice and inclusion, embrace cultural heritage, and explore alternative ways of knowing, being and doing. Providing concrete guidelines, addresses the challenge academics in Health Sciences face of not knowing how to decolonise their curricula. It is evident that as academics' knowledge of the decolonisation process increases, negative perceptions decrease, and the necessity of the process becomes apparent. Having clear guidelines to follow may therefore assist academics and HEIs in embracing opportunities to decolonise.

GLOSSARY OF TERMS

Several terms are used throughout this proposal. This glossary aims to provide a better understanding of the terms used when reading the thesis.

AGREE II	The Appraisal of Guidelines for Research & Evaluation (AGREE) is an instrument that assesses the methodological rigour and transparency in which a guideline is developed. The original AGREE instrument was refined, which resulted in the AGREE II. (AGREE, 2017)
Co-Investigator (Co-I)	In this study, the Co-Investigator (Co-I) is also the co-promotor.
Principal-Investigator (PI)	In this study, the Principal Investigator (PI) also refers to the promotor.
Curriculum of academic programmes	This refers to curriculum content (intended outcomes, values, ideals, approaches and subject matter), how such materials are taught, the methods and approaches implemented in assessing the extent to which students have attained such outcomes, pedagogies for inclusion and the development of support systems to sustain student engagement, and ultimately student success – all in a contextualised setting (NWU, 2018).
Curriculum transformation	The transformation of the curriculum includes considerations related to social justice, such as access to equal education, quality in education, and access to education by all. A transformed curriculum should be coherently designed, intellectually credible socially responsive and relevant to equip graduates to address the challenges of 21st-century society (NWU, 2018).
Decolonial or Decolonised curriculum	A decolonised curriculum refers to a curriculum that provides knowledge to students based on the realities around them, which will make them responsive to diverse situations (Olivier, 2021).
Decolonisation	Decolonisation is a process, that can be used as a vehicle for transformation, which entails:

	Recognition of constraints placed by one's cultural perspectives and the accommodation of alternatives (Shahjahan et al., 2022). Reflection and action to enable stronger relevance, reorient its focus on Africa, and enhance students' experience of the curriculum (North-West University, 2018).
Health Professional	An individual trained to provide direct health care treatment and advice to patients, families, or communities.
Health Professions Education	An approved and structured training given to people to qualify for licensing as health professionals by a regulatory body (WHO 2017).
JBI evidence synthesis or JBI Evidence Summary	A JBI evidence summary is a comprehensive, concise, overview of the best available evidence for specific clinical care practices that are updated annually. *JBI evidence synthesis* is an official journal of JBI. It is an international peer-reviewed, online journal that publishes manuscripts encompassing evidence synthesis and health care research. *JBI evidence synthesis* seeks to disseminate rigorous, high-quality research that provides the best available evidence to inform policy and practice through the science and conduct of systematic and scoping reviews. The journal publishes systematic and scoping review protocols, diverse types of systematic reviews, and scoping reviews covering multi-disciplinary healthcare-related topics that follow methodology and methods developed by JBI (Peters et al., 2020).
Johanna Briggs Institute (JBI)	JBI is an international evidence-based healthcare research organisation that works with 70+ Universities and Hospitals around the world. The organisation focuses on improving health outcomes globally by producing and disseminating research evidence, software, training, resources, and publications relating to evidence-based healthcare (Peters et al., 2020).
Nominal Group Technique	Nominal Group Technique (NGT) is a consensus group method used to generate ideas, synthesise expert opinions, and enhance

	decision-making for topics lacking consensus in education (Tran et al., 2021).
Social constructivism	Social constructivism, a social learning theory developed by Russian psychologist Lev Vygotsky, posits that individuals are active participants in the creation of their own knowledge (Tsotetsi & Omodan, 2020). In social constructivism, researchers recognise that their own backgrounds shape their interpretation and how their interpretation is derived from their personal, cultural and historical experiences (Creswell & Clark, 2017).
Research design	Research design in this study refers to the plan that outlines the research question and the methods used to gather the data to answer the research question (Williams, 2020).
Research Methodology	Research methodology in this study refers to the overall approach taken to map the research (Williams, 2020).
Social justice in the context of NWU	This involves a focus on that which is valued and beneficial for all, including the recognition and protection of human rights, equality, fairness, and freedom from oppression and discrimination. From an engagement perspective, sharing of expertise and tailor-made solutions to alleviate challenges, or specific community issues that create imbalances in terms of fairness and social justice (NWU, 2018).
Transformation in Higher Education	Transformation in the higher education sector will entail the creation of a system which is free from all forms of unfair discrimination and artificial barriers to access and success, as well as one that is built on the principles of social inclusivity, mutual respect, and acceptance (South African Human Rights Commission, 2016).
Workshop	Workshop means an arrangement whereby a group of people learn, acquire new knowledge, perform creative problem-solving, or innovate in relation to a domain-specific issue (Ørngreen & Levinsen, 2017).

ABBREVIATIONS AND ACRONYMS

Several abbreviations are used throughout this thesis. The abbreviations and acronym list aims to provide guidance when reading.

ABBREVIATION	MEANING
AGREE II	Appraisal of Guidelines for Research & Evaluation, refined version
CHPE	Centre for Health Professions Education
Co-I	Co-Investigator (also refers to co-promotor)
FHS	Faculty of Health Sciences
HE	Higher Education
HEIs	Higher Education Institutions
HP	Health Professions
HPE	Health Professions Education
JBI	The Johanna Briggs Institute
NGT	Nominal Group Technique
NWU	North-West University
NWU-HREC	North-West University Health Research Ethics Committee
NWU-RDGC	North-West University Research Data Gatekeeper Committee
PI	Principal Investigator (also refers to promotor)
RA	Research Administrator
RSM	Research Support Member

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CHAPTER 1 INTRODUCTION AND OVERVIEW

1.1 Introduction

In South Africa, as in the rest of the world, Higher Education (HE) has been under pressure to transform (Osman & Maringe, 2019). In response to the imperative for transformation, the concept of decolonisation has emerged as a vehicle for transformation (Behari-Leak et al., 2020; Hansen et al., 2023; Timmis et al., 2019). Decolonisation presents an opportunity to remedy the lasting influence of colonialism and to challenge the structures that maintain inequality in HE (Blackie, 2019; Castell et al., 2018; Chandanabhumma & Narasimhan, 2020; Narasimhan & Chandanabhumma, 2021; Quinn & Vorster, 2019).

However, the concept decolonisation is loaded with meaning and has diverse interpretations. Without a shared understanding of decolonisation and what the decolonisation of curricula entails, it is feared that decolonisation will not be able to contribute to the transformation of curricula in HE (Hoadley & Galant, 2019; Osman & Maringe, 2019). Higher Education Institutions (HEIs) have not fully embraced opportunities to decolonise resulting curricula that remain exclusive and unresponsive (Lawrence & Hirsch, 2020; Maringe et al., 2021; Timmis et al., 2019).

This study investigated the nature of decolonisation and aimed to propose guidelines to inform the decolonisation of Health Sciences curricula. Using a scoping literature review, the researcher explored the nature of decolonisation in Health Sciences curricula as a vehicle for transformation in HE. Thereafter, an empirical study followed that investigated qualitatively how academics in the Faculty of Health Sciences (FHS) perceive decolonisation within their discipline. Based on the findings from the scoping literature review as well as the empirical study, the researcher developed guidelines to inform the decolonisation of Health Sciences curricula. Clear guidelines academics can use when aiming to decolonise curricula may lead to a better understanding of the concept and assist academics in responding better to the calls for decolonisation.

This chapter commences by providing the background to this study. Following the background, the problem is stated, justifying the rationale for this study. The problem statement is followed by the purpose, aim, objectives and research questions. The research design and methodology are then discussed briefly as well as the ethical considerations to protect the rights of participants.

1.2 Background

The imperative for transformation in HE arises from various factors, such as changing student demographics and technological advancements revolutionizing teaching and learning methods

(Matimolane et al., 2018; Muna et al., 2019; Shahjahan et al., 2022). The evolving job market emphasises the need for curricula that adapt to professional demands (Shay, 2016). Scholars such as Manomano and Nyanhoto (2020) and Ashwin (2019) argue that curriculum transformation in HE should prioritise relevant learning experiences aligned with students' future contexts. There is a growing consensus that conventional methods of knowledge transmission are no longer sufficient, necessitating a shift towards acknowledging and incorporating multiple perspectives (Mgqwashu, 2017; Sathorar & Blignaut, 2021; Timmis et al., 2019).

In response to the imperative for transformation, the concept of decolonisation has emerged as a catalyst for reshaping curricula and educational practices in HE (Behari-Leak et al., 2020; Hansen et al., 2023). Student-led movements, notably #RhodesMustFall and #FeesMustFall, originated in South Africa and demanded the removal of colonial symbols and highlighted the need for accessible and inclusive education (Behari-Leak et al., 2020; Osman & Maringe, 2019; Sathorar & Blignaut, 2021; Shay, 2016). Even though the word decolonisation has a long history dating back to the anti-colonial struggles of the 1950s, the student protests added the term as a prominent component of the curriculum transformation discourse in South African HE (Jansen, 2019; Shay, 2016). Decolonisation presents a unique opportunity to rectify the enduring influences of colonialism and to challenge structures that perpetuate inequality (Blackie, 2019; Castell et al., 2018; Chandanabhumma & Narasimhan, 2020; Narasimhan & Chandanabhumma, 2021; Quinn & Vorster, 2019).

However, the term decolonisation is loaded with meaning and has diverse interpretations. Behari-Leak et al. (2020) explain that the prefix ‘de’, in de-colonisation and de-coloniality, can be described as a gesture of delinking to strip coloniality of its power and therefore undoing the associated values and actions the colonial regime has instilled. Behari-Leak et al. (2020) continue to describe the disruption of colonial forms of curriculum and pedagogy, as a necessary intervention to challenge disciplinary hierarchies and power. For Chiramba and Maringe (2021), decolonisation of the curriculum implies bringing about change with a sensitivity to historical and political origins and an awareness of the influence on knowledge. Mgqwashu (2017) duly notes that the definition of decolonisation remains a grey area and, in his definition, African identities and world views are made the focal point. The North-West University (NWU), in their declaration on decolonisation, explains that the concept, within the context of the NWU, involves placing African identity, knowledge, history, society and ideals on equal footing with foreign values, ideas, content and approaches (North-West University, 2018).

How decolonisation is understood also differs across HEIs and is dependent on the context (Le Grange et al., 2020; Shahjahan et al., 2022). In the FHS, decolonisation of curricula is viewed as crucial since Health Sciences curricula are not immune to the influence of colonial legacies

(Büyüm et al., 2020). Historical contexts, such as apartheid-era discrimination, have left lasting imprints on Health Sciences curricula and Health Sciences education (Griffiths, 2019; Lawrence & Hirsch, 2020). Decolonising Health Sciences curricula offers an opportunity to eliminate mechanisms perpetuating inequities to create inclusive learning environments (Chandanabhumma & Narasimhan, 2020). However, the lack of clear definitions and guidance hinders its full integration into Health Sciences curricula (Lawrence & Hirsch, 2020; Neden, 2021). This study addresses this gap by exploring the multifaceted nature of decolonisation in Health Sciences curricula, and proposing guidelines for its effective implementation.

The Minister of Higher Education, Dr Blade Nzimande, beckoned all HEIs to decolonise in response to students' calls at a Higher Education Summit in 2015. Consequently, task teams and curriculum transformation committees were appointed to explore ways in which curricula can be decolonised (Le Grange et al., 2020). The NWU released a declaration outlining the NWU's stance on the decolonisation of teaching and learning (North-West University, 2018). According to this declaration, the NWU, as part of its commitment to social justice in the workplace, aspires to be a welcoming, open, inclusionary, reflective and critical learning space and views the decolonisation of university education as: "a call for reflection and action to enable greater relevance, reorient its focus on Africa in terms of the construction, development and communication of knowledge, and enhancing students' experience of the curriculum" (North-West University, 2018, p. 2).

To respond to the call for responsive and inclusive curricula and in line with the NWU's imperatives, the FHS has defined decolonisation as a strategic priority, justifying the rationale for this study.

1.3 Problem statement

The decolonisation movement within HE stands at a critical juncture, grappling with formidable challenges that impede its potential as a vehicle for transformation. Central to these challenges is the absence of a shared understanding and the lack of practical guidelines, casting shadows over the efficacy of decolonisation initiatives.

Academics working at the NWU, and this includes academics teaching within the FHS, are encouraged to adhere to the call for a socially just curriculum and to decolonise their curricula. In 2021, a series of workshops, focusing on the decolonisation of the Health Sciences curricula were presented to academics in the FHS. During the group discussions in the workshops, academics in the FHS acknowledged the call and need for a socially just curriculum. However, they also indicated that they were not sure what the concept decolonisation means, what a decolonial

curriculum in Health Sciences entails and lastly, lacked guidelines to guide their thinking and doing when decolonising their curriculum. Academics attending the workshops voiced the need for practical guidelines on how to decolonise their curriculum.

Le Grange (2019) and Hellowell and Schwerdtle (2022) highlight how this lack of a shared understanding of decolonisation may cause staff and students to resist relinquishing established practices and cast doubt on the legitimacy and efficacy of decolonising curricula. Authors such as Behari-Leak et al. (2017), Hansen et al. (2023) and Osman and Maringe (2019) underscore the necessity for a shared understanding of the nature of decolonisation, but caution against overly narrow definitions that could compromise the depth and relevance of the decolonisation process. Osman and Maringe (2019) as well as Hoadley and Galant (2019) emphasise that without a clear comprehension of the term ‘decolonisation’ is and how the process should be approached, decolonisation will not be able to contribute to the transformation of curricula in HE. Lawrence and Hirsch (2020) echo this sentiment, asserting that lacking a shared understanding of the concept of decolonisation, the process of decolonising curricula may appear unattainable.

Adding to the lack of a shared understanding, the absence of practical guidelines, as noted by Lumadi (2021) and Timmis et al. (2019), might also remonstrate the process of decolonisation curricula. Chandanabhumma and Narasimhan (2020) and Osman and Maringe (2019) attribute the lack of practical guidelines to the shortcomings of decolonisation agendas that placed emphasis on symbolic actions, such as removing statues, rather than offering practical guidance on how to decolonise curricula. Cloete (2018) advocates for decolonisation movements to shifts focus from the negative impacts of historical events to prioritise post-colonial upliftment and empowerment. This author accentuates that the development of evidence-informed guidance is necessary to ensure the sustainability of decolonisation in HE.

Concern has been raised regarding institutional efforts and the fact that decolonisation may become a metaphor for curriculum renewal and transformation. Behari-Leak (2021) cautions that even though academics were quick to publish on decolonisation, these publications did not rely on much practice, which can lead to the belief that decolonisation is academicised as a cognitive activity only with little commitment to follow through in practice. Le Grange et al. (2020) found in their perusal of publications and course guides produced by South African universities, that little work is being done to decolonise specific disciplines. Le Grange et al. (2020) use the term decolonial washing to describe HEIs giving the impression that its curricula are decolonised even though it might not be the case. Le Grange et al. (2020) mention that even though debates and other forms of conversations were encouraged by some HEIs, no evidence of honest and ongoing self-criticism was noticeable. It appears that HEIs have not fully seized the opportunities for

decolonisation, resulting in curricula that retain elements of colonialism (Lawrence & Hirsch, 2020; Maringe et al., 2021; Timmis et al., 2019).

It appears that, although there have been many debates, conversations and publications on decolonising curricula, the lack of a shared understanding of decolonisation and the absence of clear guidelines (especially in Health Sciences disciplines) may remonstrate the facilitation of the process of decolonising the Health Sciences curricula. This supports the rationale for this study as it aims to close this gap by identifying guidelines that academics can use as a roadmap for decolonisation. Therefore, the question this research aims to address is: what guidelines can be developed to inform the decolonisation of Health Sciences curricula at the North-West University?

1.4 Purpose of the study

The purpose of this study is to propose guidelines to inform the decolonisation of Health Sciences curricula. Having practical guidelines academics can use when aiming to decolonise curricula can lead to a clearer understanding of the nature of decolonisation and how to effectively respond to the calls for decolonisation as a vehicle of transformation in HE. Through engagement with academics, it is evident that as their knowledge of the decolonisation process increases, negative perceptions decrease, and the necessity of the process becomes apparent.

1.5 Research aim, questions, and objectives

1.5.1 Research aim

The aim of this study is to develop guidelines that can inform the decolonisation of Health Sciences curricula at the North-West University.

1.5.2 Research questions

To achieve this aim, the following research questions guide this research:

- Question 1: What is the nature of decolonisation in Health Sciences curricula as a vehicle for transformation in HE?
- Question 2: How do academics in the FHS at the NWU perceive decolonisation within their discipline?
- Question 3: What guidelines can be developed to inform the decolonisation of Health Sciences curricula at the NWU?

1.5.3 Research objectives

To answer the research questions, the objectives include:

- Objective 1: Explore the nature of decolonisation in Health Sciences curricula as a vehicle for transformation in HE.
- Objective 2: Investigate how academics in the FHS at the NWU perceive decolonisation within their discipline.

Based on the above-mentioned objectives:

- Objective 3: Develop guidelines that can inform the decolonisation of Health Sciences curricula at the NWU.

Figure 1-1 shows the structure of the thesis and how this study will address the above aim and objectives.

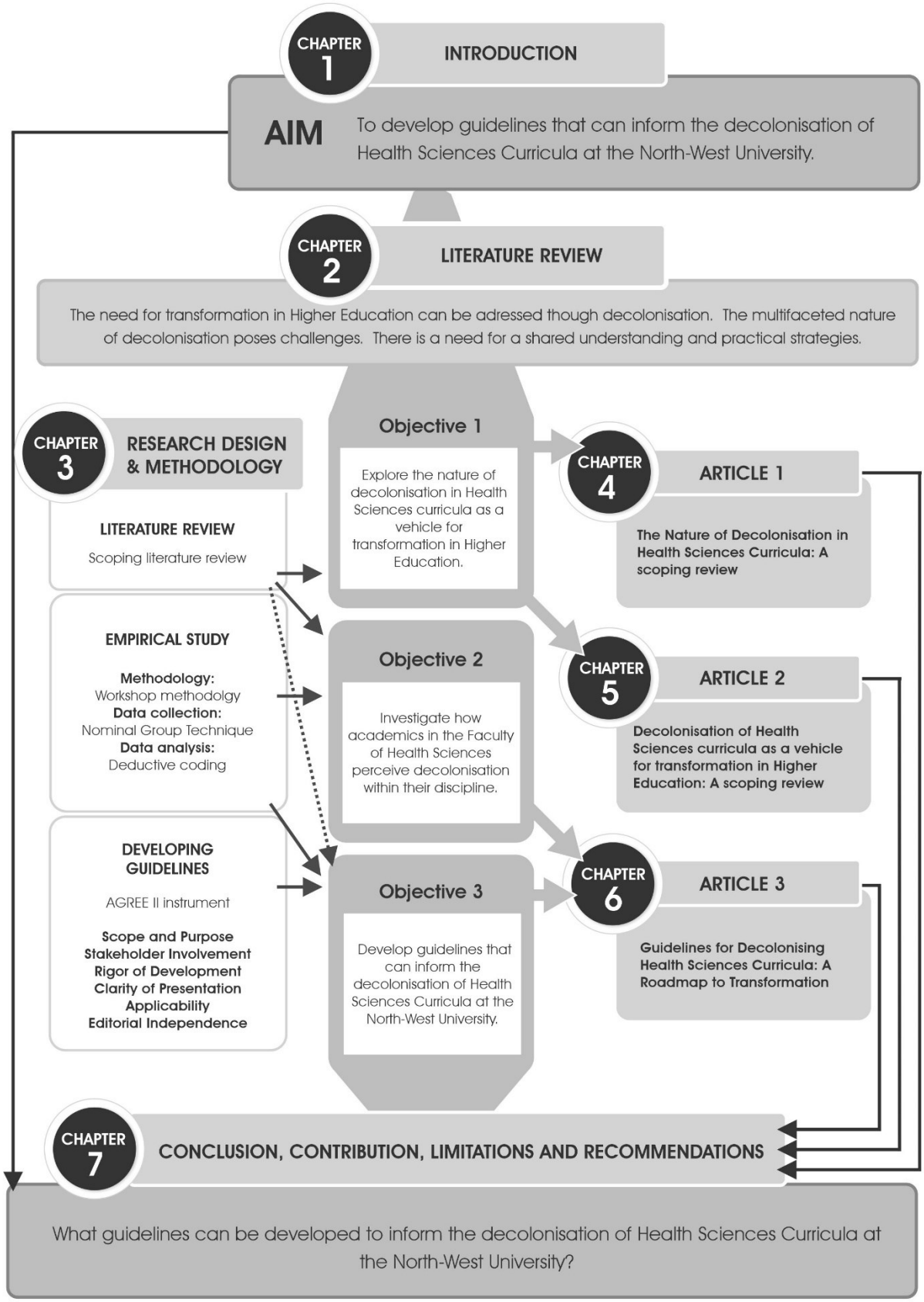

Figure 1-1: Thesis structure

1.6 Research paradigm and Theoretical Framework

To generate a better understanding of how academics conceptualise the notion of decolonising the curriculum, social constructivism is an applicable paradigm. This paradigm allows for understanding how individuals when working together, construct meaning of decolonisation of the Health Sciences curricula (Taylor, 2018).

In social constructivism, researchers recognise that their own backgrounds shape their interpretation and how their interpretation is derived from their personal, cultural and historical experiences (Creswell & Clark, 2017). This aligns with how the concept of decolonisation is understood in this study as described in the Glossary.

The goal of research within this paradigm is to rely on the participants' views of the situation being studied (Creswell & Clark, 2017). Since the overarching aim of this study is to develop guidelines where the views and preferences of the target population have been sought, social constructivism thus is an applicable paradigm.

Within the social constructivist paradigm, this study also applies social constructivism as a theoretical framework to provide a more specific and structured lens for examining decolonisation in HE. A detailed exploration of this application is presented in Chapter 2. By using social constructivism in both these capacities this study ensures a cohesive and integrated approach to the research.

1.7 Research design and methodology

This study adopts a qualitative research design to act as a blueprint. Research design in this study refers to the plan that outlines the research question and the methods used to gather the data to answer the research question (Williams, 2020). The researcher views a qualitative research design as the most appropriate design since it seeks an in-depth understanding of academics' perception regarding decolonisation within Health Sciences curricula.

The research methodology consists of a scoping literature review, which aims to address the first objective, and workshop methodology to address the second objective. The Appraisal of Guidelines for Research & Evaluation instrument (AGREE II), an instrument that assesses the methodological rigour and transparency in which guidelines are developed, was used to address the third objective, which is the development of guidelines that can inform the decolonisation of Health Sciences curricula at the NWU (AGREE, 2017).

1.8 Strategies of inquiry

1.8.1 Scoping literature review

The researcher conducted a scoping literature review with the aim to explore and map available research systematically. This is a suitable methodology as it provides a framework for mapping key concepts, clarifying definitions and boundaries, and identifying and analysing knowledge gaps needed to answer the research questions of this study (Munn et al., 2018; Peters et al., 2020). The motivation for using a scoping review instead of a systematic review is that the latter tends to address a precise question whereas a scoping review is explanatory and addresses a broad question. Furthermore, the literature suggests that the findings from a scoping literature review can be valuable in the development of guidelines, which is the overarching aim of this study (Pollock et al., 2021). A detailed discussion on the methodology of a scoping review follows in Chapter 3.

1.8.2 Empirical research

The empirical research was conducted using workshops as the research methodology. This methodology provided a suitable platform to aid this study in identifying and exploring relevant factors within the decolonisation discourse (Ørngreen & Levinsen, 2017). In this study, research methodology refers to the overall approach taken to map the research (Williams, 2020). The online workshops were designed to produce reliable and valid data to address the research questions of this study (Ørngreen & Levinsen, 2017).

The method, in this study, refers to the procedure or technique applied by the researcher to undertake the research. In this study, the Nominal Group Technique (NGT) was applied as a method within the workshop methodology to detail how the research was carried out, how the data were gathered and what instruments were used for the research (Williams, 2020). NGT is suitable for this study because this technique provided a structure to the group brainstorming that encourages contributions from everyone and facilitates agreement on the relative importance of issues, problems, or solutions (Tran et al., 2021). A detailed discussion to follow in Chapter 3.

1.8.3 Developing guidelines

The findings of the scoping literature review aimed to map the evidence on how decolonisation served as a vehicle for transformation within Health Sciences curricula. The empirical section of this study used this map to establish how academics perceive decolonisation within their curriculum. This then assisted the researcher in answering the third research question: what

guidelines can be developed to inform the decolonisation of Health Sciences curricula at the NWU?

This research employed the AGREE II, an instrument that assesses the methodological rigour and transparency in which guidelines are developed (AGREE, 2017). The AGREE II instrument consists of 23 key items that serve to inform what information and how information ought to be reported in guidelines, provides a strategy for the development of guidelines, and provides a framework to assess the quality of the guidelines. This contributed to the validity of the developed guidelines. This methodology is elaborated upon in Chapter 3.

1.9 Ethical considerations

Throughout the research, a strict adherence to ethical principles was maintained, guided by the fundamental tenets of ethics: autonomy, justice, beneficence, non-maleficence, and fidelity. Autonomy was upheld by respecting participant privacy and confidentiality. Justice was assured through fair recruitment and treatment of participants. Beneficence and non-maleficence were addressed by minimising harm and maximising benefits while maintaining research quality and transparency. A research support team was established to enhance participants' well-being. The research support team consisted of the researcher, a Principal Investigator (PI), a Co-Investigator (Co-I), an independent Research Support Member (RSM), a Research Administrator (RA), and a co-coder. The roles of the researcher, PI, and Co-I were delineated, with a focus on safeguarding participants' rights and mitigating power differentials.

Ethical approval from the North-West University Health Research Ethics Committee (NWU-HREC) (NWU-00128-22-A1), and the North-West University Research Data Gatekeeper Committee (NWU-RDGC), (NWU-GK-22-061), was obtained prior to commencing with the research. Ethical considerations during recruitment centred on obtaining informed consent and ensuring clear and open communication. The process of obtaining informed consent was explained, emphasising that participation was voluntary and confidential. Ethical considerations during data collection and analysis were outlined, including steps to maintain anonymity and reduce personal bias.

The risks, precautions, and benefits of the research were detailed, with a focus on addressing potential participant discomfort and vulnerabilities. The risk-benefit ratio favoured the benefits of the research. Data management, including physical and electronic data, was detailed, and the potential use of data in future studies was highlighted. Continuous monitoring of the research process and the management of conflicts of interest were also addressed to protect participant

privacy. Throughout the research, the commitment to conducting an ethically sound study was evident, with a strong emphasis on responsible and transparent research practices.

1.10 Chapter overview

To conform with the rules and regulations guiding the submission of the dissertation by the NWU, this dissertation is submitted in an article format. Chapters 4, 5 and 6 are standalone papers that will address the specific objectives of this study. The chapters are presented in manuscript format and constructed around the author guidelines of targeted peer-reviewed journals. In the rest of the chapters APA 7th edition in-text citations and referencing style were used, with the complete reference list included at the end of each chapter.

1.10.1 Chapter 1: Overview and introduction

Chapter 1 provides an overview of the study. In the introduction, background and problem statement, this chapter explain the pressure that HE is under to transform curricula. The chapter elaborates on how decolonisation can be used as a vehicle for transformation to create curricula that are responsive and socially just. This chapter provides insight into the purpose and objectives of the study as well as an overview of the research paradigm, design, and methodology that will be followed in this study. This chapter concludes with the ethical considerations and structure of the thesis.

1.10.2 Chapter 2: Literature review

Chapter 2 offers a broader contextual foundation for the study, addressing a need that cannot be fully met by the conciseness of the literature section of the articles. This chapter delves into the evolving landscape of HE and its imperative for curriculum transformation. It proceeds to explore the decolonisation movement as a response to the need for curriculum transformation, emphasising its potential to address historical injustices, foster inclusivity, and reshape curricula. The chapter then explores the multifaceted concept of decolonisation by presenting various understandings of the concept, with a specific focus on its application in Health Sciences. The chapter concludes with the challenges and barriers that may hinder the decolonisation movement.

1.10.3 Chapter 3: Research Design and Methodology

Chapter 3 offers a more extensive description of the research design and the methodology chosen for this study. This expansion is necessary because the methodology sections in the articles may lack the detail required for a full explanation. In this chapter, the methodology, and processes of the scoping literature review are described. It then describes the qualitative study conducted,

which employs workshop methodology and within this methodology the use of the NGT to collect data. The chapter also outlines the methodology followed to develop decolonisation guidelines, using the AGREE II instrument as a guiding framework.

1.10.4 Chapter 4: Article 1 The Nature of Decolonisation in Health Sciences curricula: a Scoping Review

Article 1 reports on the findings of a scoping review that explores the nature of decolonisation within Health Sciences. While decolonisation is viewed as an opportunity to create an inclusive and diverse learning environment, decolonising health curricula seems unachievable because the concept is not yet clearly defined. The findings indicate that decolonisation in Health Sciences is described as the process of acknowledging the impact of colonialism; combatting injustice and inequities; reclaiming and revaluing heritage; and interrogating knowledge to find alternative ways. This chapter addresses the first objective and adds to understanding the nature of decolonisation in Health Sciences. This article has been accepted for publishing in *South African Journal for Higher Education*, vol 38 no 4 of 2023. The chapter follows the journal's style formatting and referencing with necessary adaptations for NWU guidelines.

1.10.5 Chapter 5: Article 2 Decolonisation of Health Sciences curricula as a vehicle for transformation in Higher Education: A scoping review.

Article 2 also addresses the first objective by exploring how the decolonisation of Health Sciences curricula can be used as a vehicle for transformation in HE. By identifying and organising the main concepts used in the literature and proposing an action framework to decolonise curricula within the field of Health Sciences, this study contributes to the ongoing discourse on how decolonisation can be used to bring about transformation in HE. This article is under review at the *South African Journal for Higher Education*. The chapter follows the journal's style formatting and referencing with necessary adaptations for NWU guidelines to maintain thesis-wide uniformity.

1.10.6 Chapter 6: Article 3 Guidelines for Decolonising Health Sciences curricula: A Roadmap to Transformation

Article 3 addresses both the second and third objectives. Due to the journal requirements, this article uses Health Professions Education (HPE) rather than Health Sciences education and Health Professions educators (HP educators) rather than academics as used throughout the thesis.

This chapter explores how HP educators at NWU perceive decolonisation and uses these insights to develop guidelines to inform decolonising of curricula in HPE. The derived guidelines facilitate

cultural competency and social consciousness among HP educators, fostering responsive curriculum transformation and a more inclusive HE environment. This research contributes to the vital discourse on decolonisation by grounding theory in practice, offering practical guidelines as a roadmap to transformation. This article was submitted to the journal *Advances in Health Sciences Education* (Springer) and is currently under review. The chapter follows the journal's style formatting and referencing with necessary adaptations for NWU guidelines to maintain thesis-wide uniformity.

Rhea Koch, Jessica Pool, Yolande Heymans et al. Guidelines for decolonising Health Sciences curricula: a roadmap to transformation, 28 October 2023, PREPRINT (Version 1) available at Research Square [https://doi.org/10.21203/rs.3.rs-3465522/v1]

1.10.7 Chapter 7: Conclusion, contribution, limitations, and recommendations

The final chapter provides a summary of the previous chapters, indicating how the aim, objectives, and research questions have been answered. This chapter discusses the methodological and theoretical implications of the study, shares limitations as well as points out future research directions.

The next chapter, Chapter 2, offers a contextual foundation for the study, by delving into the evolving landscape of HE and exploring the decolonisation movement as a response to the need for curriculum transformation.

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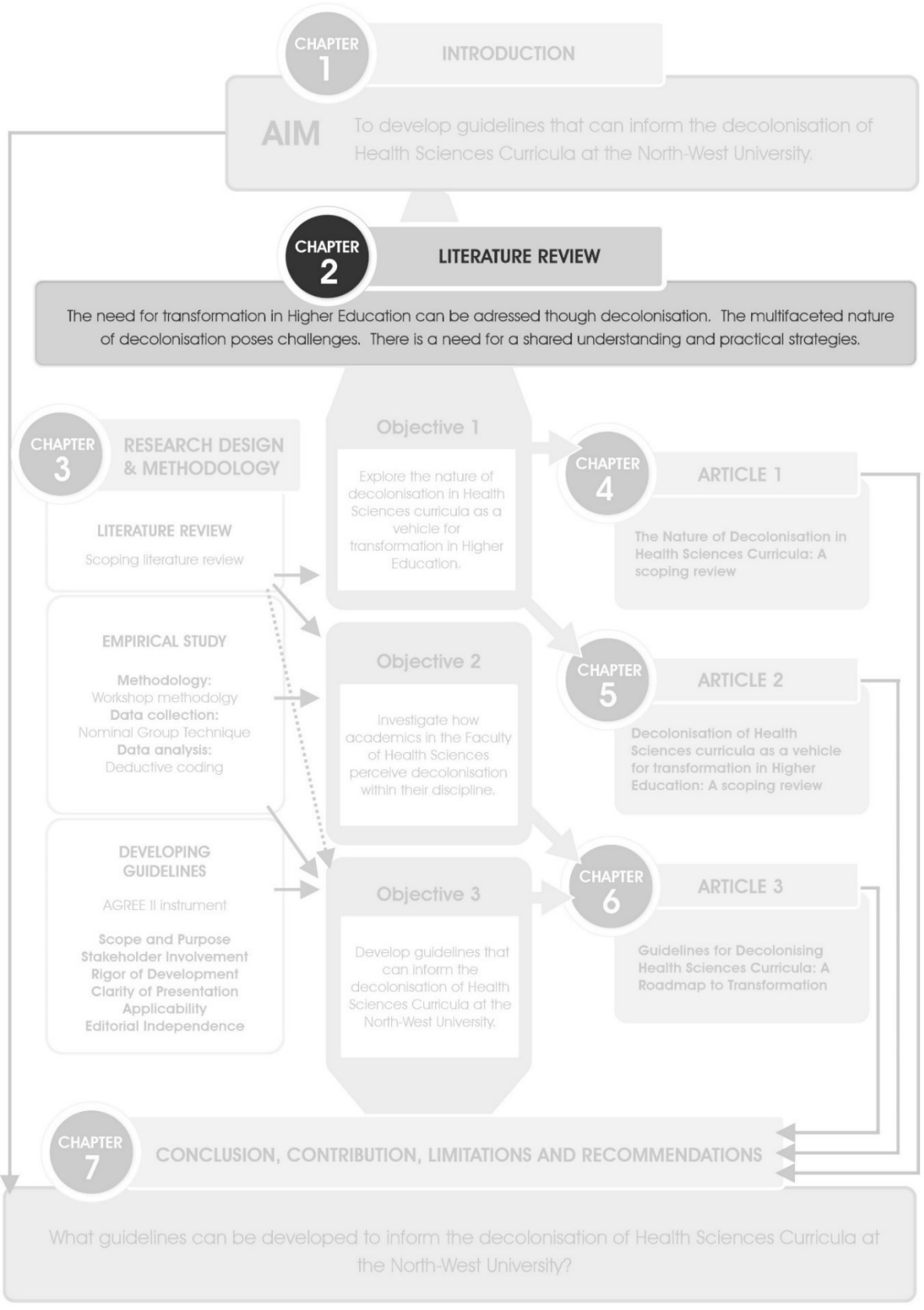
CHAPTER 2


CHAPTER 1
INTRODUCTION
AIM
To develop guidelines that can inform the decolonisation of Health Sciences Curricula at the North-West University.
CHAPTER 2
LITERATURE REVIEW
The need for transformation in Higher Education can be adressed though decolonisation. The multifaceted nature of decolonisation poses challenges. There is a need for a shared understanding and practical strategies.
CHAPTER 3
RESEARCH DESIGN & METHODOLOGY
LITERATURE REVIEW
Scoping literature review
EMPIRICAL STUDY
Methodology:
Workshop methodolgy
Data collection:
Nominal Group Technique
Data analysis:
Deductive coding
DEVELOPING GUIDELINES
AGREE II instrument
Scope and Purpose
Stakeholder Involvement
Rigor of Development
Clarity of Presentation
Applicability
Editorial Independence
Objective 1
Explore the nature of decolonisation in Health Sciences curricula as a vehicle for transformation in Higher Education.
Objective 2
Investigate how academics in the Faculty of Health Sciences perceive decolonisation within their discipline.
Objective 3
Develop guidelines that can inform the decolonisation of Health Sciences Curricula at the North-West University.
CHAPTER 4
ARTICLE 1
The Nature of Decolonisation in Health Sciences Curricula: A scoping review
CHAPTER 5
ARTICLE 2
Decolonisation of Health Sciences curricula as a vehicle for transformation in Higher Education: A scoping review
CHAPTER 6
ARTICLE 3
Guidelines for Decolonising Health Sciences Curricula: A Roadmap to Transformation
CHAPTER 7
CONCLUSION, CONTRIBUTION, LIMITATIONS AND RECOMMENDATIONS
What guidelines can be developed to inform the decolonisation of Health Sciences Curricula at the North-West University?

CHAPTER 2 LITERATURE REVIEW

2.1 Introduction

The previous chapter set the stage by introducing the study's background, framing the identified problem, and outlining the purpose, aim, objectives, and research questions, while also briefly touching on the research design, methodology, and ethical considerations.

Building on the foundation laid in Chapter 1, Chapter 2 commences by explaining the connection between the theoretical framework of social constructivism and the research topic of decolonisation in HE. It highlights how the principles of social constructivism are applicable to a better understanding and implementation of decolonisation.

This chapter continues to explore the changing HE environment and the role of decolonisation as a response to the imperative for curriculum transformation. Furthermore, the various interpretations and definitions of decolonisation are explored. Finally, the chapter concludes with the barriers and challenges that may hinder decolonisation.

2.2 Theoretical framework

In the context of social constructivism, researchers acknowledge that their interpretation is influenced by their personal, cultural, and historical backgrounds, shaping the way they perceive and derive meaning from information (Creswell & Clark, 2017).

Social constructivism is an applicable theoretical framework for this study, particularly in the context of decolonisation in HE. This framework provides a lens through which this study can examine how knowledge is constructed, transformed, and made more inclusive through social interactions and critical analysis of existing discourses. This framework assists in exploring the complexities of decolonisation in a context-specific and socially responsive manner. Tsotetsi and Omodan (2020) trace social constructivism back to Vygotsky and in their research, these authors state that this framework holds the potential of responding to the persistent coloniality in HE through collaborative knowledge construction. Diab et al. (2020) agree that social constructivism holds potential as a theoretical framework for decolonisation studies since it aims to transform individuals, communities, and societies.

Selecting social constructivism as the theoretical framework for the study holds several advantages. Firstly, it places strong emphasis on the role of social interaction in the construction of knowledge, which holds particular relevance in Chapter 6 of this study, which speaks to the objective of investigating how academics in the Faculty of Health Sciences (FHS) perceive

decolonisation within their discipline (§ Chapter 6). Secondly, the social constructivism framework enables this exploration of how individuals and groups collectively construct meaning and challenge existing knowledge structures (Tsotetsi & Omodan, 2020). The assumption is that knowledge is a product of social construction and is therefore influenced by cultural, historical, political, and economic conditions, as formulated by Lee and Greene (1999). This aligns with the decolonisation discourses that knowledge by nature is contextual and historical and should be taught in a way that illustrates this (Sathorar & Geduld, 2019). Thirdly, social constructivism encourages a thorough examination of the social and cultural contexts that influence learning and knowledge production. This aspect is especially pertinent in the context of decolonisation, allowing the researcher to analyse the specific cultural, historical, and societal factors that shape the decolonisation process in HE in both literature (§ Chapters 4 and 5) and in practice (§ Chapter 6).

Social constructivism further promotes a critical assessment of dominant discourses and their impact on knowledge and power structures (Hirtle, 1996). This is highly relevant to this study, as it enables an analysis of how existing discourses in HE contribute to or impede the transformation process. This critical assessment of dominant hegemonies and the role it plays in the decolonisation discourse becomes apparent in the findings of this research (§ Chapters 4-6).

Another alignment with social constructivism that becomes evident in the findings of Chapters 4-6 is the principles of a student-centred approach to teaching and learning, particularly in addressing the needs and perspectives of diverse student populations. Moreover, the flexibility and adaptability of the social constructivist framework makes it a suitable choice, allowing its application in various educational contexts, such as Health Sciences in the case of this study.

Finally, the applicability of social constructivism with the broader transformation goals of decolonisation is a compelling reason for its selection. Decolonisation seeks to transform HE by rectifying historical injustices and promoting inclusivity (Lumadi, 2021; Narasimhan & Chandanabhumma, 2021; Wong et al., 2021). Social constructivism supports this goal by offering a framework that encourages the co-construction of knowledge, inclusivity, and collaboration in pursuit of a more equitable and responsive HE environment.

2.3 Changing HE environment and need for transformation

The need for transformation in HE has become imperative for various reasons. Changes in student demographics, marked by increased diversity, have made it imperative for Higher Education Institutions (HEIs) to understand and meet the needs of this diverse student body better (Matimolane et al., 2018; Muna et al., 2019). Advancements in technology have revolutionised

teaching and learning, enabling online education, digital resources, and new teaching methods (Shahjahan et al., 2022). Maringe et al. (2021) argue that with the rapid progress in technology drastic transformation is needed in how we teach and how we will assess students in the classrooms of tomorrow. Shay (2016) highlights another significant aspect of the evolving HE landscape: the growing concern about the real-world relevance of curricula. The dynamic and expanding job market underscores the need for curricula that can readily adapt to shifting professional demands.

Manomano and Nyanhoto (2020) argue that the transformation of HE entails ensuring that learning experiences are relevant to the context to which students intend to apply the knowledge and skills with which their education provided them. Ashwin (2019) proposes that the development of curricula should be focused on imparting knowledge that fundamentally changes how students perceive themselves and how they can become more socially responsive. Similarly, Mgqwashu (2017) points out the need to move beyond a mere focus on grades, encouraging critical reflection on how content choices, teaching methods and assessment strategies shape the dispositions and qualities of graduates. In agreement, Sathorar and Blignaut (2021) stress that conventional methods of knowledge transmission are no longer adequate and emphasize the significance of acknowledging and incorporating multiple perspectives. Timmis et al. (2019) emphasise the importance of engaging in critical dialogues about diverse ways of knowing and connecting people, places, knowledge, and skills within the curricula. Ultimately, HEIs bear a societal responsibility to address these crucial transformation challenges through educational and research endeavours.

2.4 Decolonisation as a response to the need for transformation

In response to the imperative for transformation in HE, the concept of decolonisation has emerged as a catalyst for reshaping curricula and educational practices (Behari-Leak et al., 2020; Hansen et al., 2023). Student-led movements, notably #RhodesMustFall and #FeesMustFall, have played a central role in shaping this discourse. These movements, which gained widespread attention and support, articulated a pressing demand for transformation within HEIs. The #RhodesMustFall movement, which originated at the University of Cape Town (South Africa) in 2015, called for the removal of the statue of Cecil John Rhodes, a symbol of colonialism, from the university campus. This demand symbolised a broader call for the decolonisation of academic spaces. Simultaneously, the #FeesMustFall movement, characterised by student protests against rising tuition fees, amplified the conversation around the need for accessible and inclusive education (Behari-Leak et al., 2020; Osman & Maringe, 2019; Sathorar & Blignaut, 2021; Shay, 2016). The call to decolonise is also not uniquely South African and has inspired movements in other countries such as the United Kingdom (Pimblott, 2020).

Even though the word decolonisation has a long history dating back to the anti-colonial struggles of the 1950s, the student protests added the term as a prominent component of the transformation discourse in HE (Jansen, 2019). These student-led movements marked a turning point in addressing decolonisation in HEIs (Shay, 2016). The HE sector has been challenged to respond to the calls of these students by reviewing existing curricula which do not reflect a global South context, emphasising the need for academics to explore what a decolonial curriculum would entail (Behari-Leak et al., 2020).

2.4.1 The potential of decolonisation as a vehicle for transformation

Decolonisation offers a unique opportunity to confront and rectify the enduring influences of colonialism (Blackie, 2019; Castell et al., 2018; Narasimhan & Chandanabhumma, 2021; Quinn & Vorster, 2019). It serves as a powerful means to challenge and dismantle mechanisms that perpetuate inequities in society (Chandanabhumma & Narasimhan, 2020; Hellowell & Schwerdtle, 2022; Zappas et al., 2021). By embracing decolonisation, we pave the way for creating inclusive learning environments that genuinely celebrate diversity and multiple perspectives (Finn et al., 2022; Shahjahan et al., 2022). In essence, the potential of decolonisation is not just an academic pursuit; it is a transformative journey towards a more equitable and inclusive future. In the words of Le Grange (2019, p. 31): “My interest lies not so much in what decolonisation is, but in what it could become.”

2.4.2 What is decolonisation?

Narasimhan and Chandanabhumma (2021) explored, by using a scoping review, the ways in which decolonisation is conceptualised. They found that the definitions and conceptualisation of decolonisation varied considerably in terms of detail, clarity, the engagement with practice and goals of decolonisation. They continue to explain that many articles on decolonisation do not articulate their definition but simply rely on the assumption that the concept of decolonisation is commonly understood or that it has a commonly accepted set of practices. Narasimhan and Chandanabhumma’s (2021) findings suggest the need for clear theoretical positioning, specific definitions, and delineation of decolonising activities. It is crucial to recognise that decolonisation is not a one-size-fits-all process as its meaning varies depending on historical, cultural, and contextual factors (Behari-Leak, 2021; Mbaki et al., 2021).

Decolonisation, as a concept, is multifaceted and nuanced, with diverse interpretations and definitions in the academic literature. At its core, decolonisation involves dismantling the enduring legacies of colonialism and challenging the structures and systems that perpetuate inequality (Le

Grange et al., 2020; Osman & Maringe, 2019; Shahjahan et al., 2022). The 'de-' prefix signifies a deliberate act of undoing or reversing the impacts of colonisation (Behari-Leak et al., 2020).

Decolonisation is often perceived as an ongoing lifelong process of continuous reflection instead of a once-off project (Ahmed-Landeryou, 2023; Sridhar et al., 2023). Le Grange et al. (2020) however, disagree and argue that decolonisation should be like other projects with a beginning and end date with interim reviews to establish progress and re-direct if necessary.

Osman and Maringe (2019) define decolonisation as a process that seeks to restore and reclaim what was stolen by colonisation to establish a new way of valuing, creating, and thinking. The North-West University (NWU), in their declaration on decolonisation, explains that the concept, within the context of the NWU, involves placing African identity, knowledge, history, society and ideals on equal footing with foreign values, ideas, content and approaches (North-West University, 2018). Ahmed-Landeryou (2023) agrees that decolonisation is the integration of processes and knowledge that have historically been invalidated through colonial ideologies. She argues that decolonisation therefore is a way of enhancing the curriculum by reviewing it through an equity and social justice lens. Many authors agree with this view that decolonisation is a process of giving voice to the underrepresented who do not necessarily have enough power for accurate representation and visibility in the Western discourse (Diab et al., 2020; Mbaki et al., 2021; Van der Westhuizen et al., 2017).

It is evident from the afore-going discussion that definitions for decolonisation are often defined by the outcomes hoping to be reached. For some, decolonisation is a process that, if implemented correctly, can lead to a more inclusive HE environment that embraces different cultures and different perspectives (Goodman et al., 2015; Lokugamage et al., 2020; Neden, 2021). For others, it is the means to interrogate knowledge and to interrogate why some forms of knowledge are validated as opposed to other forms (Bhandal, 2018; Rodney, 2016). For Olivier (2021) a decolonised curricula provides knowledge to students that is based on the realities around them, making them more responsive to diverse situations.

2.4.3 What decolonisation is “not”?

There is widespread agreement that decolonisation is not merely a metaphor for transformation (Le Grange et al., 2020; Muna et al., 2019; Thesnaar, 2017). Le Grange et al. (2020) cautions against the impression that decolonisation and transformation are the same concept. Le Grange et al. (2020) argue that if decolonisation and transformation is perceived as synonyms, decolonisation would be nothing more than another buzzword in the larger project of transformation and question the feasibility of decolonisation as a strategic project if this is the

case. Muna et al. (2019) point out that student movements chose to adopt the term decolonisation instead of transformation to refer to the deeper commitment to eradicate colonial legacies and implement immediate changes to the HE landscape.

Decolonisation is also not the removal of Western-centric knowledge and theory as stated by Ahmed-Landeryou (2023). Cloete (2018) agrees and argues that the focus should move from replacing Eurocentric approaches to rather supplement and contrast these with indigenous approaches. This author strongly condemns the outdated discourse that decolonisation is the removal of everything Eurocentric and states that this mindset is as narrow and modernistic as colonialism itself. Cloete (2018) advocates for a move beyond the negative impacts of historical events to a more effective, holistic and constructive approach. Thesnaar (2017) also points out that even though decolonisation can be used to challenge and change power balances, it is not equal to other anti-colonial struggles. The abovementioned author warns against a simplistic approach in which people take turns to take up a position of dominance because this will not contribute towards sustainable peace and reconciliation for future generations.

2.4.4 Decolonisation in Health Sciences

Decolonisation is understood differently and will depend on context (Le Grange et al., 2020, p. 21). Shahjahan et al. (2022) agree and explain that the context includes different disciplines, programs, institutional types, nationalities and the positionality of lecturers and students.

In this regard, Health Sciences curricula are not immune to the influence of colonial legacies (Büyüm et al., 2020). The historical context of healthcare in South Africa, marked by apartheid-era segregation and discrimination, has left a lasting imprint on the field (Griffiths, 2019; Lawrence & Hirsch, 2020). Goodman et al. (2015) acknowledge that Health Sciences curricula may unintentionally perpetuate colonial practices. Chandanabhumma and Narasimhan (2020) and Castell et al. (2018) propose that decolonisation can be the process of eliminating these mechanisms that contribute to inequities in Health Sciences. Finn et al. (2022) agree that decolonisation in Health Sciences curricula can be an opportunity to create an inclusive and diverse learning environment. Furthermore, decolonisation acts as a bridge between Health Sciences education and healthcare systems, fostering a more holistic and responsive approach to addressing the healthcare needs of diverse communities (Chandanabhumma & Narasimhan, 2020; Hellowell & Schwerdtle, 2022; Mbaki et al., 2021; Narasimhan & Chandanabhumma, 2021; Rodney, 2016).

However, as pointed out by Lawrence and Hirsch (2020), the concept of decolonising Health Sciences curricula is not clearly defined and therefore seems unachievable. Without a clear

understanding of the concept, an absence of institutional processes and sustainable policies prevails (Neden, 2021; Zappas et al., 2021). Consequently, HEIs have not fully embraced opportunities to decolonise, resulting in Health Sciences curricula which remain imbued with colonialism (Lawrence & Hirsch, 2020; Maringe et al., 2021; Timmis et al., 2019).

2.5 Challenges and Barriers

The decolonisation movement is not without its challenges and barriers. These barriers include the resistance toward the decolonisation movement, the shortcomings of the decolonisation agendas, the contradictory views and lack of practical guidance.

2.5.1 Resistance and hesitation to decolonisation

A significant hurdle to decolonisation is the resistance from academics and HEIs to engage in the decolonisation process. Le Grange (2019) explains that staff and students, who might be hesitant to let go of familiar practices, might not fully support the decolonisation process and might lack confidence in the legitimacy and effectiveness of curriculum innovations. Matimolane et al. (2018) account for this resistance by mentioning that traditional pedagogical practices are deeply embedded in SA universities which leads to academics' resistance to change. Behari-Leak (2021) argues that people might resist change because they are afraid of losing the power and privileges associated with the current dominant system. This resistance also reflects their dedication to preserving traditional academic practices rooted in colonialism.

Hellowell and Schwerdtle (2022) voice concern about the possible negative consequences of decolonisation. These concerns include undermining confidence in scientific knowledge, intensifying inter-group and international conflicts, and limiting opportunities for future redistributive changes.

2.5.2 Shortcomings of the decolonisation agenda

Another significant barrier identified by Osman and Maringe (2019) is the agenda of decolonisation that places emphasis on removing obstacles, such as the removal of the statue of Cecil John Rhodes from the campus of the University of Cape Town, instead of giving guidance on how to decolonise curricula. This resonates with the findings of Narasimhan and Chandanabhumma (2021), which add that there are no explicit norms on how the processes of decolonisation are conceptualised and should be implemented.

In agreement, Cloete (2018) strongly critiques the fallist decolonisation discourse and cautions against a problem-based approach to decolonisation. Cloete (2018) instead advocates for a

movement that goes beyond the negative impacts of historical events to a more effective, holistic approach with a proactive focus on post-colonial upliftment and empowerment. Cloete (2018) proposes movements based on an evidence-informed combination of international and indigenous good practices to make decolonisation sustainable.

Manomano and Nyanhoto (2020) further advocate against an aggressive and insensitive approach to decolonisation. These authors caution that if decolonisation efforts become overly forceful and lack sensitivity, it may unintentionally lead to resistance to change. Manomano and Nyanhoto (2020) further suggest that it is essential to acknowledge differences in the context of different epistemologies. By acknowledging these differences and respecting diverse epistemologies, one can work toward a more inclusive and equitable decolonisation process that does not inadvertently perpetuate harmful stereotypes or conservative viewpoints.

Finally, the political connection to the concept of decolonisation cannot be denied. According to Manomano and Nyanhoto (2020), decolonisation in the academic environment is perceived by some as a measure to remove white academics from HEIs or the inclusion of study material written by black authors. Manomano and Nyanhoto (2020) then caution that efforts to clarify the concept of decolonisation should be accompanied by careful and respectful reflection since it holds the potential of provoking strong conflict. This underscores the importance of nuanced and context-specific approaches to decolonisation.

2.5.3 The lack of practical guidance

The lack of a singular, universally accepted definition of decolonisation poses yet another challenge. Many authors point out the need for a shared understanding of the term decolonisation and what the process entails (Hansen et al., 2023; Le Grange, 2018; Matimolane et al., 2018; Osman & Maringe, 2019). In their study, Matimolane et al. (2018) found that while some academics acknowledged the need for some form of a definition, others cautioned that in doing so too narrowly could potentially compromise the depth, complexity and relevance of the decolonisation process. Behari-Leak et al. (2017) add to this by emphasizing that the crucial aspect lies in establishing a shared understanding of the nature of decolonisation and its specific processes, rather than solely focusing on its definition. Furthermore, Behari-Leak (2021) warns to avoid reducing decolonisation to a mere academic concept and to recognise its broader and more transformative implications in reshaping societal power structures.

However, Osman and Maringe (2019) and Hoadley and Galant (2019) emphasise that without a clear understanding of what ‘decolonisation’ is and how the process of decolonisation should be approached, decolonisation will not be able to contribute to the transformation of HE. Lawrence

and Hirsch (2020) agree and point out that because the concept of decolonising curricula is not clearly defined, it can make the process seem unachievable. Without a clear understanding of the concept, there is an absence of institutional processes and sustainable policies (Neden, 2021; Zappas et al., 2021).

It appears that, although there have been many debates, conversations and publications on decolonising curricula, the absence of clear guidelines may remonstrate the facilitation of the process of decolonising Health Sciences curricula (Lumadi, 2021; Shay, 2016; Timmis et al., 2019). Lumadi (2021) and Zappas et al. (2021) argue that decolonisation may be inconsequential unless it is part of an institution-wide programme delivering structure to education and practices through sustainable policies and accountability on all levels.

As a result of the above discussed challenges and barriers, HEIs have not fully embraced opportunities to decolonise, resulting in curricula which remain imbued with colonialism and are irrelevant to the requirements of development in the local contexts (Lawrence & Hirsch, 2020; Maringe et al., 2021; Timmis et al., 2019).

2.6 Conclusion

The imperative for curriculum transformation is evident as HE faces a changing landscape. While student-led movements have called for the decolonisation of curricula, practical implementation remains elusive. As HEIs grapple with the concept of decolonisation, there is a growing recognition of the need for a shared understanding and practical guidelines to achieve meaningful decolonisation. The ongoing discourse and research in this area emphasise the need for academics to navigate these challenges, redefine curricula, and promote inclusivity and equity in education. As this literature chapter illustrates, decolonisation is not merely a concept but a call to action, demanding collective effort and commitment from HEIs and academics.

The next chapter offers an extensive description of the research design and methodology.

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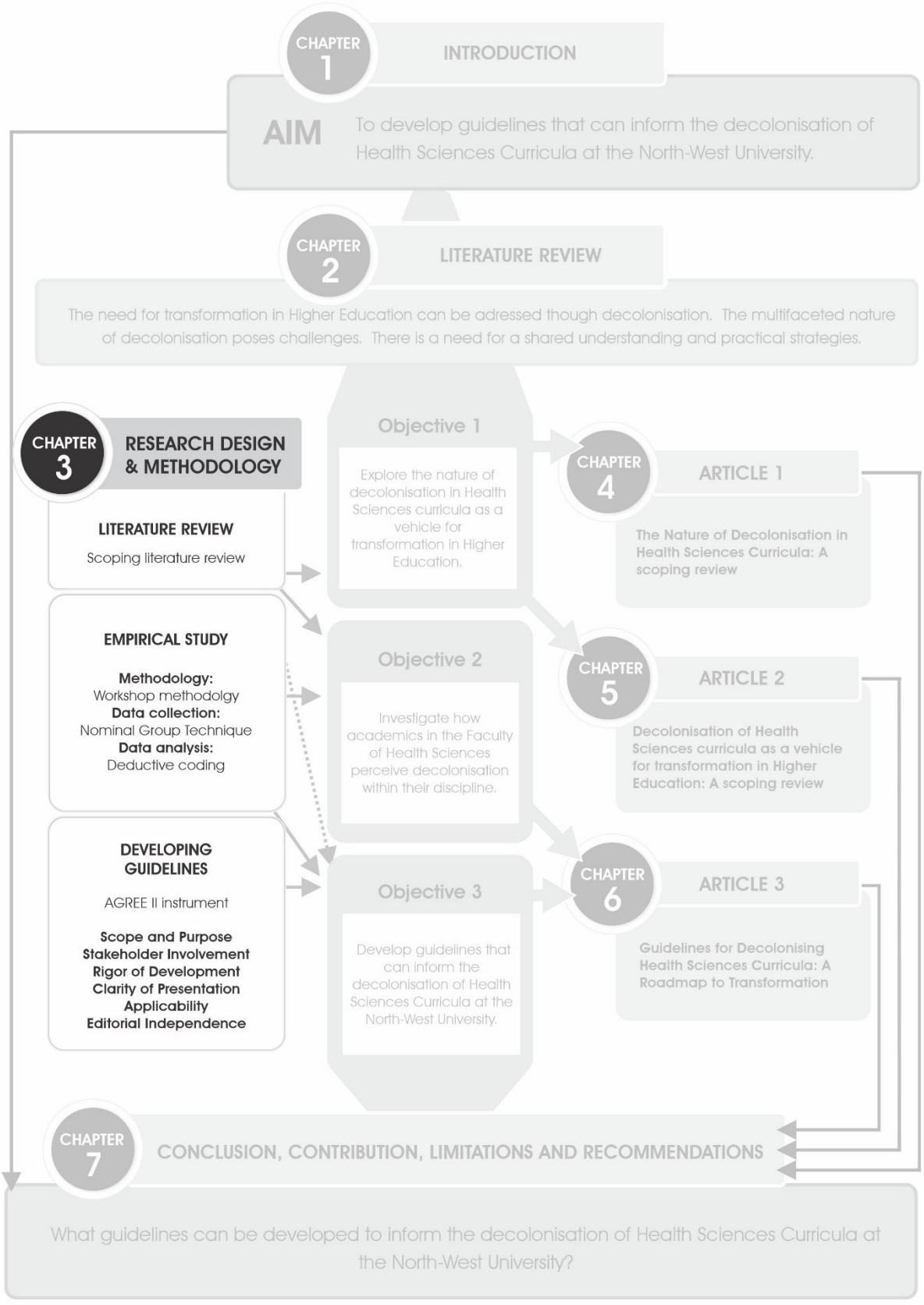
CHAPTER 3


CHAPTER 1
INTRODUCTION
AIM
To develop guidelines that can inform the decolonisation of Health Sciences Curricula at the North-West University.
CHAPTER 2
LITERATURE REVIEW
The need for transformation in Higher Education can be adressed though decolonisation. The multifaceted nature of decolonisation poses challenges. There is a need for a shared understanding and practical strategies.
CHAPTER 3
RESEARCH DESIGN & METHODOLOGY
LITERATURE REVIEW
Scoping literature review
EMPIRICAL STUDY
Methodology:
Workshop methodolgy
Data collection:
Nominal Group Technique
Data analysis:
Deductive coding
DEVELOPING GUIDELINES
AGREE II instrument
Scope and Purpose
Stakeholder Involvement
Rigor of Development
Clarity of Presentation
Applicability
Editorial Independence
Objective 1
Explore the nature of decolonisation in Health Sciences curricula as a vehicle for transformation in Higher Education.
Objective 2
Investigate how academics in the Faculty of Health Sciences perceive decolonisation within their discipline.
Objective 3
Develop guidelines that can inform the decolonisation of Health Sciences Curricula at the North-West University.
CHAPTER 4
ARTICLE 1
The Nature of Decolonisation in Health Sciences Curricula: A scoping review
CHAPTER 5
ARTICLE 2
Decolonisation of Health Sciences curricula as a vehicle for transformation in Higher Education: A scoping review
CHAPTER 6
ARTICLE 3
Guidelines for Decolonising Health Sciences Curricula: A Roadmap to Transformation
CHAPTER 7
CONCLUSION, CONTRIBUTION, LIMITATIONS AND RECOMMENDATIONS
What guidelines can be developed to inform the decolonisation of Health Sciences Curricula at the North-West University?

CHAPTER 3 RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

In the previous chapter, the literature review established a foundation for the study's background, problem and aim and linked these aspects to the theoretical framework, laying the groundwork for Chapter 3. Chapter 3 presents a more extensive description of the research design and methodology followed in this study. The chapter begins with an exploration of the research paradigm and design, followed by an overview of the methodology used for both the literature review and empirical aspects of the study. The chapter proceeds to outline the guideline development process, details the measures taken to maintain quality and rigour, and concludes by addressing the ethical considerations inherent in the study. Figure 1-1 illustrates how this chapter fits into the study.

3.2 Research paradigm

A research paradigm encompasses a researcher's fundamental beliefs and assumptions, shaping their perspective on reality in terms of ontology, epistemology, and methodology (Van der Vyver & Visser, 2023). A research paradigm shapes the overall approach to the study, guiding the researcher in understanding and interpreting the phenomenon under investigation (Williams, 2020). The choice of a research paradigm is therefore fundamental to the methodological underpinnings of this study.

This research was conducted within the social constructivism paradigm. Social constructivism assumes that knowledge is developed through social interaction and is therefore culturally and historically dependent (Taylor, 2018). Social constructivism as a research paradigm acknowledges that the interpretative process is deeply influenced by the researchers' own background and experiences. It emphasises that our understanding of a phenomenon is derived from personal, cultural, and historical contexts (Creswell & Clark, 2017; Hirtle, 1996; Taylor, 2018). In social constructivism, researchers recognise that their own backgrounds shape their interpretation and acknowledge how their interpretation is derived from their personal, cultural and historical experiences (Creswell & Clark, 2017). Van der Vyver and Visser (2023) argue that it is important for researchers to be aware of the role a paradigm plays and how this influences decisions concerning research methodology.

Social constructivism is a paradigm well-suited to the nature of this study. It aligns closely with the research question and objectives (§1.5), which are rooted in the complex concept of decolonising Health Sciences curricula. This paradigm is particularly apt for a study focused on

understanding how individuals collectively construct meaning as it allows for understanding how individuals, when working together, construct meaning of the phenomenon (Taylor, 2018). The overarching aim of this study is to develop guidelines for decolonising Health Sciences curricula. Within the social constructivist paradigm, this aim aligns seamlessly with the emphasis on participants' views and experiences. By prioritising the perspectives of academics and their collective meaning-making, this research aims to create guidelines that genuinely reflect the academic community's insights and preferences. Recognising the role of perspectives is fundamental, as it mirrors the essence of decolonisation which is to acknowledge the impact of colonialism and embrace alternative perspectives.

The choice of the social constructivism paradigm is a cornerstone of the research methodology. This paradigm ensures that the research remains grounded in the diverse cultural and experiential backgrounds of the academic community this research seeks to serve.

3.3 Research design and methodology

Research design in this study refers to the plan that outlines how the research is structured (Williams, 2020). The researcher conducted a literature review and an empirical study.

In the literature review, the research methodology included a scoping review, and in the empirical study the researcher adopted a qualitative research approach using workshops as research methodology. For the literature review the Joanna Briggs Institute (JBI) method for conducting a scoping review was followed (Peters et al., 2020). For the empirical study, the method used within the workshops was the Nominal Group Technique (NGT).

In the literature review the extracted data were analysed through qualitative content analysis and ultimately presented as an action framework. In the empirical study, the data collected during the workshops using NTG were thematically analysed using deductive coding based on predefined actions outlined in the action framework resulting from the literature review.

The abovementioned research design supported the researcher in answering the main question of what guidelines can be developed to inform the decolonisation of Health Sciences curricula at the North-West University (NWU). The Appraisal of Guidelines for Research & Evaluation (AGREE II), an instrument that assesses the methodological rigour and transparency in which guidelines are developed, was used to answer the research question (AGREE, 2017). The visual outline of the research design is presented in Figure 3-1.

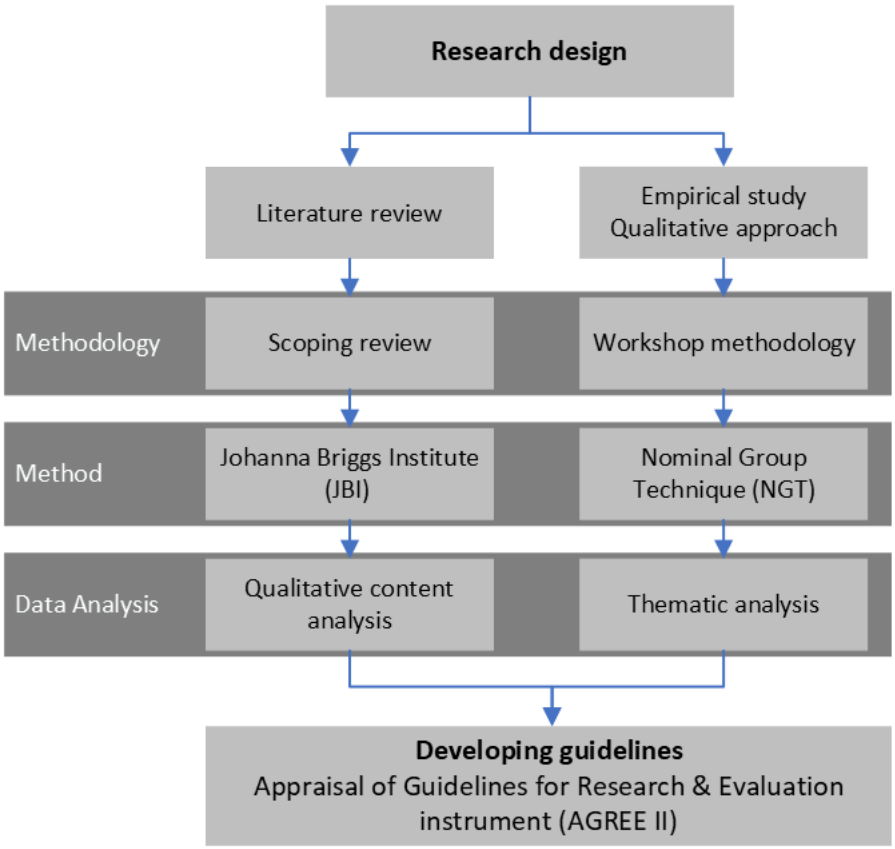


Figure 3-1: Research design and methodology

In the discussion to follow, the researcher unpacks the methodology in detail, commencing with the scoping review.

3.4 Scoping Review

This research conducted a scoping literature review, which aimed to explore and map available research systematically. This is a suitable methodology as a scoping review provides a framework for mapping key concepts, clarifying definitions and boundaries, and identifying and analysing knowledge gaps needed to answer the research questions of this study (Munn et al., 2018; Peters et al., 2020). The motivation for using a scoping review instead of a systematic review is that the latter tends to address a precise question, whereas a scoping review is explanatory and addresses a broad question. Furthermore, the literature suggests that the findings from a scoping literature review can be valuable in the development of guidelines, which is the ultimate objective of this study (Pollock et al., 2021).

This scoping review was guided by the methodology for scoping reviews described in the JBI Manual for evidence synthesis and conducted using the enhanced framework as illustrated in Table 3-3Table 3-1: Enhanced Scoping Review Framework (Peters et al., 2020) (Peters et al.,

2020). The development of the JBI approach to conducting a scoping review is underpinned by both the originally proposed framework by Arksey and O'Malley and Levac and colleagues' enhancements (Peters et al., 2020). It consists of nine steps as displayed in Table 3-1. As advocated by Peters et al. (2021), this study followed this up to date methodological guidance to enhance the quality and rigour of this study.

Table 3-1: Enhanced Scoping Review Framework (Peters et al., 2020)

Step 1	Defining and aligning the objectives and question/s
Step 2	Developing and aligning the inclusion criteria with the objective/s and question/s
Step 3	Describing the planned approach to evidence searching, selection, data extraction, and presentation of the evidence.
Step 4	Searching for the evidence
Step 5	Selecting the evidence
Step 6	Extracting the evidence
Step 7	Analysis of the evidence
Step 8	Presentation of the results
Step 9	Summarizing the evidence in relation to the purpose of the review, drawing conclusions and noting any implications of the findings

When reporting on the methods followed to conduct the scoping review this research was again guided by the JBI methodology, as outlined by Peters et al. (2020). Peters et al. (2020) suggest that when presenting the methods of the scoping review it should be presented under four subheadings, namely search strategy, source of evidence screening and selection, data extraction and lastly analysis and presentation of the results. The next section will unpack each of these subheadings, starting with the search strategy used for this research.

3.4.1 Search strategy

This section elaborates on the search strategy used for identifying relevant sources for inclusion in the scoping review. To align the search strategy with the objectives of this study as

recommended in the JBI Manual for evidence synthesis (Peters et al., 2020), the main components in the research questions were identified using the PCC mnemonic as guide as illustrated in Table 3-2. The questions addressed by the scoping review were respectively presented in chapters 4 and 5 (§ 4.1 and 5.1).

Table 3-2: Main concepts of the study, adapted from PCC mnemonic in Peters et al. (2020)

Criteria	Component(s)	Explanation
P (Population)	Health sciences	Faculty of Health Sciences (FHS) and Health Sciences education
C (Concept)	Decolonisation as vehicle for transformation	The overarching concept of interest for this scoping review is the nature of decolonisation as a vehicle for transformation. A further element of importance is how decolonisation is being used to transform curricula.
C (Context)	Higher Education (HE)	This study focused on studies conducted in HE. The context was refined to include curriculum design, redesign and revision in HE.

From these components, keywords were identified. From these keywords, a set of search terms were derived. British and American spelling, synonyms and plurals were accounted for. Table 3-3 presents the components and search terms.

Table 3-3: Search terms

Component	Search terms
Decolonisation	Decolonise or decolonize or Decolonisation or decolonization or Decolonising or Decolonizing or Africanisation or Africanization or decolonial or democratization or democratisation
Transformation	Transform or Transformation or renew or renewal or renewing or change or revision or intervention or mediate or deconstructing or revolution or transition or diversity or development or adjustment or reversal or modification or diversification or remodelling or reconstructing or reconstruction

Curriculum	Curriculum or curricula or pedagogy or pedagogic or pedagogical or pedagogies or educational program or syllabus or module or course or program
Guidelines	Strategy or guideline or guidelines or framework or action or approach or blueprint or design or tactics or method or planning
Higher Education (HE)	Higher Education (HE) or college or university or post-secondary or postsecondary or undergraduate or graduate or tertiary
Health sciences	Health science or Health Sciences or health or health science education or education

A three-step search strategy is recommended in all JBI types of review (Peters et al., 2020). Step one was conducted in collaboration with a research librarian exploring two databases relevant to the topic (Pollock et al., 2021). An initial search was conducted on the database 'Scopus'. This step was followed by an analysis of the text words in the title, abstract and index terms to develop a full search strategy. A second search using all identified search terms was then undertaken leading to the final search strategy. This was followed by the third step in which the reference list of identified reports and articles was searched with a view to obtain more sources relevant to this study. The researcher subsequently submitted additional relevant sources to be considered for inclusion.

Since the concept of decolonisation only came to occupy prominence in HE succeeding the students' movements and calls to decolonise HE (Jansen, 2019), only publications from 2015 onwards were considered for inclusion. In addition to this, publications written in English and consisting of literature reviews, book chapters and peer-reviewed scholarly articles were considered for inclusion.

The following databases were searched from 2015 – July 2022: EbscoHost, ERIC, Proquest, Pubmed, Scopus, and Web of Science. The full search strategy is available in Chapter 4 (§0), Chapter 5 (§5.9)

3.4.2 Source of evidence screening and selection

In this section as advised by Peters et al. (2020), the process of source and evidence screening for all stages of the selection is described, as well as the procedures followed for solving disagreements between the reviewers.

Following the database searches, results were identified and imported into EndNote (a commercial reference management software package), in which sources were combined, and duplicates removed. The remaining results were then imported into Covidence (an online screening and data extraction tool). Using Covidence allowed screening to be more efficiently and easily tracked. Selection was performed based on the pre-specified inclusion criteria (§Table 3-4).

Table 3-4: Inclusion and exclusion criteria

Criteria	
Inclusion	All the keywords present as per search strategy. Explores the nature of decolonisation in Health Sciences curricula. Describes how decolonisation is used as a vehicle for transformation Concept- understanding/definition is aligned with the concepts of this study. Clear strategies, solutions, guidelines or frameworks where decolonisation is used as a vehicle for transformation AND it can be applied to Health Sciences
Exclusion	Concepts (such as decolonisation) not understood or viewed like this study. No focus on curricula reform/pedagogical transformation Not relevant or applicable to Health Sciences or HS Education Not applicable in any way to the South African context Not good quality research (lacking methodological- and/or theoretical-grounding) Decolonising tactics cannot be applied to teaching and learning context.

Source selection (both at title/abstract screening and full-text-screening) was performed independently by both the researcher and Principal Investigator (PI). A calibration exercise was performed where ten articles were selected, and the titles and abstracts screened independently by both the researcher and the PI for assessment against the inclusion criteria. The researcher and the PI met to discuss discrepancies and make modifications to the criteria and elaboration document. This was done to ensure clarity and consistency in the application of the inclusion and exclusion criteria. Any disagreements were solved by reaching consensus through discussion, or by the decision of a third reviewer, the Co-Investigator (Co-I). When at least 75% agreement was achieved, the screening process commenced. Potentially relevant sources were retrieved in full.

The researcher and the PI independently accessed the full text of selected citations. For sources that did not meet the inclusion criteria during the full-text screening, the reason for exclusion was

recorded and reported. The results of this search process were reported and documented in full using the PRISMA 2020 flow diagram (§ Chapter 4; Chapter 5)

3.4.3 Data extraction

The data extraction section provides a logical and descriptive summary of the extracted results in alignment with the research objectives and questions. As suggested by Peters et al. (2020) the study made use of a data extraction form, which was tested by the researcher, PI, and Co-I to test the usability and appropriateness of the form to ensure that relevant results were extracted in full. This form was then refined further and updated to provide a logical and descriptive summary of the results that align with the objectives of this study, as suggested by (Peters et al., 2020). After this review stage, the reviewers independently extracted data from each of the included sources using the finalised data extraction form.

General data on article characteristics were abstracted such as title, lead author, country of origin and year of publication. The aim, methodology and findings of the study were also briefly noted as well as the academic discipline or subject on which the research is based. The aim was to explore the nature of decolonisation in Health Sciences as a vehicle for transformation. Hence, the following information was collected for each study: the definition of decolonisation in Health Sciences, the reasons mentioned as to why decolonisation is needed, and how decolonisation is used to bring about transformation (§ Chapter 4,.5).

3.4.4 Analysis and presentation of the results.

As suggested by (Peters et al., 2020), this section aims to describe the methods used to analyse and present the results of the review.

The extracted data were analysed in dept by performing a descriptive qualitative content analysis. The derived codes were then descriptively mapped in tabular form by grouping the data in accordance with the main themes that emerged while exploring the nature of decolonisation within Health Sciences in Chapter 4. In Chapter 5 the data were coded inductively using the main themes identified in Chapter 4.

In Article 1 (§Chapter 4: Table 4-2 and Table 4-3) the results were presented in tabular form and synthesized to propose a nuanced definition of decolonisation in Health Sciences. In Article 2 (§Chapter 5: Table 5-3) the findings resulted in an action framework that was presented in a table as well as illustrated with a figure (§Figure 5-2).

3.5 Empirical research:

A qualitative approach was adopted in this study. According to Van der Vyver et al. (2023) qualitative research unfolds in natural settings, focusing on human behaviour within various contexts. The researcher becomes an active part of the study, collecting narrative data and building understanding from participants' viewpoints. According to the above-mentioned authors this approach is flexible, adapts as the research progresses, and delves into the complexity of phenomena, exploring multiple perspectives. The researcher therefore views a qualitative research approach appropriate for this study because it seeks an in-depth understanding of the multiple perspectives of academics regarding decolonisation within Health Sciences curricula. With a nuanced concept such as decolonisation, this approach is also appropriate because it acknowledges the absence of a simple explanation and thrives on the complexity of phenomena (Van der Vyver et al., 2023).

Within the qualitative research approach the researcher used workshops as research methodology. This methodology provided a suitable platform to aid this study in identifying and exploring relevant factors (Ørngreen & Levinsen, 2017). Research methodology in this study refers to the overall approach for the research (Williams, 2020). Workshops refer to an arrangement whereby a group of people can learn, acquire new knowledge, and perform creative problem-solving (Ørngreen & Levinsen, 2017). The online workshops were specifically designed to fulfil a research purpose, which was to produce reliable and valid data to answer the research questions of this study.

During the workshops, the researcher used the method NGT to collect the qualitative data needed to answer the research question and to meet the research objectives. Method, in this study, refers to the method applied by the researcher to undertake the research. In this study, NGT was used as a method to detail how the research was conducted and how the data were collected (Williams, 2020). NGT is defined as a method used to generate ideas, synthesize opinions and enhance decision-making for topics lacking consensus in education (Tran et al., 2021). Hence NGT is suitable for this study because this method provided a structure to the group brainstorming that encouraged contributions from everyone and facilitated agreement on the relative importance of issues, problems, or solutions.

3.5.1 Population and sampling

The study population comprised academics within the FHS on the Potchefstroom, Mahikeng and Vanderbijlpark Campuses of the North-West University. The FHS consists of 5 schools namely Pharmacy, Nursing, Psyco-Social Development, Human movement Sciences, Physiology nutrition and consumer sciences.

This qualitative study made use of an all-inclusive voluntary purposive sampling procedure. This type of sampling is widely used in qualitative research to identify and select information rich sources related to the phenomenon of interest (Palinkas et al., 2015; Van der Vyver et al., 2023).

Guiding principles for selection included appropriateness of participants as well as adequacy of the sample size. This all-inclusive voluntary purposive sample included all FHS academics teaching undergraduate as well as post-graduate programmes.

All academics in the FHS were invited to participate in one of four similar workshops where data were collected for use in this study. Attendance was voluntary and academics who declined from participating in the research, could attend another workshop that did not form part of any study and where no data were collected.

3.5.2 Inclusion and exclusion criteria

Participation in this study was voluntary. The research included academics within the FHS at the NWU, who gave their willing consent after having been fully informed during the research information session.

Because of the inclusive and diverse nature of this study, it was decided not to exclude any academic willing to participate such as new academics/lecturers and academics with limited teaching experience. However, support and administrative staff appointed in FHS were excluded. Academics not appointed in the FHS and not registered for the workshop were also excluded.

3.5.3 Recruitment of participants

Prior to commencement of the research, the researcher obtained ethics approval from the North-West University Ethics Committee (NWU-00128-22-A1) and permission was granted by the North-West University Research Data Gatekeeper Committee (NWU-GK-22-061) to conduct research at the NWU and include the mentioned research participants for research purposes.

3.5.4 Advocating the intended research

The Deputy Dean: Teaching and Learning in the FHS sent the invitation via email to school directors who then sent it out to all academics within the FHS. The nature of the workshops and the intended research was also communicated to the directors of various schools at an Exco Teaching and Learning meeting. Academics were invited to participate in one of four similar workshops and given the choice to register for whichever workshop fits best within their schedule.

The invitation sent to academics informed them what the primary focus of the workshop would be and what would be expected of them, should they wish to participate. The invitation also informed academics that the workshops formed part of the intended research project and invited academics to click on a link for more information about the intended research. This link provided more information on the background, aim and objective of the intended research, emphasised that participation in the research was entirely voluntary and that academics had the right to withdraw from the research at any time, without explanation or prejudice. Information was provided on how the data would be collected and analysed and about the anticipated risks of harm or discomforts. It was explained to academics how anonymity, privacy and confidentiality of the academics' information would be managed to uphold the dignity and rights of the academics willing to participate and about the ethics process prior to, during and after the study as well as the dissemination of research findings.

To reduce the vulnerability of academics an independent, neutral, and experienced Research Support Member (RSM), facilitated the workshops and an independent Research Administrator (RA), anonymised the datasets prior to handing it over to the researcher for data analysis.

Succeeding the registration, the RA sent an email to academics who enlisted to be part of one of the workshops. This email contained all the research information and the consent documentation (Annexure D) again. The goal of this email was also to invite them to a research information session where they could meet the RSM and ask any questions they would have regarding the intended research.

3.5.5 Obtaining informed consent

The independent RA sent an email to the academics who registered for the workshop and indicated that they would be willing to participate in the research to set up a private face to face appointment on their respective campus. This was done to minimise the possibility of undue influence and to be sufficiently private and appropriate. The RA, who was appropriately trained and independent mentioned to each participant that they have had the opportunity to engage with information regarding the intended research, as well as the opportunity to attend the research information sessions and to contact the RSM or researcher if they had any questions regarding the research.

The RA clearly informed academics that only partial confidentiality could be ensured but explained how anonymity, privacy and confidentiality of the academics' information would be managed to uphold the dignity and rights of the willing research participants (referring to the academics participating in the workshops). The academics who chose to participate in the research signed

the informed consent form in the presence of the RA during the private consultation in the presence of another witness. The RA took possession of signed consent documentation and stored it in a locked cupboard within the Centre for Health Professions Education (CHPE) at the North-West University (Potchefstroom Campus) as further elaborated on in the data management, storage and destruction section. The RA was the only person to have access to the signed informed consent documentation as described in 3.10.1. The RA removed the data of the participants who did not give written consent and cleaned the data by removing any identifiable information. This enhanced the anonymity and confidentiality of the participants.

3.5.6 Empirical data collection and analysis

The following section explores the data collection process, followed by an exploration of how the data were analysed.

3.5.6.1 Data collection

The experienced academic facilitating the online workshops were previously employed by the NWU in the FHS. She also served as the initial project leader for a decolonisation initiative in the FHS, rendering her well-suited to facilitate the workshops.

During the online workshops five open-ended questions were posed one question at a time to the participants. Participants then presented their answer on a collaborative online platform, followed by a facilitated discussion to clarify, discuss, and prioritise the generated ideas. The process was then repeated for each of the questions. Once done with all five questions, the participants were asked to do a feedback survey on their experience of the session. The collected data encompassed the written answers to the questions posed on the collaborative online platform, the transcripts of the workshops and the responses from feedback survey completed at the end of the workshops (§ Annexure J).

The data collection process followed the four steps of NGT:

Step 1: The facilitator posed five open-ended questions to the group, implementing the guiding principles of Creswell and Clark (2017). The questions were displayed on the computer screen as well as repeated verbally. After posing the questions, the facilitator requested participants to independently generate ideas during the quiet thinking time.

Step 2: The purpose of step 2 was to record ideas. The facilitator asked participants to present their ideas by posting it on an online notice board, called Padlet. Padlet (https://padlet.com) is a collaborative online instrument that allows for posts to be displayed on a virtual wall. According to Dianati et al. (2020) this software has been found to promote greater engagement and offers a

more responsive alternative to oral input since some may not feel comfortable to contribute verbally. After posting their ideas anonymously, the facilitator read the documented posts. However, no discussion to clarify thoughts took place during this step.

Step 3: This step entailed a discussion on the posted ideas. Working through each post, the facilitator requested feedback on the given posts. The purpose of the discussion was to gain insight into the participants' viewpoints on the topic at hand and where needed, probe to gain clarity and a better understanding of the participants' perceptions, experiences, opinions, attitudes, and beliefs regarding the decolonisation of their curriculum.

Step 4: In this step participants voted to prioritise ideas. Using the voting functionality within Padlet, the RSM requested each participant to privately identify and select three ideas from all the posted ideas that they rate as the most important. Thereafter the RSM tallied the votes to identify the ideas that represent the group's preferences.

Step 5: In this step participants gave feedback on their experience of the session.

3.5.6.2 Data analysis

After the last of the four planned workshops, all the Padlets were downloaded by the RA. The RA cleaned the data by removing any identifiable information. This enhanced the anonymity and confidentiality of the participants. Thereafter the RA handed the cleaned Padlet pages over to the researcher for data analysis.

The digital recordings of all the workshops were downloaded and saved to the password protected computer of the RA. Directly after the transfer, the files were deleted from the online platform account. All recorded sessions were transcribed verbatim by an independent transcriber who signed a confidentiality agreement (Botma et al., 2015). As with the Padlet data, the RA cleaned the data by removing any identifiable information. This enhanced the anonymity and confidentiality of the participants. During the data analysis approach the following six steps as described by Creswell and Clark (2017), were followed:

Step 1 Prepare the data: The researcher organised, sorted, and arranged the anonymised data sources.

Step 2 Explore the data: The researcher started with the initial coding by reading through the data to develop a general sense of the data and made notes capturing the initial and general thoughts on the data.

Step 3 Analyse the data: The researcher then started with the detailed data analysis process by coding the data. The researcher used deductive coding to analyse the data with Atlas.ti 23 (a qualitative data-analysis software).

To guide the data analysis process, the researcher followed the following steps as suggested by Tesch (1990):

- Read and reread the data sets to grasp the overall context.
- Started with a selected dataset, identified emerging themes, sub-themes, and codes by mindfully processing the information.
- Examined and scrutinized the dataset, linking text segments to codes, sub-themes, themes, and patterns. Created new codes for unlinked text segments.
- Co-coded the data set with an experienced co-coder to enhance validity and trustworthiness. Discussed preliminary findings and adjusted the code list and coding process accordingly.
- Utilized the networking functionality in Atlas.ti 23 to connect codes, sub-themes, themes, and patterns, revealing interrelationships.
- Engaged the researcher, PI and Co-I in discussions to interpret the findings and make sense of the data.

Step 4 Represent the data analysis: In this step, the findings were presented in themes, and quotations served as evidence of the findings.

Step 5 Interpreting the results: During this step, major findings were summarised and interpreted to understand how the findings answer the research question and relate to existing literature. Limitations of the study and implications for further studies were identified.

Step 6 Validate the data and results: To ensure reliability, the data were checked for credibility, dependability, and conformability by using validation strategies (Creswell & Clark, 2017).

In the section to follow, the researcher explains how the findings from this empirical study, along with the findings of the literature review informed the development of the guidelines.

3.6 Developing guidelines

This research used the AGREE II instrument to guide the development of guidelines and assess the methodological rigour and transparency in which these guidelines were developed (AGREE, 2017). The AGREE II instrument consists of 23 key items within the six domains.

These domains served to inform the researcher about the type of information that should be reported on in the guidelines and how the information ought to be reported. This contributed to the quality and validity of the developed guidelines.

Domain 1 guided the formulation of the overall aim of the guidelines, the specific questions addressed and the identification of the target population. This domain assisted in ensuring that the scope was well-defined and relevant to the intended purpose.

In Domain 2 stakeholder involvement was considered during the development phase to incorporate perspectives from relevant stakeholders, which in this study referred to academics in the FHS. This domain emphasised the importance of engaging diverse viewpoints to enrich the guideline development process.

Domain 3 focuses on the rigour of the guideline development process and emphasises the use of systematic methods for evidence search, selection, and appraisal. In this study, a research design comprising both a literature review and a qualitative empirical study, each conducted with robust methodology, assisted the researcher in adhering to the rigorous standards of the process.

Domain 4 centres on the clarity of presentation. The researcher considered the language, structure, and format of the guidelines to ensure clarity. With the input and perspectives of academics it was insured that the guidelines were easily identifiable, facilitating their application in practice.

Domain 5 made sure the applicability of the guidelines was addressed during the development. In this domain the potential challenges and factors that supported the application of the guidelines were explored, offering insights into resource considerations.

In the last domain, Domain 6, editorial independence was a key consideration in the development of the guidelines to ensure freedom from competing interests. The researcher and the research team did not receive any funding for the development of the guidelines. Potential influences were addressed and managed, and transparency was maintained in the development process.

In this context, these domains functioned as guiding principles, shaping the development of clinical practice guidelines to meet high standards in terms of relevance, inclusivity, methodological rigour, presentation clarity, practicality, and independence.

In Chapter 6 (§ 6.5), the correlation between these domains and the proposed guidelines was explored, shedding light on how each domain played a role in shaping practical and effective guidelines.

Having established an understanding of the guideline development process, the following section details how the quality and rigour of the research were upheld.

3.7 Quality and rigour of the research

Creswell and Clark (2017) argue that accuracy and credibility of findings should be determined throughout the research process. In this study, the researcher ensured accuracy and credibility of the findings of the research by using a guiding research question, and applied procedures to ensure validity and reliability of data sources (Creswell & Clark, 2017; Lincoln & Guba, 1985; Poggenpoel & Myburgh, 2005; Shenton, 2004).

A clear research question along with sub-questions guided this research. Qualitative data sources were analysed until data saturation was reached. This implies that the researcher kept on analysing data until no new information emerged from the data.

During the discussions in the workshops, the RSM continuously summarised what the participants said to make sure her interpretations are correct. Continuously summarising can be considered as a form of on-the-spot member checking to ensure accurate data capturing.

The aim of qualitative research is not to generalise; however, the researcher kept transferability in mind. Transferability refers to the ability to conduct the research within a similar environment and obtaining the same results. To enhance transferability, the researcher provided a rich description of the context, the participants, the data generating methods and instruments and the data analysis and findings (Poggenpoel & Myburgh, 2005; Shenton, 2004). The context, target population and participants were described in a way to protect the anonymity and confidentiality of the participants. The research design, methodologies used to collect the data and the data analysis process were well documented and described. Providing detailed information can assist other researchers to conduct the study in a similar context.

Dependability was ensured by having a clear and appropriate research design that includes, but is not limited to, providing a clear and detailed description of the process to gather and analyse

data (Shenton, 2004). To enhance dependability, the researcher left a clear audit trail for both the literature review and the empirical components. The researcher also analysed the data until data saturation was reached and used co-coding to enhance the rigour of the data analysis process (Shenton, 2004).

Confirmability in this research was of special concern as the researcher is also employed at the FHS and may know or have engaged with one or more of the participants in the past. These engagements could have influenced the researcher's objectivity (Shenton, 2004; Tobin & Begley, 2004). To adhere to confirmability in this research, the researcher used a neutral and independent RSM and RA, and additionally used a co-coder to manage possible biases during the data analysis process. The researcher also focussed on being objective during the data analysis process. Participants were fully informed at commencement of the research about the role of the researcher and the researcher support members. During the data analysis and interpretation phase, rigorous scientific methods were applied to adhere to confirmability. This includes sending the anonymised transcripts of the workshops as well as the findings for member checking to confirm the reliability and trustworthiness of the data.

3.8 Ethical considerations

The basic principles of ethics: autonomy, justice, beneficence, non-maleficence, and fidelity guided the ethical practices during this research.

Autonomy was ensured through respecting the privacy and confidentiality of academics participating in the research. Justice was ensured by treating participants fairly, as indicated earlier by the way they were recruited and contacted. Beneficence and non-maleficence were ensured by mindfully minimising any risk of harm and maximising the benefits of the research. Care was taken to ensure quality and transparency in the research.

The following section explains the role of the researcher, PI and Co-I, the benefits and risk for academics participating in this research and how data were managed during and after the research.

The research can be classified as medium risk as participants may have felt exposed and uncomfortable in allowing their views and opinions about decolonisation to be used for research purposes.

Although the recruitment of academics to partake in this research and obtaining informed consent is discussed in detail under 3.5.5, the following discussion highlighted the ethical considerations

surrounding the recruitment and obtaining informed consent from the participants. No participant was compensated for participating in the study.

3.8.1 The role of the researcher, Principal Investigator (PI) and Co-Investigator (Co-I)

The researcher, PI and Co-I are employed in the CHPE within the FHS and responsible to support academics with their Teaching and Learning endeavours. Therefore there might have been a power differential between CHPE employees and academics, and the research team took special precautions to protect participants' rights during the research process and several precautionary measures were implemented to minimise coercion, possible bias and the potential power relationship.

3.8.2 Using a research support team in the research

To reduce the vulnerability of academics, as decolonisation may be a loaded concept, a research support team comprising the researcher (PhD student), the PI (promotor), Co-I (co-promotor), the RSM (who is readily reachable and available), the RA and a co-coder formed part of this research.

The researcher and the PI worked closely with the RSM, who facilitated the workshops. During the workshop comprehensive communication took place regarding the research, and participants were made aware that should they encounter any problem regarding the research, they could contact the RSM who would deal with the matter accordingly.

3.8.3 Obtaining permission from the North-West University Health Research Ethics Committee (NWU-HREC) and the North-West University Research Data Gatekeeper Committee (RDGC)

The research only commenced after approval by the NWU-HREC (NWU-00128-22-A1) and the NWU-RDGC (NWU-GK-22-061) had been obtained to research the NWU's willing academics who registered for the workshops.

3.8.4 Ethical considerations in advocating the intended research

An invitation to the workshops was sent out via email to all academic staff within the FHS. This invitation included a disclaimer that this workshop would form part of a research study, along with links providing more information on the research. Academics were fully informed about the research before agreeing to participate.

Upon registration, academics received an infographic with more information concerning the research and a link to the consent form. Academics were requested to familiarise themselves with

the research and to contact the RSM if they had any questions or uncertainties. Academics were also invited to a research information session hosted by the RSM. This ensured that academics participating had adequate opportunity and time to process all the information and think freely and privately about their participation in the research.

The information session was facilitated by the RSM, who explained the research, discussed the content of the informed consent form, and addressed any uncertainties and concerns. The RSM emphasised that participation in the research was not compulsory and that participants could withdraw from the research before the anonymisation of the data without any consequences.

3.8.5 Ethical considerations in obtaining informed consent

After the research information sessions conducted by the RSM, academics who indicated their willingness to participate in the study received an email from the independent RA to schedule a face-to-face individual appointment on their respective campus. This was done to minimise the possibility of undue influence and to be sufficiently private and appropriate. The RA aimed to ensure that academics were fully aware of the scope and purpose of the intended research and were able to make an informed decision about whether or not to participate in the research.

The RA discussed the anticipated risks of harm or discomforts, potential benefits, that there is no compensation for this study, and safety-related matters. The RA clearly informed academics that only partial confidentiality could be ensured but explained how anonymity, privacy and confidentiality of the academics' information would be managed to uphold the dignity and rights of the willing research participants.

Only the RA had access to the signed consent document to ensure the confidentiality and anonymity of the workshop participants whether or not they chose to give consent. Participants who chose not to give consent were invited to join a fifth workshop on a different date that did not form part of any study and where no data would be collected. They were therefore still able to participate in a decolonisation workshop without having to be part of the research.

3.8.6 Ethical considerations during data collection

This data collection process of this study (as discussed in detail under 3.5.6), aimed to enhance the anonymity and confidentiality of the participants' data and removed all risk of personal bias from the researcher, PI or Co-I. The RA safely downloaded and stored all data in a password-protected folder on Nextcloud, behind the NWU firewall, anonymised and cleaned the datasets and only handed it over to the researcher when satisfied that the datasets contained no identifiable information. It was critical that participants knew the process followed to collect their

data and that they knew that this process ensured autonomy, beneficence, justice, and non-maleficence.

3.8.7 Ethical considerations during data analysis

The researcher received the anonymised and cleaned data set from the RA and upon receiving the dataset, saved the data set in a password protected folder on Nextcloud, behind the NWU firewall. The researcher, the PI and the Co-I were the only individuals who had access to the folder.

A structured data analysis process followed to ensure the scientificness of the data analysis. This entailed reading and re-reading the data, the mindful processing of information, the coding of the data, the creation of subthemes and the interpretation of findings. When analysing the data, the researcher, PI and Co-I made sure that the data sets were always secure when not busy with the data analysis process. To reduce the possibility of bias, the research made use of an independent co-coder to minimise the risk of personal bias from the researcher, PI or Co-I.

3.8.8 Ethical considerations in data management, storage, and destruction

This research aimed to provide an opportunity for critical and courageous dialogue and reflection on decolonisation. Hence, it was of utmost importance that academics would feel safe to share their own perceptions and actions and know that their data would be safe.

The data management, storage, and destruction process (as explained in detail in 3.10) was therefore of crucial importance in this study. Care was taken to protect the data and identity of the participants and to adhere to strict protocol regarding the storage and destruction of the data.

3.9 Risks, precautions, and benefits

This research was classified as medium risk because the research topic may be considered controversial.

3.9.1 Anticipated risks for participants and mitigation of the anticipating risks

Table 3-5 provides insight into the anticipated risks for academics participating in the study and how the researcher mitigated the anticipated risks.

Table 3-5: Anticipated risks for participants and the mitigation of the anticipated risks

Anticipated risks	Mitigation of the anticipated risks
Some academics may feel uncomfortable in allowing their opinions and actions to be analysed for research purposes.	No one was forced to give consent and only the data of academics who gave their willing consent were included. The process of ensuring anonymity was clearly explained to academics and the assurance that they may withdraw their consent at any stage without consequences. The purpose of the research and the contribution of their data towards answering the research questions were also clearly explained to academics.
Because of the nature of the workshop and the fact that only partial confidentiality can be ensured, some participants could experience some anxiety in sharing their thoughts.	The process of the workshops was explained in detail to the participants. The RSM did a short ice-breaker activity at the beginning of the workshop to alleviate the feeling of strangeness and to make participants more comfortable with the idea of sharing their thoughts. To mitigate the risk of partial confidentiality, all workshop participants were clearly informed that only partial confidentiality could be ensured. The RSM also emphasised the importance of confidentiality and requested all participants not to disclose any information about the discussions outside the workshop. During the data analysis all identifiable information was removed from the transcripts. The experienced RSM focused on making the participants feel as comfortable as possible and attempted to include everyone in the discussions. The RSM made sure that the participants understood that all contributions were valuable, that there were no correct or incorrect answers, and that each individual's opinion was respected.
Some academics could feel that participating in the workshops would be time consuming.	The structured and interactive workshop was designed in a way that used time effectively and made academics feel that their input was valuable and valued. The direct benefits to academics, their students and to the academic community was also explained so that academics could feel that the contribution they made is worthwhile.
The length of the workshop might influence participants, i.e. they could become tired or bored.	This was addressed by structuring the workshop to include regular body breaks. The interactive nature of the workshop attempted to keep participants engaged to minimise boredom.
Some academics might felt vulnerable exposing their own	To minimise this risk, the activities were well structured and facilitated. The RSM was an experienced academic

curriculum in the presence of colleagues.	that skilfully created a safe space for critical and courageous dialogue and reflection.
Some willing participants could experience some discomfort when participating in a workshop that would be recorded via video.	The RSM explained the rationale for recording the workshop and how anonymity was ensured. The RSM also explained the safe storage of the data. The RSM emphasised that participation was voluntary, that participants did not have to respond and that they could leave the workshop when they wanted to without any consequences. Participants were reminded that no information that would enable the researcher, PI and Co-I to identify academics would be included in the datasets.
Academics could withdraw from the study during or at the end of the research prior to anonymising the data	The voluntary part of this research allowed for participants to withdraw from this research at any time and without any consequences prior to data anonymisation. To minimise the risk of withdrawal, participants were adequately informed about when, where, and how the research would be conducted, the possible risks and benefits of the research and what would be expected of them. Possible reasons for withdrawal were anticipated and were managed to minimise withdrawal.
Some academics might feel compelled to participate and give positive feedback because they may feel the pressure from their institution (NWU) or their faculty (FHS) to decolonise their curricula.	To minimise the power differential, the process of obtaining informed consent was explained by the RSM, who was an externally appointed research member, unaffiliated to the NWU or the FHS. Participants were informed that all data sources would be anonymised and cleaned by the RA after data from participants who did not give consent, were removed. This implied that it would not be possible to link any participant's feedback to an academic.
The researcher, PI and Co-I are employed in the CHPE within the FHS and are responsible for supporting academics with their Teaching and Learning endeavours.	The researcher took cognisance of the possible power relationship that might exist due to being employed by the CHPE. A research support team comprising the researcher (PHD student), the PI (promotor), Co-I (co-promotor), the RSM, the RA and a co-coder formed part of this research. To ensure anonymity and confidentiality, the RA was responsible for cleaning the data and removing any form of identification from the generated data before handing it over to the researcher. A co-coder coded the qualitative data, to ensure the limitation of bias and that procedures to minimise the power relation was adhered to.

3.9.2 Anticipated risks for the research team

Conducting this research held minor risks for the researcher, the PI, or the Co-I. Some of these risks included:

- discomfort by being exposed to different opinions; and
- mental fatigue.

3.9.3 Direct and indirect benefits

This research holds direct and indirect benefits for participating academics and the academic community. These direct and indirect benefits are listed in Table 3-6 below.

Table 3-6: Direct and Indirect benefits

Direct benefits	Indirect benefits
The context of HE requires decolonisation of curricula. As a strategic priority within the FHS, the decolonisation project allowed academics to engage in activities to gain knowledge on how to decolonise their curricula. Hence, the researcher considers the guidelines developed from this study as a direct benefit, because this would assist academics in decolonising their respective curricula and prove that they adhere to the call for decolonisation and transformation.	Academics participating critically evaluated their own curricula regarding decolonisation and this may have had indirect benefits for current and future students. Academics participating in the workshops and research with the goal to develop guidelines to inform the decolonisation of Health Sciences curriculum at the NWU, would have a better buy-in, resulting in better participation in the curriculum transformation process. The academic community can benefit when there is a better understanding of the concept and use of decolonisation as a vehicle for transformation. The process and product of this project may be used as a blueprint for other faculties at the NWU to follow.

3.9.4 Risk-benefit-ratio

The benefits of this research outweighed the risks.

3.9.5 Incentive and reimbursement of participants

The context of HE requires decolonisation of curricula. The decolonisation project on decolonising curricula in Health Sciences is a strategic priority within the FHS which requires academics to engage with decolonisation activities to gain knowledge on how to decolonise their curricula. In essence, attending these workshops were part of their task agreement. This implies that no added

time constraints or inconvenience was placed on academics beyond what is already being expected of them. The online nature of the workshops also held no expenses for participants.

Giving consent that the data shared during the workshops could be used for research purposes (to develop guidelines) was entirely voluntary and placed no additional constrains on academics participating in the research. For this reason, academics participating in the research were not compensated.

3.10 Data management, storage, and destruction

3.10.1 Hard copy data

Hard copy consent forms collected by the RA from participants succeeding individual consent consultations were, in line with the NWU's record management requirement, stored in a locked cupboard within the CHPE at the North-West University (Potchefstroom Campus) where it will be stored for a period of five (5) years. Only the RA has access to the documents. After five (5) years all hard-copy sheets would be destroyed according to the NWU's rules and regulations for data and record management. Data will be shredded in the presence of the researcher, PI, or a member of the ethics committee. Because the data were collected online, there is no hardcopy data.

3.10.2 Electronic data (eData)

In the following section the management of the electronic data (eData) is discussed. The eData includes the video recordings of each workshop, the transcription of the sessions and the *Padlet* data.

During the *Padlet* activity, participant can anonymously post on *Padlet*. All *Padlets* generated during the workshops were downloaded and stored by the RA in a password-protected folder on Nextcloud, behind the NWU firewall. The RA then worked through the *Padlets* and removed any identifiable information in the posts.

The discussions during the workshops were also captured and used as a data source in this research. At commencement of the workshops the RSM requested the participants to give consent that the workshop may be recorded. When participants spoke during the virtual workshop, their names were captured. After the last workshop, the RA downloaded the video recordings of the workshops from the zoom account and stored it in a password-protected folder on Nextcloud, behind the NWU firewall. Directly after the transfer, the files were deleted from the Zoom account. The RA uploaded the raw datasets (video recordings) onto a password protected

folder and shared the folder with an independent transcriber who signed a confidentiality agreement (Bothma et al., 2010). The video recordings of the workshops were transcribed verbatim by the transcriber and, after transcription, handed over to the RA. The independent transcriber was then requested to delete the video recordings from her computer. The RA worked through the transcribed data and removed the data of the participants who withdrew from the research during the research period. Thereafter, the RA cleaned the data by removing any identifiable information. Satisfied that the dataset contained no identifiable information, the RA handed it over to the researcher for data analysis. Upon receiving the dataset, the researcher saved the data set in a password-protected folder on Nextcloud, behind the NWU firewall. The researcher, the PI and the Co-I were the only individuals who had access to the folder.

All printed eData would be stored for a period of five (5) years in a locked cabinet within the CHPE at the North-West University (Potchefstroom Campus). eData was to be stored on the NWU's cloud-based repository where it will be kept for a period of five (5) years. Only the RA has access to the original data sets. After five (5) years any hard copy data sets as well as the password protected folder containing the original data set would be destroyed according to the North-West University's rules and regulations for data and record management. Hard-copy data will be shredded in the presence of the researcher, PI and/or a member of the ethics committee and eData will be destroyed by the IT department of the NWU in the presence of the researcher and/or a member of the ethics committee.

3.10.3 Data usage in other and/or future studies

We asked participants for broad consent, which implied that the researcher could have used the data generated from this study in other and/or future teaching, learning and assessment-related studies where the focus was on investigating how academics in the FHS perceive decolonisation and how they decode their disciplines to decolonise the curriculum. The use of the participants' data from this study in any future teaching and learning-related studies would be subjected to a full ethics application, review, and approval by the NWU-HREC, who would stand in on the participants' behalf.

3.11 Data monitoring

The researcher was responsible for overseeing the research process and the management and integrity of designing, conducting, and reporting the research project; therefore continuously monitored the research process to assess the progress and efficiency of the study. The data monitoring team consisted of the researcher, PI, and Co-I.

3.11.1 Monitoring responsibilities

The monitoring responsibilities included the following:

- Reviewed the research protocol, the informed consent form, appendices, and any proposed revisions.
- Evaluated the progress of the study continuously, including periodic assessments of data quality, participant recruitment, accrual and retention, participant risk versus benefit, the performance of study and other factors that may have affected the outcome.
- Considered the impact of external factors that may have affected the safety of participants, their willingness to participate or the ethics and conduct of the study.
- Reviewed unanticipated problems to inform the NWU-HREC and the NWU-RDGC should participant safety have been affected.
- To report in the event of problems with study conduct or performance that necessitates protocol amendments to the NWU-HREC.
- Ensured the measures to maintain the anonymity and confidentiality of willing participants, and
- Assisted with the compilation and reviewing of the monitoring reports.

3.11.2 Dealing with conflict of interest

Conflict of interest was of concern, as the researcher, PI and Co-I are appointed in the CHPE, which focuses on the quality of teaching and learning in the FHS at the NWU. The researcher is also the Academic Developer appointed within the CHPE. Willing participants were fully informed in advance of the roles of the researcher, PI, and Co-I in this research study and that they would not be involved in the evaluation of the curricula of participants during the research process. The involvement of an independent facilitator, the RSM and the RA who anonymised the data, ensured the safety and confidentiality of the participants during and after the research. Each member of the research team signed the NWU Confidentiality Agreement and, to ensure that research is conducted independently, the researcher, PI and Co-I also signed a conflict-of-interest statement.

3.11.3 Protection of Confidentiality

To uphold the dignity and rights of the participant, the information of willing participants was mindfully managed. Only the data of willing participants who gave consent were used. The RA was responsible for cleaning the data to ensure anonymity and confidentiality. The cleaning of

the data entailed removing any identifiable information from the data sources. The RA was the only member of the research team with access to the data prior to anonymising. A detailed outline of the process during each of the phases is available under 3.8.6.

Satisfied that the data do not contain any identifiable information, the RA handed over the data to the researcher, PI, and Co-I, whereafter the data analysis phase commenced. The researcher, PI, and Co-I were unable to link any of the data to academics and therefore could not play any role in evaluating the curricula of individual academics participating in the research.

3.11.4 Misleading of participants

Care was taken not to mislead participants in any way.

3.11.5 Unanticipated Problems

The research team acknowledged the possibility of unanticipated problems that could have been unforeseen by the researcher of the research participants, that are related or probably related to participation in the research and that would have placed the willing participants at a greater risk of physical, economic, social, or psychological harm than was previously recognised (DeLanda, 2012). Despite having a contingency plan in place to address such issues if they arose, this study encountered no unanticipated problems.

3.12 Conclusion

In concluding this chapter, the researcher provided a detailed explanation of the research design, methodology, and data collection and analysis methods. The chapter explained the processes of ensuring quality and rigour, addressed the ethical considerations and weighed the risks and benefits. Moreover, the chapter described the processes for data management and monitoring. This comprehensive methodological foundation sets the stage for robust and trustworthy findings in our exploration of decolonisation of Health Sciences curricula.

Having established a methodological foundation, this research now transitions to the first article presenting the findings of a scoping review that explores the nature of decolonisation in Health Sciences curricula.

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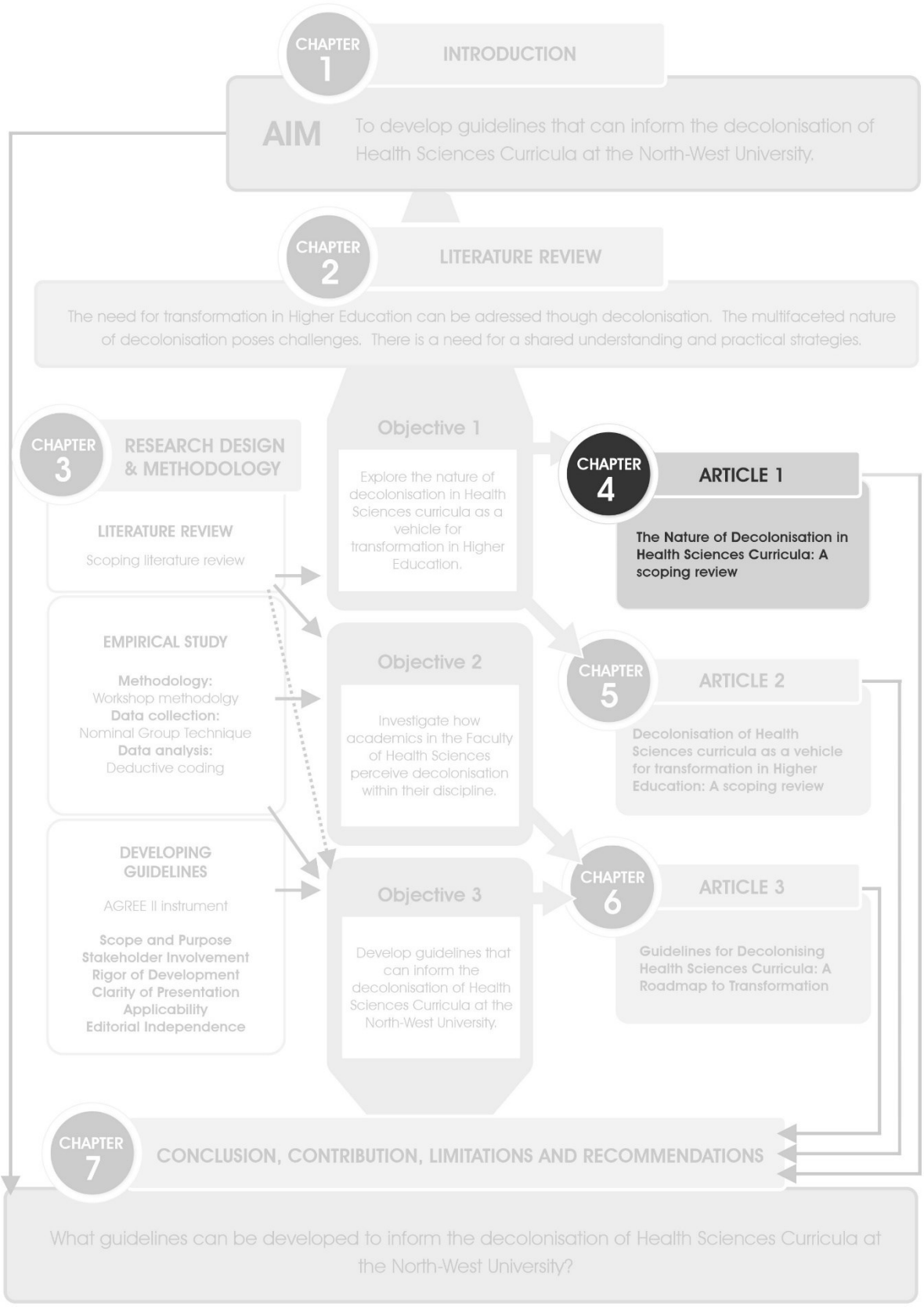
CHAPTER 4


CHAPTER 1
INTRODUCTION
AIM
To develop guidelines that can inform the decolonisation of Health Sciences Curricula at the North-West University.
CHAPTER 2
LITERATURE REVIEW
The need for transformation in Higher Education can be adressed though decolonisation. The multifaceted nature of decolonisation poses challenges. There is a need for a shared understanding and practical strategies.
CHAPTER 3
RESEARCH DESIGN & METHODOLOGY
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Scoping literature review
EMPIRICAL STUDY
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DEVELOPING GUIDELINES
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Rigor of Development
Clarity of Presentation
Applicability
Editorial Independence
Objective 1
Explore the nature of decolonisation in Health Sciences curricula as a vehicle for transformation in Higher Education.
Objective 2
Investigate how academics in the Faculty of Health Sciences perceive decolonisation within their discipline.
Objective 3
Develop guidelines that can inform the decolonisation of Health Sciences Curricula at the North-West University.
CHAPTER 4
ARTICLE 1
The Nature of Decolonisation in Health Sciences Curricula: A scoping review
CHAPTER 5
ARTICLE 2
Decolonisation of Health Sciences curricula as a vehicle for transformation in Higher Education: A scoping review
CHAPTER 6
ARTICLE 3
Guidelines for Decolonising Health Sciences Curricula: A Roadmap to Transformation
CHAPTER 7
CONCLUSION, CONTRIBUTION, LIMITATIONS AND RECOMMENDATIONS
What guidelines can be developed to inform the decolonisation of Health Sciences Curricula at the North-West University?

CHAPTER 4 ARTICLE 1 THE NATURE OF DECOLONISATION IN HEALTH SCIENCES CURRICULA: A SCOPING REVIEW.

This article has been accepted for publishing in South African Journal for Higher Education, vol 38 no 4 of 2023. The chapter follows the journal's style formatting and referencing with necessary adaptations for NWU guidelines and to maintain uniformity throughout the thesis.

The South African Journal of Higher Education is an independent, fully accredited open access publication, and serves as a medium for articles of interest to researchers and practitioners in higher education. The Journal provides a focal point for the publication of educational research from throughout the world including research done by members of prominent education associations in the country, in particular The Higher Education Learning and Teaching Association of South African (HELTASA).

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The Ph.D. candidate made substantial contributions to this research article, actively engaging in the conceptualisation phase under the supervision of the promotor and co-promotor. Integral responsibilities included the collection and analysis of the data, as well as the composition of the manuscript.

ABSTRACT

The amassed momentum from recent student protests applied pressure on Higher Education to respond to the calls for curriculum transformation. While decolonisation is viewed as an opportunity to create an inclusive and diverse learning environment, decolonising health curricula seems unachievable because the concept is not clearly defined, resulting in curricula that continue to marginalise and exclude certain groups. This scoping review explores the nature of decolonisation within Health Sciences. Online databases were used to identify 21 sources addressing the nature of decolonisation in Health Sciences. The findings indicate that decolonisation in Health Sciences is described as the process of acknowledging the impact of colonialism; combatting injustice and inequities; reclaiming and revaluing heritage; and interrogating knowledge to find alternative ways. This review added to understanding the nature of decolonisation in the Health Sciences field and its potential as a vehicle for transformation in Higher Education.

Keywords: Higher education, Decolonisation, Health Sciences, Curriculum, Scoping review

4.1 Introduction

The topic decolonisation has gained significant importance, especially in the context of Higher Education (HE). Despite the long history of the term decolonisation, dating back to anti-colonial struggles in the 1950s, recent student protests have reinvigorated discussions and debates around the topics of decolonisation (Jansen, 2019; Le Grange et al., 2020; Shay, 2016). A significant increase in global student-led activism has been observed, as demonstrated by movements such as the #RhodesMustFall and #Feesmustfall in South Africa in 2015 and 2016, and the 2015 Why is My Curriculum White? campaigns in the UK (Pimblott, 2020). Due to the pressure applied by the above-mentioned student-led movements, the HE sector has been challenged to respond to the demands of these student (Behari-Leak et al., 2020; Osman & Maringe, 2019).

In order to respond to the demands, it is important to recognise that the demands of students have gone beyond the elimination of fees only and now encompass the decolonisation of knowledge as well as the necessity for a complete transformation of the curriculum (Osman & Maringe, 2019; Sathorar & Blignaut, 2021). Students advocated for curricula to be diversified and more focused on social responsiveness (Mbaki et al., 2021). Although the issue of free education has been partially addressed by the National Student Financial Aid Scheme (NSFAS), the decolonisation of HE curricula remains an elusive and challenging issue (Griffiths, 2019). Büyüm et al. (2020, p. 4) argue that while student-led decolonisation movements are important, they are merely a preliminary step in achieving a more equitable and unbiased curriculum. These authors

expressly emphasise that the abovementioned movements must continue to result in evidence of actual change towards a decolonised curriculum. Zappas et al. (2021) agree that intentional efforts to decolonise curricula are needed to create sustainable policies and programs.

Despite the growing awareness of the importance of decolonisation and an increasing effort to explore how global teaching can move beyond its colonial past, many Higher Education Institutions (HEIs) still lack an understanding of the nature of decolonising curricula in HE (Griffiths, 2019; Osman & Maringe, 2019; Timmis et al., 2019). Recognising the impact of colonialism is highlighted as an important aspect of the literature. The concept of coloniality is employed to describe the inclination of previously colonised states to revert to their past status quo, perpetuating deficit-based ideologies, and imposing knowledge through imperial relations. Within the framework of coloniality, development was measured by the degree to which local communities deserted their traditional ways and embraced Western lifestyles. (Goodman et al., 2015; Maringe et al., 2021; Rodney, 2016). This inclination to reject local culture and values in favour of Western culture and values is described by the term the coloniality of being. (Behari-Leak et al., 2020; Behari-Leak, 2021; Maringe et al., 2021). The decoloniality of being is about creating a new way of thinking about who the colonised person is and undoing the adverse impact of colonisation. This means embracing and valuing one's own identity and culture instead of trying to imitate the coloniser (Behari-Leak et al., 2020).

An exploratory literature review revealed that literature is loaded with calls to ‘decolonise’ the curriculum, ‘decolonise’ knowledge, ‘decolonise’ assessment, ‘decolonise’ teaching etc., but simultaneously there is hardly any consensus as to what ‘decolonisation’ actually means. While there have been discussions and debates about the definitions and implementation of decolonisation in HE, in South Africa and other countries, Behari-Leak et al. (2017:2) emphasize that the crucial aspect lies in establishing a shared understanding of the nature of decolonisation and its specific processes, rather than solely focusing on its definition. Decolonising HE is further complicated by the fact that different disciplines in HE perceive decolonisation differently (Le Grange et al., 2020; Shahjahan et al., 2022).

The legacy of colonialism persists and has a far-reaching impact on Health Sciences (Büyüm et al., 2020). The colonial practices of acquiring control over other territories or countries often resulted in the marginalisation of indigenous health knowledge and practices, perpetuating unequal health outcomes (Griffiths, 2019; Lawrence & Hirsch, 2020). The field of Health Sciences views decolonisation as an opportunity to create an inclusive and diverse learning environment (Finn et al., 2022) and as a process of eliminating mechanisms that contribute to inequities (Chandanabhumma & Narasimhan, 2020). Curricula may unintentionally perpetuate colonising practices (Goodman et al., 2015) and decolonisation may offer a means to examine and challenge

the persistent colonial legacy within pedagogies and practices (Castell et al., 2018). However, as pointed out by Lawrence and Hirsch (2020), the concept of decolonising Health Sciences curricula is not clearly defined and therefore seems unachievable. Without a clear understanding of the concept, there is an absence of institutional processes and sustainable policies (Neden, 2021; Zappas et al., 2021). Consequently, HEIs have not fully embraced opportunities to decolonise, resulting in Health Sciences curricula which remain imbued with colonialism and are irrelevant to the requirements of development in the local contexts (Lawrence & Hirsch, 2020; Maringe et al., 2021; Timmis et al., 2019).

Calls for decolonisation can only be answered effectively if stakeholders involved in teaching and learning have a clear understanding of what 'decolonisation' is and how the process of decolonisation should be approached (Hoadley & Galant, 2019). This lack of understanding of what the nature of a decolonised curriculum in the field of Health Sciences entails, necessitates this research. It is important that the field of Health Sciences first explore the understanding of the nature of decolonisation in Health Science disciplines before decisions can be made about what in curricula needs redress, redesign, and development. Hence this study aims to explore the nature of decolonisation in Health Sciences curricula. Findings from this research may provide an evidence-based foundation for policy and practice changes related to decolonising curriculum within Health Sciences. Addressing decolonisation in Health Sciences can potentially lead to transformation and create a more equitable and inclusive curriculum, which can ultimately result in better health outcomes for marginalised communities (Büyüm et al., 2020; Lawrence & Hirsch, 2020).

The next section of this article focuses on the method of the study.

4.2 Method

A scoping review is a methodological approach that can be especially useful when the research questions are broad and complex, and when the existing literature is diverse and heterogeneous. (Pham et al., 2014). In the case of the proposed research question related to the nature of decolonisation in Health Sciences, a scoping review can assist in identifying the extent and range of available literature on this topic. A scoping review aims to answer a broader question and summarise existing evidence on a given topic (Pollock et al., 2021). Given that the nature of decolonisation is a complex and multifaceted concept, a scoping review can offer a rigorous and transparent method for mapping the research (Munn et al., 2018; Peters et al., 2020). A scoping review was therefore chosen to explore the nature of decolonisation in the field of Health Sciences. This scoping review was conducted following the Joanna Briggs Institute guidelines (Peters et al., 2020).

This scoping review will be discussed under the following five stages (Arksey & O'Malley, 2005):

- Stage 1: Identifying the research question
- Stage 2: Identifying relevant studies
- Stage 3: Study selection
- Stage 4: Charting the data
- Stage 5: Collating, summarising, and reporting the results

4.2.1 Stage 1: Identifying research question

This scoping review aims to systematically explore and map the current research on the following research question: What is the nature of decolonisation in Health Sciences?

4.2.2 Stage 2: Identifying relevant studies

To fully explore objectives for the eligibility criteria for study selection, the concept of interest and context approach was followed when preparing the search as recommended by Peters et al. (2020). The concept examined in this study is the nature of decolonisation as a vehicle for transformation. The context for this review is studies performed in Health Sciences.

A three-step search strategy is recommended in all JBI types of review (Peters et al., 2020). Step one was conducted in collaboration with a research librarian exploring two databases relevant to the topic (Pollock et al., 2021). Keywords were identified from the aims of this study. From these keywords, a set of search terms were derived. Both scientific and common terminology were used, and British and American spelling, synonyms and plurals were accounted for. An initial search was conducted on the database ‘Scopus’. This step was followed by an analysis of the text words contained in the title and abstract of retrieved papers and index terms to develop a full search strategy. A second search using all identified search terms (see Appendix A) was then undertaken. See Appendix B for the final search strategy. This was followed by the third step in which the reference list of identified reports and articles was searched with a view to obtain more sources relevant to this study. The researcher subsequently submitted additional relevant sources to be considered for inclusion.

Since the concept of decolonisation only came to occupy prominence in HE succeeding the students’ movements and calls to decolonise HE (Jansen, 2019), only publications from 2015 onwards were considered for inclusion. In addition to this, publications written in English and

consisting of literature reviews, book chapters and peer-reviewed scholarly articles were considered for inclusion.

The following databases were searched from 2015 – July 2022: EbscoHost, ERIC, Proquest, Pubmed, Scopus, and Web of Science. Following the database searches, 540 results were identified and imported into EndNote (a commercial reference management software package), where sources were combined, and duplicates removed. The 396 remaining results were then imported into Covidence (an online screening and data extraction tool), by means of which a further 88 duplicates were removed, whereafter 308 studies remained.

4.2.3 Stage 3: Study selection

The 308 remaining studies underwent screening through which the selection was performed based on the pre-specified inclusion criteria summarised in Table 4-1. Source selection was performed independently by the research team. Ten articles were randomly selected, and the titles and abstracts were screened independently by the researcher team to test the reliability of the inclusion criteria. Discrepancies were discussed to ensure clarity and consistency in the application of the inclusion and exclusion criteria. Any disagreements were solved through discussion, and on agreement the screening process commenced. Potentially relevant sources were retrieved in full. The researcher team independently reviewed the full text of selected citations. For sources that did not meet the inclusion criteria during the full-text screening, the reason for exclusion was recorded and reported.

Table 4-1: Inclusion and Exclusion Criteria

INCLUSION CRITERIA
All the keywords are present as per search strategy. Explores the nature of decolonisation in Health Sciences curricula. Concept- understanding/definition is aligned with the concepts of this study.
EXCLUSION CRITERIA
Concept not understood or viewed similarly to this study. not relevant or applicable to Health Sciences or HS Education Not good quality research (lacking methodological and/or theoretical grounding) Decolonising cannot be applied to teaching and learning context.

The title and abstract screening marked 209 of the 308 remaining studies irrelevant because they did not meet the inclusion criteria. 99 studies went through to the full-text review where full-text

articles were retrieved and tested for eligibility. Of these sources, 78 were excluded, (Figure 4-1). The 21 studies remaining were considered eligible for this review.

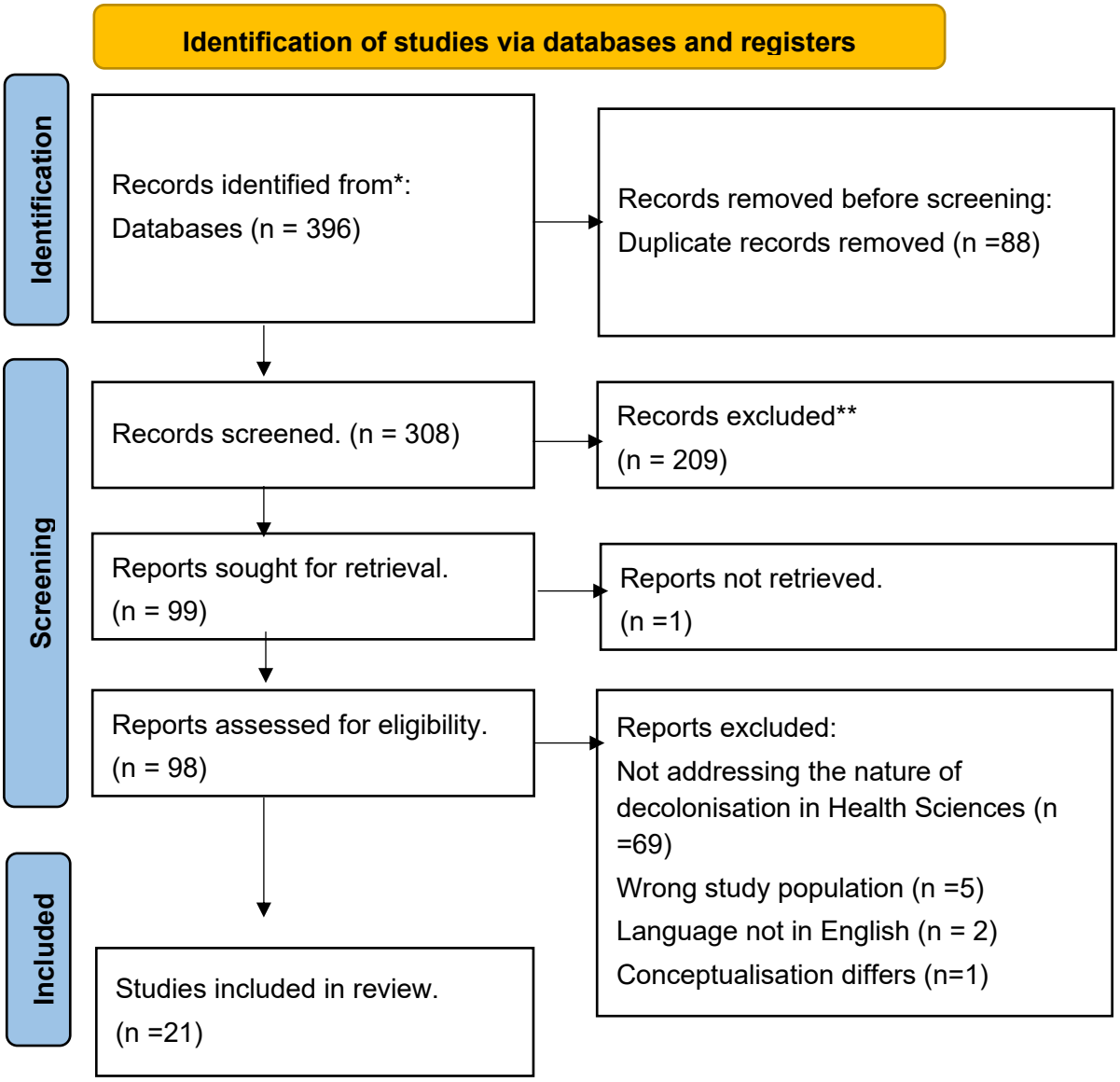

Figure 4-1: PRISMA FLOW DIAGRAM

4.2.4 Stage 4: Charting the data

In this stage, data were mapped and summarised based on the research question and aim of this study. To ensure that relevant results were extracted in full, this research made use of a calibration exercise to familiarise the researcher team with the source results and to test the usability and appropriateness of the data extraction form (see Appendix C). The data extraction form was then

refined further and updated to provide a logical and descriptive summary of the results that align with the objectives of this study (Peters et al., 2020).

General data on article characteristics were abstracted such as title, lead author, country of origin and year of publication. The aim, methodology and findings of the study were also briefly noted as well as the academic discipline or subject on which the research is based. The aim was to explore the nature of decolonisation in Health Sciences. Therefore the following information was collected for each study: the definition of decolonisation in Health Sciences and the reasons mentioned as to why decolonisation is needed in Health Sciences (Appendix E).

4.2.5 Stage 5: Collating, summarising, and reporting the results

The final stage of the process is the analysis of the results. As suggested in the JBI Manual for evidence synthesis, the ultimate purpose of data charting is to identify, characterise and summarise the evidence, including identifying research gaps (Peters et al., 2020).

A total number of 21 sources addressing the nature of decolonisation within the field of Health Sciences were included in this study. The extracted data were thematically analysed and descriptively mapped in tabular form by grouping the data in accordance with the main themes that emerged while exploring the nature of decolonisation within Health Sciences (Table 4-2).

4.3 Results

The included sources originated from various countries, namely Australia, the United States, the United Kingdom, Canada, South Africa, Palestine, Nigeria, Botswana, and China. The disciplines range from HE in general to transdisciplinary, Education, Health Sciences Education, Pharmacy, Medicine, and Psychology. The individual characteristics of the sources are presented in Appendix D.

The following sections offer a nuanced reflection of the results of this scoping review and the themes that emerged from it.

4.3.1 The nature of decolonisation in Health Sciences

This scoping review aimed to understand the nature of decolonisation in the field of Health Sciences. The results of the sources were thematically analysed, and from the data, four main themes emerged as illustrated in Table 4-2.

Table 4-2: The nature of decolonisation in Health Sciences

Theme	Nature of Decolonisation	Studies
THEME 1: Recognise, acknowledge, and challenge the impact of colonialism	**SUBTHEME 1: RECOGNISE AND ACKNOWLEDGE THE IMPACT OF COLONIALISM.** • Recognising and acknowledging the impact of colonialism is a crucial aspect of decolonisation. • Decolonisation is a process of comprehending and unpacking the central assumptions still prevalent. • Decolonisation involves acknowledging how colonising practices perpetuate deficit-based ideologies and impose knowledge on others.	(Chandanabhumma & Narasimhan, 2020; Goodman et al., 2015; Mbaki et al., 2021; Rodney, 2016; Swidrovich, 2020; Wong et al., 2021; Zidani, 2021)
	SUBTHEME 2: CHALLENGE THE LEGACY OF COLONIALISM • Decolonisation is the process of resisting colonialism. • To challenge and dismantle colonialism.	(Bhandal, 2018; Castell et al., 2018; Chandanabhumma & Narasimhan, 2020; Finn et al., 2022)
THEME 2: Combat injustice and strive for socially just, culturally diverse, and inclusive education.	**SUBTHEME 1: VOICE TO UNDER-REPRESENTED** • Indigenous groups lack representation in Western discourse • Decolonisation is to challenge underrepresented groups' invisibility. • Decolonisation is to advocate for these groups to have a voice and active role.	(Castell et al., 2018; Diab et al., 2020; Mbaki et al., 2021)
	SUBTHEME 2: A TOOL FOR SOCIAL JUSTICE • Decolonisation is a shift away from the historical cycles that oppressed. • Social justice involves actively addressing inequities towards equal and quality health care. • Decolonisation is the tool working towards social justice.	(Goodman et al., 2015; Joosub, 2021; Narasimhan & Chandanabhumma, 2021; Zappas et al., 2021)
	SUBTHEME 3: DIVERSITY AND INCLUSIVITY • The focus of decolonisation is inclusive education and culturally safe practice. • Decolonisation is viewed as a tool working towards multiculturalism.	(Lokugamage et al., 2020; Mbaki et al., 2021; Nazar et al., 2015; Neden, 2021)

THEME 3: Re-embrace cultural heritage	**SUBTHEME 1: RECENTRING INDIGENOUS PERSPECTIVES AND VALUES** • Recentring perspectives and values. • Redesigning curricula to include perspectives and values.	(Nibafu et al., 2021; Wong et al., 2021)
	SUBTHEME 2: RESTORING INDIGENOUS KNOWLEDGE • Dismantling Eurocentric epistemic hegemonies. • Active engagement with processes that aim to reclaim and revalue heritage and culture.	(Nibafu et al., 2021; Van der Westhuizen et al., 2017; Witthuhn & Le Roux, 2017)
	SUBTHEME 3: INCLUDE LOCALS BY PARTNERSHIP • Partnering with indigenous peoples to apply knowledge, traditions, and values. • Co-constructing knowledge and understanding.	(Chandanabhumma & Narasimhan, 2020; Lokugamage et al., 2020; Neden, 2021; Van der Westhuizen et al., 2017)
THEME 4: Challenge conventional knowledge and explore alternative perspectives	**SUBTHEME 1: CHALLENGE CONVENTIONAL KNOWLEDGE** • The nature of knowledge. • Decolonisation should be used to interrogate knowledge. • Disrupting conventional knowledge systems.	(Bhandal, 2018; Castell et al., 2018; Chandanabhumma & Narasimhan, 2020; Eichbaum et al., 2021; Joosub, 2021; Rodney, 2016)
	SUBTHEME 2: EXPLORE ALTERNATIVES • Rearrange practices of knowing by incorporating subordinated knowledge. • Decolonisation is the movement that offers alternative ways of thinking.	(Wong et al., 2021; Zidani, 2021)
THEME 5: Reasons to decolonise	**SUBTHEME 1: SEIZING THE MOMENT** • The call to action is now. • Efforts to decolonise must be intentional. • Curricula need to be more culturally and socially responsive.	(Mbaki et al., 2021; Zappas et al., 2021)
	SUBTHEME 2: STUDENT NEEDS	(Joosub, 2021; Zidani, 2021)

	• Students are diverse but curricula remain centred around western. • Students are forming resistance towards hierarchical academic structures.	
	SUBTHEME 3: THE PERSISTENCE OF COLONIALISM • Colonial policies and practices continue to influence HE. • Universities intentionally and unintentionally perpetuate colonial practices and policies. • The persistence of colonial legacy perpetuates inequities.	(Bhandal, 2018; Eichbaum et al., 2021; Goodman et al., 2015; Narasimhan & Chandanabhumma, 2021; Nibafu et al., 2021; Rodney, 2016)
	SUBTHEME 4: THE POTENTIAL OF DECOLONISATION Decolonisation is the opportunity: • To illuminate and address forces of colonialism. • To challenge and eliminate mechanisms leading to inequities. • To create an inclusive learning environment that embraces diversity. • To bridge the divide between health education and health care systems.	(Castell et al., 2018; Chandanabhumma & Narasimhan, 2020; Diab et al., 2020; Finn et al., 2022; Galvaan et al., 2022)
	SUBTHEME 5: SERVING A DIVERSE HEALTH POPULATION • Health care training based on context. • Health care education to produce culturally and socially responsive graduates that can meet the health care needs of the diverse population.	(Lokugamage et al., 2020; Nazar et al., 2015; Swidrovich, 2020; Van der Westhuizen et al., 2017; Wong et al., 2021)
	SUBTHEME 6: DECOLONISATION SHOULD BE FORMALISED • To dismantle inequities, decolonisation is necessary; therefore, the process should be formalised. • Institutional processes should be sustainable, dismantle inequities and demand reflective practice.	(Neden, 2021; Witthuhn & Le Roux, 2017; Zappas et al., 2021)

4.4 Discussion

This scoping review identified 21 studies which described the nature of decolonisation within Health Sciences. The nature of decolonisation within Health Sciences could be grouped into five thematic categories as described below.

4.4.1 THEME 1: Acknowledge and challenge the impact of colonialism

As described in the subthemes below, the sources define decolonisation in Health Sciences as the process of recognising and acknowledging the impact of colonialism. Decolonisation is also described as the process of challenging these assumptions and practices that currently persist in education.

4.4.1.1 Subtheme 1: Recognise and acknowledge the impact of colonialism

It is emphasised in literature that the recognition and acknowledgement of the impact of colonialism is a crucial aspect of the decolonisation process (Chandanabhumma & Narasimhan, 2020; Goodman et al., 2015; Mbaki et al., 2021; Zidani, 2021). This involves acknowledging how colonising practices can perpetuate deficit-based ideologies and impose knowledge on others through imperial relations (Goodman et al., 2015; Rodney, 2016). Added to this, decolonisation is a process of understanding and unpacking the core assumptions of domination, racism, patriarchy and ethnocentrism still prevalent (Swidrovich, 2020). Finally, Wong et al. (2021) highlight the importance of acknowledging how colonialism has influenced the systems that we participate in daily To delink from colonial thinking it is necessary to recognise the problems created by Western epistemic hegemony (Zidani, 2021).

4.4.1.2 Subtheme 2: Challenge the legacy of colonialism.

Decolonisation is a critical reflective process of resisting and challenging the oppressive forces of colonialism (Chandanabhumma & Narasimhan, 2020). Decolonisation can also be described as a process of confronting the colonising practices that have influenced education and a means to challenge these practices (Castell et al., 2018; Finn et al., 2022). Furthermore, decolonisation can be described as the establishment of widespread movements capable of dismantling settler-colonialism, white supremacy, and capitalism (Bhandal, 2018).

4.4.2 THEME 2: Combat injustice and strive for socially just, culturally diverse, and inclusive education

This theme discusses decolonisation as a tool for achieving social justice with the aim to address historical and ongoing cycles of oppression, injustices, and inequities. The decolonisation of

Health Sciences curricula is needed for creating a socially just learning environment that values equity, diversity, and inclusivity.

4.4.2.1 Subtheme 1: Voice to underrepresented

Within a Western discourse, indigenous groups often lack representation that may lead to their perspectives being invisible (Castell et al., 2018). The decolonial turn challenges this trend by advocating for the inclusion of indigenous perspectives. Decolonisation is about more than acknowledging historical injustices; it involves creating spaces where underrepresented groups have a voice and an active role (Diab et al., 2020). The goal of decolonisation is to enable these underrepresented groups to advocate for themselves, and have more influence and leadership in a decolonised pedagogical space that provides them with more power for accurate representation and visibility (Diab et al., 2020; Mbaki et al., 2021).

4.4.2.2 Subtheme 2: A tool for social justice

Decolonisation is a tool for working towards social justice, which involves actively addressing historical and ongoing cycles of oppression (Goodman et al., 2015; Narasimhan & Chandanabhumma, 2021). Curriculum reform, as a part of the decolonisation process, requires a shift away from the Western-centric perspective towards addressing local inequalities and challenges (Joosub, 2021). One critical area where decolonisation can have a significant impact is in combatting injustice and inequities. Zappas et al. (2021) argue that decolonisation in the field of Health Sciences necessitates that academics, community advocates, health care providers, liaisons, and individuals listen, learn, and relearn because quality and equal health care is a fundamental human right for everyone. In summary, decolonisation serves as a crucial tool for addressing inequities towards social justice, particularly in fields like health care where disparities are prevalent.

4.4.2.3 Subtheme 3: Diversity and inclusivity

Decolonisation embraces cultural diversity and promotes inclusion (Goodman et al., 2015; Nazar et al., 2015). A decolonised curriculum aims to provide a more inclusive education by incorporating diverse perspectives and promoting cultural understanding, which implies recognising and respecting the cultural differences of students and ensuring a learning environment that values diversity, promotes understanding, and fosters inclusion (Lokugamage et al., 2020; Neden, 2021).

4.4.3 THEME 3 Re-embrace cultural heritage

In this theme, decolonisation involves reclaiming African heritage and centring the perspectives of historically oppressed groups. It requires co-constructing understanding with indigenous peoples, integrating indigenous knowledge, and centring African values in a redesigned curriculum. To achieve this, partnering with those impacted by the colonial legacy and including more diverse authors in curricula are essential steps.

4.4.3.1 Subtheme 1: Recentring indigenous perspectives and values

The articles by Nibafu et al. (2021) and Wong et al. (2021) share the perspective that decolonisation involves recentring the perspectives and values of historically oppressed and marginalised populations. However, they differ in their specific focus. According to Nibafu et al. (2021), decolonisation in the South African context means placing African values and ideas at the centre of the education curriculum, with European ideas and values being secondary or supplemental. This approach reflects the idea that colonised societies have historically been forced to adopt the values and beliefs of colonising powers, often at the expense of their own cultural heritage and traditions. Decolonisation is about recentring the perspectives of the populations who have been historically subjugated and marginalised (Wong et al., 2021).

4.4.3.2 Subtheme 2: Restoring indigenous knowledge

Nibafu et al. (2021) argue for the restoration of indigenous knowledge in curricula to challenge the dominance of European epistemology. This aligns with the view of van der Westhuizen et al. (2017) who suggest that decolonisation requires active engagement with processes that prioritise the revaluing and reclaiming of African heritage and culture. Universities should embrace African heritage and culture Witthuhn & Le Roux (2017). This perspective complements the arguments of Nibafu et al. (2021) and Van der Westhuizen et al. (2017), as all three sources emphasise the importance of actively engaging in processes that aim to reclaim and revalue African heritage and culture.

4.4.3.3 Subtheme 3: Include locals by partnerships

The literature suggests that a crucial aspect of decolonisation involves collaborating with indigenous peoples to incorporate their knowledge, traditions, and values with services, programs, and policies. Chandanabhumma and Narasimhan (2020) emphasise the importance of partnering with people affected by the colonial legacy, and Lokugamage et al. (2020) suggest that including more diverse authors in curricula is essential to decolonisation. Van der Westhuizen et al. (2017) recommend that indigenous voices should be prioritised in shaping future practices,

and Neden (2021) argues that co-constructing understanding with indigenous peoples and integrating their knowledge are essential aspects of decolonisation.

4.4.4 THEME 4: Challenge conventional knowledge and explore alternative perspectives

According to the literature on this theme and subthemes, decolonisation requires challenging conventional knowledge, interrogating power dynamics and valuing subordinated knowledge. It involves rearranging practices of knowing and exploring alternative ways of thinking.

4.4.4.1 Subtheme 1: Challenge conventional knowledge

The nature of knowledge has been a topic of discussion in decolonisation efforts. Bhandal (2018) maintains that knowledge is partial, incomplete, and always changing. Castell et al. (2018) suggest that decolonising knowledge within disciplines can broaden the scope of knowing by incorporating diverse perspectives and worldviews. Chandanabhumma and Narasimhan (2020) argue that decolonisation challenges conventional knowledge systems and assumptions. Rodney (2016) adds that decolonisation involves a discursive approach to interrogating why certain forms of knowledge are privileged over others. Disrupting conventional knowledge systems is not limited to the removal of colonial power and the breaking down of colonial structures. Eichbaum et al. (2021) note that it reaches beyond this to encompass decolonisation of the mind. Joosub (2021) adds that disrupting the power dynamics of knowledge is necessary for decolonisation to take place.

4.4.4.2 Subtheme 2: Explore alternatives

To decolonise knowledge, it is important to realign our practices of knowing by incorporating subordinated knowledge and surpassing the boundaries of exclusion and marginalisation, as suggested by Zidani (2021). This involves recognising and valuing knowledge systems that have been historically excluded or marginalised. Wong et al. (2021) add that decolonisation is a movement that offers alternative ways of thinking about reality. This movement can encourage the questioning and challenging of the dominant narratives and power structures that have shaped our worldview. By valuing subordinated knowledge, and embracing alternative ways of knowing, being and doing we can move towards a more inclusive and equitable knowledge system that represents diverse perspectives and experiences.

4.4.5 THEME 5 Reasons to Decolonise

There are multiple reasons why the decolonisation of Health Sciences curricula is important. In this theme, five subthemes will be discussed, namely: the growing momentum and demand for

culturally responsive and equity-focused curricula, diverse student needs, the persistence of colonialism, the potential of decolonisation, and serving a diverse health population.

4.4.5.1 Subtheme 1: Seizing the moment

The findings of this study emphasise the growing momentum and demand from students for more culturally and socially responsive curricula, particularly in the field of Health Sciences. Mbaki et al. (2021) highlight this call for action and suggest that the time is ripe for HEIs to respond to these demands and take active steps towards decolonising their curricula. There is a need for intentional efforts to dismantle the forces of colonialism to deliver quality care to diverse populations (Zappas et al., 2021).

4.4.5.2 Subtheme 2: Diverse student needs

Despite the presence of international and non-White-identifying students and academics, the current curricula remain centred around a Western perspective, neglecting the diversity and transnationalism that is present in the classroom (Zidani, 2021). Joosub (2021) points out that students are resisting the hierarchical academic structures inherited from colonial education systems which hinder their natural inquisitiveness and need for autonomy in the educational process. In response to these challenges, decolonisation can provide a way to address the needs of students.

4.4.5.3 Subtheme 3: The persistence of colonialism

The influence of colonial policies and practices on HE is undeniable. The perpetuation of power disparity between the global North and South in teaching and health professions education is a clear example of this (Rodney, 2016). Even if countries are no longer colonies, the impacts of colonial policies and practices continue to influence HE, as highlighted by Bhandal (2018). It is therefore crucial to be aware of current conversations about globalisation and critical social justice.

Universities play a crucial role in perpetuating colonial practices through their pedagogies and practices, both intentionally and unintentionally (Goodman et al., 2015). Universities are inclined to reproduce colonial methodologies and practices that may not relevant to the context (Nibafu et al., 2021). These practices may be unintentional, but they nonetheless have a detrimental impact on students and reinforce the legacy of colonialism in academia.

Colonial legacy perpetuates inequities that affect marginalised groups, particularly indigenous Peoples, globally. Eichbaum et al. (2021) highlight the heritage of former colonial associations and their impact on global health initiatives, promoting structural drivers of discrimination and

obstacles to self-determination. Colonialism continues to shape considerable inequities in the mental, physical, and emotional health and well-being of marginalised people (Narasimhan & Chandanabhumma, 2021). The persistence of colonial legacy reinforces the perception of superiority among colonisers and inferiority among the colonised, perpetuating power imbalances and inequities.

4.4.5.4 Subtheme 4: The potential of decolonisation

The process of decolonisation can illuminate and address the forces of colonialism. Castell (2018) argues that decoloniality can expose how epistemic violence is inflicted upon indigenous knowledge and practices. Similarly, Chandanabhumma and Narasimhan (2020) highlight the need to address the colonial legacy and its contributions to health inequities. Decolonisation offers a means to challenge and eliminate the mechanisms leading to these inequities by providing an opportunity to examine and challenge the status quo and incorporate diverse perspectives and knowledge in education and health care systems (Castell et al., 2018). Decolonised models challenge standard practices that underpin a Western way of knowing that may be disconnected from the complexity of cultural phenomena in particular contexts (Diab et al., 2020).

Decolonisation can also contribute to creating a diverse and inclusive learning environment, that recognises and respects the various cultural practices and traditions (Finn et al., 2022). By incorporating diverse knowledge and perspectives, decolonised models can foster participatory and inclusive approaches (Diab et al., 2020).

Galvaan et al. (2022) argue that it is essential to bridge the divide between health education and health care systems to produce a health care workforce. Decolonisation can facilitate collaboration and knowledge exchange between education and health care systems, creating more culturally sensitive and responsive health care systems.

4.4.5.5 Subtheme 5: Serving a diverse health population

To promote sustainable human development, health education and training should be grounded in the realities of the contexts in which service beneficiaries operate (Van der Westhuizen et al., 2017). Shifting the focus of Health Science education holds the potential to prompt students to think more holistically, critically, and reflexively about the interconnected inequalities within clinical settings, health systems, and the broader society (Wong et al., 2021). By considering the specific contexts in which health care services are delivered, health care training can be designed to be more effective and culturally relevant.

The education system needs to address equity and diversity, and graduates should be equipped with the skills and knowledge to address the unique challenges presented by a diverse population

(Lokugamage et al., 2020). This means that Health Sciences students should graduate with an awareness of how the diversity of patient populations may impact health behaviours and outcomes (Nazar et al., 2015). Meeting the health care needs requires a decolonised approach to health education for graduates to be better equipped to provide care that is sensitive to the unique needs of diverse populations (Swidrovich, 2020).

4.4.5.6 Subtheme 6: Decolonisation should be formalised

Institutional processes and procedures must be put in place to address and dismantle inequities in the health care system. Zappas et al. (2021) highlight the need to establish sustainable policies and programs that can help remove inequities and foster the ability to deliver quality healthcare to diverse patients, families, communities, and health professionals. Neden (2021) continues to argue that such processes should demand a decolonising agenda in research and education, as well as the recognition of indigenous rights. Witthuhn and Le Roux (2017) emphasise that it is essential to fore-front curriculum transformation and the formalisation of decolonisation processes through policy changes and capacity building.

4.5 Conclusion

Our findings indicate that decolonising curricula in Health Sciences is important for several reasons. These reasons include the growing demand for culturally responsive and equity-focused curricula, the fact that current curricula often neglect the diversity in the classroom and the lingering presence of colonial policies and practices in HE. Meeting the health care needs of the diverse population requires a decolonised approach to health education, because decolonisation offers a means to challenge the status quo and incorporate diverse perspectives and knowledge in the curriculum. Addressing decolonisation in Health Sciences education can result in better health outcomes for all populations by aiming to bridge the gap between Health Education and the Healthcare system.

This scoping review aimed to explore the nature of decolonisation within the field of Health Sciences by mapping the available research. Through this process, a more nuanced understanding of the key concepts regarding the nature of decolonisation in Health Sciences was obtained. It became clear that decolonisation of Health Sciences curricula is a complex and multifaceted movement that encompasses many different aspects as indicated in Table 4-3.

Table 4-3: The nature of decolonisation in Health Sciences curricula

Decolonisation is a(n)	**movement**	to recognise and acknowledge the impact of colonialism on disciplines within Health Sciences, and

		to resist and challenge the oppressive forces of colonialism.
	tool	for creating a socially just learning environment that gives a voice to underrepresented groups and values equity, diversity, and inclusivity.
	partnership	with indigenous people and knowledge to enable the reclaiming and revaluing of local heritage and culture.
	exploration	of alternative ways of knowing and doing.

It is crucial that inclusive transformation should take place. It is only after critical engagement and the co-construction of an understanding about the nature of decolonisation in Health Sciences, that we can start to decolonise curricula and other teaching and learning-related elements within the field of Health Sciences. By adding to the understanding of the complex concept of decolonisation within Health Sciences, this study hope to contribute to a shared understanding thereof, making the decolonisation of Health Sciences curricula both attainable and achievable.

By embracing decolonisation in Africa, Health Sciences Education can foster a more inclusive, culturally sensitive, and contextually relevant approach to healthcare. It recognises the richness of African cultures, promotes local solutions to health challenges, and aims to address the historical injustices that have shaped healthcare systems on the continent.

For academics to effectively implement decolonisation on a practical level, further research is necessary to establish how decolonisation can be used as a vehicle for transformation and to gauge academics' perspectives within Health Sciences to develop practical guidelines for evaluating and improving curricula. Despite the progress made thus far, much work still needs to be done in the ongoing effort to decolonise HE.

4.6 Strengths and limitations

Scoping reviews have certain limitations that can impact their accuracy and usefulness. Scoping reviews have a defined focus, so they can miss out on other important information that falls outside the scope. Scoping reviews are designed to provide a broad overview of the literature but may lack the depth and detail that can make it difficult to fully understand individual studies. Even with established procedures in place the potential for bias exists, as the selection of studies and the interpretation of findings can be influenced by the researcher's biases and perspectives. Additionally, scoping reviews can be time-consuming, particularly when searching for and evaluating a large number of studies and may be limited by the quality and availability of the relevant literature, which may not provide a comprehensive overview of the available evidence.

Furthermore, scoping reviews can be outdated quickly due to their time constraints, as new research and data may be published after the completion of the review, making it important to conduct regular updates. All these limitations highlight the need to consider scoping reviews as just one step in a larger evidence-based process and to complement them with other methods such as systematic reviews or meta-analyses when possible.

4.7 Funding

This research did not receive funding.

4.8 Declaration statement

The authors declare that they have no conflict of interest.

4.9 Supplemental material

- APPENDIX A: SEARCH TERMS
- APPENDIX B: SEARCH STRATEGIE
- APPENDIX C: DATA EXTRACTION FORM
- APPENDIX D: RESULTS OF INDIVIDUAL SOURCES OF EVIDENCE
- APPENDIX E: CHARTED DATA

4.10 References

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Appendices

APPENDIX A: SEARCH TERMS

Criteria	Component(s)	Search terms
C (Concept)	Decolonisation	Decolonise or decolonize or Decolonisation or decolonization or Decolonising or Decolonizing or Africanisation or Africanization or decolonial or democratization or democratisation
	Transformation	Transform or Transformation or renew or renewal or renewing or change or revision or intervention or mediate or deconstructing or revolution or transition or diversity or development or adjustment or reversal or modification or diversification or remodelling or reconstructing or reconstruction
C (Context)	Curriculum	Curriculum or curricula or pedagogy or pedagogic or pedagogical or pedagogies or educational program or syllabus or module or course or program
	Guidelines	Strategy or guideline or guidelines or framework or action or approach or blueprint or design or tactics or method or planning
P (Population)	Higher Education	Higher Education or college or university or post-secondary or postsecondary or undergraduate or graduate or tertiary
	Health Sciences	Health Science or Health Sciences or health or health science education or education

APPENDIX B: SEARCH STRATEGIE

DATABASE 1: Scopus (Results: 89)

(TITLE-ABS-KEY (decolonise OR decolonize OR decolonisation OR decolonization OR decolonising OR decolonizing OR Africanisation OR Africanization OR decolonial OR democratization OR democratisation) AND ALL (transform OR transformation OR renew OR renewal OR renewing OR change OR revision OR intervention OR mediate OR deconstructing OR revolution OR transition OR diversity OR development OR adjustment OR reversal OR modification OR diversification OR remodelling OR reconstructing OR reconstruction OR change) AND ALL (curriculum OR curricula OR pedagogy OR pedagogic OR pedagogical OR pedagogies OR educational AND program OR syllabus OR module OR course OR program AND strategy OR guideline OR guidelines OR framework OR action OR approach OR blueprint OR design OR tactics OR method OR planning AND higher AND education OR college OR university OR post-secondary OR postsecondary OR undergraduate OR graduate OR tertiary AND health AND science OR health AND sciences OR health) AND TITLE-ABS-KEY (health AND science OR health AND sciences OR health OR education) AND PUBYEAR > 2014 AND PUBYEAR > 2014

DATABASE 2: EBSCOhost Research Databases (56 Results)

https://nwulib.nwu.ac.za/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=eric&bquery=TI+(+Decolonise+or+decolonize+or+Decolonisation+or+decolonization+or+Decolonising+or+Decolonizing+or+Africanisation+or+Africanization+or+decolonial+or+democratization+or+democratisation+)+AND+(+Transform+or+Transformation+or+renew+or+renewal+or+renewing+or+change+or+revision+or+intervention+or+mediate+or+deconstructing+or+revolution+or+transition+or+diversity+or+development+or+adjustment+or+reversal+or+modification+or+diversification+or+remodelling+or+reconstructing+or+reconstruction+or+change+)+AND+(+Curriculum+or+curricula+or+pedagogy+or+pedagogic+or+pedagogical+or+pedagogies+or+educational+program+or+syllabus+or+module+or+course+or+program+)+AND+(+Strategy+or+guideline+or+guidelines+or+framework+or+action+or+approach+or+blueprint+or+design+or+tactics+or+method+or+planning+or+model+)+AND+(+Higher+education+or+college+or+university+or+post-secondary+or+postsecondary+or+undergraduate+or+graduate+or+tertiary+)+AND+AB+(+Health+Science+or+Health+Sciences+or+health+or+education+)&cli0=DT1&clv0=201501-000001&type=1&searchMode=Standard

DATABASE 3: Web of science (Results 168)

decolonised or decolonized or Decolonisation or decolonization or Decolonising or Decolonizing or Africanisation or Africanization or decolonial or democratization or democratisation (Title) and Transform or Transformation or renew or renewal or renewing or change or revision or intervention or mediate or deconstructing or revolution or transition or diversity or development or adjustment or reversal or modification or diversification or remodelling or reconstructing or reconstruction or change (All Fields) and Curriculum or curricula or pedagogy or pedagogic or pedagogical or pedagogies or educational program or syllabus or module or course or program (All Fields) and Strategy or guideline or guidelines or framework or action or approach or blueprint or design or tactics or method or planning or model (All Fields) and Higher education or college or university or post-secondary or postsecondary or undergraduate or graduate or tertiary (All Fields) and Health Science or Health Sciences or health or education (Abstract) | 168 results

| Timespan: 2015-01-01 to 2022-07-07 (P

DATABASE 4: Pubmed (Results 48 results)

((((((Decolonise[Title] OR decolonize[Title] OR Decolonisation[Title] OR decolonization[Title] OR Decolonising[Title] OR Decolonizing[Title] OR Africanisation[Title] OR Africanization[Title] OR decolonial[Title] OR democratization[Title] OR democratisation[Title]) AND (Transform or Transformation or renew or renewal or renewing or change or revision or intervention or mediate or deconstructing or revolution or transition or diversity or development or adjustment or reversal or modification or diversification or remodelling or reconstructing or reconstruction or change)) AND (Curriculum or curricula or pedagogy or pedagogic or pedagogical or pedagogies or educational program or syllabus or module or course or program)) AND (Strategy or guideline or guidelines or framework or action or approach or blueprint or design or tactics or method or planning or model)) AND (Higher education or college or university or post-secondary or postsecondary or undergraduate or graduate or tertiary)) AND (Health Science[Title/Abstract] OR Health Sciences[Title/Abstract] OR health[Title/Abstract] OR education[Title/Abstract])) AND (("2015"[Date - Publication] : "3000"[Date - Publication]))

DATABASE 5: EBSCOhost

Searching: APA PsycArticles, APA PsycInfo, Applied Science & Technology Source, CINAHL with Full Text, eBook Collection (EBSCOhost), E-Journals, Health Source - Consumer Edition, Health Source: Nursing/Academic Edition, MEDLINE, Newspaper Source, Teacher Reference Center

Results 122, EBSCOhost removes duplicates before downloading: Results 96

https://nwulib.nwu.ac.za/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=pdh&db=psyh&db=aci&db=c8h&db=nlebk&db=eoah&db=eric&db=hxh&db=hch&db=cmedm&db=nfh&db=trh&bquery=TI+(+Decolonise+or+decolonize+or+Decolonisation+or+decolonization+or+Decolonising+or+Decolonizing+or+Africanisation+or+Africanization+or+decolonial+or+democratization+or+democratisation+)+AND+(+Transform+or+Transformation+or+renew+or+renewal+or+renewing+or+change+or+revision+or+intervention+or+mediate+or+deconstructing+or+revolution+or+transition+or+diversity+or+development+or+adjustment+or+reversal+or+modification+or+diversification+or+remodelling+or+reconstructing+or+reconstruction+or+change+)+AND+(+Curriculum+or+curricula+or+pedagogy+or+pedagogic+or+pedagogical+or+pedagogies+or+educational+program+or+syllabus+or+module+or+course+or+program+)+AND+(+Strategy+or+guideline+or+guidelines+or+framework+or+action+or+approach+or+blueprint+or+design+or+tactics+or+method+or+planning+or+model+)+AND+(+Higher+education+or+college+or+university+or+post-secondary+or+postsecondary+or+undergraduate+or+graduate+or+tertiary+)+AND+AB+(+Health+Science+or+Health+Sciences+or+health+or+education+)&cli0=DT1&clv0=201501-000001&type=1&searchMode=Standard

DATABASE 6 :ProQuest (Results 83)

ti(Decolonise OR decolonize OR Decolonisation OR decolonization OR Decolonising OR Decolonizing OR Africanisation OR Africanization OR decolonial OR democratization OR democratisation) AND (Transform OR Transformation OR renew OR renewal OR renewing OR change OR revision OR intervention OR mediate OR deconstructing OR revolution OR transition OR diversity OR development OR adjustment OR reversal OR modification OR diversification OR remodelling OR reconstructing OR reconstruction OR change) AND (Curriculum OR curricula OR pedagogy OR pedagogic OR pedagogical OR pedagogies OR educational program OR syllabus OR module OR course OR program) AND (Strategy OR guideline OR guidelines OR framework OR action OR approach OR blueprint OR design OR tactics OR method OR planning OR model) AND (Higher education OR college OR university OR post-secondary OR postsecondary OR undergraduate OR graduate OR tertiary) AND ab(Health Science OR Health Sciences OR health OR education)

APPENDIX C: DATA EXTRACTION FORM

General information	
Study ID	
Title	
Lead author	
Country of origin	
Year of publication	
Aim of study	
Discipline	
Methodology	
Findings of Article	
Nature of Decolonisation in Health Sciences	
Definition of Decolonisation	

Reason to decolonise	

APPENDIX D: RESULTS OF INDIVIDUAL SOURCES OF EVIDENCE

Reference	Title	Country in which the study conducted	Year of publication	Discipline
(Bhandal, 2018)	Ethical globalization? Decolonizing theoretical perspectives for internationalization in Canadian medical education	Canada	2018	Literature study
(Castell et al., 2018)	Critical Reflexivity in Indigenous and Cross-cultural Psychology: A Decolonial Approach to Curriculum?	Australia	2018	Indigenous and cross--cultural psychology
(Chandanabhumma & Narasimhan, 2020)	Towards health equity and social justice: an applied framework of decolonization in health promotion	United States	2019	Medicine
(Diab et al., 2020)	The interplay of paradigms: Decolonizing a psychology curriculum in the context of the siege of Gaza	Palestine	2019	Psychology
(Eichbaum et al., 2021)	Decolonizing Global Health Education: Rethinking Institutional Partnerships and Approaches	United States	2021	Medicine
(Finn et al., 2022)	Colonization, cadavers, and color: Considering decolonization of anatomy curricula	United Kingdom	2021	Medicine
(Galvaan et al., 2022)	Pedagogies within occupational therapy curriculum: centering a decolonial praxis in community development practice	South Africa	2022	Occupational Therapy,
(Goodman et al., 2015)	Decolonizing traditional pedagogies and practices in	United States	2015	Psychology

	counseling and psychology education: A move towards social justice and action			
(Joosub, 2021)	Becoming African psychologists: decolonisation within a postgraduate psychology module at the University of Johannesburg	South Africa	2021	Psychology
(Lokugamage et al., 2020)	Decolonising ideas of healing in medical education	United Kingdom	2020	Medicine
(Mbaki et al., 2021)	Diversifying the medical curriculum as part of the wider decolonising effort: A proposed framework and self-assessment resource toolbox	United Kingdom	2021	Medicine
(Narasimhan & Chandanabhumma, 2021)	A Scoping Review of Decolonization in Indigenous-Focused Health Education and Behavior Research	United States	2021	Health Education
(Nazar et al., 2015)	Decolonising medical curricula through diversity education: lessons from students	United Kingdom	2015	Medicine
(Neden, 2021)	Decolonizing digital learning design in social work education. A critical analysis of protocol practice for cultural safety and cultural capability	Australia	2021	Social Work
(Nibafu et al., 2021)	Contextual relevance and decolonisation of South African Industrial Psychology training: An exploratory case study	South Africa	2021	Industrial Psychology
(Rodney, 2016)	Decolonization in health professions education: reflections on teaching through a transgressive pedagogy	Canada	2016	Health Professions Education
(Swidrovich, 2020)	Decolonizing and Indigenizing pharmacy education in Canada	Canada	2020	Pharmacy Education
(van der Westhuizen et al., 2017)	Are we hearing the voices? Africanisation as part of community development	South Africa	2017	transdisciplinary (social service and

				theology professions)
(Witthuhn & Le Roux, 2017)	Factors that enable and constrain the internationalisation and Africanisation of Master of Public Health programmes in South African higher-education institutions	South Africa	2017	Public Health
(Wong et al., 2021)	'Decolonising the Medical Curriculum': Humanising medicine through epistemic pluralism, cultural safety and critical consciousness	United Kingdom	2021	Medicine
(Zappas et al., 2021)	The Decolonization of Nursing Education	United States	2021	Nursing Education
(Zidani, 2021)	Whose pedagogy is it anyway? Decolonizing the syllabus through a critical embrace of difference	United States	2021	Higher Education in general

APPENDIX E: CHARTED DATA

Study ID	Definition of decolonisation	Reason to decolonise
Bhandal 2018	Use the term *decolonising theoretical perspective* which aims to move forward the politics of decolonisation, defined as the building of mass movements capable of dismantling settler-colonialism, white supremacy, and capitalism. This perspective suggests that all knowledge is partial, incomplete, and changing.	Even if countries are no longer colonies, the impacts of colonial policies and practices continue to influence. There should be awareness of current debates surrounding globalisation and critical social justice.
Castell 2018	The 'decolonial turn' challenged the invisibility of Indigenous perspectives within HE in Australia. It is a stance that recognises the relationship between culture and power. Decolonising knowledge within disciplines is contemporarily regarded as means to broaden scope of knowing and to challenge processes of colonisation.	Decoloniality has the potential to illuminate the ways in which epistemic violence is committed against indigenous knowledges and practices. Decoloniality offers a means to examine and challenge Indigenous/Western dichotomy.

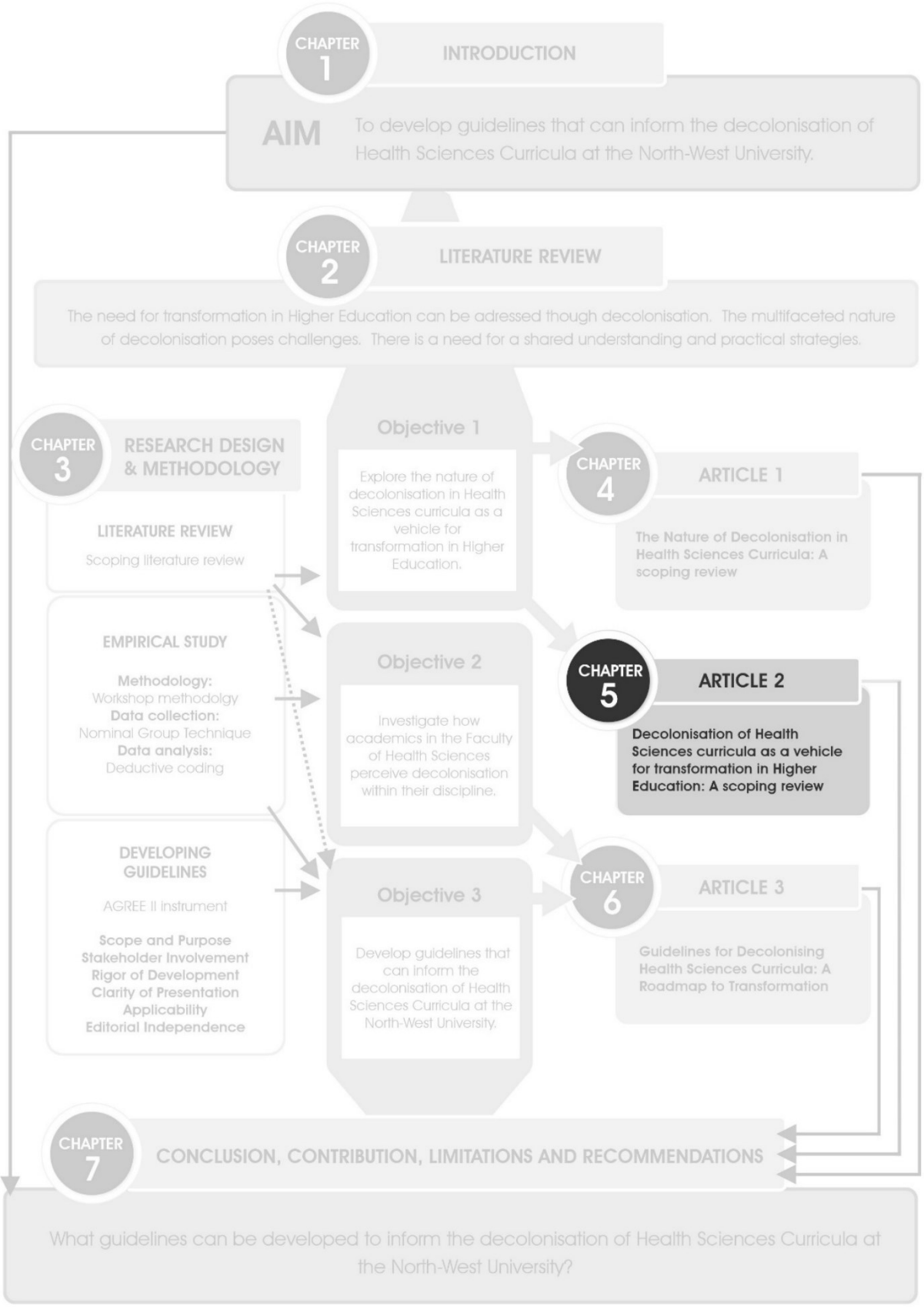
Chandanabhumma 2020	Addressing the legacy of colonialism, resistance to forces of colonialism. Critical reflective process and undoing oppressive forces. Challenge to question conventional knowledge systems and assumptions and partner with people impacted by the colonial legacy (PCL) using indigeneity of their knowledge, traditions and values.	There is a need to address the colonial legacy and its contributions to health inequities. The process of decolonisation is essential to eliminating the mechanisms that contributed to such inequities.
Diab 2020	A decolonised pedagogical space gives a voice and active role to groups who don't have enough power for accurate representation and visibility in the Western discourse of mental health.	In war zones such as Gasa, decolonised models in phycology can foster participatory and inclusive approaches that may challenge standard procedures developed in Western academics that have no contact with the complexity of specific cultural phenomena in specific contexts.
Eichbaum 2021	Reaches beyond the removal of colonial power and dismantling of colonial structures to include decolonisation of the mind.	The legacy of former colonial relationships and the influence they have on global health initiatives has received little attention (with reference to global health partnerships). Colonial structures make the coloniser feel superior and the colonised inferior by enforcing structural drivers of discrimination and barriers to self-determination.
Finn 2022	Decolonisation: the process of undoing practices perceived to be related to colonial past. Within the educational context, confronting and challenging the colonising practices that have influenced education in the past but which persist in educational practice today.	It is an opportunity to create a diverse and inclusive learning environment.
Galvaan 2022	The focus is on transformation.	To bridge the gap between education systems and health care systems to produce a health care workforce.
Goodman 2015	Decolonisation seen as a tool /vehicle working towards multiculturalism and social justice. (Colonising practices is defined as practices that reproduce the existing conditions of oppression by failing to challenge the hegemonic	Counselling and psychology training programs may unintentionally perpetuate colonising practices trough pedagogies and practices used to

	views that marginalise groups of people, perpetuate deficit-based ideologies and continue to disenfranchise the diverse clients and communities with whom students work.	address multiculturalism and social justice.
Joosub 2021	Decolonisation and curriculum reform requires a shift away from the West as the centre of knowledge towards actively addressing local inequalities and challenges. It requires an interrogation and disruption of the power dynamics and should promote subaltern epistemic knowledge.	Students are developing a resistance towards the hierarchical academic structures inherited from colonial education systems because it undermines students' natural needs for curiosity and autonomy in the educational process.
Lokugamage 2020	Decolonising curriculum aims to provide a more inclusive education, one that looks beyond the traditional Eurocentric white male syllabus to include more women and black and minority ethnic authors.	Medical schools must address the equality and diversity agenda, which requires that the education system produce doctors who can meet the complex needs of a diverse population.
Mbaki 2021	To decolonise the western view and thinking is to acknowledge the impact of colonialism on Indigenous and underrepresented groups and advocate for them to have a voice, be heard and have more influence and leadership.	The narrative of decolonisation has recently amassed momentum, with the student and public voice providing the greatest advocacy to diversify curriculum to be more culturally responsive and equity focused.
Narasimhan 2021	Moving away from the colonial legacy which refers to the historical and ongoing cycles of subjugation, disenfranchisement, and oppression of those presently or previously colonized peoples.	The persistence of colonial legacy shapes significant inequities in the physical, mental, and emotional health and well-being for marginalised groups, particularly for Indigenous Peoples globally.
Nazar 2015	Decolonisation = cultural diversity.	General Medical Council expects medical students to graduate with an awareness of how the diversity of patient population may affect health outcomes and behaviours.
Neden 2021	No specific definition but focus on cultural capability and culturally safe practice. Decolonising co-construction of understanding with Indigenous peoples, the integration of Indigenous knowledges, and partnership for codesigning services, programs, and policies with Indigenous peoples.	There is a demand for a decolonising agenda in knowledge production activities such as research and education, and demand for institutional processes that enable recognition of Indigenous rights. & Learning about decolonising and critically reflexive professional practice has been

		described as necessary preparation for negotiating and addressing systemic, institutional racism, and the disparities and inequities this generates.
Nibafu 2021	In the South African context, decolonising means centring African values and ideas in a re-designed curriculum, with European values and ideas being secondary or supplemental. The recentring process would restore African knowledge, dismantling the Eurocentric epistemic hegemonies in the African education curricula.	Universities in South Africa tend to reproduce colonial methodologies and practices that may not be contextually relevant.
Rodney 2016	Colonial refers to the way in which knowledge can be imposed on others through imperial relations. Decolonisation is a discursive approach to interrogate why some knowledge is validated or privileged as opposed to other forms of knowledge.	The health care system continues to perpetuate an unequal power dynamic between the global north and south in teaching and Health Professions Education.
Swidrovich 2020	Decolonisation, as it pertains to the content in this paper, is understood to be a multilateral process of understanding and unpacking the central assumptions of domination, patriarchy, racism, and ethnocentrisms that continue to glue the academy's privileges in place.	Engaging in decolonisation of pharmacy education is expected to improve the educational experience of Indigenous students and improve the care received by Indigenous patients from all graduates of pharmacy.
Van der Westhuizen 2017	Decolonisation requires that we actively engage with processes based on a desire to reclaim and revalue the African socio-economic heritage or culture and to move beyond the colonised eras to an era where indigenous voices determine future praxis.	For sustainable human development to take place, education and training in South Africa should be based on the realities of the African contexts in which service beneficiaries are functioning.
Witthuhn 2017	Africanisation as a process whereby a university endeavours to establish and maintain an African character, to achieve certain academic, economic, political, and cultural aims.	There is an urgent need for curriculum transformation in SA, to ensure that the internationalisation and Africanisation of curricula occur. Curriculum transformation and the formalisation of the processes of internationalisation and Africanisation through policy changes and capacity building need to be fore fronted.

Wong 2021	Decolonisation refers broadly to a movement to: (1) recognise how forces of colonialism, empire, and racism (and other forms of discrimination, such as sexism, racism, heteronormativity and ableism) have shaped the systems in which we participate every day/ and (2) offer alternative ways of thinking about the world, re-centring perspectives of populations historically oppressed and marginalised by these forces.	Through recentring, medical students will begin to think more holistically, critically and reflexively about the intersectional inequalities within clinical settings, health systems and society at large, and contribute to humanising the practice of medicine for all parties involved.
Zappas 2021	Combating racial injustice and inequities in our health care system necessitates that health care providers, community advocates, academics, liaisons, and citizens, listen, learn, and relearn. Equal and quality health care is a human right for all.	The call to action is now. It is now time to stop, listen, and be intentional in efforts to create sustainable policies and pro-grams that help dismantle racism and shape the ability to deliver quality care to diverse patients, families, professionals, and communities.
Zidani 2021	To delink from colonial thinking, to recognise that, for better or worse, Western epistemic hegemony has created more problems than solutions. To delink from colonial thinking, scholars push for an acknowledgement that knowledge is always already plural and diverse, To decolonise knowledge, we must rearrange our practices of knowing by including subordinated knowledge and crossing the fictive boundaries of exclusion and marginalization.	Diversity and transnationalism are present in the classroom through the increased numbers of students and instructors who are international and/or non-White-identifying. However, syllabi in media, communication, and cultural studies remain centred around an orthodox body of literature that has come to be conceived of as the canon, consisting of scholars who are mostly white, male, and U.S.-American or European.

CHAPTER 5


CHAPTER 1
INTRODUCTION
AIM
To develop guidelines that can inform the decolonisation of Health Sciences Curricula at the North-West University.
CHAPTER 2
LITERATURE REVIEW
The need for transformation in Higher Education can be adressed though decolonisation. The multifaceted nature of decolonisation poses challenges. There is a need for a shared understanding and practical strategies.
CHAPTER 3
RESEARCH DESIGN & METHODOLOGY
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Scoping literature review
EMPIRICAL STUDY
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Deductive coding
DEVELOPING GUIDELINES
AGREE II instrument
Scope and Purpose
Stakeholder Involvement
Rigor of Development
Clarity of Presentation
Applicability
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Objective 1
Explore the nature of decolonisation in Health Sciences curricula as a vehicle for transformation in Higher Education.
Objective 2
Investigate how academics in the Faculty of Health Sciences perceive decolonisation within their discipline.
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CHAPTER 4
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The Nature of Decolonisation in Health Sciences Curricula: A scoping review
CHAPTER 5
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CHAPTER 7
CONCLUSION, CONTRIBUTION, LIMITATIONS AND RECOMMENDATIONS
What guidelines can be developed to inform the decolonisation of Health Sciences Curricula at the North-West University?

CHAPTER 5 ARTICLE 2 DECOLONISATION OF HEALTH SCIENCES CURRICULA AS A VEHICLE FOR TRANSFORMATION IN HIGHER EDUCATION: A SCOPING REVIEW

This article is under review at the South African Journal for Higher Education. The chapter follows the journal's style formatting and referencing with necessary adaptations for NWU guidelines to maintain thesis-wide uniformity.

The South African Journal of Higher Education is an independent, fully accredited open access publication, and serves as a medium for articles of interest to researchers and practitioners in higher education. The Journal provides a focal point for the publication of educational research from throughout the world including research done by members of prominent education associations in the country, in particular The Higher Education Learning and Teaching Association of South African (HELTASA).

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The Ph.D. candidate made substantial contributions to this research article, actively engaging in the conceptualisation phase under the supervision of the promotor and co-promotor. Integral responsibilities included the collection and analysis of the data, as well as the composition of the manuscript.

ABSTRACT

Inclusive curriculum transformation is crucial in Higher Education. Decolonisation is considered a necessary intervention that offers opportunities to reimagine curricula, broaden access, and foster inclusivity. However, the full potential of decolonisation remains untapped due to contradictory perceptions and the absence of substantive decolonial theory. This scoping review explored how the decolonisation of Health Sciences curricula can be used as a vehicle for transformation in Higher Education. A systematic search of online academic databases was conducted and included 31 relevant articles. Deductive and inductive coding was used to analyse the data, through which 14 decolonial actions were identified and presented as an action framework. By identifying and organising the main concepts used in the literature and proposing an action framework to decolonise curricula within the field of Health Sciences, this study contributes to the ongoing discourse of how decolonisation can be used to bring about transformation in Higher Education.

Contribution: Findings contribute to the development of decolonial theory and highlight the benefits of decolonising Health Sciences curricula. This scoping review sets the stage for further research to build on this action framework, develop practical guidelines to guide curriculum change and evaluate and measure decolonisation efforts.

Keywords: Higher education, Decolonisation, Health Sciences, Scoping review, Transformation

5.1 Introduction

Higher Education (HE) needs transformation to adapt to the rapidly changing global landscape and address society's evolving needs and challenges (Osman & Maringe, 2019; Shay, 2016). Traditional models may no longer adequately prepare students for the challenges they will face as health professions graduates (Hansen et al., 2023). By embracing transformation and moving towards a critical approach that embraces multiple perspectives and prioritises social justice, HE can enhance accessibility, equity, and inclusivity. HE and, in particular, academics are responsible to future generations to seek ways in which education can contribute to transformation (Sathorar & Blignaut, 2021).

According to Behari-Leak et al. (2020), it is essential to disrupt colonial forms of curriculum and pedagogy to transform. The term *decolonisation* gained prominence in the transformation agenda due to recent student protests, such as #RhodesMustFall and #Feesmustfall in South Africa in 2015 and 2016, and the *Why is My Curriculum White?* campaigns in the UK (Jansen, 2019; Pimblott, 2020; Quinn & Vorster, 2019). Le Grange (2019) suggests that the process of decolonisation presents opportunities for reimagining HE to address the above-mentioned

transformation agenda. This stance is echoed by Osman & Maringe (2019) and Quinn & Vorster (2019), who state that decolonisation can transform curricula to ensure inclusivity and broaden access for disadvantaged groups.

However, according to Le Grange et al. (2020), the feasibility of decolonising HE depends on how Higher Education Institutions (HEIs) utilise this opportunity. Osman and Maringe (2019) and Timmis et al. (2019) report that many HEIs have not fully embraced decolonisation opportunities, despite the growing awareness of the importance of decolonisation as a vehicle for transformation in HE.

For academics to use decolonisation to work towards a responsive and culturally relevant curriculum, certain barriers need to be addressed. According to Osman and Maringe (2019) and Lawrence and Hirsch (2020), one of the significant barriers to decolonisation in South Africa includes the existence of many contradictory views of the concept of decolonisation. Another significant barrier the above authors mention is the shortcomings of the decolonisation agendas that focus on removing obstacles, like the removal of the statue of Cecil John Rhodes from the campus of the University of Cape Town, instead of giving guidance on how to decolonise curricula. This resonates with the findings of Narasimhan and Chandanabhumma (2021), which suggest that there are no explicit norms on how the definitions and processes of decolonisation are conceptualised in their reviewed literature. This lack of clarity leads to the perception that the act of decolonising curricula is too ill-defined or daunting for it to be achievable (Lawrence & Hirsch, 2020). Osman and Maringe (2019) emphasise that without a coherent understanding and framework, the process of decolonisation will not be able to contribute to the transformation of HE in South Africa.

To address the lack of a clearly defined definition and a mutual agreement of decolonisation in HE requires substantive decolonial theory and regulatory frameworks to guide curriculum change as well as the facilitation of these transformative changes (Behari-Leak, 2021; Hoadley & Galant, 2019; Jansen, 2019). Furthermore, sustainable progress toward decolonisation requires a proactive and future-orientated approach focusing on opportunities for reimagining curricula (Le Grange, 2019; Osman & Maringe, 2019).

In response to the call for theory and frameworks for decolonising Health Sciences curricula, the authors conducted a scoping literature review to explore the body of knowledge on how decolonisation can be used to transform HE. By systematically exploring and synthesising the available evidence, this scoping review aims to provide insights into the existing literature on decolonisation in Health Sciences and add to the theory of innovative and transformative practices.

5.2 Method

A scoping review is a useful methodological approach when researching questions that are complex and when working with a diverse heterogeneous literature (Pham et al., 2014). Given the complex and multifaceted nature of decolonisation as a vehicle for transformation, a scoping review may be particularly valuable in identifying the range and extent of available literature on this topic and summarising the existing evidence (Munn et al., 2018; Peters et al., 2020; Pollock et al., 2021)

This scoping review follows the Joanna Briggs Institute guidelines (Peters et al., 2020) and uses the five-stage method developed by Arksey and O'Malley (2005):

- Stage 1: identifying the research question
- Stage 2: identifying relevant studies
- Stage 3: study selection
- Stage 4: charting the data
- Stage 5: collating, summarising, and reporting the results.

5.2.1 Stage 1: Identifying the research question

This scoping review aims to systematically explore and map current research on how decolonisation of Health Sciences curricula can be used to transform HE.

The study addresses the following research questions:

- How can the decolonisation of Health Sciences curricula be used as a vehicle for transformation in HE?

5.2.2 Stage 2: Identifying relevant studies

The concept of interest and context approach was used to explore the objectives for the eligibility criteria for study selection (Peters et al., 2020). The concept examined in this study is how decolonisation is being used to transform curricula. The context for this review is studies done in Health Sciences. The context is expanded to include curriculum design, redesign, and revision in HE and within this scope, it will focus on teaching and learning in HE.

As recommended by (Peters et al., 2020), a three-step search strategy was used. In the first step, a preliminary search of two relevant databases was carried out in collaboration with a research librarian following the guidance of (Pollock et al., 2021). Based on the objectives of the study, keywords were identified and used to generate a set of search terms that included scientific and

common terminology, as well as British and American spellings, synonyms, and plurals. The initial search was performed on the Scopus database. The text words from the titles and abstracts of the retrieved papers and index terms were then analysed to develop a comprehensive search strategy. In the second step, all identified keywords and index terms (refer to Appendix A) were used to perform a second search. The final search strategy is described in Appendix B. Subsequently, the third step involved searching the reference lists of the identified reports and articles for additional relevant sources.

Given that the concept of decolonisation gained prominence in HE after student movements and calls for decolonising HE (Jansen, 2019), only publications from 2015 onwards were considered for inclusion. Only publications written in English that consist of literature reviews, book chapters, and peer-reviewed scholarly articles were considered for inclusion.

The search was conducted on the following databases from 2015 to July 2022: EbscoHost, ERIC, Proquest, Pubmed, Scopus, and Web of Science. Database searches yielded 540 results that were imported into EndNote (a commercial reference management software package). Duplicate sources were combined and removed, resulting in 396 remaining sources. These sources were then imported into Covidence, an online screening and data extraction tool, where another 88 duplicates were removed, leaving 308 studies for further analysis.

5.2.3 Stage 3: Study selection

The 308 studies were screened based on the prespecified inclusion criteria summarised in Table 5-1. The researcher team independently selected the sources and to ensure reliability, ten articles were randomly selected, and the researcher team independently screened the titles and abstracts. Any discrepancies were discussed to ensure consistency in applying the inclusion and exclusion criteria. Disagreements were resolved through discussion, and the screening process began once an agreement was reached. Full-text retrieval was done for potentially relevant sources, which were then independently reviewed by the researcher team. The reason for the exclusion was recorded and reported for sources that did not meet the inclusion criteria during the full-text screening.

Table 5-1: Inclusion and Exclusion Criteria

INCLUSION CRITERIA
All keywords are present according to the search strategy.
Explores the nature of decolonisation in Health Sciences curricula.
Describes how decolonisation is used as a vehicle for transformation.

Concept understanding/definition is aligned with the concepts of this study. Clear strategies, solutions, guidelines, or frameworks where decolonisation is used as a vehicle for transformation AND it can be applied to Health Sciences.
EXCLUSION CRITERIA
Concept not understood similar to this study. No focus on curriculum reform/pedagogical transformation. not relevant to or applicable in Health Sciences or HS Education Not good quality research (lacking methodological and/or theoretical grounding) Decolonisation tactics cannot be applied to the teaching and learning context.

Of the 308 studies, 209 were marked irrelevant after title and abstract screening as they did not meet the inclusion criteria. The 99 remaining studies underwent full-text review, where the articles were retrieved, and eligibility was assessed. Of these sources, 63 studies were excluded based on the exclusion criteria, as shown in Figure 5-1. The 31 remaining studies were considered eligible for this review.

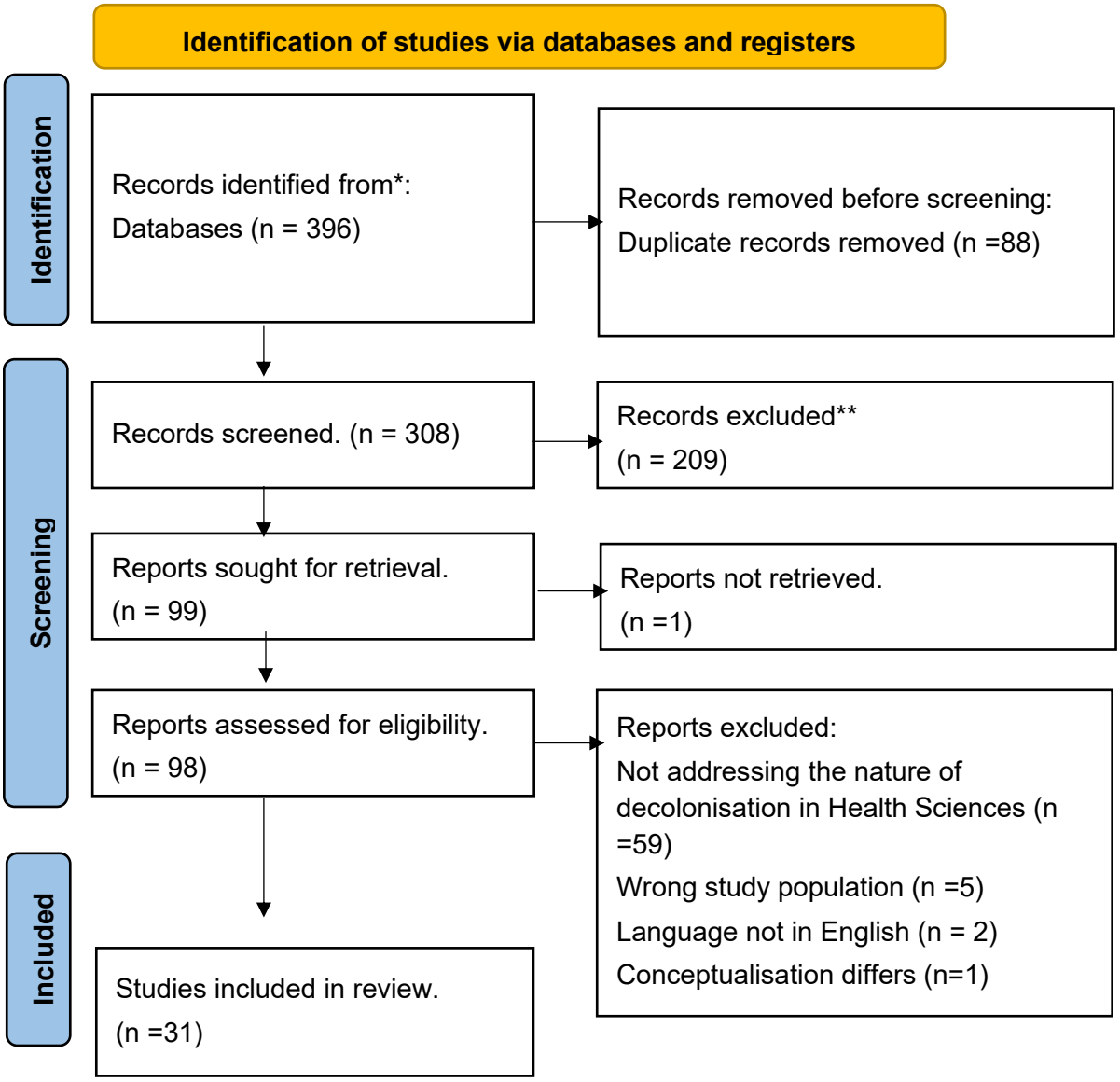

Figure 5-1: PRISMA FLOW DIAGRAM

5.2.4 Stage 4: Charting the data

At this stage, the researcher mapped and summarised the data based on the research question and the aim of the study. To ensure that relevant information was extracted accurately, a calibration exercise was conducted to familiarise the researcher team with the results and test the data extraction form's appropriateness and usability, as Peters et al. (2020) suggested. The form (Appendix C) was refined and updated to provide a descriptive summary of the results aligning with the objectives of this study.

General data on article characteristics were abstracted such as title, lead author, country of origin, and year of publication. The study's purpose, methodology, and findings were also briefly noted,

as well as the academic discipline or subject on which the research is based. To the purpose of the study aim (to establish how decolonisation can be used as a vehicle for transformation in HE), information was abstracted on how decolonisation is applied, what strategies are being used to decolonise, and how academics are implementing these strategies.

5.2.5 Stage 5: Collating, summarising, and reporting the results

In the final stage of the process, the researcher analysed the results by identifying, characterising, and summarising the evidence collected during the scoping review. This process is in accordance with the JBI Manual for evidence synthesis, which emphasises the importance of identifying and synthesising evidence to generate meaningful insights and conclusions (Peters et al., 2020).

Koch et al. (in press-b) conducted a scoping review to explore the nature of decolonisation within the field of Health Sciences. The authors identified four main themes that describe the nature of decolonisation in the field of decolonisation in Health Sciences. These four main themes were used in this study as a framework for categorising the data. An inductive coding approach was then used to identify new themes during the data analysis. The combined approach used in this study ensured a comprehensive data exploration and allowed for a structured and systematic analysis. The findings were then descriptively mapped in tabular form (Table 5-2), visually representing the themes and subthemes.

5.3 Results

This scoping review identified 31 studies that described how the decolonisation of Health Sciences curricula is being used as a vehicle for transformation within HE.

The sources that met the inclusion criteria were from different countries such as Australia, the United States, the United Kingdom, Canada, South Africa, Palestine, Nigeria, Botswana, and China. The disciplines range from HE in general to transdisciplinary, Education, Health Sciences Education, Medicine, Pharmacy, and Psychology. The individual characteristics of the sources can be found in Appendix D.

The following section will provide a detailed analysis of the results of this scoping review.

5.3.1 Decolonisation as a Vehicle for Transformation

As mentioned in section 5.2.5, the four themes identified in a scoping review by Koch et al. (in press-b) served as a basis for coding as a framework for organising and categorising the data. An inductive coding approach was then employed to uncover subthemes describing how

decolonisation of Health Sciences curricula is used as a vehicle for transformation in HE. 0 provides a clear overview of the themes and subthemes that emerged during data analysis.

Table 5-2: Decolonisation as a vehicle for transformation

MAIN THEME	SUBTHEMES: DECOLONIAL ACTIONS	STUDIES
THEME 1: Recognise and challenge colonialism.	**SUBTHEME 1: FOCUS ON SELF-AWARENESS** • Self-awareness and critical reflexivity of academics and researchers are essential for decolonisation. • Positionality of academics must be established. • Educators should take responsibility for personal bias. • Students should be encouraged to reflect on their own identities.	(Andrews et al., 2020; Barkaskas & Gladwin, 2021; Bhandal, 2018; Castell et al., 2018; Finn et al., 2022; Galvaan et al., 2022; Goodman et al., 2015; Harvey & Russell-Mundine, 2019; Narasimhan & Chandanabhumma, 2021; Rodney, 2016; Zidani, 2021)
	SUBTHEME 2: RECOGNISE COLONIALISM • Understand the historical impact of colonialism. • Unmask and assess the lingering forces of the colonial legacy.	(Chandanabhumma & Narasimhan, 2020; Mbaki et al., 2021; Narasimhan & Chandanabhumma, 2021)
	SUBTHEME 3: CHALLENGE COLONIALISM • Challenge colonialism by interrogation. • Challenge the current systems. • Challenge assumptions.	(Aldawood, 2018; Barkaskas & Gladwin, 2021; Bhandal, 2018; Cassim, 2020; Chandanabhumma & Narasimhan, 2020; Goodman et al., 2015; Wong et al., 2021)
THEME 2: Combat injustice and strive for a socially just, culturally diverse, and inclusive education.	**SUBTHEME 1: STRIVE FOR SOCIAL JUSTICE** • Commit to Social Justice. • Challenge injustice. • Be accountable to marginalised.	(Bhandal, 2018; Chandanabhumma & Narasimhan, 2020; Goodman et al., 2015; Laing, 2021; Mheta et al., 2018; Narasimhan & Chandanabhumma, 2021)
	SUBTHEME 2: QUESTION POWER DYNAMICS • Recognise existing power relations.	(Aldawood, 2018; Chandanabhumma & Narasimhan, 2020; Diab et al.,

	• Balance power dynamics.	2020; Eichbaum et al., 2021; Rodney, 2016)
	SUBTHEME 3: EMBRACE DIVERSITY • Acknowledge cultural differences. • View differences as an opportunity for learning. • Be culturally competent.	(Harvey & Russell-Mundine, 2019; Nazar et al., 2015; Neden, 2021; Sathorar & Geduld, 2019; Zidani, 2021)
	SUBTHEME 4: BE INCLUSIVE • Promote diverse representation. • Use inclusive delivery methods. • Contextualise material.	(Finn et al., 2022; Mbaki et al., 2021; Swidrovich, 2020; Wong et al., 2021)
	SUBTHEME 5: PROMOTE STUDENT AGENCY • Empower students. • Share responsibility.	(Ajaps, 2021; Andrews et al., 2020; Cordeiro-Rodrigues, 2017; Goodman et al., 2015; Iloanya, 2017; Joosub, 2021; Laing, 2021; Reyes et al., 2021; Zappas et al., 2021)
THEME 3: Re-embrace cultural heritage.	**SUBTHEME 1: LOCALISE CURRICULUM** • Include local content. • Link content to local context. • Incorporate local methods.	(Ajaps, 2021; Aldawood, 2018; Cordeiro-Rodrigues, 2017; Laing, 2021; Nibafu et al., 2021; Sathorar & Geduld, 2018; Zappas et al., 2021)
	SUBTHEME 2: RESPECTING LOCAL IDENTITY • Respectful representation of indigenous knowledge and perspectives. • Protect local knowledge and resources. • Recentre identity.	(Chandanabhumma & Narasimhan, 2020; Joosub, 2021; Mheta et al., 2018; Van der Westhuizen et al., 2017)
	SUBTHEME 3: BALANCING LOCAL AND GLOBAL • Balance perspectives. • Actively collaborate.	(Harvey & Russell-Mundine, 2019; Mheta et al., 2018; Nibafu et al., 2021; Van der Westhuizen et al., 2017; Witthuhn & Le Roux, 2017)
THEME 4:	**SUBTHEME 1: THINK ABOUT KNOWLEDGE** • Know the nature of knowledge.	(Aldawood, 2018; Andrews et al., 2020; Cordeiro-Rodrigues, 2017; Eichbaum et al., 2021; Harvey &

Challenge conventional knowledge and explore alternatives.	• Question knowledge. • Be open to different ways of knowing.	Russell-Mundine, 2019; Laing, 2021; Neden, 2021; Rodney, 2016; Sathorar & Geduld, 2019; Wong et al., 2021; Zappas et al., 2021)
	SUBTHEME 2: EMPLOY STUDENTS AS COLLABORATORS IN CREATION OF KNOWLEDGE • Take existing knowledge into account. • Co-create knowledge. • Engage students as active agents. • Place knowledge in context.	(Ajaps, 2021; Andrews et al., 2020; Chandanabhumma & Narasimhan, 2020; Galvaan et al., 2022; Iloanya, 2017; Laing, 2021; Reyes et al., 2021; Sathorar & Geduld, 2018, 2019; Zappas et al., 2021)
	SUBTHEME 3: EXPLORE ALTERNATIVE WAYS OF KNOWLEDGE CREATION • Create an inclusive research environment. • Make use of decolonial teaching methods. • Decolonise assessment.	(Barkaskas & Gladwin, 2021; Cassim, 2020; Finn et al., 2022; Goodman et al., 2015; Joosub, 2021; Laing, 2021; Mashiyi et al., 2020; Mbaki et al., 2021; Mheta et al., 2018)

5.4 Discussion

The data analysis shows that various actions have been undertaken to decolonise Health Sciences curricula when working towards transformation in HE. These decolonial actions are visually presented in Figure 5-2.

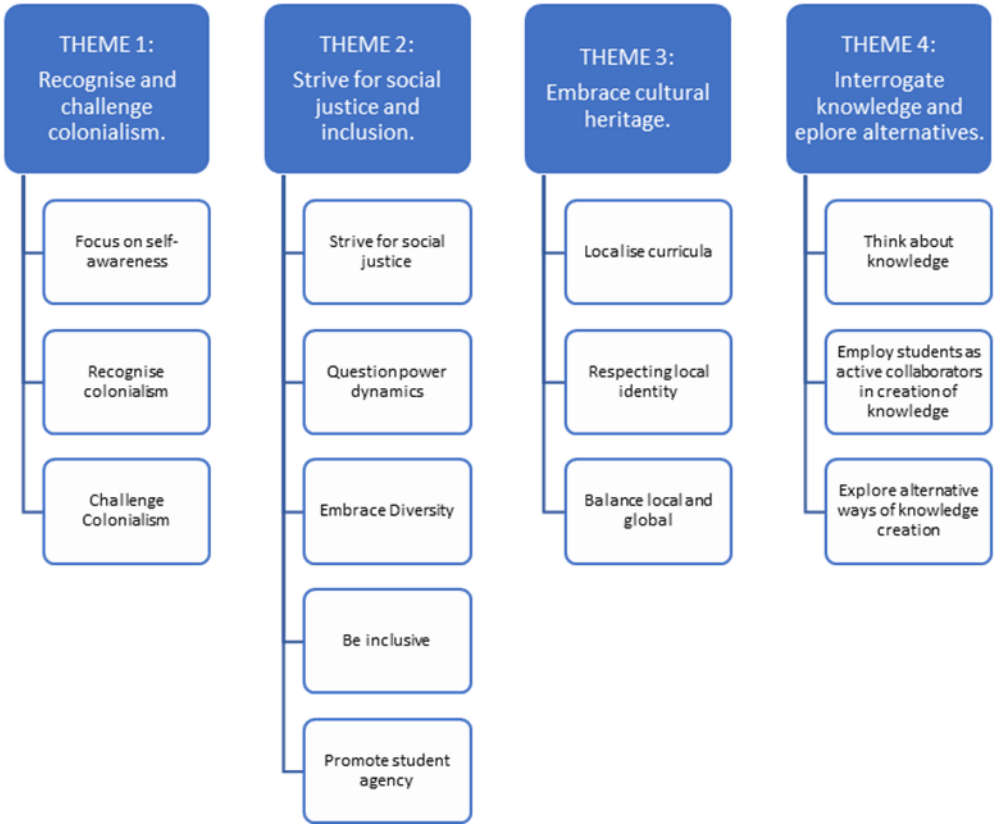

Figure 5-2: Action Framework for the Decolonisation of the Health Sciences Curriculum

5.4.1 THEME 1: Recognise and challenge colonialism

The first theme speaks to the recognition and challenging of colonialism and its impact on HE. Data analysis indicated the following decolonial actions that can be employed to achieve transformation in HE: focus on self-awareness, recognise colonialism, and challenge colonialism.

5.4.1.1 Subtheme 1: Focus on self-awareness

The literature has emphasised the importance of self-awareness and critical reflexivity in pursuing decoloniality (Bhandal, 2018; Castell et al., 2018; Zidani, 2021). It is recommended that academics should critically reflect on themselves to understand their worldview and practices and educational systems (Castell et al., 2018; Goodman et al., 2015; Narasimhan & Chandanabhumma, 2021). Through this critical reflection process, colonisation's impact can be assessed, and the self can be decentred to explore alternative ways of being and doing (Galvaan et al., 2022; Narasimhan & Chandanabhumma, 2021).

Furthermore, the literature recommends that academics position themselves to promote transparency and self-accountability, because a neutral position may unintentionally endorse

existing power structures (Goodman et al., 2015; Rodney, 2016). From their established position, academics are encouraged to assume responsibility for any implicit or explicit biases to create a space for the learning and development of diverse students (Barkaskas & Gladwin, 2021; Galvaan et al., 2022).

Students should also be encouraged to reflect on their own identities. These reflective practices can assist students in identifying any misalignment between their perceived and actual actions. Educators can design activities that promote self-reflection among students to raise awareness of cultural differences and encourage students to view differences as opportunities for learning (Andrews et al., 2020; Harvey & Russell-Mundine, 2019).

5.4.1.2 Subtheme 2: Recognise colonialism

When using decolonisation of curricula as a vehicle for transformation, it is important to recognise and understand colonisation's historical and multigenerational impact. Recognising colonialism involves interrogating a discipline's history and acknowledging the policies and practices that resulted in resource depletion within the specific discipline (Chandanabhumma & Narasimhan, 2020; Mbaki et al., 2021).

Critical awareness of the continuing influence of colonialism is encouraged. A critical reflection of what constitutes as the learning environment is needed to unmask the forces of colonialism. This includes the culture and values of academics, the nature of the curriculum, the delivery, and the resources used. Introducing contrasting perspectives can help to unmask these forces (Chandanabhumma & Narasimhan, 2020; Mbaki et al., 2021; Narasimhan & Chandanabhumma, 2021).

5.4.1.3 Subtheme 3: Challenge colonialism

Academics and HEIs must reflect on how to move beyond dominant hegemonic perspectives to recognise and address harmful patterns left by the colonial legacy and rethink the issue of graduate mobility, especially in situations where some people may have more opportunities or advantages than others (Bhandal, 2018).

Traditional approaches to education must be challenged and critically evaluated to advance transformation in HE (Aldawood, 2018; Cassim, 2020). This can be achieved by examining historical, cultural, and epistemological manifestations of the influence of the colonial legacy on practice and perspectives (Chandanabhumma & Narasimhan, 2020).

Therefore, it is essential to challenge assumptions by examining what is learned through interactions with others (Barkaskas & Gladwin, 2021; Wong et al., 2021). Since many traditional

teaching strategies contradict the aims and goals of multicultural social justice training, according to Goodman et al. (2015), decolonisation requires a paradigm shift from traditional teaching methodologies to creative techniques.

5.4.2 THEME 2: Strive for social justice and inclusion

The second theme focuses on combating injustice and striving for a socially just, culturally diverse, and inclusive curriculum. As the identified subthemes explain, to decolonise curricula, academics must strive for social justice, question power dynamics, embrace diversity, be inclusive in their teaching, and promote student agency.

5.4.2.1 Subtheme 1: Strive for social justice

An overall commitment to social justice and equity is required when the goal is to decolonise curricula (Chandanabhumma & Narasimhan, 2020; Goodman et al., 2015; Laing, 2021). Working toward social justice not only requires a paradigm shift to decentre the frame of reference from the dominant group to the people impacted by the colonial legacy but also requires the re-examination of graduate mobility in an uneven context. This realignment of perspective could broaden understanding, promote social responsibility, and help restore imbalances in knowledge and expertise (Bhandal, 2018; Chandanabhumma & Narasimhan, 2020; Goodman et al., 2015).

The role of dominant groups in mutual alliances should be re-examined to resist further marginalisation. This can be done by acknowledging past misgivings and honouring and protecting the copyright of indigenous knowledge (Chandanabhumma & Narasimhan, 2020; Mheta et al., 2018; Narasimhan & Chandanabhumma, 2021).

5.4.2.2 Subtheme 2: Question power dynamics

Addressing power relations within decolonisation efforts involves the recognition and examination of power dynamics that have historically shaped knowledge production, curriculum design, disciplinary practices, and professional hierarchies (Aldawood, 2018; Chandanabhumma & Narasimhan, 2020; Rodney, 2016).

Balancing power within HE involves a conscious effort to avoid imposing the voice of colonisers over that of the oppressed. It requires intentionally shifting partnerships and collaborations to address existing power imbalances while also equalising access and opportunities in educational experiences (Diab et al., 2020; Eichbaum et al., 2021).

5.4.2.3 Subtheme 3: Embrace diversity

Cultural differences should be acknowledged within a HE classroom. Educators and students should be encouraged to reflect on their own dispositions and not push for homogeneity or shy away from conflict (Harvey & Russell-Mundine, 2019; Sathorar & Geduld, 2019; Zidani, 2021). These differences should be viewed as a vital opportunity for learning, and a diversity of knowledge and culture should be accommodated (Harvey & Russell-Mundine, 2019; Neden, 2021; Zidani, 2021). To transform Health Sciences curricula, individual and collective action is needed to train culturally competent healthcare providers who can provide care that is suitable for the culture of a patient (Nazar et al., 2015; Sathorar & Geduld, 2019).

5.4.2.4 Subtheme 4: Be inclusive

To foster a more inclusive classroom environment, archetypal representation must be avoided. This means moving away from simplified or stereotypical portrayals of students, academics and universities based on preconceived notions or generalisations (Finn et al., 2022; Swidrovich, 2020). It involves recognising the diversity and individuality of individuals and ensuring that their experiences, identities, and perspectives are accurately and authentically represented. Diverse representation can be promoted in curricula, teaching materials, and classroom examples (Finn et al., 2022; Swidrovich, 2020).

It is important to use inclusive delivery methods when approaching education from a decolonial perspective. This includes recognising the presence of a hidden curriculum and acknowledging that curricula can be experienced differently by everyone (Finn et al., 2022; Mbaki et al., 2021; Wong et al., 2021). Using inclusive and appropriate language and terminology accessible to all is important when working toward an inclusive and equitable learning environment (Finn et al., 2022). Professional development opportunities can further enhance inclusivity by increasing academics' knowledge, confidence, and competence in creating an inclusive classroom (Swidrovich, 2020).

To create an inclusive learning environment, the course materials must be contextualised. This implies that the course material's cultural and historical context should be described, and assumptions should be explained. Educators must provide a safe environment where open conversations are encouraged and each student feels valued, respected, and empowered to participate (Finn et al., 2022).

5.4.2.5 Subtheme 5: Promote student agency

To use decolonisation as a vehicle for transformation in HE, a paradigm shift from traditional teaching methodologies to a student-centred approach that empowers students is needed. The

focus should be on students' needs, interests, and background. Educators should ideally be supported by academic support staff to become more aware of the epistemological background of students and the relevance and impact that their teaching has on the lives of students (Ajaps, 2021; Cordeiro-Rodrigues, 2017; Goodman et al., 2015). This approach encourages critical thinking and empowers students to take ownership of their learning to become active agents in their educational journey (Ajaps, 2021; Andrews et al., 2020).

Giving students a voice expands the context beyond the perspectives of the academic team and brings the underlying ideologies of knowledge claims into open discussion. Unequal power relations can also be disabled by learning real-world skills from peers. This partnership between academics and students can empower traditionally marginalised students and involve them in sharing responsibility with academics in developing culturally sustainable teaching methods (Ajaps, 2021; Andrews et al., 2020; Goodman et al., 2015; Iloanya, 2017; Joosub, 2021; Laing, 2021; Reyes et al., 2021).

5.4.3 THEME 3: Embrace cultural heritage

The third theme centres around the reembracing of cultural heritage. As the subthemes below describe, academics should localise curricula, respect local identity, and balance local and global perspectives.

5.4.3.1 Subtheme 1: Localise curricula

Content should not focus primarily on colonised text and theory. Instead, course material from subaltern authors and theorists should be included, local content should be incorporated, and locally authored textbooks should be used where possible (Ajaps, 2021; Aldawood, 2018; Sathorar & Geduld, 2018). Ensuring a diversity of academics will also lead to greater representation of non-Western knowledge producers in the classroom (Laing, 2021).

Course material should incorporate local content and also link content and theory to practice by exposing students to diverse contexts (Sathorar & Geduld, 2018). Students must be allowed to reflect on their own heritage and compare it to others (Ajaps, 2021; Sathorar & Geduld, 2018). This can be achieved through field trips where they can experience rather than be taught, or through community involvement where parents, elders, and other community members can form part of students’ resources by teaching classes or delivering testimonial evidence (Ajaps, 2021; Cordeiro-Rodrigues, 2017).

Additionally, academics can incorporate local delivery methods. For example, African cultures have a strong oral tradition; therefore, including more oral assessments may be beneficial.

Traditional forms of expression, such as storytelling, music, games, or theatre, can be incorporated instead of the Western argumentative (Ajaps, 2021; Cordeiro-Rodrigues, 2017). The literature also suggests the use of locally relatable and nontechnical language. Key concepts can be translated into different languages and students can explain or discuss concepts to and with their peers in local languages (Ajaps, 2021). Educators can further localise through the artefacts they use in a class (charts, pictures, maps), the places they mention, and by introducing hands-on activities that emphasise the current environment of the students (Ajaps, 2021; Nibafu et al., 2021). In addition, the examples used in the class can be based on current cultural trends or events related to the students' interests and experiences, or they can be tasked to bring their own examples to the class. This can validate students' knowledge and experience and, in doing so, encourage participation (Zappas et al., 2021).

5.4.3.2 Subtheme 2: Respect local identity

The curriculum should recognise and generate opportunities for the knowledge and voice of indigenous people to develop local culture-based theories to inform academic content and praxis. The curriculum becomes more culturally relevant and enriched when incorporating indigenous knowledge and perspectives. Curricula should recognise that indigenous people have their own theories and their own ways of understanding the world and that they can contribute to the academic discourse and can inform practical applications in various fields (Chandanabhumma & Narasimhan, 2020; Mheta et al., 2018; Van der Westhuizen et al., 2017).

This subtheme emphasises the importance of valuing indigenous knowledge. Appropriate actions and measures should be taken to ensure that the knowledge and resources of community experts are protected and used to benefit and empower the community, rather than exploiting it without consent or proper recognition (Chandanabhumma & Narasimhan, 2020).

To respect and reclaim indigenous heritage, it is important to recentre identities to recognise and celebrate local and challenge and reject colonial superiority. This involves acknowledging the vital role of indigenous cultural knowledge in meeting the needs of local communities (Joosub, 2021; Van der Westhuizen et al., 2017). Students must be encouraged to think creatively and critically about existing knowledge and view themselves as active agents and contributors(Joosub, 2021). The goal is to establish a distinct local educational brand and develop curricula that attract and retain the best minds (Mheta et al., 2018).

5.4.3.3 Subtheme 3: Balance local and global

The decolonised curriculum should bring a balance between local and global perspectives. It is crucial to incorporate local perspectives alongside Eurocentric viewpoints as part of the

knowledge base and practical application. By understanding phenomena from a local point of view, the focus shifts towards the unique contributions that local universities can offer, rather than solely relying on what they can receive from Europe (Mheta et al., 2018; Nibafu et al., 2021; Van der Westhuizen et al., 2017).

The literature suggests actively seeking partnerships with relevant organisations and HEIs. By collaborating with professional bodies, universities can benefit from their expertise, guidance, and resources and also share local expertise with academics from other countries (Mheta et al., 2018; Van der Westhuizen et al., 2017; Witthuhn & Le Roux, 2017). This interconnectedness has the potential to bridge the gap between indigenous and non-indigenous and help build a shared ethics that embraces both Western and indigenous approaches (Harvey & Russell-Mundine, 2019).

5.4.4 THEME 4: Interrogate knowledge and explore alternatives

The fourth theme encompasses the interrogation of knowledge and the pursuit of finding alternative ways of knowing, being, and doing. The subthemes that will be discussed under this theme include thinking about knowledge, employing students as active collaborators in creating knowledge and exploring alternative ways of knowledge creation.

5.4.4.1 Subtheme 1: Think about knowledge

Knowledge is pluriversal and can be shaped by the context in which it is created and also by the time in which it is taught and learnt (Aldawood, 2018). Therefore, knowledge must be taught in such a way that it reflects its content and history so that students can understand how it has been shaped (Sathorar & Geduld, 2019). This can be done by incorporating non-Eurocentric epistemologies into curricula and by creating spaces where students can learn about and discuss non-Eurocentric ways of knowing and be aware of their own biases and the biases of the people who are teaching them (Aldawood, 2018; Andrews et al., 2020).

Educators should consider why certain content, materials and methods are used and how this affects their students (Cordeiro-Rodrigues, 2017; Rodney, 2016;. Educators must be open to new ideas and perspectives and willing to challenge their own assumptions. By being prepared to question and unlearn what has been taught, academics can help students develop critical thinking and problem-solving skills (Harvey & Russell-Mundine, 2019; Rodney, 2016). These skills are essential for students in the complex world of healthcare, where patient safety can be at risk if care provision is not culturally and linguistically appropriate (Eichbaum et al., 2021). It is also important for academics to question if their institution provides opportunities for engaging in global work that challenges existing knowledge hierarchies (Rodney, 2016).

Health sciences education should be open to different ways of knowing and thinking and should be able to draw from other disciplines (Wong et al., 2021; Zappas et al., 2021). Curricula should not be based on a single authoritative voice and should not shy away from presenting students with complex and challenging ideas. Instead, students should be encouraged to think critically about ideas, question the status quo, and form their own opinions (Aldawood, 2018; Zappas et al., 2021). Protocols, such as including content on how Western and indigenous knowledge can be used to address health problems, can build capacity for integrating knowledge (Harvey & Russell-Mundine, 2019; Neden, 2021).

5.4.4.2 Subtheme 2: Employ students as collaborators in creation of knowledge

The existing knowledge and experience students bring to the classroom should be considered and built upon in the teaching process. Considering the positionality and identity of students provides opportunities to engage with the lived realities of students and demonstrate that they can be comfortable using the language, knowledge, and experience that they already possess (Andrews et al., 2020; Galvaan et al., 2022; Reyes et al., 2021; Sathorar & Geduld, 2018, 2019).

In the co-creation of knowledge, it is important for all students to actively participate in the learning process. Sharing between cultures should be allowed by offering a space to collaborate, share experiences, challenge each other's thinking, and learn from one another. Students should feel accepted and heard, and their unique contributions to the learning process should be recognised by ensuring that all students are not just responding, but bringing in new knowledge (Ajaps, 2021; Chandanabhumma & Narasimhan, 2020; Sathorar & Geduld, 2019; Zappas et al., 2021).

Engaging students as active agents in shaping their own learning can be achieved through a partnership between the academic and the student. Students can be engaged at a meta-pedagogical level where they are invited to think about their own learning and where academics explain choices of content, assignments, and class policies. Educators need to value students as allies and create a community of inquiry in their classroom (Galvaan et al., 2022; Laing, 2021; Reyes et al., 2021; Sathorar & Geduld, 2019; Zappas et al., 2021). When students are acknowledged as active collaborators and coproducers of knowledge, it positions them as critical thinkers who can analyse and evaluate issues arising from a topic to form their own opinions and theories (Ajaps, 2021; Andrews et al., 2020; Iloanya, 2017; Sathorar & Geduld, 2018).

Students also need the opportunity to reflect on how theories are applied in context. Theories can be put into practice by exposing students to real-life situations through inquiry-based questions, problems, or scenarios as well as practical examples or experiments or allowing students the opportunity to practise skills in real-life situations. This can develop students' awareness of their

positionality and emphasise the fact that knowledge always arises in a specific context (Ajaps, 2021; Andrews et al., 2020; Sathorar & Geduld, 2018, 2019).

5.4.4.3 Subtheme 3: Explore alternative ways of knowledge creation

This subtheme reflects on alternative ways to create knowledge. One such approach mentioned is to adopt a research-based approach to curriculum transformation. Educators should consider how inclusive the research environment is for people of all backgrounds and how well the environment meets the needs of all researchers to identify areas for improvement to ultimately create a space where everyone feels welcome and valued (Mashiyi et al., 2020; Mbaki et al., 2021)

Educators must be courageous in exploring creative and innovative teaching methods. By incorporating decolonial activities, they can create a space that allows students to engage in a collaborative and connected learning experience (Barkaskas & Gladwin, 2021; Goodman et al., 2015). Real-life skills can be learned from peers in activities like groupwork, discussion, and interaction. These skills include workplace skills such as applying theory, functioning in a group, negotiating others' opinions, learning independently, and analysing information. This can also increase opportunities for students to engage meaningfully within their communities (Cassim, 2020; Goodman et al., 2015; Joosub, 2021).

Other authors also give examples of decolonial activities. Barkaskas and Gladwin (2021) describe the use of pedagogical talking circles, an activity based on indigenous frameworks. This activity focuses on learning by creating, storytelling, reflecting, observing, and listening. Cassim (2020) encourages playful learning using the pedagogy of play and describes how an educational toolkit design activity was implemented to facilitate a learning opportunity for students not bound to the classroom to disrupt a 'one-size-fits-all' approach. Mheta et al. (2018) contribute to the list of activities by proposing the use of multilingual classroom talk, where students are encouraged to use their first language to discuss and ask questions in small groups and translanguaging, which refers to the ability of multilingual speakers to shuffle between languages. They advocate that using such language activities can maximise learning, balance power relations, enrich the linguistic repertoires of the academic and students, and draw on more nuanced meanings of concepts. Laing (2021) adds that academics can add the use of creative and innovative teaching tools like storybooks, films, arts, and field trips as alternative ways to learn to decentre written texts as the only source of legitimate knowledge.

Diversification of assessment strategies is also an important consideration for teaching and learning when attempting to decolonise curricula (Mbaki et al., 2021). Assessment criteria should

reflect the commitment to acknowledge contributions from a greater range of thinkers (Laing, 2021).

5.5 Conclusion

This scoping review mapped and summarised the available literature on how the decolonisation of Health Science curricula is being used to transform HE to provide insight into innovative and transformative practices in the field of Health Science.

This systematic literature review identified the main decolonial actions used to work towards transformation in HE: as shown in Table 5-3.

Table 5-3: Main actions to decolonise Health Sciences curricula

Recognise Colonialism	To decolonise curricula, it is important to recognise and question the impact of colonialism. This involves increasing self-awareness among academics and students, understanding the ongoing legacy of colonialism, and challenging traditional approaches to truly decolonise curricula.
Strive for social justice and inclusion	Combating injustice and striving for a socially just, culturally diverse, and inclusive curriculum is imperative in decolonising curricula. It requires a commitment to social justice, recognising power dynamics shaped by history, using diversity to create learning opportunities, fostering an inclusive learning environment, and empowering students through a student-centred approach.
Embrace cultural heritage	Embracing cultural heritage in HE is a main concept of decolonising curricula. This entails localising curricula by incorporating indigenous perspectives and knowledge while maintaining a balance between local and global viewpoints.
Interrogate knowledge and explore alternatives	Decolonisation requires the interrogation of knowledge and the exploration of alternative ways of knowing, being, and doing. It involves acknowledging the plurality of knowledge, integrating students' prior knowledge in the co-creation of new knowledge, and exploring alternative methods of knowledge creation.

Against the background stated in this study, it is evident that decolonisation as a means of driving transformation holds significant importance for HE. However, the challenge lies in determining how this process should unfold. As Le Grange (2019) highlighted, the focus should extend beyond defining decolonisation itself and shift toward envisioning its potential outcomes and future possibilities. By identifying and organising the main concepts used in the literature and proposing an action framework to decolonise curricula within the field of Health Sciences, this study contributes to the ongoing discourse of how decolonisation can be used to bring about transformation in HE. The aim is to contribute to developing decolonial theory that can guide

curriculum change and provide an evidence-based foundation for policy and practice changes related to decolonisation within Health Sciences, ultimately making decolonising curricula less daunting.

Knowing how to decolonise Health Sciences curricula in Africa will benefit healthcare education and contribute to the transformation of HE on the continent. Decolonisation can enable African nations to reclaim their cultural identities and indigenous knowledge systems, ensuring that health education reflects African communities' diverse needs and realities. Furthermore, the theory and frameworks developed in Africa acknowledge the continent's unique historical, social, and political context. This will allow for customised solutions that address the specific challenges faced by African healthcare systems.

The contribution of this study is that further research can now draw from this action framework to develop practical guidelines to guide curriculum change.

5.6 Strengths and Limitations

A Scoping review may have several limitations that may affect its accuracy and usefulness. Scoping reviews are focused, meaning important information that falls outside their scope may be missed. Although providing a broad overview of the literature, scoping reviews may lack detail, making it difficult to fully understand individual studies. There may also be the potential for bias in the study selection and in the interpretation of the findings due to the biases of the researcher team. Additionally, scoping reviews can be time-consuming, especially when evaluating a large number of studies, and may be limited by the quality and availability of the relevant literature. Furthermore, scoping reviews can become outdated quickly due to their time constraints, as new research and data may be published after the completion of the review. Therefore, a scoping review should be considered as just one step in a larger evidence-based approach.

It is essential to recognize the need for a more nuanced portrayal of decolonisation in the context of Health Sciences curricula, acknowledging that its effectiveness as a vehicle for transformation may vary. Future iterations of this research could benefit from incorporating a more critical engagement with sources to address the complexity and potential limitations of assuming an unequivocal transformative impact.

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5.8 Declaration Statement

The authors declare that they have no conflict of interest.

5.9 Supplemental material

- APPENDIX A: SEARCH TERMS
- APPENDIX B: SEARCH STRATEGIE
- APPENDIX C: DATA EXTRACTION FORM
- APPENDIX D: RESULTS OF INDIVIDUAL SOURCES OF EVIDENCE

5.10 References

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Appendices

APPENDIX A: SEARCH TERMS

Criteria	Component(s)	Search terms
C (Concept)	Decolonisation	Decolonise or decolonize or Decolonisation or decolonization or Decolonising or Decolonizing or Africanisation or Africanization or decolonial or democratization or democratisation
	Transformation	Transform or transformation or renew or renewal or renewing or change or revision or intervention or mediate or deconstructing or revolution or transition or diversity or development or adjustment or reversal or modification or diversification or remodelling or reconstructing or reconstruction
C (Context)	Curriculum	Curriculum or curricula or pedagogy or pedagogic or pedagogical or pedagogies or educational program or syllabus or module or course or program
	Guidelines	Strategy or guideline or guidelines or framework or action or approach or blueprint or design or tactics or method or planning
P (Population)	Higher education	Higher education or college or university or post-secondary or postsecondary or undergraduate or graduate or tertiary
	Health Sciences	Health Science or Health Sciences or health or health science education or education

APPENDIX B: SEARCH STRATEGIE

DATABASE 1: Scopus (Results: 89)

(TITLE-ABS-KEY (decolonise OR decolonize OR decolonisation OR decolonization OR decolonising OR decolonizing OR africanisation OR africanization OR decolonial OR democratization OR democratisation) AND ALL (transform OR transformation OR renew OR renewal OR renewing OR change OR revision OR intervention OR mediate OR deconstructing OR revolution OR transition OR diversity OR development OR adjustment OR reversal OR modification OR diversification OR remodelling OR reconstructing OR reconstruction OR change) AND ALL (curriculum OR curricula OR pedagogy OR pedagogic OR pedagogical OR pedagogies OR educational AND program OR syllabus OR module OR course OR program AND strategy OR guideline OR guidelines OR framework OR action OR approach OR blueprint OR design OR tactics OR method OR planning AND higher AND education OR college OR university OR post-secondary OR postsecondary OR undergraduate OR graduate OR tertiary AND health AND science OR health AND sciences OR health) AND TITLE-ABS-KEY (health AND science OR health AND sciences OR health OR education)) AND PUBYEAR > 2014 AND PUBYEAR > 2014

DATABASE 2: EBSCOhost Research Databases (56 Results)

https://nwulib.nwu.ac.za/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=eric&bquery=TI+(+Decolonise+or+decolonize+or+Decolonisation+or+decolonization+or+Decolonising+or+Decolonizing+or+Africanisation+or+Africanization+or+decolonial+or+democratization+or+democratisation+)+AND+(+Transform+or+Transformation+or+renew+or+renewal+or+renewing+or+change+or+revision+or+intervention+or+mediate+or+deconstructing+or+revolution+or+transition+or+diversity+or+development+or+adjustment+or+reversal+or+modification+or+diversification+or+remodelling+or+reconstructing+or+reconstruction+or+change+)+AND+(+Curriculum+or+curricula+or+pedagogy+or+pedagogic+or+pedagogical+or+pedagogies+or+educational+program+or+syllabus+or+module+or+course+or+program+)+AND+(+Strategy+or+guideline+or+guidelines+or+framework+or+action+or+approach+or+blueprint+or+design+or+tactics+or+method+or+planning+or+model+)+AND+(+Higher+education+or+college+or+university+or+post-secondary+or+postsecondary+or+undergraduate+or+graduate+or+tertiary+)+AND+AB+(+Health+Science+or+Health+Sciences+or+health+or+education+)&cli0=DT1&clv0=201501-000001&type=1&searchMode=Standard

DATABASE 3: Web of science (Results 168)

decolonised or decolonized or Decolonisation or decolonization or Decolonising or Decolonizing or africanisation or africanization or decolonial or democratization or democratisation (Title) and Transform or Transformation or renew or renewal or renewing or change or revision or intervention or mediate or deconstructing or revolution or transition or diversity or development or adjustment or reversal or modification or diversification or remodelling or reconstructing or reconstruction or change (All Fields) and Curriculum or curricula or pedagogy or pedagogic or pedagogical or pedagogies or educational program or syllabus or module or course or program (All Fields) and Strategy or guideline or guidelines or framework or action or approach or blueprint or design or tactics or method or planning or model (All Fields) and Higher education or college or university or post-secondary or postsecondary or undergraduate or graduate or tertiary (All Fields) and Health Science or Health Sciences or health or education (Abstract) | 168 results

| Timespan: 2015-01-01 to 2022-07-07 (P

DATABASE 4: Pubmed (Results 48 results)

((((((Decolonise[Title] OR decolonize[Title] OR Decolonisation[Title] OR decolonization[Title] OR Decolonising[Title] OR Decolonizing[Title] OR Africanisation[Title] OR Africanization[Title] OR decolonial[Title] OR democratization[Title] OR democratisation[Title]) AND (Transform or Transformation or renew or renewal or renewing or change or revision or intervention or mediate or deconstructing or revolution or transition or diversity or development or adjustment or reversal or modification or diversification or remodelling or reconstructing or reconstruction or change)) AND (Curriculum or curricula or pedagogy or pedagogic or pedagogical or pedagogies or educational program or syllabus or module or course or program)) AND (Strategy or guideline or guidelines or framework or action or approach or blueprint or design or tactics or method or planning or model)) AND (Higher education or college or university or post-secondary or postsecondary or undergraduate or graduate or tertiary)) AND (Health Science[Title/Abstract] OR Health Sciences[Title/Abstract] OR health[Title/Abstract] OR education[Title/Abstract])) AND (("2015"[Date - Publication] : "3000"[Date - Publication]))

DATABASE 5: Ebsco host

Searching: APA PsycArticles, APA PsycInfo, Applied Science & Technology Source, CINAHL with Full Text, eBook Collection (EBSCOhost), E-Journals, Health Source - Consumer Edition, Health Source: Nursing/Academic Edition, MEDLINE, Newspaper Source, Teacher Reference Center

Results 122, Ebsco host removes duplicates before downloading: Results 96

https://nwulib.nwu.ac.za/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=pdh&db=psyh&db=aci&db=c8h&db=nlebk&db=eoah&db=eric&db=hxh&db=hch&db=cmedm&db=nfh&db=trh&bquery=TI+(+Decolonise+or+decolonize+or+Decolonisation+or+decolonization+or+Decolonising+or+Decolonizing+or+Africanisation+or+Africanization+or+decolonial+or+democratization+or+democratisation+)+AND+(+Transform+or+Transformation+or+renew+or+renewal+or+renewing+or+change+or+revision+or+intervention+or+mediate+or+deconstructing+or+r

evolution+or+transition+or+diversity+or+development+or+adjustment+or+reversal+or+modification+or+diversification+or+remodelling+or+reconstructing+or+reconstruction+or+change+)+AND+(+Curriculum+or+curricula+or+pedagogy+or+pedagogic+or+pedagogical+or+pedagogies+or+educational+program+or+syllabus+or+module+or+course+or+program+)+AND+(+Strategy+or+guideline+or+guidelines+or+framework+or+action+or+approach+or+blueprint+or+design+or+tactics+or+method+or+planning+or+model+)+AND+(+Higher+education+or+college+or+university+or+post-
secondary+or+postsecondary+or+undergraduate+or+graduate+or+tertiary+)+AND+AB+(+Health+Science+or+Health+Sciences+or+health+or+education+)&cli0=DT1&clv0=201501-000001&type=1&searchMode=Standard

DATABASE 6 :ProQuest (Results 83)

ti(Decolonise OR decolonize OR Decolonisation OR decolonization OR Decolonising OR Decolonizing OR Africanisation OR Africanization OR decolonial OR democratization OR democratisation) AND (Transform OR Transformation OR renew OR renewal OR renewing OR change OR revision OR intervention OR mediate OR deconstructing OR revolution OR transition OR diversity OR development OR adjustment OR reversal OR modification OR diversification OR remodelling OR reconstructing OR reconstruction OR change) AND (Curriculum OR curricula OR pedagogy OR pedagogic OR pedagogical OR pedagogies OR educational program OR syllabus OR module OR course OR program) AND (Strategy OR guideline OR guidelines OR framework OR action OR approach OR blueprint OR design OR tactics OR method OR planning OR model) AND (Higher education OR college OR university OR post-secondary OR postsecondary OR undergraduate OR graduate OR tertiary) AND ab(Health Science OR Health Sciences OR health OR education)

APPENDIX C: DATA EXTRACTION FORM

General information	
Study ID	
Title	
Lead author	
Country of origin	
Year of publication	
Aim of study	
Discipline	
Methodology	
Findings of Article	
Decolonisation Strategies	
Strategy used	
Description	
Guidelines for decolonising curricula	

APPENDIX D: RESULTS OF INDIVIDUAL SOURCES OF EVIDENCE

Reference	Title	Country in which the study conducted	Year of publication	Discipline
(Ajaps, 2021)	Decolonising Education for Environmental Conservation: A Participatory Action Research	Nigeria (New York University)	2021	Steinhardt School of Culture, Education and Human Development
(Aldawood & Gómez, 2018)	Decolonizing human rights education	United States	2018	Human Rights Education
(Andrews et al., 2020)	The Multiliteracies Learning Environment as Decolonial Nexus: Designing for Decolonial Teaching in a Literacies Course at a South African University	United States	2020	Education
(Barkaskas & Gladwin, 2021)	Pedagogical Talking Circles: Decolonizing Education through Relational indigenous Frameworks	Canada	2021	Education
(Bhandal, 2018)	Ethical globalization? Decolonizing theoretical perspectives for internationalization in Canadian medical education	Canada	2018	Literature study
(Cassim, 2020)	Decolonising Design Education through Playful Learning in a Tertiary Communication Design Programme in South Africa	South Africa	2020	Design education

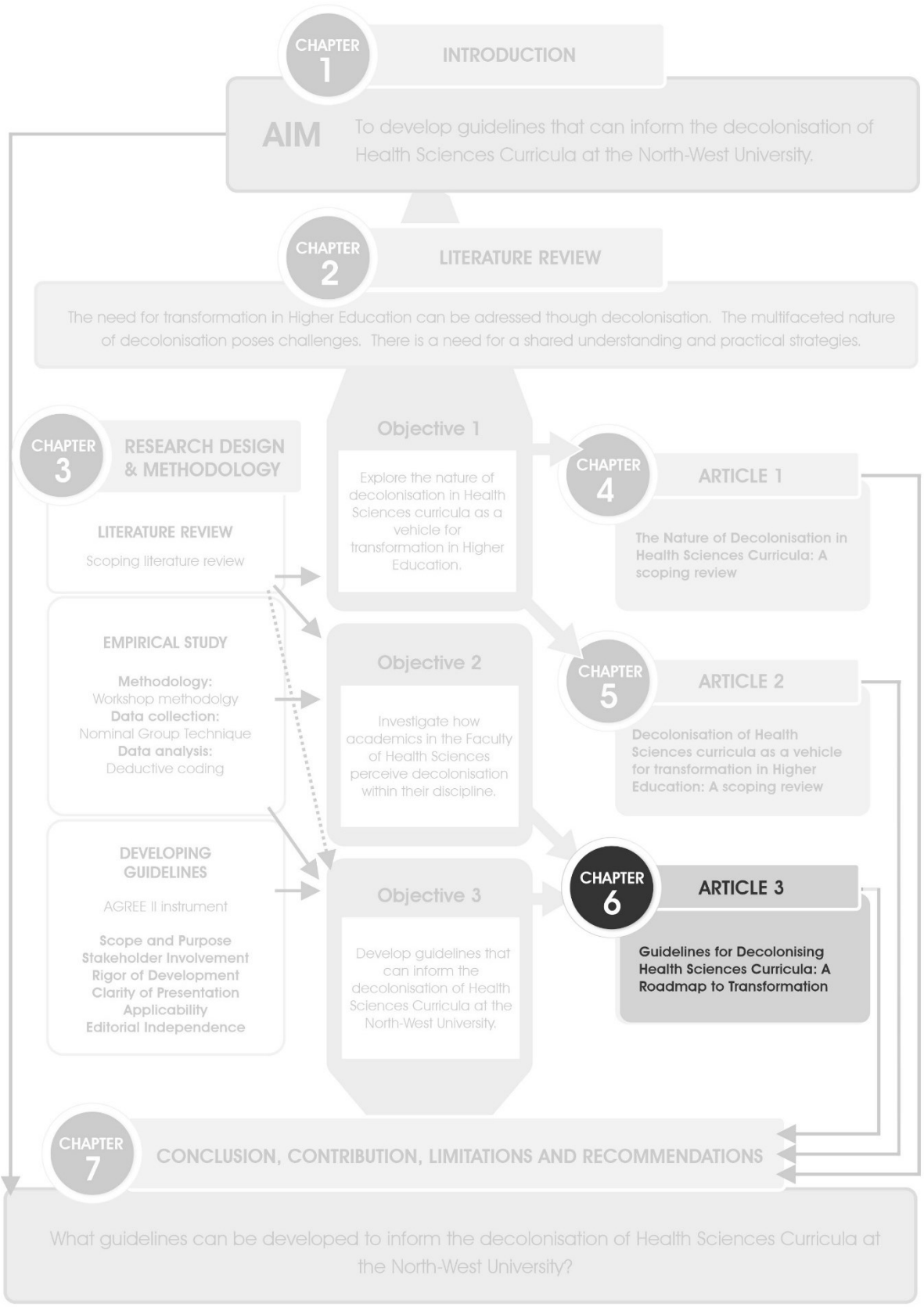
(Castell et al., 2018)	Critical Reflexivity in indigenous and Cross-cultural Psychology: A Decolonial Approach to Curriculum?	Australia	2018	indigenous and cross--cultural psychology
(Chandanabhumma & Narasimhan, 2020)	Towards health equity and social justice: an applied framework of decolonization in health promotion	United States	2019	Medicine
(Cordeiro-Rodrigues, 2017)	The decolonial turn revisited	China/Unisa South Africa	2017	Philosophy
(Diab et al., 2020)	The interplay of paradigms: Decolonizing a psychology curriculum in the context of the siege of Gaza	Palestine	2019	Psychology
(Eichbaum et al., 2021)	Decolonizing Global Health Education: Rethinking Institutional Partnerships and Approaches	United States	2021	Medicine
(Finn et al., 2022)	Colonization, cadavers, and color: Considering decolonization of anatomy curricula	United Kingdom	2021	Medicine
(Galvaan et al., 2022)	Pedagogies within occupational therapy curriculum: centering a decolonial praxis in community development practice	South Africa	2022	Occupational Therapy,
(Goodman et al., 2015)	Decolonizing traditional pedagogies and practices in counseling and psychology education: A move towards social justice and action	United States	2015	Psychology
(Harvey & Russell-Mundine, 2019)	Decolonising the curriculum: using graduate qualities to	Australia	2018	Interdisciplinary

	embed indigenous knowledges at the academic cultural interface			
(Iloanya, 2017)	Democratisation of Teaching and Learning: a tool for the implementation of the Tuning Approach in Higher Education?	Botswana	2017	Teaching and Learning
(Joosub, 2021)	Becoming african psychologists: decolonisation within a postgraduate psychology module at the university of johannesburg	South Africa	2021	Psychology
(Laing, 2021)	Decolonising pedagogies in undergraduate geography: student perspectives on a Decolonial Movements module	United Kingdom	2020	Geography
(Lokugamage et al., 2020)	Decolonising ideas of healing in medical education	United Kingdom	2020	Medicine
(Mashiyi et al., 2020)	Lecturer conceptions of and approaches to decolonisation of curricula in higher education	South Africa	2020	Faculty of Education
(Mbaki et al., 2021)	Diversifying the medical curriculum as part of the wider decolonising effort: A proposed framework and self-assessment resource toolbox	United Kingdom	2021	Medicine
(Mheta et al., 2018)	Decolonisation of the curriculum: A case study of the Durban University of Technology in South Africa	South Africa	2018	Broader HE

(S. Narasimhan & P. P. Chandanabhumma, 2021)	A Scoping Review of Decolonization in indigenous-Focused Health Education and Behavior Research	United States	2021	Health Education
(Nazar et al., 2015)	Decolonising medical curricula through diversity education: lessons from students	United Kingdom	2015	Medicine
(Neden, 2021)	Decolonizing digital learning design in social work education. A critical analysis of protocol practice for cultural safety and cultural capability	Australia	2021	Social Work
(Nibafu et al., 2021)	Contextual relevance and decolonisation of South African Industrial Psychology training: An exploratory case study	South Africa	2021	Industrial Psychology
(Reyes et al., 2021)	Decolonising globalised curriculum landscapes: The identity and agency of academics	United Kingdom	2021	Interdisciplinary - Higher Education as whole
(Rodney, 2016)	Decolonization in health professions education: reflections on teaching through a transgressive pedagogy	Canada	2016	Health Professions Education
(Sathorar & Geduld, 2018)	Towards decolonising teacher education: Reimagining the relationship between theory and praxis	South Africa	2018	Education
(Sathorar & Geduld, 2019)	Reflecting on lecturer dispositions to decolonise teacher education	South Africa	2019	Education

(Swidrovich, 2020)	Decolonizing and Indigenizing pharmacy education in Canada	Canada	2020	Pharmacy Education
(van der Westhuizen et al., 2017)	Are we hearing the voices? Africanisation as part of community development	South Africa	2017	Transdisciplinary (Social Service and Theology Professions)
(Witthuhn & Le Roux, 2017)	Factors that enable and constrain the internationalisation and Africanisation of Master of Public Health programmes in South African higher-education institutions	South Africa	2017	Public Health
(Wong et al., 2021)	'Decolonising the Medical Curriculum': Humanising medicine through epistemic pluralism, cultural safety and critical consciousness	United Kingdom	2021	Medicine
(Zappas et al., 2021)	The Decolonization of Nursing Education	United States	2021	Nursing Education
(Zidani, 2021)	Whose pedagogy is it anyway? Decolonizing the syllabus through a critical embrace of difference	United States	2021	Higher Education in general

CHAPTER 6


CHAPTER 1
INTRODUCTION
AIM
To develop guidelines that can inform the decolonisation of Health Sciences Curricula at the North-West University.
CHAPTER 2
LITERATURE REVIEW
The need for transformation in Higher Education can be adressed though decolonisation. The multifaceted nature of decolonisation poses challenges. There is a need for a shared understanding and practical strategies.
CHAPTER 3
RESEARCH DESIGN & METHODOLOGY
LITERATURE REVIEW
Scoping literature review
EMPIRICAL STUDY
Methodology:
Workshop methodolgy
Data collection:
Nominal Group Technique
Data analysis:
Deductive coding
DEVELOPING GUIDELINES
AGREE II instrument
Scope and Purpose
Stakeholder Involvement
Rigor of Development
Clarity of Presentation
Applicability
Editorial Independence
Objective 1
Explore the nature of decolonisation in Health Sciences curricula as a vehicle for transformation in Higher Education.
Objective 2
Investigate how academics in the Faculty of Health Sciences perceive decolonisation within their discipline.
Objective 3
Develop guidelines that can inform the decolonisation of Health Sciences Curricula at the North-West University.
CHAPTER 4
ARTICLE 1
The Nature of Decolonisation in Health Sciences Curricula: A scoping review
CHAPTER 5
ARTICLE 2
Decolonisation of Health Sciences curricula as a vehicle for transformation in Higher Education: A scoping review
CHAPTER 6
ARTICLE 3
Guidelines for Decolonising Health Sciences Curricula: A Roadmap to Transformation
CHAPTER 7
CONCLUSION, CONTRIBUTION, LIMITATIONS AND RECOMMENDATIONS
What guidelines can be developed to inform the decolonisation of Health Sciences Curricula at the North-West University?

CHAPTER 6 ARTICLE 3 GUIDELINES FOR DECOLONISING HEALTH SCIENCES CURRICULA: A ROADMAP TO TRANSFORMATION

This article was submitted to the journal Advances in Health Sciences Education (Springer) and is currently under review. The chapter follows the journal's style formatting and referencing with necessary adaptations for NWU guidelines to maintain thesis-wide uniformity.

The preprint article is available at Research Square: https://doi.org/10.21203/rs.3.rs-3465522/v1

Advances in Health Sciences Education is a forum for scholarly and state-of-the art research into all aspects of health sciences education. It will publish empirical studies as well as discussions of theoretical issues and practical implications. The primary focus of the Journal is linking theory to practice.

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The Ph.D. candidate made substantial contributions to this research article, actively engaging in the conceptualisation phase under the supervision of the promotor and co-promotor. Integral responsibilities included the collection and analysis of the empirical data, as well as the writing of the manuscript.

ABSTRACT

South Africa’s complex history with colonialism has left its imprint on the Higher Education Institutions. Decolonisation can address historical injustices and create a more inclusive educational environment. Despite the awareness of its significance, many Higher Education Institutions grapple with decolonisation due to varied approaches and resistance. Existing literature highlights a gap in understanding Health Professions educators' perceptions of decolonisation in health professions education, demanding further research into practical implications. Understanding Health Professions educators' perspectives is vital, as it influences curriculum design. The aim of this study is to explore how Health Professions educators at North-West University perceive decolonisation and to use these insights to develop guidelines to inform the decolonising health professions education curricula. To achieve this aim, the study adopted a workshop methodology. The Nominal Group Technique was employed within this methodology to encourage meaningful contribution. The study used deductive coding to guide the analysis of collected data. Findings indicate a shift in Health Professions educators' perceptions of decolonisation when informed discourse and structured guidance are available. Educators require a well-structured plan of action, emphasising the need for practical guidelines to inform decolonisation efforts. The derived guidelines align with the mission of producing healthcare professionals capable of addressing South Africa's diverse healthcare landscape. They facilitate cultural competency and social consciousness among Health Professions educators, fostering a responsive curriculum transformation and a more inclusive Higher Education environment. This research contributes to the vital discourse on decolonisation by grounding theory in practice, offering practical guidelines as a roadmap to transformation.

Keywords: Higher education, Decolonisation, Health Sciences, Curriculum, Transformation

6.1 Introduction and Background

Decolonising Higher Education (HE) curriculum has become a significant global movement which seeks to address the legacy of colonialism (Osman & Maringe, 2019). South Africa’s complex history with colonialism has left its imprint on the education system underscoring the significance of decolonisation efforts in Higher Education Institutions (HEIs) to address historical injustices and create a more inclusive educational environment (Narasimhan & Chandanabhumma, 2021; Osman & Maringe, 2019).

The legacy of colonialism has a far-reaching impact on the field of Health Professions Education (HPE) making it crucial for curriculum transformation to take place in this discipline (Büyüm et al., 2020; Sridhar et al., 2023). Colonialism often introduced western perspectives, practices, and knowledge systems into colonised regions. This historical legacy has had a lasting effect on the

education and training of healthcare professionals, shaping their curriculum, methodologies, and even their understanding of health and illness (Narasimhan & Chandanabhumma, 2021; Osman & Maringe, 2019). Decolonising curricula in HPE is important for several reasons according to Koch et al. (in press-b). These reasons include the growing demand for culturally responsive and equity-focused curricula, the realisation that current curricula often neglect the diversity in the classroom and the lingering presence of colonial policies and practices in HE. Similarly Hansen et al. (2023) emphasised that inequities in global health care have created an urgency to transition towards more responsive and contextually relevant curricula in HPE.

Decolonisation, as advocated by (Koch et al., in press-b) centres on challenging the status quo and embracing diverse perspectives and knowledge within the curriculum. This pluralistic approach to HPE, endorsed by Baker et al. (2021), equips Health Professions (HP) educators with tools for providing quality education within the evolving landscape of curricular reform. Quality HPE, according to Hansen et al. (2023), refers to curricula that deliver healthcare graduates that are clinically competent and critically conscious of the context in which they will work.

Despite the awareness of the importance of decolonisation in HPE, it is reported that many HEIs have not embraced the opportunities presented by decolonisation (Osman & Maringe, 2019; Timmis et al., 2019). Le Grange (2019) and Padayachee et al. (2018) partly attribute this lack of action to the diverse ways in which decolonisation is approached, resulting in resistance from staff and students hesitant to depart from familiar practices. A scoping review by Koch et al. (in press-a) revealed a lacuna in existing literature in understanding HP educators' perceptions of decolonisation in HPE. While Hansen et al. (2023) have made strides in addressing this gap by exploring how HP Educators conceptualise curriculum principles and teaching practices, there remains a need remains for research into the practical implications of curriculum renewal. Narasimhan and Chandanabhumma (2021) also stress the necessity to extend the application of decolonisation beyond research, emphasising HP educators' engagement and training.

Understanding the driving forces behind HP educators' teaching practices is crucial within the decolonisation discourse, as it can significantly influence curriculum design, teaching methodologies, and institutional policies (Hansen et al., 2023). Therefore comprehending HP educators' perceptions of decolonisation is essential as it can inform strategies for curriculum transformation. A lack in comprehension of how HP educators perceive and approach the decolonisation of curricula underscores the need for further investigation into their perspectives. This gap forms the cornerstone for informing the process of decolonising curricula.

Hence the aim of this study is to explore how HP educators within the Faculty of Health Sciences (FHS) at North-West University (NWU) perceive decolonisation in HPE and to leverage these

insights to formulate guidelines for advancing decolonisation efforts in the FHS at NWU and similar contexts.

To reach this aim, this study has two primary objectives. First, to investigate how HP educators perceive decolonisation within their discipline. Second to develop guidelines that can inform decolonisation practices of Health Professions curricula.

To achieve these objectives, this research adopted a workshop methodology, providing a suitable platform for fulfilling the research purpose. The Nominal Group Technique (NGT) was employed within this methodology to encourage meaningful contributions. To gain nuanced insights into HP educators' perspectives, the study uses deductive coding to guide the analysis of collected data. For the purpose of developing guidelines to advance decolonisation in Health Sciences, this research makes use of the Appraisal of Guidelines for Research & Evaluation instrument, AGREE II (AGREE, 2017).

The article follows a clear and concise structure. It begins with a framework for framing the decolonisation of curricula in HPE. Following this, it delves into the research methodology, detailing data collection and analysis. The findings and discussions are presented in a combined section, which leads to the proposal of practical guidelines. Finally, the article concludes by summarising its key insights.

The next section explores the framework that guides our deductive coding.

6.2 Framing the decolonisation of curricula in HPE

Koch et al. (in press-a) conducted a scoping literature review to explore how decolonisation is used to drive transformation in HE. The scoping review resulted in the identification of 14 decolonial actions that were presented as an action framework.

This framework outlines four central themes integral to the process of decolonisation in HE. Theme 1 underscores the significance of recognising and engaging with the legacy of colonialism in HE. It suggests practical decolonial steps, including cultivating self-awareness, acknowledging colonial influences, and actively critiquing their impact. In Theme 2, attention shifts to advancing equity and inclusiveness, promoting a curriculum that confronts disparities, re-evaluates power dynamics, welcomes diverse perspectives, fosters inclusive teaching methodologies, and empowers students. Theme 3 revolves around rejuvenating cultural heritage, advocating for measures such as contextualised curricula, honouring local identity, and balancing global and local viewpoints. Lastly, Theme 4 explores the interrogation of existing knowledge paradigms and the exploration of alternative ways of knowing, being, and doing. It advocates for critical reflection

on established knowledge, the involvement of students as active co-creators of knowledge, and the exploration of unconventional ways of knowledge creation.

This framework aligns with the research objectives by providing a structured approach to analysing data collected from participants. Its emphasis on actionable steps for decolonisation enables this research to explore participants' perceptions in a manner that can foster meaningful curriculum development and transformation.

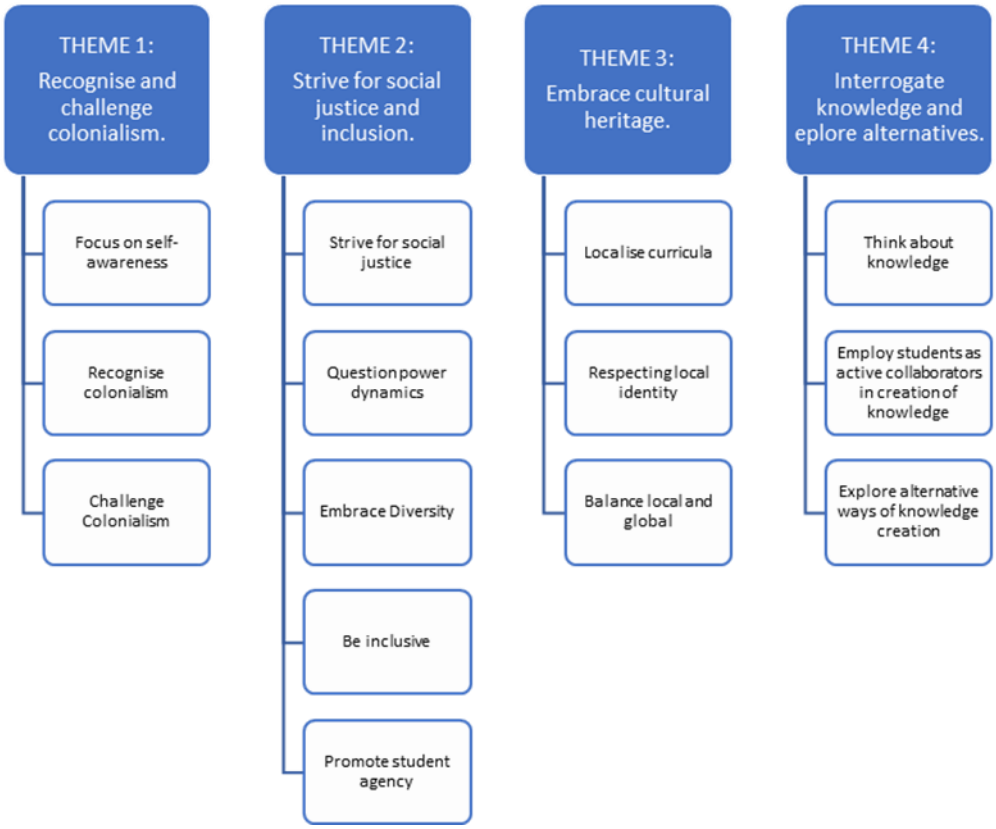

Figure 6-1: Decolonisation action framework (Koch et al., in press-a)

6.3 Research method and design

In this study, a research paradigm grounded in social constructivism guides the research approach. Social constructivism recognises that knowledge emerges through social interactions influenced by cultural and contextual factors, aligning with the socially constructed nature of decolonisation. Employing a qualitative research design, the study focuses on in-depth exploration, capturing the richness and depth of participant perspectives and experiences regarding decolonisation.

Within this qualitative design, the methodology employed is workshop methodology. This workshop methodology serves as an interactive and participatory platform where participants can engage in discussions, share their perceptions, and collectively contribute to the formulation of decolonisation guidelines. Workshops were selected as methodology because the participatory nature facilitated a nuanced understanding of participants' attitudes and experiences and the challenges they encounter when aiming to integrate decolonial practices into their curricula (Ørngreen & Levinsen, 2017).

6.3.1 Data collection

To collect data during the workshops, the NGT was employed as illustrated in Figure 6-2. This technique is suitable for this study because it encourages meaningful contributions from all participants and facilitates agreement on the relative importance of issues, problems or solutions (Tran et al., 2021).

Figure 6-2: Data collection

6.3.1.1 Nominal Group Technique (NGT)

NGT is a structured, small-group discussion method used to generate and brainstorm ideas with the main aim to reach consensus regarding the specific topic under discussion – in this study, how HP educators perceive decolonisation. NGT consists of four phases, namely generating ideas, recording of ideas, discussing ideas and lastly, prioritising ideas. NGT not only allows for

idea generation but allows for in-depth discussion to thoroughly explore the participants' experiences, opinions, attitudes and beliefs (Tran et al., 2021).

During the online workshops led by an experienced facilitator, five open-ended questions were posed one at a time to the participants. Participants then presented their answers on a collaborative online platform, followed by a facilitated discussion to clarify, discuss, and prioritise the generated ideas. The process was then repeated for each question. Once done with all five questions, the participants were asked to do a feedback survey on their experience of the session.

The collected data encompassed the written answers to the questions posed on the collaborative online platform, the transcripts of the workshops and the responses from feedback survey completed at the end of the workshops.

6.3.1.2 Population and sampling

The study population comprised HP educators from all three campuses of the NWU. This qualitative study used an all-inclusive voluntary purposive sampling procedure. Participation in this study was voluntary. The basic principles of ethics: autonomy, justice, beneficence, non-maleficence and fidelity were guiding the ethical practices during this research as suggested by (Pool & Reitsma, 2017). Prior to commencement of the research, the researcher obtained ethics approval from the North-West University Health Research Ethics Committee (NWU-HREC) and the North-West University Research Data Gatekeeper Committee (NWU-RDGC). To safeguard the integrity of the findings of the study, meticulous steps were taken to address data quality, validity, and reliability.

6.3.2 Data Analysis

The data collected were subjected to deductive coding using the action framework for decolonising Health Sciences curriculum which encompasses 14 distinct actions designed to guide the decolonisation of curricula (as displayed in Figure 6-1). The deductive coding approach involved systematically aligning participant responses with the predefined actions outlined in the framework. This process facilitated a comprehensive evaluation of the extent to which participants' perceptions and discussions resonated with the recommended decolonial actions. Structuring the data analysis around these predefined actions provided a framework for synthesising the data and deriving actionable guidelines to advance decolonisation efforts within Health Sciences.

6.4 Findings and Discussion

In the following section, we delve into the findings and discussion organised around the four predetermined themes discussed earlier. These themes provide a structured lens through which we examine HP educators' perceptions of decolonisation. The following identifiers were used in the discussion: dataset number and response number.

6.4.1 THEME 1: Recognise and challenge colonialism.

6.4.1.1 Subtheme 1: focus on self-awareness

To work towards decoloniality it is important for HP educators to critically reflect on themselves and their influence on a curriculum as highlighted by Koch et al. (in press-a). From the data, it became evident that most of the participants acknowledged that who they are does influence how they teach, what they teach, how they engage with students and how students view them. Some of the participants also mentioned that engaging with colleagues in conversation about this decolonial action, created a renewed awareness of their own actions and how this can influence their teaching and students' participation.

Drawing from the insights of Padayachee et al. (2018), it becomes evident that HP educators should proactively position themselves within the learning environment. This proactive stance involves taking ownership of any biases that may exist. As Rodney (2016) underscores, this positioning is not merely a matter of physical presence but signifies a commitment to transparency and accountability. When educators establish themselves in the classroom, they create a tangible locus for these principles, fostering an environment in which the learning process is guided by openness and responsibility. From the data analysis, it became clear that even though participants are eager to take responsibility for their bias and assumptions, only a few of the participants indicated that they actively establish their positionality in the classroom:

> *1:37 I grew up in the sixties and seventies very aware of the differences in living conditions among people. .. I acknowledge the fact that I grew up in a privileged society during the first lecture session of the module I teach.*

Further analyses of the data reveal that participants find it important that students are encouraged to also be aware of their own culture and values in Health Sciences fields because that would influence how they treat patients and what treatment options they would or would not recommend. This viewpoint is corroborated by the work of Harvey and Russell-Mundine (2019) , who advocate for the importance of reflective practice in enabling students to recognise potential misalignments in their cultural awareness and to view differences as valuable learning opportunities. Building on this, Andrews et al. (2020) propose that student activities can be purposefully designed to

encourage students to reflect on their own identity. The data displays a commitment by participants to encourage students to self-reflect through activities such as field trips to different communities and hospitals and group discussions about controversial topics such as abortion, surrogate pregnancies, and organ donation. Practical assignments and assessments are also used by these participants to provide students with opportunities to reflect on cultural practices from their own communities. This is illustrated by this participants' response:

> *3:31 The current curriculum in Nursing and midwifery does not reflect indigenous knowledge. For example, pregnant mothers do use certain herbs or practice some beliefs to enhance labour. So I give students opportunities to reflect on some of cultural practices from their own communities, they then share these with videos and discuss in class. Intention is to clarify their values regarding these and decide whether they would recommend or not recommend to the clients.*

Added to this, shared reflection with peers, as advocated by Sridhar et al. (2023), can provide an internal feedback mechanism. Within this collaborative environment, learners are afforded the opportunity of contemplating their role and impact in either perpetuating or dismantling colonialism. This collaborative approach not only encourages self-awareness but also underscores the interconnectedness of individuals' cultural identities within the broader context of healthcare education and practice.

6.4.1.2 Subtheme 2: Recognise colonialism

When aiming to use decolonisation to transform curricula, it is fundamental to recognise and understand the historical impact of colonialism (Chandanabhumma & Narasimhan, 2020). Recognising colonialism according to Mbaki et al. (2021) involves looking at the history of a subject or discipline and acknowledge the policies and practices that lead to the depletion of resources. Participants were eager to reflect on the origins of their subject which mostly originated in Europe and the USA as evident from the following responses:

> *1:3 Pharmacy and science of pharmacy developed in Eurocentric / European, American / Western world. Developed during colonisation as it was part of history.*

> *1:54 Started home economics in USA - train women essential skills as mothers in their homes. Shaped by white women's background. Later became Consumer Science but still very focussed on foods and fashion in SA. In SA, most consumer scientist still women.*

Participants agreed that colonisation had a great influence on their respective disciplines. In psychology, participants declared that colonisation is embedded in all the main theories because psychology is mainly investigated from a Western perspective.

Colonialism also had a strong influence in the field of nursing, according to participants who noted that their views of diagnoses and treatment were shaped by the colonised content they learned from. Participants from the subject of pharmacy acknowledged that Western medicine, developed by the Western World is an inherent and essential part of their curricula as indicated by this response:

> *6:2 Pharmacy developed during the time that colonisation was the top of the day. So, it does have a lot of influences in it. So, that is what I meant by part of history of Pharmacy as we are here now at this moment.*

These observations align with existing literature's emphasis on critical awareness regarding the enduring effects of colonialism within HPE disciplines (Hansen et al., 2023; Sridhar et al., 2023). The participants' responses confirm that colonialism continues to exert a lingering influence within their subjects, highlighting the importance of addressing this historical legacy in HE.

6.4.1.3 Subtheme 3: Challenge colonialism

The overarching sentiment expressed by participants reflected a sincere commitment to challenge the legacy of colonialism within their curricula. This sentiment is echoed by Bhandal (2018) who emphasises the critical importance of bringing to light the recurring patterns of colonial influence and actively addressing them.

The term *decolonisation* however, raised concerns among many participants who described the term decolonisation as wrong, very politicised, a horrible word and not a correct description for what needs to happen. Some participants proposed that the term be changed to focus on inclusivity and addressing diversity. The prevailing perception among participants was that if the term were replaced by a term with less of a negative connotation, participants would be more eager to participate and realise the value it can add to their curricula. This perspective aligns with the notion that the term decolonisation may not be the most appropriate choice moving forward, as discussed by (Cloete, 2018). Cloete underscores the ideological and reductionist nature of the term, lending further support to the participants' reservations and their call for a more constructive and inclusive framing of the curricular transformation process. The following responses illustrate this perspective:

> *9:20 I'd like to apologise to you. I actually did enjoy this workshop. I really was very negative about this, but I must tell you one thing: I think decolonisation is a swear word that we need to get rid of. It's a horrible word; it's got a very negative connection, and if one can get a different word to describe what we've discussed today, I believe that everybody will just jump into the pool and say, "okay, let's do it, let's do it", but the minute you hear this word, people say I'm not interested; I don't want to hear it.*

It's all wrong. So, thank you. You really changed my mind about what it includes, but I still hate the word.

9:17 I think it has a lot to do with the terminology that is also used. Why would we use the term decolonise, that is a politicised term. So, if we want to get away from that, we should rather say how do we become more inclusive, and to be negative, is also never good. So decolonise is a negative term, you want to get away from something, but to rather say what do we want to move towards, and that would be more constructive, and I think that will bring people together and help us understand one another, and eventually achieve what we want to achieve.

Hansen et al. (2023) argue that fostering opportunities for dialogue can serve as a valuable bridge between HP educators' perceptions and their teaching practices. They emphasise the need for shared platforms and opportunities for dialogue among all stakeholders. This notion aligns with a recurring theme in participants' narratives, which reflects their enthusiasm for engaging in critical conversations about the concept of decolonisation and its implications. Participants expressed the value they found in hearing the views and ideas of their colleagues while being able to share their own perspectives. Some participants noted their appreciation for the co-constructive and participatory nature of the conversation during the workshop and mentioned that more conversations on the topic should be encouraged.

Furthermore, hearing the opinions of others encouraged participants to critically reflect on their own perception of decolonisation and their level of engagement in decolonial actions. However, many of the participants voiced the need to engage in further conversation and training opportunities to give them a better understanding of decolonisation and present practical examples of how to incorporate different aspects of decolonisation in their curricula. The need to have discipline-specific conversations and training was emphasised as summarised by this response:

10:6 Workshops need to be for a discipline e.g. Pharmacy. We do hear the other disciplines but it is not all applicable to our context and especially my module. To have a person available or leading the workshop with the knowledge and experience of decolonisation in our discipline and modules to help us meet the standards as expected from the structure.

Critical dialogues within the context of decolonisation are essential, but it is equally crucial that these conversations evolve from mere recognition to active questioning and critique (Chandanabhumma & Narasimhan, 2020). Data analysis indicates that participants are indeed critically assessing existing paradigms and striving to challenge established systems. Some even mentioned that despite their educational practices originating in developed countries, they are

making efforts to enhance these practices to better suit the South African context. Added to this, a few participants mentioned that they felt more could be done to challenge set processes and rules and one participant added the example that international research processes are sometimes in conflict with the approval processes of the local university and that the research setting, and local gatekeepers should ensure that research processes are tailor-made.

Another vital aspect to consider in the discourse on decolonisation within HE is the imperative to question one's own assumptions and prejudice. Muna et al. (2019) argue that assumptions about students, language literacy and learning can play a pivotal role in shaping an educational environment. Barkaskas and Gladwin (2021) agree and add that assumptions can be effectively countered through meaningful interactions with others. The data gleaned from this study strongly underscores participants' preparedness to challenge their own assumptions. A prevalent assumption among participants is the misguided belief that all white students belong to a particular culture and share a specific language, while all black students are presumed to be associated with a distinct culture and language. This misperception surfaced prominently in participants' responses, emphasising the need to address and rectify such assumptions within the classroom environment:

> *2:27 I was acutely aware of the fact that I needed to be inclusive and I overcame this by not assuming that every black student was from Zulu traditional origin and not every white student was English speaking. I would always debate cultures and what it meant to them. So made it very personal.*

> *2:53 I assume that all white students understand Afrikaans and all other students English, got myself into a pickle a few times*

An opposing viewpoint surfaced as a few participants questioned the need to challenge the assumptions within their disciplines as illustrated by this response:

> *6:6 Why? Because it's working. There's a functional profession outside. So, how far do we want to change it, and what will be the impact if we change it? Will it become broken, and then…*

This viewpoint illustrates the concern mentioned by Matimolane et al. (2018) that it might be difficult to engage educators in decolonisation activities due to the perplexing nature of decolonisation and resistance to change.

6.4.2 THEME 2: Combat injustice and strive for socially just, culturally diverse, and inclusive education.

6.4.2.1 Subtheme 1: Strive for social justice

An overall commitment to social justice and equity is required when the goal is to decolonise curricula. This commitment requires actively engaging in anti-oppressive practices and working to rectify unjust social conditions, as emphasised by Chandanabhumma and Narasimhan (2020). The participants are eager to embrace this commitment to social justice. They recognise their pivotal roles as module leaders in Health Sciences and are motivated to contribute significantly to fostering fairness and equity in HPE.

Despite this enthusiasm to strive for equity and social justice, not much is being done to help restore imbalances in knowledge and expertise within Health Sciences curricula as advocated by Bhandal (2018). Participants are however acknowledging inequities within their classrooms and some mentioned that they perceive the challenges to be more of a socioeconomic nature than academic or cultural nature. They account for this by not assuming that all students have access to specific resources such as smartphones for example. Based on the participants' feedback it was also noted that participants are aware of and are making students aware of the inequity of the patient or client populations that students will serve as future healthcare professionals. One participant mentioned that in their occupational hygiene curricula, focus is centred on evaluating and improving worker exposure. Since workers are often from a lower economic class, they have to teach their students to be mindful of the social and economic differences and how this can influence communication. In nutrition and pharmacy disciplines the importance of realising inequities was also emphasised and confirmed by this response:

> *7:13 .. it's easy to maybe get a supplement for someone with a certain disease, but if you are in a lower socio-economic group, it won't be as easy for you to just go and purchase a supplement. You will have to make sure what's in your budget .., even it's rural, you don't have all those shops near you. What can then be used, and those students can add to a discussion, then.*

Apart from the realisation that colonisation asserted ownership of some knowledge that indeed originated in Africa, not much action is taken by participants to acknowledge past misgivings and protect the copyrighting of indigenous knowledge as suggested by Chandanabhumma and Narasimhan (2020).

6.4.2.2 Subtheme 2: Question power dynamics

It is pivotal in decolonial education to address power dynamics that have shaped knowledge, practices and hierarchies within a subject or discipline (Padayachee et al., 2018; Rodney, 2016; Sridhar et al., 2023). The hierarchy of evidence in science is acknowledged by some participants and one participant explained that they are teaching science to students and that the source of science is knowledge that comes from various sources that have been ranked.

Additionally, a notable number of participants drew attention to the fact that it is expected from them to reach outputs that are set by external bodies, for example, the South African Pharmacy Council and that their curricula are dictated by certain rules and processes, making it difficult or impossible to address power dynamics.

To balance these power dynamics, it is suggested by some participants that to consider other knowledge as part of mainstream science, students must be taught to interrogate this knowledge and evidence from a proven scientific lens. The participants added that educators should assist in the publishing of these sources or strive to find alternative strategies for incorporation into curricula for example community-based teaching activities. This perspective aligns with the views expressed by Narasimhan and Chandanabhumma (2021) who underscore the importance of considering structural barriers, including power differentials and policy-driven inequalities, when striving for a more inclusive educational landscape.

6.4.2.3 Subtheme 3: Embrace diversity

A notable trend emerged as the participants participating directed substantial focus toward the subtheme of diversity, demonstrating its prominent position within conversations and reaffirming its pivotal role in the decolonisation of the Health Sciences curricula. According to Matimolane et al. (2018) it is crucial for curricula to be responsive to the needs of a diverse student population.

A few participants advocated for a generic approach to deal with diversity in an approach by which everyone should be treated similarly. However, according to Zidani (2021), educators should not push for homogeneity and shy away from conflict in a divers classroom. In general, most of the participants demonstrated an awareness and mindfulness of the different backgrounds and cultures of their students. They emphasise the importance of treating all cultures and races with sensitivity and respect and encourage students to treat each other equally.

However they choose to approach and handle the diversity in their classrooms, participants all agreeing that diversity brings certain challenges that need to be addressed. The first challenge participants noted is that South Africa truly is a rainbow nation with many different cultures and ethnic groups and that it is nearly impossible to include all the cultures present in the curriculum.

Participation is another challenge of diversity as certain participants pointed out. Participants find certain cultures more reluctant to share their experiences or partake in group discussions. One participant mentioned that black students would rather engage one-on-one with the lecturer because they do not like to share in a group situation. Another participant mentioned the effect of gender roles in certain cultures and how this can influence group work:

> *6:20 I also found the Indian community; they are also not group discussion people. If they are in a homogenous culture, good, yes, then they will discuss, but they…especially the woman students, they would rather keep quiet and let the males do the talking. So, it's difficult to get them to engage in that thing.*

Despite the challenges of a diverse student group, participants collectively perceive cultural diversity as something to be embraced. Most participants viewed the diversity in their classrooms as an opportunity to learn. Harvey and Russell-Mundine (2019) agree that diversity presents learning opportunity and emphasise the importance of making students aware of cultural differences. The following response gives an example of how students can be made aware in a diverse classroom:

> *3:13 Students are encouraged to participate in class discussion and/or group work with their own identities, cultural examples and background to reach the curriculum outcome, but simultaneously educate the class on diversity.*

The general sentiment was that if students talked and debated their own culture it makes learning much more personal to them and it allows for students to learn from one another. Participants emphasised that it is particularly important to expose students to diverse environments and cultures because this will prepare them for the diverse workplace they will be entering.

Cultural competence surfaced as a fundamental aspect in effectively handling classroom diversity (Finn et al., 2022; Nazar et al., 2015). Participants' insights reveal that they believe the lack of cultural knowledge can lead to prejudice, stereotyping and exclusion. Some participants expressed concern that they do not have ample knowledge of and insight into other cultural backgrounds and expressed their desire to learn more. On the other hand, the remaining participants expressed a belief that exposure to different races and cultures, be it through their training or practical work experiences, fostered their sense of ease within a diverse classroom and encouraged them to approach their curricula from multiple perspectives.

Highlighting its relevance, participants mentioned that it is pivotal for their students as future healthcare professionals to be aware that they would serve a diverse health population. Nazar et al. (2015) encourages health care students and health care providers to engage in cross-cultural interactions to be able to provide care that is fitting for the culture of the patient. Participants from

nutrition noted that it is essential to know that food and eating habits are culturally diverse and that socioeconomic factors play an important role. One participant from pharmacy noted that if you do not take the cultural or socio-economic background of a patient into account, the treatment prescribed may even be counter-effective. Participants aim to achieve this awareness of diversity in a healthcare setting by having open and critical in-class discussions about different cultural perspectives on subjects such as wellness, diet or treatment options. Others introduce culturally diverse case studies enabling students to learn about other cultures. One participant mentioned that they expose their students by introducing work-integrated learning activities in community and hospital settings.

6.4.2.4 Subtheme 4: Inclusivity

Creating a more inclusive classroom environment, as suggested by Finn et al. (2022), entails acknowledging the diversity and individuality of every person while ensuring that their experiences, identities, and perspectives are faithfully and genuinely represented. To create an inclusive learning environment, the participants realise that it is important to not stereotype and make assumptions about students' background, socio-economic status and language. The strategy mostly used by participants to promote diverse representation is by using diverse case studies and examples. Some participants mentioned that this enables students to identify with the case study, for example resulting in better participation. One participant did raise a concern that class discussions might occasionally be biased toward the majority of students represented and that the onus lies on the participant to ensure equal participation, fostering an inclusive learning space.

While their goal is to foster an inclusive classroom, several participants admitted that certain practices or actions might unintentionally lead to the exclusion of specific students or student groups. Not knowing enough about other cultural groups can lead to ignorance and the exclusion of certain students, as mentioned by participants. Other factors that can lead to exclusion as listed by participants include the unintentional use of language that is not inclusive or not understanding or accounting for the economic background of students. Other participants realised that their own cultural, ethnic, age and gender bias could lead to exclusion as illustrated by the following responses:

> *2:5 Some of the examples might cause you to exclude other groups unconsciously. Another barrier would be using a language of a particular student to explain a concept. In developing case studies a scenario may be applying to one group instead of generalising.*

2:3 Due to my own personal worldview, I relate more to that of a Western perspective. Because I relate to Western perspective, it is easier for me to teach from this comfort zone. When I have to think on my feet when a question is posed or examples are needed, I draw from my knowledge and experience which can exclude students.

HEIs are encouraged to find strategies to ensure success and inclusivity according to Osman and Maringe (2019). Although a few participants mention that there is room for improvement with regard to inclusive teaching methods, others appear to be making deliberate attempts to include all their students with their delivery methods. Certain participants demonstrate a commitment to ensure equal participation and engagement from all students in participatory classroom activities, but they recognise that additional effort may be needed to get certain cultural groups to partake. One participant mentioned that they aim to use humour as part of a lecture presentation, but they caution that humour is not a universal concept and can be misinterpreted by some students.

6.4.2.5 Subtheme 5: Promote student agency

In literature, many authors advocate for a move away from traditional teaching methodologies to a student-centred approach that promotes student agency (Ajaps, 2021; Cordeiro-Rodrigues, 2017; Goodman et al., 2015). The data suggests a notable shift in this direction as participants display a strong focus on the needs and background of students and empower them to take control over their learning. One participant illustrated the case of female students from a particular culture who may feel discomfort with physical contact in a class involving practical examination skills. They afford these students the autonomy to determine their preferred approach, such as participating in a female-only group or grasping the intervention through observation or written materials. Another suggestion for empowering students is to encourage critical thinking as illustrated by the following response:

2:37 The module I teach encourages students to voice their own opinion and allows them to differ from one another without anyone's opinion being right or wrong. They must however be able to defend their opinion.

Furthermore, a few participants also mentioned their practice to consult with students when remodelling content and bring students to the decision table. This approach is in line with the idea of empowering students and engaging them in sharing responsibility for their education with educators, as advocated by Iloanya (2017). Baker et al. (2021) further elaborated on this concept, emphasising that the aim of transformation is to empower learners to see the world though a more ethical lens. This empowerment equips them to challenge and change the status quo, ultimately working to establish a more just society.

6.4.3 THEME 3: Re-embrace cultural heritage.

6.4.3.1 Subtheme 1: Localise curriculum

When aiming to re-embrace our cultural heritage, the first focus falls on localising curricula. Osman and Maringe (2019) advocates for the inclusion of sources that originated locally from a local perspective. A small number of participants find it easy to incorporate local content since they have local content available (textbooks and academic articles) written by local authors. Others mention they might not have the luxury of a local textbook, but they can supplement textbooks from America or Europe with relevant local case studies and examples. A few participants mentioned that some attempts are being made to work towards the availability of local content, but others were concerned about the lack of sources from Africa.

Another challenge to including local content, as noted by Osman and Maringe (2019), is that local knowledge has historically been undervalued and often perceived as inferior to Western knowledge. This perspective becomes evident through the viewpoints of some participants who expressed reservations about incorporating local textbooks into their curriculum. They believe that doing so might compromise the quality of education, as illustrated by the following response:

> *9:7 I would not support .. [using local textbooks] in every Discipline. In my Discipline it would not make sense at all. Quality will suffer. We do not have the capacity, nor the expertise to do that, and the key aspects are universal, the good scientific textbooks are actually used by several universities across the world because so much work went into the didactical design; the content; keeping it updated, etc. Because the knowledge changes year by year. So, in my Discipline, for example, I would only go for enriching the local context with examples, but definitely not with the local textbook, but it might work for others.*

Added to this, other critique to local content as mentioned by participants is that some disciplines do not allow the inclusion of local content, or that inclusion of local content will not benefit their students, as suggested by the following response:

> *9:2 Sports that are inherent to South Africa are not being played outside or on an international level or has any financial backing or are being implemented even on school level, I cannot really justify teaching that or looking into that. ..there is no need to discuss a sport that's not popular. I'm not increasing my students' employability.*

However educators feel about including local content in their curricula, it is important that the content of curricula be reconsidered and the development of new resources be encouraged, as stated by Osman and Maringe (2019).

Sathorar and Geduld (2018) emphasised the importance of connecting course content to the local context by exposing students to diverse real-world situations. In line with this perspective, most participants in this study actively integrate theory with practical applications. Their strategies include using relevant and up-to-date South African examples, incorporating case studies from local clinics or hospitals, organising field trips, and designing assignments that involve interviews with community members on health-related issues.

6.4.3.2 Subtheme 2: Respecting local identity

Various authors point out that curricula can become more culturally relevant and enriched when infused with indigenous knowledge and perspectives (Mheta et al., 2018; Van der Westhuizen et al., 2017). In the data, however, little focus was placed on the creation of opportunities to recognise, develop and protect culture-based theories. One individual cautioned that if indigenous knowledge is to be included in curricula it should be proven scientifically. They give the following suggestion:

> *7:22 …if we want to teach this [traditional medicine] to our students, we now need to then interrogate those systems, because you cannot teach what has not yet been proven from our lenses. And so, it will be difficult bringing those into the mainstream science and education, … Probably, we must start helping them to publish their sources of knowledge or maybe have an alternative way of bringing them into the curriculum in terms of maybe community-based teaching and learning, and activities.*

The celebration of local identity is not widespread among the responses, but it is heartening to observe a subset of responses shifting their focus to proudly emphasise their local identities as illustrated by the following response:

> *5:22 I am proud to contribute to African content. It is like Africa is standing up and saying: Here am I! Take note. I love it.*

6.4.3.3 Subtheme 3: Balancing local and global

Matimolane et al. (2018) highlight educators' awareness that curricula must extend beyond local boundaries to be globally relevant. Participants, as observed in the data, have developed strategies to achieve a balance between local and global perspectives. Even when using international textbooks, they integrate local examples and case studies to provide a local angle. In various fields, participants stress the importance of reconciling diverse knowledge and viewpoints as part of the educational foundation. For example, in dermatology, they address differences in skin rashes between white and black individuals, emphasising real-world applicability over textbook depictions. Furthermore, participants navigate culturally sensitive topics such as Body Mass Index, gender dynamics, and nuanced concepts for example

'competition' with a balanced approach, ensuring a comprehensive understanding for their students.

To close the gap between Western and indigenous approaches it is valuable to seek active partnerships with relevant organisations and HEIs (Mheta et al., 2018; Van der Westhuizen et al., 2017; Witthuhn & Le Roux, 2017). While most participants have not yet considered such partnerships, a few participants did mention their efforts or intentions to form partnerships. One participant elaborated on a partnership with a Zambian University and highlighted the value of visiting and experiencing the cultural interaction there. According to this participant it opened his eyes and made him realise that to achieve the same goal, the application needs to be different in different settings with different cultures. Another participant voiced the intention to involve stakeholders in the development of more specific case- and content-specific scenarios.

6.4.4 THEME 4: Challenge conventional knowledge and explore alternatives

6.4.4.1 Subtheme 1: Think about knowledge

From a decolonising perspective, educators need to consider the historical and contextual nature of knowledge and teach it accordingly (Sathorar & Geduld, 2019). The data indicates that participants reflect on the fundamental nature of knowledge. Responses indicate an overall awareness that knowledge is pluriverse and shaped by diverse cultural, historical, and contextual factors. Specific examples mentioned by participants include the different understanding of concepts such as obesity, which is perceived to be a health risk for some and for others a sign of prosperity. This is illustrated by this metaphor from one of the participants:

> *9:22 I am imagining myself as being on a lane, and this lane is towards a certain direction or destination, and I'm on a scientific lane, because of the knowledge that is already been discovered and validated, and however, to get to that destination, there are other lanes that are also as valid, but they have not maybe… They were not used or validated. However, they can be explored so long as they reach to the final destination, and for me it's about incorporating and inclusivity, and reaching the same destination.*

While many participants acknowledge the pluriversal nature of knowledge, another group holds the belief that there is only one correct way. They mention that they teach hard science that is evidence-based or dictated by law. One participant voiced a strong opinion against non-scientific knowledge and posed the question as to whether academia is only considering the pluriversal nature of knowledge due to political pressure. He continues with the statement that scientific knowledge is the essence of a university in his view and expressed concern about attempts to incorporate knowledge that has not been scientifically proven.

Within the discourse of decolonisation, educators should question the content and knowledge they teach and be willing to challenge their own assumptions (Rodney, 2016). From the data, it seems that some attempts are being made to question current knowledge systems. A few of the participants articulated that even though theories are old, it is currently being questioned and debated in certain fields. A participant mentioned that in the field of psychology there has been an update (TR) to the DSM (Diagnostic and Statistical Manual) 5 version to specifically include aspects of culture, racism, and discrimination. Another participant stated that through engagement with the topic of decolonisation, they realised that they need to "go back to the drawing board for certain things" (9:13) but that it is not wrong to revert to what worked better in the past.

Zappas et al. (2021) advise that a decolonised curriculum must acknowledge multiple ways of thinking about the central problems in the field and not rely on a single authoritative voice. A prevailing sentiment among participants is that although most realise the importance of making space for other knowledges, it is not always easy to do so. Again, the example of obesity was mentioned where patients did not want to lose weight because weight loss is in some cultures linked to being HIV positive. This proposes a problem as the following participant explained:

> *6:9 .. they don't want to be stigmatised as having HIV. So, how do you now, from a Western perspective, tell the community or participants what you believe, is wrong? Who am I to say to them no, it's wrong what you believe; you have to believe this and this and this? ..*

Many participants expressed doubts about the validity of incorporating indigenous knowledge, feeling pressured to do so. Some noted the significance of scrutinising this knowledge but emphasised the need for scientific validation to support its inclusion. Others pointed out that colonisation has not allowed traditional medicines to be considered and that even if it is still considered unscientific, it may indeed have an impact on therapeutic outcomes when used together with allopathic medicine. In response, participants noted that they must educate students in fields like pharmacy, emphasising their responsibility for patient outcomes and the need for scientific evidence to justify their recommendations for medicines or treatments.

Participants agree on the fact that if current knowledge is to be interrogated it should be done through scientific research. Some mention that it should be borne in mind that research-focused postgraduate teaching and learning is context-specific and that it will be beneficial if the research setting and local gatekeepers ensure that research processes are tailor-made. They mention that there are instances where international research processes conflict with that of the local university processes.

6.4.4.2 Subtheme 2: Employ students as collaborators in the creation of knowledge

In a decolonial classroom the knowledge and experience a student brings to the classroom should be accounted for and built upon (Sathorar & Geduld, 2018). According to Baker et al. (2021) the prior knowledge of students should be a key consideration in curriculum development and effective teaching. From the data analysis, it is evident that participants do realise the value of engaging with the lived realities of their students. Some participants highlighted the importance of realising that prior knowledge differs and that one should not assume that all students have prior knowledge of a certain concept. Strategies applied by participants included the careful consideration of students' backgrounds and having students bring their own examples and experiences to the classroom as a starting point for discussion and peer learning. Using students' first language can also, according to the participants, demonstrate to students that they can be comfortable in the classroom and participate with the knowledge they possess.

There is a shared understanding that peer learning is beneficial and that students should actively participate in the learning process (Zappas et al., 2021). From the data it became evident that participants understand the value of students learning from each other. Much effort is noted by participants to create spaces where all students can contribute and feel comfortable sharing their experiences through open discussions. Acknowledging the value of students' contributions to the creation of knowledge can encourage critical thinking and self-directed learning.

> *8:5 The start of the semester is very difficult. However, as we progress, and you start to engage them… Being culturally sensitive for me, means I acknowledge my students. I value their input and participation in my class, and I acknowledge them, and even if the answers are wrong, I do not make a fuss from it. We learn from that as well.*

When theories are put into practice it can make students aware of their own positionality and make them aware that knowledge always originates from a specific context (Andrews et al., 2020). Some participants mention the success of work integrating learning (WIL) activities in community and hospital settings. According to these participants exposing students to real-life situations and people confronts them with the reality of cultural differences in people and organisations and that it is required of them to deal with these differences sensitively and creatively. This is illustrated by the following example:

> *3:10 One of the assessments for our postgrad students is to do a group assignment. However, they are required to choose a resource-deprived community. Then they have to talk to community members and identify a relevant health-related issue. Then working alongside the community, they have to come up with a solution to the health problem that is relevant to the community. It is always interesting to see the reality*

kick in when the students realise that their ideas of a solution are neither culture-sensitive nor relevant for the particular community. In this group work, they learn about their peers as well as the community they work in.

6.4.4.3 Subtheme 3: Explore alternative ways of knowledge creation

A research-based approach to decolonisation can be useful in the decolonisation discourse according to Mbaki et al. (2021), but the participants did not focus very much on the inclusiveness of their research environment.

They did however aim to employ decolonial teaching methods by being culturally sensitive, giving students opportunities to contribute and encouraging groupwork activities and class discussions. While literature suggests that local delivery methods should be used in a decolonial curriculum (Ajaps, 2021), the absence of such practices becomes apparent in the data. One participant mentioned that they tried to incorporate trans-languaging, but did not have much success:

9:10 I even go as far as to let them explain the scientific concepts to each other in their native language, and they said to me straight, this is difficult; they'd rather do English. I mean, and it's not just the translation. That has been well-established.

Consequently, there are many creative methods mentioned in the literature that remain mostly untapped, for example traditional forms of expression such as music or storytelling, or activities for example playful learning (Cassim, 2020), multilingual classroom talk (Mheta et al., 2018), or pedagogical talking circles (Barkaskas & Gladwin, 2021).

Assessment in a decolonial curriculum should display the commitment to decolonisation (Laing, 2021; Mbaki et al., 2021). Initially, participants mentioned some resistance to adapting assessment strategies to cater for diverse students but then realised that they are currently using various assessment strategies such as presentations in class, practical exams and oral examinations.

6.5 Guidelines for advancing decolonisation

It became evident from the data that most participants feel positive about decolonisation, and they want to engage in conversations about the concept. However, they highlighted the need for clear and practical guidance to structure these conversations and their transformative actions, as illustrated by the following response:

6:8 I've been trained in a specific way. It's not to say you can't change. I can change, but then I will need to adapt whatever I'm doing in the curriculum side, and that is the big question, how must I do it, and somebody can assist me…can assist us there.

To develop guidelines to inform the decolonisation of Health Sciences curricula, this research makes use of the Appraisal of Guidelines for Research & Evaluation instrument (AGREE II) (AGREE, 2017). This instrument, comprising six domains, provides a strategy for the development of the guidelines and contributes to validity. Table 6-1 describes the structure and content of the AGREE II instrument and how the guidelines developed align with the criteria of the instrument.

Table 6-1: Aligning guidelines with AGREE II domains

Structure and content of AGREE II	How the guidelines align with AGREE II
Domain 1 Scope and Purpose: Overall aim, questions and target population.	The guidelines presented in this article effectively define their scope. They focus on recognising colonialism, striving for social justice and inclusion, and embracing cultural heritage within HPE. This aligns with the emphasis on a clear objective and scope as outlined in AGREE II.
Domain 2 Stakeholder involvement: Appropriateness of stakeholders and representative of intended users	This article presents a rigorous methodology that actively involves HP educators and their diverse perspectives, demonstrating an engaged stakeholder approach, which is in line with AGREE II principles emphasising stakeholder involvement.
Domain 3 Rigour of Development: Process used to gather and synthesise evidence and methods to formulate and update recommendations.	Despite the clinical orientation of the AGREE II instrument, the guidelines within this article incorporate a suitable methodology. The perspectives of HP educators were grounded in relevant literature on decolonisation, affirming the strength of the development process, aligning with the principles of AGREE II.
Domain 4 Clarity of Presentation: Language, structure and format of guidelines	The guidelines are well-structured and presented in a clear and specific manner. The language used is accessible and understandable, ensuring that HP educators can easily grasp the concepts and strategies outlined. This aligns with the AGREE II principles for clarity of presentation.
Domain 5 Applicability: Barriers, facilitators, strategies and resource implications for applying guidelines	While offering valuable strategies, the article also highlights the challenges that HP educators may face in the process of decolonisation. Notably, it addresses the common challenge of not knowing how to decolonise and the absence of strategies. By providing a concrete strategy, the guidelines effectively address this major barrier, aligning with AGREE II principles of enhancing the applicability of guidelines through addressing practical challenges

Domain 6 Editorial Independence: Recommendations not unduly biased with competing interests	It is important to note that the authors did not receive any external funding. This underscores the editorial independence of the guidelines presented, aligning with AGREE II principles of editorial independence.

The guidelines presented in Table 6-2 offer concrete actions for HP educators to recognise the impact of colonialism, promote social justice and inclusion, embrace cultural heritage, and explore alternative ways of knowing.

Table 6-2: Guidelines for decolonising curricula

RECOGNISE COLONIALISM	STRIVE FOR SOCIAL JUSTICE AND INCLUSION
1 **Reflect on Cultural Biases**: Regularly assess your own cultural biases and how they influence teaching, content choices, and interactions with students. 2 **Share Background:** Begin courses/modules by sharing your background, experiences, and perspectives with students. 3 **Encourage Reflection**: Include reflective activities for students to critically examine their identities, experiences, and backgrounds. 4 **Understand Discipline History**: Reflect on the history of your discipline and how it shapes your teaching and content. 5 **Explore Colonial Influence**: Research how colonialism has shaped your specific discipline, including theories, methodologies, and perspectives. 6 **Challenge colonialism:** Identify and address colonial legacies in your curriculum and engage in critical conversations to challenge them. 7 **Advocate for Change:** Assess and advocate for changes in teaching and research systems to better serve the community.	8 **Commit to Social Justice:** Highlight marginalised groups' contributions, integrate case studies, and showcase social change instances. 9 **Challenge Injustice:** Review materials, assessments, and classroom dynamics for biases, engaging students in discussions about injustice. 10 **Address Power Dynamics:** Understand power dynamics and their impact on your disciple. Strive for a balanced distribution of power. 11 **Respect Cultural Differences:** Be aware of students' cultural diversity, foster open discussions, and respect their backgrounds. 12 **Embrace Diversity:** Use student diversity to enrich learning. Encourage collaborative activities that leverage their varied backgrounds. 13 **Pursue Cultural Knowledge:** Deepen understanding of represented cultures to better address students' needs. 14 **Cultural Awareness:** Teach students how diverse backgrounds impact effective patient care.

	15 **Foster Inclusive Environment:** Promote diverse representation and eliminate bias in course materials, encouraging all perspectives. 16 **Encourage Participation:** Employ methods that value student participation and contribution. 17 **Student Involvement:** Involve students in shaping the curriculum and decisions for a collaborative learning environment.
EMBRACE CULTURAL HERITAGE	**INTERROGATE KNOWLEDGE AND EXPLORE ALTERNATIVES**
18 **Reflect Local Perspectives:** Incorporate materials reflecting local perspectives, experiences, and culture into the curriculum. 19 **Connect to Community:** Show how concepts relate to the local environment, enhancing student engagement. 20 **Cultural Pedagogies:** Use teaching methods resonating with students' cultural backgrounds. 21 **Safeguard indigenous Insights**: Prioritise local knowledge and indigenous perspectives, acknowledging their significance. 22 **Celebrate Local Culture:** Infuse curriculum with local pride and reject colonial superiority. 23 **Balance Local and Global:** Balance local and global perspectives. Highlight unique contributions of local universities within the curriculum. 24 **Bridge Western and indigenous Approaches:** Collaborate for diverse perspectives, enhancing cross-cultural understanding.	25 **Diverse Origins of Knowledge:** Teach students the diverse origins of knowledge to understand sources and context. 26 **Foster Critical Inquiry:** Question taught knowledge, methods, and assumptions. Encourage open exploration and open-mindedness. 27 **Build on Prior Knowledge:** Encourage students to build on their existing knowledge for enriched discussions. 28 **Co-Create Knowledge:** Empower students to shape knowledge through collaboration and peer learning. 29 **Practical Application:** Relate knowledge to real-life contexts for practical skill development. 30 **Research Environment:** Create welcoming spaces for diverse individuals, encouraging open collaboration. 31 **Decolonial Methods:** Incorporate creative and innovative teaching approaches. 32 **Diverse Assessment Strategies:** Explore assessment methods accommodating different learning styles and perspectives.

6.6 Conclusion

The findings from this study indicate a significant shift in participants' perceptions of decolonisation, particularly when informed discourse and structured guidance were made

available. The aim of this study was to explore HP educators' perspectives on decolonisation in HPE to propose practical guidelines for advancing decolonisation efforts. These guidelines, structured around a collaborative approach with HP educators, bridge the gap between theory and practice.

HP educators exhibited a more favourable disposition toward decolonisation when they possessed a deeper understanding of what the concept entails. This underscored the crucial role of informed discourse in shaping perspectives. Importantly, their collective desire for a well-structured plan of action underscored the need for practical steps in advancing decolonisation efforts.

The derived guidelines align seamlessly with the FHS mission of producing health care professionals capable of addressing South Africa's diverse healthcare landscape. These guidelines facilitate the enhancement of cultural competency and social consciousness among HP educators, fostering the development of a healthcare workforce attuned to the evolving needs of the nation. Providing a guided approach to decolonisation promotes responsive curriculum transformation, ultimately contributing to a more inclusive and socially conscious HE environment.

6.7 Limitations

It is essential to consider the limitations of this study. The research was confined to HP educators within the FHS at the NWU, potentially limiting the generalisability of the findings. Added to this, the small sample size may not fully represent the entire academic population, and the qualitative nature of the study might introduce researcher bias.

For future research, addressing these limitations is paramount. Rigorously testing and refining the guidelines can contribute to their effectiveness and applicability in diverse educational contexts.

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6.9 Declaration Statement

The authors declare that they have no conflict of interest.

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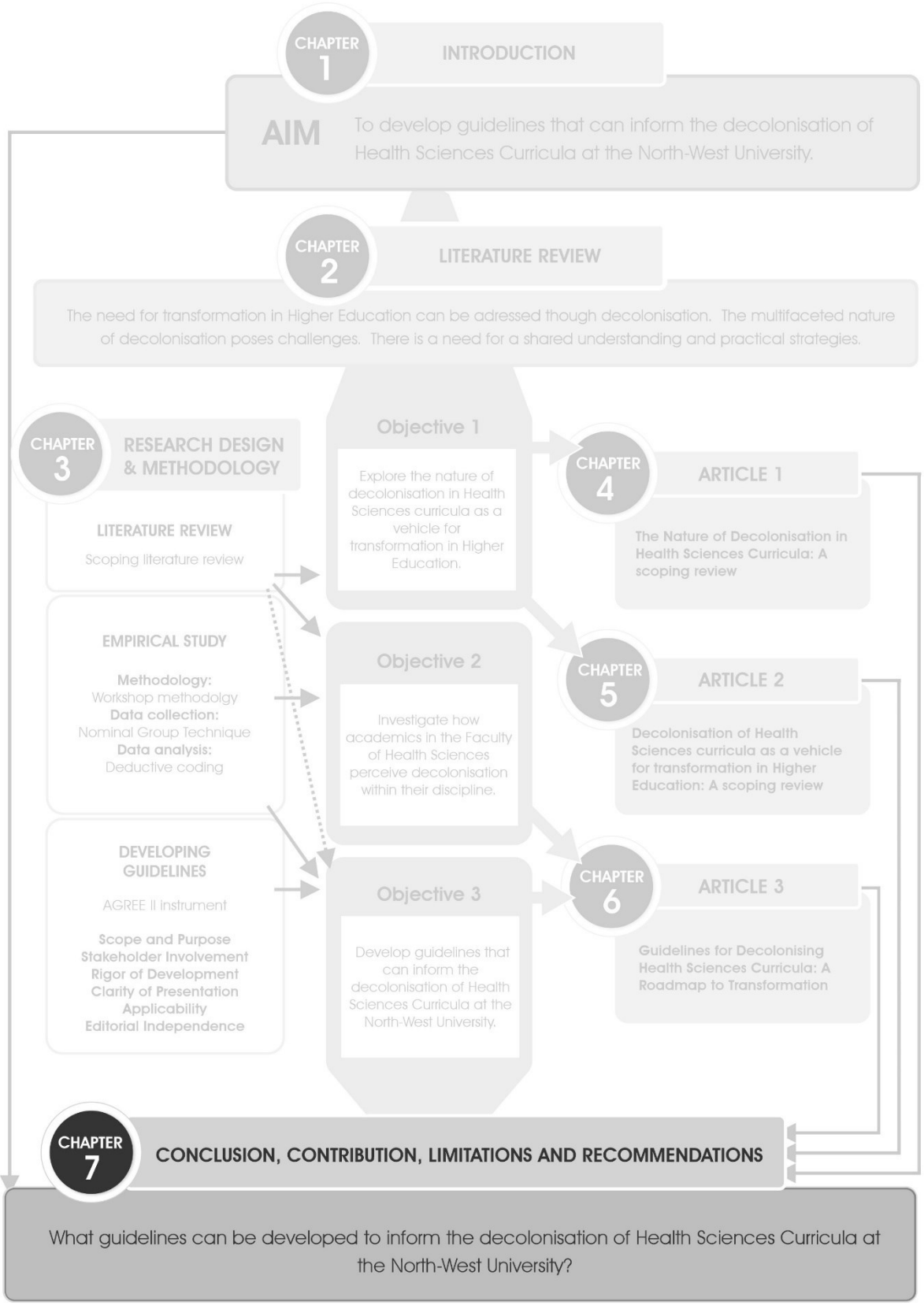
CHAPTER 7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CHAPTER 7 CONCLUSION, CONTRIBUTION, LIMITATIONS AND RECOMMENDATIONS

7.1 Introduction

In the previous chapters, the researcher explored the complex nature of decolonisation within Higher Education (HE), with a specific emphasis on Health Sciences curricula. This research was driven by a fundamental challenge – the absence of a shared understanding of decolonisation and the absence of clear guidelines to the decolonise Health Sciences curricula.

Transformation has become imperative in the HE context. In response to the need for transformation, decolonisation emerged as an opportunity to address transformation challenges. The urgency became apparent through the #RhodesMustFall and #FeesMustFall movements, which brought the term decolonisation to the forefront. These movements called for a more inclusive, socially just curriculum that encompasses diverse perspectives, and challenges traditional, one-sided knowledge transmission. Decolonisation affords the opportunity to address these calls.

Despite the extensive debates and discussions on decolonisation, a clear understanding of the concept of decolonisation is lacking, thereby underscoring the necessity for a nuanced and shared understanding of its multifaceted nature. There is also a dearth of clear guidelines, to guide and evaluate changes brought about by decolonisation, especially within Health Sciences.

This research study aimed to address the absence of guidelines by answering the following research question: What guidelines can be developed to inform the decolonisation of Health Sciences curricula at the North-West University?

To answer the research question, the following objectives guided the research:

- Objective 1: Explore the nature of decolonisation in Health Sciences curricula as a vehicle for transformation in Higher Education.
- Objective 2: Investigate how academics in the Faculty of Health Sciences perceive decolonisation within their discipline.
- Objective 3: Develop guidelines that can inform the decolonisation of Health Sciences curricula at the North-West University.

This final chapter reflects on the findings of this research and the contributions of this study. It will conclude with the limitations and recommendations.

7.2 Synthesis of findings and conclusion

This section draws the study's main conclusions, linking how each of the objectives of the study was achieved.

7.2.1 Objective 1: Explore the nature of decolonisation in Health Sciences curricula as a vehicle for transformation in HE.

To meet Objective 1, a scoping review was conducted to first explore the nature of decolonisation (§Article 1, Chapter 4) and how decolonisation of Health Sciences curricula can be used as a vehicle for transformation in HE (§Article 2, Chapter 5).

The findings stemming from the scoping literature review (§Chapter 4, Table 4-3) revealed that decolonisation in Health Sciences is a complex and multifaceted concept that encompasses four aspects. Firstly, decolonisation in Health Sciences is referred to as a movement to recognise and acknowledge the impact of colonialism on disciplines within Health Sciences and to resist and challenge the oppressive forces of colonialism. Secondly, decolonisation in Health Sciences is a tool for creating a socially just learning environment that gives a voice to underrepresented groups and values equity, diversity, and inclusivity. Thirdly, decolonisation in Health Sciences is viewed as a partnership with indigenous people and knowledge to enable the reclaiming and revaluing of local heritage and culture. Lastly, decolonisation in Health Sciences can be described as an exploration of alternative ways of knowing, being and doing.

Building on the findings from the scoping review on the nature of decolonisation in Health Sciences curricula, the study explored how decolonisation was used to bring about curriculum transformation. The culmination is an action framework for decolonising curricula within the field of Health Sciences (§Chapter 5, Figure 5-2). To decolonise curricula, it is important to recognise and question the impact of colonialism. This involves increasing self-awareness among academics and students, understanding the ongoing legacy of colonialism, and challenging traditional approaches. Combating injustice and striving for a socially just, culturally diverse, and inclusive curriculum is imperative in decolonising curricula. It requires a commitment to social justice, recognising power dynamics shaped by history, using diversity to create learning opportunities, fostering an inclusive learning environment, and empowering students through a student-centred approach. Embracing cultural heritage in HE is important when decolonising curricula. This entails localising curricula by incorporating indigenous perspectives and knowledge while maintaining a balance between local and global viewpoints. Decolonisation requires the interrogation of knowledge and the exploration of alternative ways of knowing, being, and doing. It involves acknowledging the plurality of knowledge, integrating students' prior

knowledge in the co-creation of new knowledge, and exploring alternative methods of knowledge creation.

7.2.2 Objective 2: Investigate how academics in the Faculty of Health Sciences perceive decolonisation within their discipline.

The second objective, Objective 2, which sought to investigate how academics in the Faculty of Health Sciences (FHS) perceive decolonisation was addressed in Article 3 (Chapter 6). Using a qualitative approach and workshop methodology, data were collected from participants (academics in the FHS) during a series of online workshops, using the Nominal Group Technique (NGT). As presented in Article 3 (Chapter 6), the findings indicate a significant shift in participants' perceptions of decolonisation, particularly when informed discourse and structured guidance were made available. Academics from Health Sciences exhibited a more favourable disposition toward decolonisation when they possessed a deeper understanding of what the concept entails. This underscored the crucial role of informed discourse in shaping perspectives. Importantly, their collective desire for a well-structured plan of action underscored the need for practical guidelines in advancing decolonisation efforts.

7.2.3 Objective 3: Develop guidelines that can inform the decolonisation of Health Sciences curricula at the NWU.

Objective 3 focused on developing guidelines that can inform the decolonisation of Health Sciences curricula at the NWU. Chapter 6 (§ Table 6-2) addressed this objective by proposing a set of 32 practical guidelines academics can use as a roadmap to decolonise their curricula. The guidelines can foster critical self-reflection, assist academics in their pursuit of social justice and provide guidance on including local knowledge. The guidelines can also lead to a clearer understanding of decolonisation and assist academics in responding to the calls for decolonisation.

7.3 Contributions of this study

This study addresses the lacuna in literature by addressing the lack of a shared understanding of decolonisation and the absence of clear guidelines to decolonise Health Sciences curricula.

The literature review mapped available research regarding the nature of decolonisation within the field of Health Sciences. From the scoping review, a more nuanced understanding of the key concepts regarding the nature of decolonisation in Health Sciences was obtained. The findings from the scoping literature review also resulted in an evidence-based action framework that contributes to a better understanding of decolonising Health Sciences curricula. Having a better

and shared understanding of the complex and multifaceted nature of decolonisation within Health Sciences can make efforts to decolonise Health Sciences curricula seem more attainable and achievable. It also became apparent that academics were far more favourable towards decolonisation when they had a deeper understanding of what the concept entails.

In response to the call for clear guidelines for decolonising Health Sciences curricula, this study contributed by proposing practical guidelines to inform the decolonisation of Health Sciences curricula. The guidelines can assist academics in recognising the impact and legacy of colonialism, promoting social justice and inclusion, embracing cultural heritage, and exploring alternative ways of knowing, being and doing. Providing concrete guidelines, addresses the challenge academics in Health Sciences face of not knowing how to decolonise their curricula. It is evident that as academics' knowledge of the decolonisation process increases, negative perceptions decrease, and the necessity of the process becomes apparent. Having clear guidelines to follow may therefore assist academics and Higher Education Institutions (HEIs) in embracing opportunities to decolonise.

In addition, this study contributes to the body of knowledge generated in the global South, as it speaks to the unique challenges faced by academics in Health Sciences to decolonise Health Sciences curricula.

7.4 Limitations

Despite the careful planning and rigorous manner in which this study was conducted, this study is not without limitations and need to be mentioned. A scoping review may have certain limitations that can impact their accuracy and usefulness. The potential for researcher bias is a limitation of a scoping literature review. Even with procedures in place to address this limitation, the researcher's biases and perspectives can still have an influence on the selection of studies for inclusion and on the interpretation of the findings. The procedures to limit researcher bias in this study included following rigorous methodological guidelines, employing a research team, having clear inclusion and exclusion criteria and detailed understanding of what each of the search terms entails. Furthermore, the ever-evolving nature of the decolonisation discourse implies that new literature and perspectives are published daily. Although a final literature search was conducted, the possibility remains that the researcher did not include a publication that might have been published since the completion of the study.

In the empirical study, only the perceptions of academics in Health Sciences disciplines at a specific institution were collected and as a result, the findings from this study cannot be generalized. Findings from this research are context-specific and may not apply to another

contexts, as the perspectives of academics at other HEIs and from other disciplines may differ significantly. Furthermore, because of the all-inclusive voluntary purposive sampling method, this study only includes the perceptions of academics who voluntarily participated, and the perceptions may not represent the voice of all academics in the FHS. Furthermore, during data analysis, the researcher interpreted the responses through their own lens and as a result, researcher bias could have influenced the analysis and interpretation of findings.

Excluding the student voice in the study are acknowledged as a limitation of this study.

Lastly, the development of guidelines within this study, while methodologically rigorous, should be viewed as a starting point since the guidelines were developed in the specific context of one institution, and adapting them to accommodate the unique needs of other HEIs will likely be necessary.

7.5 Recommendations

In the light of these limitations, future research should consider using alternative literature search studies to generate a deeper understanding of the nature of decolonisation in Health Sciences curricula.

In this study a qualitative approach was followed. The researcher suggests the use of other research designs and methodologies to explore the topic in more depth.

To address the concern related to the generalisability of the empirical findings, future studies should consider conducting similar research across multiple HEIs with diverse study populations. This broader approach can provide a more comprehensive understanding of how decolonisation is perceived by academics from various HEIs.

In addition, it is recommended that different theoretical frameworks be investigated for future research as social constructivism may reproduce that which is within the worldview of participants.

Lastly, regarding the guideline development, it is recommended that future studies adopt a collaborative approach by involving academics and experts from various HEIs. This would also present an ideal opportunity to include the student voice and agency. This collaborative effort can facilitate the refinement and adaptation of guidelines to suit different institutional contexts. Furthermore, ongoing feedback and evaluation of the guidelines' effectiveness should form an integral part of their implementation to ensure their continued relevance and impact over time.

7.6 Conclusion

In conclusion, this study addressed the lacuna in the literature related to decolonisation within HE, particularly in the context of Health Sciences curricula. The researcher aimed to address the absence of a shared understanding of decolonisation and clear guidelines for decolonising Health Sciences curricula.

In answering the research question, the three objectives guided the research. Objective 1 delved into the multifaceted nature of decolonisation within Health Sciences, resulting in a comprehensive understanding and an action framework for decolonising curricula. Objective 2 explored how academics within the FHS perceive decolonisation, emphasising the pivotal role of informed discourse and the need for structured guidance. Objective 3, the development of guidelines to inform the decolonisation of Health Sciences curricula, responded to the pressing demand for clear guidelines for decolonising curricula.

The contributions of this research are twofold. Firstly, it has provided a nuanced understanding of decolonisation in Health Sciences, making the concept more understandable. Secondly, the proposed set of 32 guidelines offers practical guidance for academics and HEIs to decolonise curricula, aligning with the calls for a more inclusive Health Sciences curriculum.

7.7 Autobiographical reflection

This painting by Evert Esterhuizen resonated so well with the PhD journey. The day I saw the painting and wrote these paragraphs I was still mid-journey, and the finish line was not quite in sight just yet. I’m sharing this piece as is because to describe the process in retrospect now that I’m ready to submit would not do it justice.

I saw this painting today. The name of the painting is “oppad”, meaning on my/the way. This is exactly how I am feeling at this stage. I can see my 3 articles in there (the pink balloon shapes). The first one at the bottom is the article that has been accepted for publishing, hence the halo. The second one, out for review is on the left. The third one has a cross next to it because I’m praying that my promotors are happy with the changes and that it is the final (final) draft. I'm also seeing that darn thread that must go through the research from start to finish. I’m seeing all the articles and books I have read on my topic in the rectangle shapes all around. The three small flowers remind me that sometimes I actually like(d) my topic.

The delicate branches on the top left and the intricate pattern on the top right remind me of all the times I had to hear that there must be higher-order thinking involved and anything less than that will simply not suffice on this level of research. The speckles rising up remind me of how I receive ‘constructive feedback’, sometimes as frustrating purple brushstrokes, sometimes as empty angry red rice grains and sometimes as valuable gold leaf.

The figure below is exactly how I feel. Super gatvol on the one hand and very much over-stimulated and unable to sleep without dreaming about all the above. Also doing a PhD is so linked to one’s identity as both the physical link and the colour of the figure indicate. If you quit, you will be forever reminded of your personal failure every time you have to write Mrs or Mr on anything. So, quitting is not an option. Therefore, I am on my way – ek is op pad!

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ANNEXURES

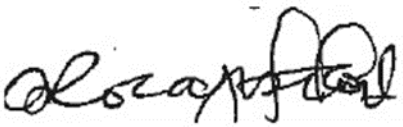
ANNEXURE A: SCIENTIFIC COMMITTEE APPROVAL

NWU® | HPEd Scientific committee

Recommendation of the HPEd Scientific Committee to the NWU-HREC

Scientific Committee	**Name**	Health Professions Education Scientific Committee	**Discipline**	Scholarship of Teaching and Learning in Health Sciences
	Research Entity	CHPE	**Contact Person**	Paula Jardim
	Faculty	Health Sciences	**E-mail**	Paula.jardim@nwu.ac.za
Title of the study:	Developing guidelines to inform the decolonisation of Health Sciences curricula at the North-West University			
Researchers involved in the study:	Principal investigator: Dr Jessica Pool Co-Investiators: Rhea Koch; Dr Yolande Heymans			
Executive summary of the research:	Higher Education in South Africa and in the rest of the world is under pressure to transform. The student movements in 2015 and 2016 challenged Higher Education institutes to interrogate their educational practices. As part of the transformation process curricula needs to be decolonised by creating opportunities and processes that brings multiple knowledges into dialogue. Even though there have been some transformative changes, it has been questioned to what extend these changes have decolonised Higher Education curricula. Academics working at the Northwest University (NWU) in the Faculty of Health Sciences acknowledged the call and need for a social just curriculum, however, indicated that they do not have a mutually agreeable understanding of the concept, were not sure what a decolonial curriculum in Health Sciences entails and had no guidelines to guide them when decolonising their curricula. This study aims to develop guidelines that can inform the decolonisation of Health Sciences Curricula at the North-West University. Specific objectives include: 1 Explore the nature of decolonisation in Health Sciences curricula as a vehicle for transformation in the Higher Education. 2 Investigate how academics in the Faculty of Health Sciences perceive decolonisation within their discipline. 3 Develop guidelines that can inform the decolonisation of Health Sciences Curricula at the North-West University. This study will adopt a qualitative research design consisting of a scoping literature review and an empirical study which will lead to the development of guidelines. The AGREE II (Appraisal of Guidelines for Research & Evaluation) instrument, a tool that assesses the methodological rigour and transparency in which guidelines is developed will be utilized in this study. Academics in the Faculty of Health Sciences will be invited to one of four interactive workshops, where data will be collected using Nominal Group Technique (NGT). Participation in the research is entirely voluntary and should academics still wish to participate if they do not want to give consent for their data to be used, a fifth workshop not connected to any research or data gathering will be arranged where no data will be collected. Once all identifiable information is removed by an independent research administrator the data will be analysed by deductive and inductive coding. Both sets of data will be consolidated to answer the main research question of this study: What guidelines can be developed to inform the decolonisation of the Health Sciences curricula at the North-West University?			

	The research is deemed as medium risk as academics may feel uncomfortable that their information is collected and analysed for research purposes and because academics may feel compelled to participate due to pressure from their faculty or institution. This research holds direct benefits to academics as they will gain an understanding of decolonisation and insight into the process of decoding their own discipline to produce a decolonial curriculum. Findings will be shared with the participants and if accepted published in peer review journals. The research will commence after approval by the NWU-HREC, the NWU-RDGC and final approval by the NWU-HREC.		
Potential risk level for human participants:	No risk	☐	Motivate: The study involves postgraduate students who are not considered as a vulnerable group of people in SoTL research but the procedures and processes involved in the research does not put them at critical risk therefore the decision.
	Minimal risk	☒	
	Medium risk	☐	
	High risk	☐	
Potential risk level for children and incapacitated adults:	No risk	☐	Motivate: Click here to enter text.
	No more than minimal risk of harm	☐	
	Greater than minimal risk with the prospect of direct benefit	☐	
	Greater than minimal risk with no direct benefit	☐	
Recommendation for the ethics committee	Expedited review	☐	Motivate: Click here to enter text.
	Full review	☒	
	Exempted from review	☐	
Any additional comments	Motivate: Click here to enter text.		
Committee members present during the review	**Members present**		
	Christmal Christmals		
	Samantha Andrea Kahts-Kramer		
	Nokwanda Edith Bam		
	Petro Erasmus		
	Tebello Mabusela		
	Click here to enter name.		
Date of review	2022/05/16		



Signature of Chairperson
Date: 2022/01/25

Signature of Research Director
Date: 2019/08/27

Developed by Minrie Greeff, 1 March 2017, adapted by CHPE 2022

ANNEXURE B: NWU-HREC APPROVAL

Private Bag X1290, Potchefstroom
South Africa 2520

Tel: 086 016 9698
Web: http://www.nwu.ac.za/

North-West University Health Research Ethics Committee (NWU-HREC)

Tel: 018 299-1206
Email: Ethics-HRECApply@nwu.ac.za (for human studies)

12 September 2022

ETHICS APPROVAL LETTER OF STUDY

Based on approval by the North-West University Health Research Ethics Committee (NWU-HREC) on 12/09/2022, the NWU-HREC hereby approves your study as indicated below. This implies that the NWU-HREC grants its permission that, provided the general conditions specified below are met and pending any other authorisation that may be necessary, the study may be initiated, using the ethics number below.

Study title: Developing guidelines to inform the decolonisation of health sciences curricula at the North-West University
Principal Investigator/Study Supervisor/Researcher: Dr J Pool
Student: MC Koch - 10938680

Ethics number:

N	W	U	-	0	0	1	2	8	-	2	2	-	A	1
Institution				Study Number						Year			Status	

Status: S = Submission; R = Re-Submission; P = Provisional Authorisation; A = Authorisation

Application Type: Single study
Commencement date: 12/09/2022
Expiry date: 30/09/2023

Risk: Minimal

Approval of the study is provided for a year, after which continuation of the study is dependent on receipt and review of an annual monitoring report and the concomitant issuing of a letter of continuation. A monitoring report is due at the end of September annually until completion of the study.

General conditions:

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, the following general terms and conditions will apply:

- *The principal investigator/study supervisor/researcher must report in the prescribed format to the NWU-HREC:*
  - *Annually on the monitoring of the study, whereby a letter of continuation will be provided annually, and upon completion of the study; and*
  - *without any delay in case of any adverse event or incident (or any matter that interrupts sound ethical principles) during the course of the study.*
- *The approval applies strictly to the proposal as stipulated in the application form. Should any amendments to the proposal be deemed necessary during the course of the study, the principal investigator/study supervisor/researcher must apply for approval of these amendments at the NWU-HREC, prior to implementation. Should there be any deviations from the study proposal without the necessary approval of such amendments, the ethics approval is immediately and automatically forfeited.*
- *Annually a number of studies may be randomly selected for active monitoring.*
- *The date of approval indicates the first date that the study may be started.*
- *In the interest of ethical responsibility, the NWU-HREC reserves the right to:*
  - *request access to any information or data at any time during the course or after completion of the study;*
  - *to ask further questions, seek additional information, require further modification or monitor the conduct of your research or the informed consent process;*

- *withdraw or postpone approval if:*
  - *any unethical principles or practices of the study are revealed or suspected;*
  - *it becomes apparent that any relevant information was withheld from the NWU-HREC or that information has been false or misrepresented;*
  - *submission of the annual monitoring report, the required amendments, or reporting of adverse events or incidents was not done in a timely manner and accurately; and/or*
  - *new institutional rules, national legislation or international conventions deem it necessary.*
- *NWU-HREC can be contacted for further information via Ethics-HRECApply@nwu.ac.za or 018 299 1206*

Special conditions of the research approval due to the COVID-19 pandemic:

Please note: Due to the nature of the study i.e. (online collection of qualitative data from staff in the Faculty of Healthy Sciences, using the Nominal Group Technique), this study will be able to proceed during the current alert level, following receipt of the approval letter. No additional COVID-19 restrictions have been placed on the study except that the researcher must ensure that before proceeding with the study that all research team members have reviewed the North-West University COVID-19 Occupational Health and Safety Standard Operating Procedure.

The NWU-HREC would like to remain at your service and wishes you well with your study. Please do not hesitate to contact the NWU-HREC for any further enquiries or requests for assistance.

Yours sincerely,

Digitally signed by
Prof Petra Bester
Date: 2022.09.13
11:23:59 +02'00'

Chairperson NWU-HREC

Current details:(23239522) G:\My Drive\9. Research and Postgraduate Education\9.1.5.4 Templates\9.1.5.4.2_NWU-HREC_EAL.docm
20 August 2019
File Reference: 9.1.5.4.2

ANNEXURE C: RDGC

Private Bag X6001, Potchefstroom
South Africa 2520

Tel: +2718 299-1111/2222
Web: http://www.nwu.ac.za

Research Data Gatekeeper Committee

NWU RDGC PERMISSION GRANTED / DENIED LETTER

Based on the documentation provided by the researcher specified below, on 05/09/2022 the North-West University (NWU) Research Data Gatekeeper Committee (NWU-RDGC) hereby **grants permission** for the specific project (as indicated below) to be conducted at the NWU:

Project title: Developing guidelines to inform the decolonisation of health sciences curricula at the North-West University.

Project leader: Dr J Pool
Researcher/Project Team: M.C Koch

Ethics reference no: NWU-00128-22-S1
NWU RDGC reference no: NWU-GK-22-061

Specific Conditions:

Approval date: 05/09/2022 **Expiry date: 04/09/2023**

General Conditions of Approval:

- The NWU-RDGC will not take the responsibility to recruit research participants or to gather data on behalf of the researcher. This committee can therefore not guarantee the participation of our relevant stakeholders.
- Any changes to the research protocol within the permission period (for a maximum of 1 year) must be communicated to the NWU-RDGC. Failure to do so will lead to withdrawal of the permission.
- The NWU-RDGC should be provided with a report or document in which the results of said project are disseminated.
- Due to the COVID-19 pandemics the Committee would like to advice the researcher to practice the necessary caution and adhere to the National Covid-19 Guidelines when conducting research with participants.

Please note that under no circumstances will any personal information of possible research subjects be provided to the researcher by the NWU RDGC. The NWU complies with the Promotion of Access to Information Act 2 of 2000 (PAIA) as well as the Protection of Personal Information Act 4 of 2013 (POPI). For an application to access such information please contact Ms Annamarie De Kock (018 285 2771) for the relevant enquiry form or more information on how the NWU complies with PAIA and POPI.

The NWU RDGC would like to remain at your service as scientist and researcher, and wishes you well with your project. Please do not hesitate to contact the NWU RDGC for any further enquiries or requests for assistance.

Yours sincerely

Prof Jeffrey Mphahlele
Chairperson NWU Research Data Gatekeeper Committee

Original details: (22351930) C:\Users\22351930\Desktop\test 2.docm
13 November 2018

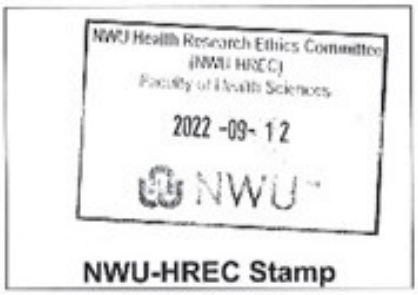
Current details: (22351930) M:\DSS1\8533\Monitoring and Reporting Cluster\Ethics\Applications RDGC\Updated RDGC Permission Letter.docm
15 November 2018

File reference: 1.1.4.3

ANNEXURE D: INFORMED CONSENT FORM

Please note: the informed consent document will be:
1) available on the project site on efundi, and

Private Bag X1290, Potchefstroom
South Africa 2520
Tel: +2718 299-1111/2222
Fax: +2718 299-4910
Web: http://www.nwu.ac.za



NWU-HREC Stamp

INFORMED CONSENT FOR ACADEMICS IN THE FACULTY OF HEALTH SCIENCES PARTICIPATING IN THE WORKSHOP ON DECOLONISATION OF HEALTH SCIENCES CURRICULUM

TITLE OF THE RESEARCH STUDY: Developing guidelines to inform the decolonisation of health sciences curriculum at the North-West University

ETHICS REFERENCE NUMBER: NWU-00128-22-A1

PRINCIPAL INVESTIGATOR (PI): Dr Jessica Pool

POST GRADUATE STUDENT: Mrs Rhea Koch

CO-INVESTIGATOR (CO-I): Dr Yolande Heymans

ADDRESS AND CONTACT NUMBER:

Physical & Postal address		**Work address**
Physical address North-West University Potchefstroom Campus 11 Hoffman Street Potchefstroom 2531	**Postal address** North-West University Potchefstroom Campus Private Bag X6001 Potchefstroom 2520	Centre for Health Professions Education Building G16, Office 109 Internal box:35 Faculty of Health Sciences North-West University: Potchefstroom Campus Contact number: 018 285 2224 jessica.pool@nwu.ac.za

Please note: the informed consent document will be:
1) **available on the project site on efundi, and**

Dear academic

You are being invited to take part in a **research study** that forms part of a Doctoral study. Please take some time to read the information presented here, which will explain the details of this study. Please ask the researcher or person explaining the research to you any questions about any part of this study that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research is about and how you might be involved. Also, your participation is **entirely voluntary,** and you are free to say no to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part now.

This study has been approved by the **NWU-Health Research Ethics Committee of the Faculty of Health Sciences of the North-West University (NWU-00128-22-A1)** and will be conducted according to the ethical guidelines and principles of Ethics in Health Research: Principles, Processes and Structures (DoH, 2015) and other international ethical guidelines applicable to this study. It might be necessary for the research ethics committee members or other relevant people to inspect the research records.

What is this research study all about?

Higher Education is under pressure to transform in order to become more inclusive and socially just. Curriculum is viewed as a vehicle for transformation and over the last few years, the call to decolonise curricula has moved to the forefront. At the North-West University and in the Faculty of Health Sciences, the decolonisation of curriculum has been identified as a strategic priority and in line with this strategic priority, this study aims to explore the nature of decolonisation as a vehicle for transformation in Higher Education as well as the nature of decolonisation within Health Sciences curricula. Understanding how academics within the Faculty of Health Sciences perceive decolonisation and how their curriculum could be decolonised will assist in the development guidelines that can inform the decolonisation of Health Sciences Curricula at the North-West University.

Why have you been invited to participate?

Working within Higher Education Institutions, academics are under pressure to respond to the call for transformation and to decolonise their curricula. In order to decolonise curricula, academics need to engage in conversations on how curricula and pedagogy is impacted by the production and positionality of knowledge within a curriculum. The researcher holds the view that academics in the Faculty of Health Sciences are in the best position to give input on how curricula in health sciences should be decolonised and for this reason, you have been invited to participate in this study.

What will be expected of you?

In this study, data will be collected during five online workshops. When you register for any one of the online workshops, you will be informed about the intended research as well as the fact that participation in this research is voluntary. Each of the online workshop will be three hours in total and will comprise of five activities. In activity one, the facilitator will pose five open-ended questions and give you time to silently generate ideas. Thereafter, in activity two, you will be requested to post your ideas on an online notice board (Padlet). To gain an insight and a deeper understanding of the posted ideas, ideas will be discussed in activity three. In activity four, you will be asked to select three ideas that you rate as the most important. After identifying the workshop participants'

preferences, participants will be asked in activity five to reflect on the prioritised ideas and provide insight into why they view these ideas as the most important.

Will you gain anything from taking part in this research?

By participating in an online workshop and in this study, you will get an opportunity to provide insight into how disciplinary experts within Health Sciences perceive the notion of decolonisation, the decolonisation of health sciences curriculum and what can be done on a more practical level to decolonise health sciences curriculum. You will also gain insight into the process of decoding and decolonising your own discipline. Lastly, this study aims to develop guidelines that could be used to inform the decolonisation of Health Sciences Curricula at the North-West University. By participating in this research you will have the opportunity to inform the development of these guidelines and contribute to the development of a more inclusive and social just higher education environment.

Are there risks involved in you taking part in this research and what will be done to prevent them?

There are more gains than there are risks in this medium-risk research. Some of the risks and what will be done to prevent the risks include:

The risks to you in this study:	How it will be limited:
You may feel uncomfortable in allowing your opinion and action to be analysed for research purposes.	No one will be forced to give consent and only the data of academics who give their willing consent will be included. Anonymity will be ensured and you may withdraw consent at any stage.
Due to the nature of the workshops, you may experience some anxiety in sharing their thoughts.	The facilitator (Research Support Member) will be an independent academic with years of experience on facilitating workshops. The workshop will also be structured as such, to ensure that a safe space for sharing thoughts is created.
You may feel the workshop is time consuming.	The workshop will be structured and interactive and you're input will be valued.
You might feel pressure from your institution to conform with the current discourse.	The session will be facilitated by an independent Research Support Member who is not employed by the NWU.

How will we protect your confidentiality and who will see your findings?

In this research, the researchers will do everything in their ability to protect your identify and ensure confidentiality. For this reason, the researchers will not work with any of the raw data sets and will use an independent Research Support Member (RSM) to obtain informed consent and to facilitate the online workshops, an independent transcriber to transcribe the workshop video recordings and a Research Administrator (RA) that will anonymise and clean all the data sets by removing any identifiable information. The researcher, promotor and co-promotor will only have access to the anonymised and cleaned data sets and will during the data analysis period take extreme care when working with the data. The RA will store the raw data in a password protected folder on

Please note: the informed consent document will be:
1) **available on the project site on efundi, and**

Nextcloud behind the firewall of the NWU for a period of five years and after five years, destroy the data according to NWU regulations.

After the examination of the thesis and the release of the results, the researcher will compile a report to communicate the findings with academics that participated in the workshops. The results will also be shared with the academic community in the form of articles in peer-reviewed journals and used within the UCDG project 18 activities to decolonise curricula in the Faculty of Health Sciences.

Will you be paid to take part in this study and are there any costs for you?

You will not be paid to take part in the study. Participating in the research will cost you nothing, however, you will need to have access to the internet when participating in the online workshop. Should you be willing to participate in this study, you may be the winner of one of four R300.00 lucky draw Takealot vouchers at the end of the study.

Is there anything else that you should know or do?

- You can contact the PI, Dr Jessica Pool at jessica.pool@nwu.ac.za, Rhea Koch (Phd student) at rhea.koch@nwu.ac.za or Dr Yolande Heymans (Co-I) at yolande.heymans@nwu.ac.za if you have any questions and/or concerns regarding the intended research.
- You can also contact the NWU-Health Research Ethics Committee via Mrs Carolien van Zyl at 018 299 1206 or carolien.vanzyl@nwu.ac.za if you have any concerns that were not answered about the research or if you have complaints about the research.
- You will receive a copy of this information and consent form for your own purposes.

Please note: the informed consent document will be:
1) available on the project site on efundi, and

Declaration by participant

By selecting the option ***GIVE CONSENT***, you

- agree to take part in the research study titled: *Developing guidelines to inform the decolonisation of health sciences curriculum at the North-West University*
- give permission that your answers during the Padlet Activity as indicated in the informed consent form may (after being anonymised) be used for research purposes, and
- agree to giving broad consent.

  This implies that your anonymous data may be used in future research-related studies where the focus is on decolonising Health Sciences curricula, but only after it has been subjected to a full ethics application, review and approval by the NWU-HREC, who will stand in on your behalf.

- give permission for the video recording of the workshop to be transcribed and anonymised and used for research purposes.

You declare that:

- you have read the information / it was explained to you by a trusted, independent person in a language with which you are fluent and comfortable,
- the research was clearly explained to you,
- you had a chance to ask questions to both the person getting the consent from you, as well as the researcher and all your questions and/or your uncertainties were addressed,
- you understand that taking part in this study is voluntary and that you have not been pressured to take part, and
- you may choose to leave the study at any time and it will not have a negative impact on you if you choose to do so.

I, _____
(Name, Surname and Student number)

GIVE CONSENT *(Please remember that even if you give consent now, you still have the right to withdraw from the research at any time, without explanation or prejudice).*

DO NOT GIVE CONSENT

Place: _____

Date: _____

Email Address for research correspondence: _____-

Please note: the informed consent document will be:
1) available on the project site on efundi, and

Declaration by person obtaining consent

I *(name)* ..... declare that:

- I clearly and in detail explained the information in this document to academics
- I did not use an interpreter.
- I encouraged academics to ask questions and took adequate time to answer them.
- I am satisfied that academic adequately understands all aspects of the research, as discussed above
- I gave the academics time to discuss it with others if he/she wished to do so.

Signed at *(place)* ..... on *(date)* ..... 20....

Signature of person obtaining consent

Declaration by researcher

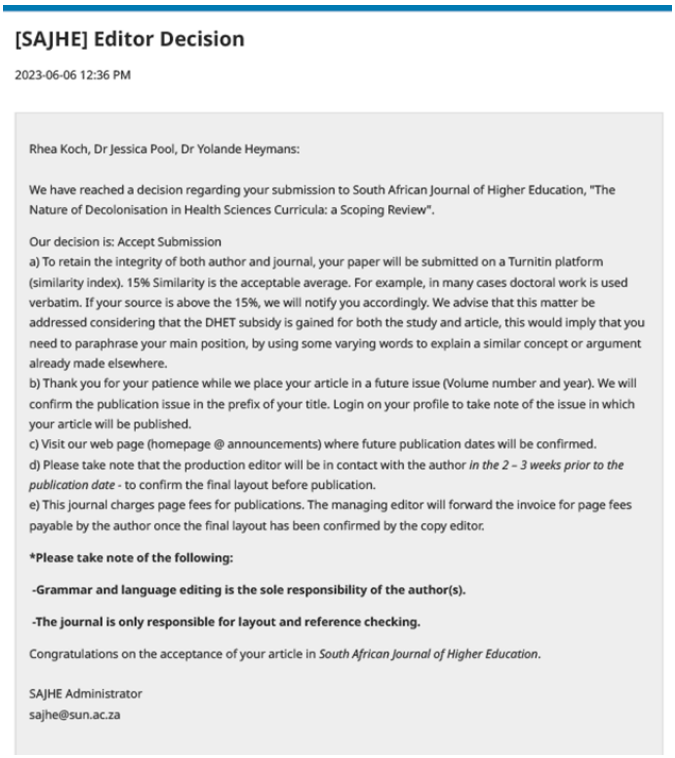
I *(name)* ..... declare that:

- I explained the information in this document to the independent person who obtained the informed consent.
- I did not use an interpreter.
- I was also available to answer any further questions.
- The informed consent was obtained by an independent person.
- I am satisfied that the person obtaining the informed consent adequately understands all aspects of the research, as described above.
- I am satisfied that the independent person had time to discuss the research with others if he/she wished to do so.

Signed at *(place)* ..... on *(date)* ..... 20....

Signature of researcher

ANNEXURE E: ARTICLE 1 EVIDENCE OF ACCEPTANCE



[SAJHE] Editor Decision

2023-06-06 12:36 PM

Rhea Koch, Dr Jessica Pool, Dr Yolande Heymans:

We have reached a decision regarding your submission to South African Journal of Higher Education, "The Nature of Decolonisation in Health Sciences Curricula: a Scoping Review".

Our decision is: Accept Submission
a) To retain the integrity of both author and journal, your paper will be submitted on a Turnitin platform (similarity index). 15% Similarity is the acceptable average. For example, in many cases doctoral work is used verbatim. If your source is above the 15%, we will notify you accordingly. We advise that this matter be addressed considering that the DHET subsidy is gained for both the study and article, this would imply that you need to paraphrase your main position, by using some varying words to explain a similar concept or argument already made elsewhere.
b) Thank you for your patience while we place your article in a future issue (Volume number and year). We will confirm the publication issue in the prefix of your title. Login on your profile to take note of the issue in which your article will be published.
c) Visit our web page (homepage @ announcements) where future publication dates will be confirmed.
d) Please take note that the production editor will be in contact with the author *in the 2 – 3 weeks prior to the publication date* - to confirm the final layout before publication.
e) This journal charges page fees for publications. The managing editor will forward the invoice for page fees payable by the author once the final layout has been confirmed by the copy editor.

***Please take note of the following:**

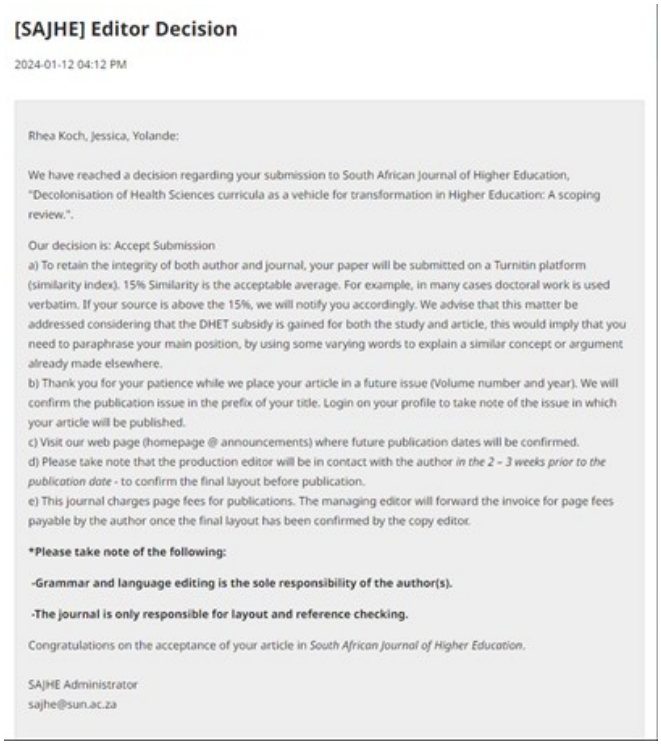
-Grammar and language editing is the sole responsibility of the author(s).

-The journal is only responsible for layout and reference checking.

Congratulations on the acceptance of your article in *South African Journal of Higher Education*.

SAJHE Administrator
sajhe@sun.ac.za

ANNEXURE F: ARTICLE 2 EVIDENCE OF ACCEPTANCE



[SAJHE] Editor Decision

2024-01-12 04:12 PM

Rhea Koch, Jessica, Yolande:

We have reached a decision regarding your submission to South African Journal of Higher Education, "Decolonisation of Health Sciences curricula as a vehicle for transformation in Higher Education: A scoping review.".

Our decision is: Accept Submission
a) To retain the integrity of both author and journal, your paper will be submitted on a Turnitin platform (similarity index). 15% Similarity is the acceptable average. For example, in many cases doctoral work is used verbatim. If your source is above the 15%, we will notify you accordingly. We advise that this matter be addressed considering that the DHET subsidy is gained for both the study and article, this would imply that you need to paraphrase your main position, by using some varying words to explain a similar concept or argument already made elsewhere.
b) Thank you for your patience while we place your article in a future issue (Volume number and year). We will confirm the publication issue in the prefix of your title. Login on your profile to take note of the issue in which your article will be published.
c) Visit our web page (homepage @ announcements) where future publication dates will be confirmed.
d) Please take note that the production editor will be in contact with the author *in the 2 – 3 weeks prior to the publication date* - to confirm the final layout before publication.
e) This journal charges page fees for publications. The managing editor will forward the invoice for page fees payable by the author once the final layout has been confirmed by the copy editor.

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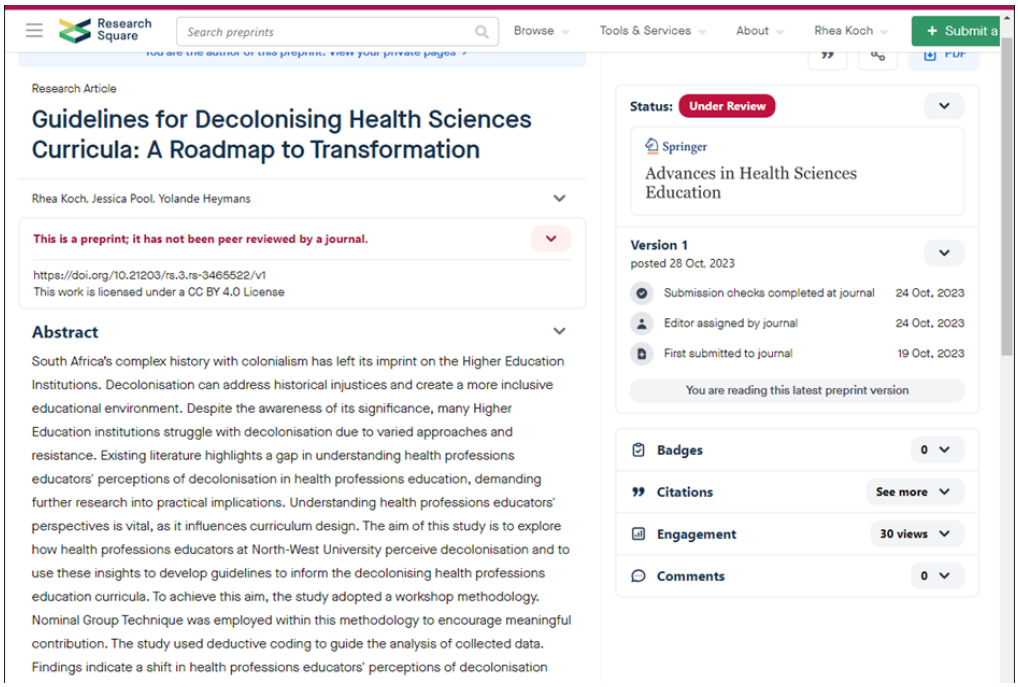
-The journal is only responsible for layout and reference checking.

Congratulations on the acceptance of your article in *South African Journal of Higher Education*.

SAJHE Administrator
sajhe@sun.ac.za

ANNEXURE G: ARTICLE 3 EVIDENCE UNDER PEER REVIEW



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Research Article

Guidelines for Decolonising Health Sciences Curricula: A Roadmap to Transformation

Rhea Koch, Jessica Pool, Yolande Heymans

This is a preprint; it has not been peer reviewed by a journal.

https://doi.org/10.21203/rs.3.rs-3465522/v1
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Abstract

South Africa's complex history with colonialism has left its imprint on the Higher Education Institutions. Decolonisation can address historical injustices and create a more inclusive educational environment. Despite the awareness of its significance, many Higher Education institutions struggle with decolonisation due to varied approaches and resistance. Existing literature highlights a gap in understanding health professions educators' perceptions of decolonisation in health professions education, demanding further research into practical implications. Understanding health professions educators' perspectives is vital, as it influences curriculum design. The aim of this study is to explore how health professions educators at North-West University perceive decolonisation and to use these insights to develop guidelines to inform the decolonising health professions education curricula. To achieve this aim, the study adopted a workshop methodology. Nominal Group Technique was employed within this methodology to encourage meaningful contribution. The study used deductive coding to guide the analysis of collected data. Findings indicate a shift in health professions educators' perceptions of decolonisation

Status: Under Review

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First submitted to journal 19 Oct, 2023

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ANNEXURE H: LANGUAGE EDITING CERTIFICATE

14 November 2023

I Ms Cecilia van der Walt hereby declare that I took take of the editing of the thesis of Ms Rhea Koch titled *Developing guidelines to inform the decolonisation of Health Sciences curricula at North-West University.*

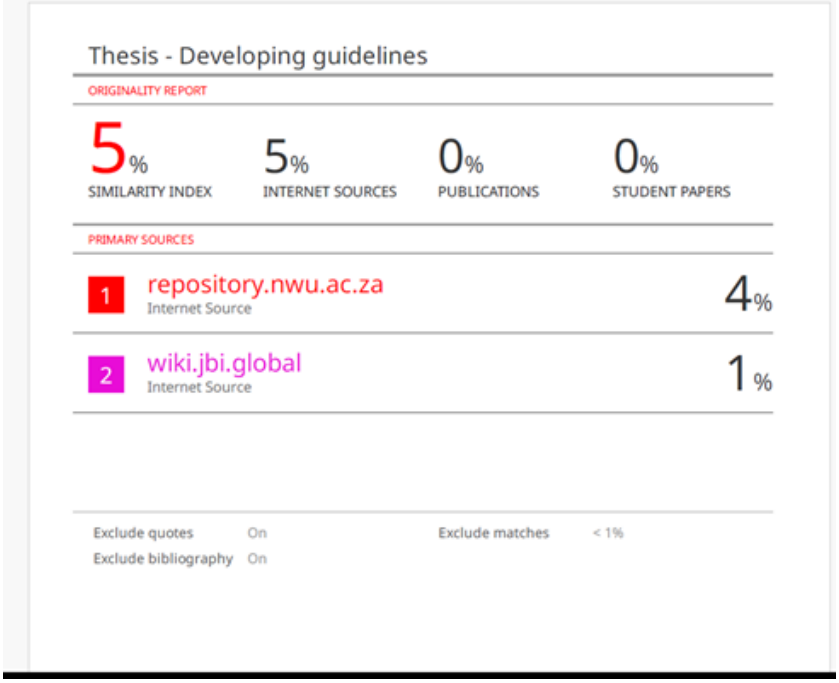
MS CECILIA VAN DER WALT

BA (*Cum Laude*)
THED (*Cum Laude*),
Plus Language editing and translation at Honours level (*Cum Laude*),
Plus Accreditation with SATI
Registration number with SATI: 1000228

Email address: ceciliavdw@lantic.net

Mobile: 072 616 4943

ANNEXURE I: TURNITIN REPORT SUMMARY



Thesis - Developing guidelines

ORIGINALITY REPORT

5%	5%	0%	0%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	repository.nwu.ac.za Internet Source	4%
2	wiki.jbi.global Internet Source	1%

Exclude quotes	On	Exclude matches	< 1%
Exclude bibliography	On		

Sources excluded due to published articles:

- Internet source: www.researchsquare.com
- Publication: Rhea Koch, Jessica Pool, Yolande Heymans. “Guidelines for Decolonising Health Sciences Curricula: A Roadmap to Transformation”, Research Square Platform LLC, 2023

ANNEXURE J: DATA COLLECTION INSTRUMENT

OUTLINE OF THE DECOLONISATION WORKSHOPS (3 HOURS)

Nominal Group Technique (NGT)

- Welcome and introduction
- Welcome and icebreaker
- Aim of the workshop and project explained
- Obtaining consent to record session.

Activity 1:

The facilitator will pose five open-ended questions by displaying them on the computer screen as well as repeat verbally. The participants will be requested to independently generate ideas during a three-minute quiet thinking time.

- Question 1: What does decolonisation mean to you personally and in the context of your discipline?
- Question 2: As a contributor to the curriculum, how do you consider your own positionality and your impact on your students?
- Question 3: How can your students see their own ethnic and cultural backgrounds reflected in the curriculum?
- Question4: How does your practices and unconscious bias exclude certain groups?
- Question5: How can decolonisation be used to transform your discipline?

Activity 2:

Participants will be asked to share their ideas by posting it onto a collaborative online notice board (Padlet).

Activity 3:

Participants will discuss the ideas generated in activity 2 to ensure that all participants have clarity about the generated ideas. The facilitator will pose follow up questions to the participants.

Activity 4:

Activity 4: Participants will be asked to privately identify and select three ideas that they rate as the most important.

Activity 5:

Activity 5: Participants will participate in an in-dept discussion to thoroughly explore their experiences, opinions, attitude and beliefs about decolonisation within the Health Sciences curriculum.

Closing and acknowledgement

- Wrap up activity.
- Feedback request (Participants will be asked to click on a link to provide feedback on the session).