NMBA and CATSINaM joint article

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Cultural safety a focus of new code of conduct for nurses

Nurses must take responsibility for improving the cultural safety of health services and systems for Aboriginal and Torres Strait Islander patients and colleagues under a new code of conduct that takes effect on 1 March this year.

A new code of conduct for nurses, available from the Nursing and Midwifery Board of Australia (NMBA) website, also states they must provide care that is “holistic, free of bias and racism”.

“The code makes it very clear that racism or bias is not acceptable,” said the chair of the NMBA, Associate Professor Lynette Cusack.

If patients, their carers or families had experienced or had concerns about racist behaviour in a health service, Associate Professor Cusack said they should make a complaint through official channels at the service or, in serious cases, to the health service ombudsman or regulator.

The new code says nurses should advocate for and facilitate access to quality and culturally safe health services for Aboriginal and/or Torres Strait Islander peoples, and recognise the importance of family, community, partnership and collaboration in the healthcare decision-making of Aboriginal and/or Torres Strait Islander people.

The code advocates for culturally safe and respectful practice and requires nurses to understand how their own culture, values, attitudes, assumptions and beliefs influence their interactions with people and families, the community and colleagues.

They must also acknowledge the social, economic, cultural, historic and behavioural factors influencing health, both at the individual, community and population levels.

The new code also requires nurses to engage in advocacy, using their expertise and influence to address health disparities, and to protect and advance the health and wellbeing of individuals as well as communities and populations.

A glossary accompanying the new codes of conduct for midwives and nurses cites the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM). It notes that the concept of cultural safety was developed in a First Nations’ context and holds that the recipient of care – rather than the caregiver – determines whether care is culturally safe.

The glossary says cultural safety is a key philosophical shift from providing care regardless of difference, to providing care that takes account of peoples’ unique needs, and has a focus on systemic and structural issues and on the social determinants of health.

Ms Janine Mohamed, CEO of CATSINaM, congratulated the NMBA on the new code.

“The NMBA is showing leadership in the area of cultural safety that sets a great example for other health professions and organisations,” she said.
Ms Mohamed said nurses were in a powerful position to contribute to better health outcomes for Aboriginal and Torres Strait Islander people by improving the cultural safety of their practice.

“Nurses are the largest health workforce and we can have an amazing impact on Aboriginal and Torres Strait Islander health, building on the great work we already do,” she said.

Associate Professor Cusack encouraged nurses to upskill where necessary and to engage with cultural safety educational programs that challenged their beliefs and assumptions.

While the new code was only a small part of a much bigger process to improve the cultural safety of healthcare, Associate Professor Cusack said she hoped it would contribute to leading meaningful change for Aboriginal and Torres Strait Islander people, as patients, carers and families, and as health professionals.

She said the NMBA valued its strong partnership with CATSINaM, and acknowledged the organisation’s contributions in providing a powerful voice in national policy making.

Associate Professor Cusack said the NMBA had relied on CATSINaM’s contributions in developing the new code because “we, as the regulator, recognised that our previous code was not strong enough in relation to cultural racism or bias and we needed to improve, both in our documents and our process of collaboration”.

She added: “We are open to being told we can do better; that involves being open to learning, reflection and improving on what we do as a regulator.”

“CATSINaM is a very well respected professional organisation; they will challenge us if we need to reconsider our approach to supporting Aboriginal and Torres Strait Islander health. And we absolutely value that.”

Associate Professor Cusack urged nurses to stop and reflect upon their assumptions and practices in relation to Aboriginal and Torres Strait Islander people, whether in the delivery of care or as undergraduate educators of nursing students.

“I am aware of some educators, administrators and nurses who are very passionate about Aboriginal and Torres Strait Islander health care,” she said.

“There are people out there advocating and providing excellent care. As regulators we want everyone to be doing this.”

The principles of the code apply to all types of nursing practice in all contexts, whether it is paid or unpaid, clinical or non-clinical, and to all settings where a nurse may engage, including face-to-face, publications, or via online or electronic means.

Practitioners who hold dual registration, as both nurses and midwives, must comply with both codes.

ENDS