



Nurse Education in the Tertiary Sector

Nurse Education in the Tertiary Sector (NETS)

Submission in response to

New Zealand Nursing Council

Consultation document

Draft Code of Conduct

March 2011

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Consultation on the draft Code of Conduct

Please help us to protect the public by giving us your views on the new draft Code of Conduct.

Please send your response to Alex@nursingcouncil.org.nz by **25 February 2011**.

Alternatively you may send your submission to:

Alexander Abernethy
Nursing Council of New Zealand
PO Box 9644
Wellington 6141
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The Council is interested in your feedback on all aspects of the structure and content of the new Code. You don't have to answer any or all of these questions and you may make additional comments on any aspects of the code.

Values and principles

The Council has used four core values (respect, trust, partnership and integrity) as the basis for the new Code. These values have been used to underpin appropriate professional behaviour.

1. Do you agree with the use of these values to underpin professional conduct or behaviour?

Yes

Comments:

These values reflect the essential features of professional behaviour the public would expect from nurses, and it is important that these are articulated in the Code of Conduct.

The Council has developed seven new principles based on these values as the framework for the new Code. These principles are broad enough to apply to nursing practice in any setting and have been used to group specific behaviour standards.

1. Respect the dignity and individuality of health consumers
2. Work in partnership with health consumers to promote and protect their interests
3. Provide safe and competent care
4. Respect health consumers' privacy and confidentiality
5. Work with colleagues in ways that best serve health consumers' interests
6. Act with integrity to justify health consumers' trust
7. Maintain public trust and confidence in the nursing profession

2. Do you agree with the principles that form the framework for the Code of Conduct?



Yes

Comments:

It is important to see the values expanded into principles and have these outlined so there can be certainty about expectations around standards of behaviour. While these principles may not be in any order, we suggest that the principle of nurses providing safe and competent care should be first on the list.

Standards and guidance

The following questions are designed to elicit feedback on particular standards and guidance that are new or more explicitly stated than in the existing *Code of Conduct for nurses*.

The rights of health consumers

The new Code emphasises the rights and dignity of health consumers and many of the standards explicitly state the way that nurses should work with them. Establishing trust and treating health consumers with respect in a culturally safe way and protecting their safety and privacy are important in everyday practice.

3. Do you agree with the focus on the rights and needs of the health consumer?

Yes

Comments:

Rights and dignity are of paramount importance and align with the Code of Health and Disability Consumers' Rights.

Cultural Safety

The new Code includes cultural safety (1.4 and guidance box page 6) as a key component of respecting and working with health consumers. As nurses develop as professionals they must learn more about themselves (their values, culture and social context) and develop a greater understanding of health consumers' values, culture and social context. This enables nurses to have more responsive relationships with health consumers and health consumers to experience "culturally safe" health care.

4. Do you agree with the standard and guidance box on cultural safety?

Yes

Comments:

The inclusion of cultural safety as a key component of respecting and working with health consumers provides an additional reminder in the Code of Conduct for nurses that this is a required competency on an ongoing basis.

Maori Health



The health status of Maori continues to be of concern. The Council acknowledges Maori as tangata whenua and maintains its commitment to Kawa Whakaruruhau (cultural safety in a Maori context). The existing Code of Conduct for Nurses requires the nurse to practise in compliance with the Treaty of Waitangi. In the new Code the wording and emphasis has moved away from compliance with the Treaty to a professional requirement for nurses to work in partnership with Maori to improve health outcomes and provide culturally safe care to Maori. The behaviour standards for working with Maori are included in the shaded guidance box, on page 8. This change provides a clearer behavior standard (2.9) and guidance on how this can be demonstrated in practice.

5. Do you agree with the standard (2.9) and guidance box on working in partnership with Maori to improve health outcomes?

Yes

Comments:

This is a critical standard for the Code of Conduct and is an important reminder for nurses that there is a professional obligation for nurses to work in partnership with Maori to improve health outcomes

Vulnerable health consumers

Some other groups of vulnerable New Zealanders that have high health needs e.g. people with disabilities, pacific peoples, children, and older people. The Code requires nurses to use their expertise and influence to protect the health and wellbeing of vulnerable health consumers, communities and population groups (2.8, 6.2). The Council recognises that nurses have a professional obligation to protect the vulnerable and to advocate for, or facilitate others to advocate for, those who cannot represent themselves.

6. Do you agree with the standards (2.8 and 6.2) on advocating for and protecting vulnerable groups?

Yes

Comments:

The advocacy aspect of this standard is a recognised component of nursing practice, and particularly for vulnerable health consumers.

Commercial, personal or other interests

The Council has included more guidance in the Code about potential conflicts of interests related to personal, professional and commercial matters (3.11, 6.4, 6.6, 7.3, 7.5, 7.8, and 7.9). Some nurses have multiple roles within their professional or personal life that can lead to situations where there is a conflict of interest between their obligation to the health consumer or employer and another role or employer. A nurse could also seek to use their professional position to promote their own or others commercial or personal interests. An example of a conflict of interest would be to promote or sell a particular product to health consumers in your care.

7. Do you agree with the standards (3.11, 6.4, 6.6, 7.3, 7.5, 7.8, and 7.9) in the Code on conflicts of interest?



Yes

Comments:

Useful to include this so there can be no uncertainty.

Social media

The Council is has included more advice on privacy and confidentiality (4.1-4.6). Standard 4.1 applies to social media and further guidance is provided in the shaded box on page 11. There have been examples of nurses breaching health consumer confidentiality overseas with serious consequences. There is also a potential for breaching professional boundaries through on-line relationships with health consumers. More detailed advice on safely using social media is being developed.

8. Do you agree with standard (4.1) and guidance on social media?

Yes

Comments:

An important inclusion and the additional guidance provided in relation to social media is helpful.

Reporting colleagues and escalating concerns

The Council's first interest is public safety and it wants to support nurses to advocate for health consumers who are at risk of being harmed by the behavior of other nurses or health professionals or by factors within the health care environment. The Council sees this as an important aspect of professional conduct but recognises it is not an easy role for nurses to take as employees and team members. The Council has included several standards to support nurses to take appropriate steps (1.10, 5.9, 7.6, & 7.7) and a shaded guidance box on escalating concerns on page 17.

9. Do you agree with the standards (1.10, 5.9, 7.6 & 7.7) and guidance on advocating for health consumers at risk of harm and escalating concerns?

Yes

Comments:

It is helpful and important to have guidance for this.

Teamwork

The existing Code does not mention how nurses should work with each other or their colleagues. The Council is aware that poor communication with peers and other health professionals and lack of teamwork can put the health consumer at risk. The new draft Code contains standards under principle 5 related to how we should work with our colleagues *in the interests of the health consumer*. These standards incorporate respect and the obligation to support colleagues, students



and those we delegate to. Standards 3.5 and 3.6 emphasise the need to ask for assistance and to evaluate your practice with colleagues.

10. Do you agree with the standards (5.1-5.10 and 3.5 and 3.6) on how nurses should work with colleagues?

Yes

Comments:

An important inclusion about professional behaviour in working with other professional colleagues.

Professional boundaries

The Council has already decided to increase the guidance it gives on appropriate professional boundaries between nurses and health consumers. The new draft Code contains standards (6.11 and 6.12) and a guidance box on page 14 on professional boundaries. A new draft guideline on professional boundaries containing more detailed advice can be found on the website and this will be finalised after the consultation on the Code of Conduct is complete.

11. Do you agree with the standards (6.11 and 6.12) and the guidance on professional boundaries in the new draft Code?

Yes

Comments:

This is an area that some nurses have been unclear about, and there has been some recent disciplinary cases.. It would be helpful to have a definition included in the glossary of the Code of Conduct

Use of alcohol and drugs

The social use of alcohol is accepted within society but what are the acceptable limits for nurses? Drinking to excess may result in drunkenness which is clearly unacceptable when nurses are on duty. Is it acceptable to arrive at work hung over and short change colleagues and health consumers because you are too tired or grumpy? Is it acceptable for nurses to be drunk in a public place where they could be known to health consumers? The Council has replaced "misuse of drugs or alcohol" in the existing Code with standard 6.7 "Your practice should not be compromised by alcohol or drugs".

12. Do you agree with the standard (6.7) that nurses should not compromise their care with the use of alcohol and drugs?

Yes

Comments:



We agree with this, but the statement "...should not..." is rather weak. The practice of any nurse must never be compromised by alcohol or drugs.

Public confidence

The Council is concerned that some nurses do not understand that nurses must maintain a high standard of ethical behavior in their personal life i.e. that unlawful or unethical behavior may reflect adversely on a nurse's fitness to practice or affect the good standing of the nursing profession. The Council has provided a guidance box and diagram on page 16 on fitness to practice and public confidence as a way of explaining how the trust that health consumers have in individual nurses or the collective trust in nursing as a profession can be eroded by inappropriate conduct in a nurse's personal life.

13. Do you agree with the diagram and guidance box on fitness to practice and public confidence?

Yes

Comments:

This is very clear and there can be no doubt about the relationship between fitness to practice and public confidence in the good standing of the nursing profession.

Please comment on any other standards or guidance with the Code.

Comments:

This is a comprehensive, important and timely document.

Thank you for the opportunity to comment.

You are making this submission: X on behalf of a group or organization

This submission was completed by: (optional)

Name: Dr Kathy Holloway

Email: kathryn.holloway@whitireia.ac.nz

Organisation: Nurse Education in the Tertiary Sector

Position: National Chair

Please indicate which part of the sector your submission represents:

- | | |
|--|--|
| <input type="checkbox"/> Individual nurse | <input type="checkbox"/> Individual other |
| <input type="checkbox"/> Consumer group | <input type="checkbox"/> Regulatory authority |
| <input type="checkbox"/> Primary health organisation | <input type="checkbox"/> Māori health provider |
| <input type="checkbox"/> Pacific health provider | <input type="checkbox"/> Government agency |



- X Education providers
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