



Nursing and Midwifery
Board of
Australia

Code of conduct for nurses





Foreword

The Nursing and Midwifery Board of Australia (NMBA) undertakes functions as set by the Health Practitioner Regulation National Law (the National Law), as in force in each state and territory. The NMBA regulates the practice of nursing and midwifery in Australia, and one of its key roles is to protect the public. The NMBA does this by developing standards, codes and guidelines that together establish the requirements for the professional and safe practice of nurses and midwives in Australia.

In developing the *Code of conduct for nurses*, and consistent with its commitment to evidence-based structures, systems and processes, the NMBA carried out a comprehensive review that was informed by research and by the profession. The research included an international and national literature review of other codes and similar publications, a comparative analysis of the predecessor code of conduct to other codes and an analysis of notifications (complaints) made about the conduct and behaviour of nurses. Input was extensively sought in the form of focus groups, workshops, an expert working group and other consultation strategies which included the profession, the public and professional organisations.

The *Code of conduct for nurses* (the code) sets out the legal requirements, professional behaviour and conduct expectations for nurses in all practice settings, in Australia. The code is written in recognition that nursing practice is not restricted to the provision of direct clinical care. Nursing practice settings extend to working in a non-clinical relationship with clients, working in management, leadership, governance, administration, education, research, advisory, regulatory, policy development roles or other roles that impact on safe, effective delivery of services in the profession and/or use of the nurse's professional skills.

The code is supported by the NMBA Standards for practice and, with the other NMBA standards, codes and guidelines, underpins the requirements and delivery of safe, kind and compassionate nursing practice.



Associate Professor Lynette Cusack RN

Chair, Nursing and Midwifery Board of Australia

Contents

Introduction	3
Domain: Practise legally	
Principle 1: Legal compliance	
1.1 Obligations	5
1.2 Lawful behaviour	5
1.3 Mandatory reporting	5
Domain: Practise safely, effectively and collaboratively	
Principle 2: Person-centred practice	
2.1 Nursing practice	6
2.2 Decision-making	6
2.3 Informed consent	7
2.4 Adverse events and open disclosure	7
Principle 3: Cultural practice and respectful relationships	
3.1 Aboriginal and/or Torres Strait Islander peoples' health	8
3.2 Culturally safe and respectful practice	8
3.3 Effective communication	8
3.4 Bullying and harassment	9
3.5 Confidentiality and privacy	9
3.6 End-of-life care	9
Domain: Act with professional integrity	
Principle 4: Professional behaviour	
4.1 Professional boundaries	10
4.2 Advertising and professional representation	10
4.3 Legal, insurance and other assessments	11
4.4 Conflicts of interest	11
4.5 Financial arrangements and gifts	11
Principle 5: Teaching, supervising and assessing	
5.1 Teaching and supervising	12
5.2 Assessing colleagues and students	12
Principle 6: Research in health	
6.1 Rights and responsibilities	13
Domain: Promote health and wellbeing	
Principle 7: Health and wellbeing	
7.1 Your and your colleagues' health	14
7.2 Health advocacy	14
Glossary	15
Bibliography	17

Introduction

The *Code of conduct for nurses* sets out the legal requirements, professional behaviour and conduct expectations for all nurses, in all practice settings, in Australia. It describes the principles of professional behaviour that guide safe practice, and clearly outlines the conduct expected of nurses by their colleagues and the broader community.

Individual nurses have their own personal beliefs and values. However, the code outlines specific standards which all nurses are expected to adopt in their practice. The code also gives students of nursing an appreciation of the conduct and behaviours expected of nurses. Nurses have a professional responsibility to understand and abide by the code. In practice, nurses also have a duty to make the interests of people their first concern, and to practise safely and effectively.

The code is consistent with the [National Law](#). It includes seven principles of conduct, grouped into domains, each with an explanatory value statement. Each value statement is accompanied by practical guidance to demonstrate how to apply it in practice. Underpinning the code is the expectation that nurses will exercise their professional judgement to deliver the best possible outcomes in practice.

This code applies to all nurses

The principles of the code apply to all types of nursing practice in all contexts. This includes any work where a nurse uses nursing skills and knowledge, whether paid or unpaid, clinical or non-clinical. This includes work in the areas of clinical care, clinical leadership, clinical governance responsibilities, education, research, administration, management, advisory roles, regulation or policy development. The code also applies to all settings where a nurse may engage in these activities, including face-to-face, publications, or via online or electronic means.

Using the code of conduct

The code will be used:

- to support individual nurses in the delivery of safe practice and fulfilling their professional roles
- as a guide for the public and consumers of health services about the standard of conduct and behaviour they should expect from nurses
- to help the NMBA protect the public, in setting and maintaining the standards set out in the code and to ensure safe and effective nursing practice
- when evaluating the professional conduct of nurses. If professional conduct varies significantly from the values outlined in the code, nurses should be prepared to explain and justify their decisions and actions. Serious or repeated failure to abide by this code may have consequences for nurses' registration and may be considered as unsatisfactory professional performance, unprofessional conduct or professional misconduct¹, and
- as a resource for activities which aim to enhance the culture of professionalism in the Australian health system. These include use, for example, in administration and policy development by health services and other institutions; in nursing education, in management and for the orientation, induction and supervision of nurses and students.

The code is not a substitute for requirements outlined in the [National Law](#), other relevant legislation, or case law. Where there is any actual or perceived conflict between the code and any law, the law takes precedence. Nurses also need to understand and comply with all other NMBA standards, codes and guidelines.

¹ As defined in the National Law, with the exception of NSW where the definitions of unsatisfactory professional conduct and professional misconduct are defined in the Health Practitioner Regulation National Law (NSW)

Code of conduct for nurses: domains, principles and values

These domains, principles and values set out legal requirements, professional behaviour and conduct expectations for all nurses. The principles apply to all areas of practice, with an understanding that nurses will exercise professional judgement in applying them, with the goal of delivering the best possible outcomes.

(**To note:** *Person or people* is used to refer to those individuals who have entered into a therapeutic and/or professional relationship with a nurse. See the glossary for further detail).

Domain: Practise legally

1. Legal compliance

Nurses respect and adhere to their professional obligations under the [National Law](#), and abide by relevant laws.

Domain: Practise safely, effectively and collaboratively

2. Person-centred practice

Nurses provide safe, person-centred and evidence-based practice for the health and wellbeing of people and, in partnership with the person, promote shared decision-making and care delivery between the person, nominated partners, family, friends and health professionals.

3. Cultural practice and respectful relationships

Nurses engage with people as individuals in a culturally safe and respectful way, foster open and honest professional relationships, and adhere to their obligations about privacy and confidentiality.

Domain: Act with professional integrity

4. Professional behaviour

Nurses embody integrity, honesty, respect and compassion.

5. Teaching, supervising and assessing

Nurses commit to teaching, supervising and assessing students and other nurses, in order to develop the nursing workforce across all contexts of practice.

6. Research in health

Nurses recognise the vital role of research to inform quality healthcare and policy development, conduct research ethically and support the decision-making of people who participate in research.

Domain: Promote health and wellbeing

7. Health and wellbeing

Nurses promote health and wellbeing for people and their families, colleagues, the broader community and themselves and in a way that addresses health inequality.

Code of conduct for nurses

Domain: Practise legally

Principle 1: Legal compliance

Value

Nurses respect and adhere to professional obligations under the [National Law](#), and abide by relevant laws².

1.1 Obligations

It is important that nurses are aware of their obligations under the [National Law](#), including reporting requirements and meeting registration standards. Nurses must:

- a. abide by any reporting obligations under the [National Law](#) and other relevant legislation. Please refer to sections 129, 130, 131 and 141 of the [National Law](#) and the [NMBA Guidelines for mandatory notifications](#)
- b. inform the Australian Health Practitioner Regulation Agency (AHPRA) and their employer(s) if a legal or regulatory entity has imposed restrictions on their practice, including limitations, conditions, undertakings, suspension, cautions or reprimands, and recognise that a breach of any restriction would place the public at risk and may constitute unprofessional conduct or professional misconduct
- c. complete the required amount of CPD relevant to their context of practice. See the [NMBA Registration standard: Continuing professional development](#), [Policy: Exemptions from continuing professional development for nurses and midwives](#) and [Fact sheet: Continuing professional development](#) for these requirements
- d. ensure their practice is appropriately covered by professional indemnity insurance (see the [NMBA Registration standard: Professional indemnity insurance arrangements](#) and [Fact sheet: Professional indemnity insurance arrangements](#)), and
- e. inform AHPRA of charges, pleas and convictions relating to criminal offences (see the [NMBA Registration standard: Criminal history](#)).

1.2 Lawful behaviour

Nurses practise honestly and ethically and should not engage in unlawful behaviour as it may affect their practice and/or damage the reputation of the profession. Nurses must:

- a. respect the nurse-person professional relationship by not taking possessions and/or property that belong to the person and/or their family
- b. comply with relevant poisons legislation, authorisation, local policy and own scope of practice, including to safely use, administer, obtain, possess, prescribe, sell, supply and store medications and other therapeutic products
- c. not participate in unlawful behaviour and understand that unlawful behaviour may be viewed as unprofessional conduct or professional misconduct and have implications for their registration, and
- d. understand that making frivolous or vexatious complaints may be viewed as unprofessional conduct or professional misconduct and have implications for their registration.

1.3 Mandatory reporting

Caring for those who are vulnerable brings legislative responsibilities for nurses, including the need to abide by relevant mandatory reporting requirements, as they apply across individual states and territories. Nurses must:

- a. abide by the relevant mandatory reporting legislation that is imposed to protect groups that are particularly at risk, including reporting obligations about the aged, child abuse and neglect and remaining alert to the newborn and infants who may be at risk, and
- b. remain alert to other groups who may be vulnerable and at risk of physical harm and sexual exploitation and act on welfare concerns where appropriate.

² The code does not address in detail the full range of legal and ethical obligations that apply to nurses. Examples of legal obligations include, but are not limited to, obligations arising in Acts and Regulations relating to privacy, the aged and disabled, child protection, bullying, anti-discrimination and workplace health and safety issues. Nurses should ensure they know all of their legal obligations relating to professional practice, and abide by them.

Domain: Practise safely, effectively and collaboratively

Principle 2: Person-centred practice

Value

Nurses provide safe, person-centred, evidence-based practice for the health and wellbeing of people and, in partnership with the person, promote shared decision-making and care delivery between the person, nominated partners, family, friends and health professionals.

2.1 Nursing practice

Nurses apply person-centred and evidence-based decision-making, and have a responsibility to ensure the delivery of safe and quality care. Nurses must:

- a. practise in accordance with the standards of the profession and broader health system (including the [NMBA standards, codes and guidelines](#), the [Australian Commission on Safety and Quality in Health Care](#) and [The Australian Aged Care Quality Agency Standards for residential aged care](#))
- b. provide leadership to ensure the delivery of safe and quality care and understand their professional responsibility to protect people, ensuring employees comply with their obligations, and
- c. document and report concerns if they believe the practice environment is compromising the health and safety of people receiving care.

2.2 Decision-making

Making decisions about healthcare is the shared responsibility of the person (who may wish to involve their nominated partners, family and friends) the nurse and other health professionals. Nurses should create and foster conditions that promote shared decision-making and collaborative practice. To support shared decision-making, nurses must:

- a. take a person-centred approach to managing a person's care and concerns, supporting the person in a manner consistent with that person's values and preferences
- b. advocate on behalf of the person where necessary, and recognise when substitute decision-makers are needed (including legal guardians or holders of power of attorney)
- c. support the right of people to seek second and/or subsequent opinions or the right to refuse treatment/care
- d. recognise that care may be provided to the same person by different nurses, and by other members of the healthcare team, at various times
- e. recognise and work within their scope of practice which is determined by their education, training, authorisation, competence, qualifications and experience, in accordance with local policy (see also the [NMBA Decision-making framework](#))
- f. recognise when an activity is not within their scope of practice and refer people to another health practitioner when this is in the best interests of the person receiving care
- g. take reasonable steps to ensure any person to whom a nurse delegates, refers, or hands over care has the qualifications, experience, knowledge, skills and scope of practice to provide the care needed (see also the [NMBA Decision-making framework](#)), and
- h. recognise that their context of practice can influence decision-making. This includes the type and location of practice setting, the characteristics of the person receiving care, the focus of nursing activities, the degree to which practice is autonomous and the resources available.

2.3 Informed consent

Informed consent is a person's voluntary agreement to healthcare, which is made with knowledge and understanding of the potential benefits and risks involved. In supporting the right to informed consent, nurses must:

- a. support the provision of information to the person about their care in a way and/or in a language/dialect they can understand, through the utilisation of translating and interpreting services, when necessary. This includes information on examinations and investigations, as well as treatments
- b. give the person adequate time to ask questions, make decisions and to refuse care, interventions, investigations and treatments, and proceed in accordance with the person's choice, considering local policy
- c. act according to the person's capacity for decision-making and consent, including when caring for children and young people, based on their maturity and capacity to understand, and the nature of the proposed care
- d. obtain informed consent or other valid authority before carrying out an examination or investigation, provide treatment (this may not be possible in an emergency), or involving people in teaching or research, and
- e. inform people of the benefit, as well as associated costs or risks, if referring the person for further assessment, investigations or treatments, which they may want to clarify before proceeding.

2.4 Adverse events and open disclosure

When a person is harmed by healthcare (adverse events), nurses have responsibilities to be open and honest in communicating with the person, to review what happened, and to report the event in a timely manner, and in accordance with local policy. When something goes wrong, nurses must:

- a. recognise and reflect on what happened and report the incident
- b. act immediately to rectify the problem if possible, and intervene directly if it is needed to protect the person's safety. This responsibility includes escalating concerns if needed
- c. abide by the principles of open disclosure and non-punitive approaches to incident management
- d. identify the most appropriate healthcare team member to provide an apology and an explanation to the person, as promptly and completely as possible, that supports open disclosure principles
- e. listen to the person, acknowledge any distress they experienced and provide support. In some cases it may be advisable to refer the person to another nurse or health professional
- f. ensure people have access to information about how to make a complaint, and that in doing so, not allow a complaint or notification to negatively affect the care they provide, and
- g. seek advice from their employer, AHPRA, their professional indemnity insurer, or other relevant bodies, if they are unsure about their obligations.

See also the Australian Commission on Safety and Quality in Health Care's publication: [Australian Open Disclosure Framework](#).



Principle 3: Cultural practice and respectful relationships

Value

Nurses engage with people as individuals in a culturally safe and respectful way, foster open and honest professional relationships, and adhere to their obligations about privacy and confidentiality.

3.1 Aboriginal and/or Torres Strait Islander peoples' health

Australia has always been a culturally and linguistically diverse nation. Aboriginal and/or Torres Strait Islander peoples have inhabited and cared for the land as the first peoples of Australia for millennia, and their histories and cultures have uniquely shaped our nation. Understanding and acknowledging historic factors such as colonisation and its impact on Aboriginal and/or Torres Strait Islander peoples' health helps inform care. In particular, Aboriginal and/or Torres Strait Islander peoples bear the burden of gross social, cultural and health inequality. In supporting the health of Aboriginal and/or Torres Strait Islander peoples, nurses must:

- a. provide care that is holistic, free of bias and racism, challenges belief based upon assumption and is culturally safe and respectful for Aboriginal and/or Torres Strait Islander peoples
- b. advocate for and act to facilitate access to quality and culturally safe health services for Aboriginal and/or Torres Strait Islander peoples, and
- c. recognise the importance of family, community, partnership and collaboration in the healthcare decision-making of Aboriginal and/or Torres Strait Islander peoples, for both prevention strategies and care delivery.

See the [National Aboriginal and Torres Strait Islander Health Plan 2013-2023](#).

See also [Congress of Aboriginal and Torres Strait Islander Nurses and Midwives](#).

3.2 Culturally safe and respectful practice

Culturally safe and respectful practice requires having knowledge of how a nurse's own culture, values, attitudes, assumptions and beliefs influence their interactions with people and families, the community and colleagues. To ensure culturally safe and respectful practice, nurses must:

- a. understand that only the person and/or their family can determine whether or not care is culturally safe and respectful
- b. respect diverse cultures, beliefs, gender identities, sexualities and experiences of people, including among team members
- c. acknowledge the social, economic, cultural, historic and behavioural factors influencing health, both at the individual, community and population levels
- d. adopt practices that respect diversity, avoid bias, discrimination and racism, and challenge belief based upon assumption (for example, based on gender, disability, race, ethnicity, religion, sexuality, age or political beliefs)
- e. support an inclusive environment for the safety and security of the individual person and their family and/or significant others, and
- f. create a positive, culturally safe work environment through role modelling, and supporting the rights, dignity and safety of others, including people and colleagues.

3.3 Effective communication

Positive professional relationships are built on effective communication that is respectful, kind, compassionate and honest. To communicate effectively, nurses must:

- a. be aware of health literacy issues, and take health literacy into account when communicating with people
- b. make arrangements, whenever possible, to meet the specific language, cultural, and communication needs of people and their families, through the utilisation of translating and interpreting services where necessary, and be aware of how these needs affect understanding
- c. endeavour to confirm a person understands any information communicated to them
- d. clearly and accurately communicate relevant and timely information about the person to colleagues, within the bounds of relevant privacy requirements, and
- e. be non-judgemental and not refer to people in a non-professional manner verbally or in correspondence/ records, including refraining from behaviour that may be interpreted as bullying or harassment and/or culturally unsafe.

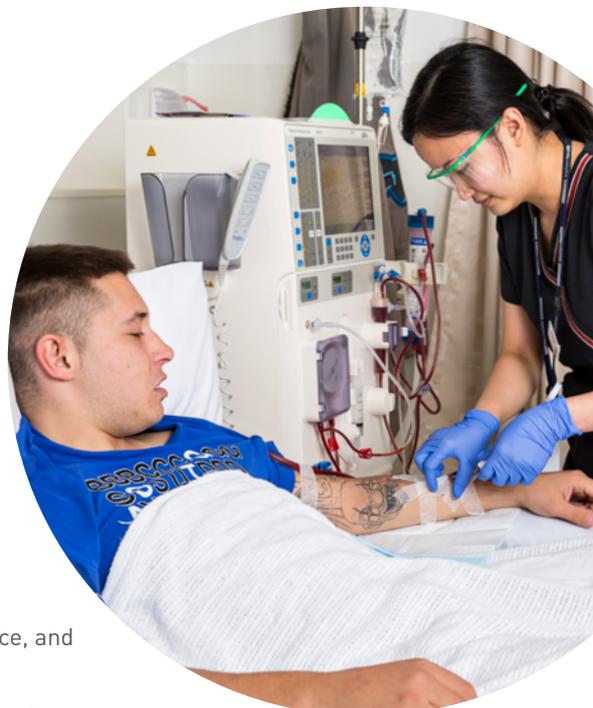
3.4 Bullying and harassment

When people repeatedly and intentionally use words or actions against someone or a group of people, it causes distress and risks their wellbeing. Nurses understand that bullying and harassment relating to their practice or workplace is not acceptable or tolerated and that where it is affecting public safety it may have implications for their registration. Nurses must:

- a. never engage in, ignore or excuse such behaviour
- b. recognise that bullying and harassment takes many forms, including behaviours such as physical and verbal abuse, racism, discrimination, violence, aggression, humiliation, pressure in decision-making, exclusion and intimidation directed towards people or colleagues
- c. understand social media is sometimes used as a mechanism to bully or harass, and that nurses should not engage in, ignore or excuse such behaviour
- d. act to eliminate bullying and harassment, in all its forms, in the workplace, and
- e. escalate their concerns if an appropriate response does not occur.

For additional guidance see the Australian Human Rights Commission's [Fact sheet on workplace bullying](#)

See also [Nurse & Midwife Support](#), the national health support service for nurses, midwives and students.



3.5 Confidentiality and privacy

Nurses have ethical and legal obligations to protect the privacy of people. People have a right to expect that nurses will hold information about them in confidence, unless the release of information is needed by law, legally justifiable under public interest considerations or is required to facilitate emergency care. To protect privacy and confidentiality, nurses must:

- a. respect the confidentiality and privacy of people by seeking informed consent before disclosing information, including formally documenting such consent where possible
- b. provide surroundings to enable private and confidential consultations and discussions, particularly when working with multiple people at the same time, or in a shared space
- c. abide by the NMBA [Social media policy](#) and relevant [Standards for practice](#), to ensure use of social media is consistent with the nurse's ethical and legal obligations to protect privacy
- d. access records only when professionally involved in the care of the person and authorised to do so
- e. not transmit, share, reproduce or post any person's information or images, even if the person is not directly named or identified, without having first gained written and informed consent. See also the NMBA [Social media policy](#) and [Guidelines for advertising regulated health services](#)
- f. recognise people's right to access information contained in their health records, facilitate that access and promptly facilitate the transfer of health information when requested by people, in accordance with local policy, and
- g. when closing or relocating a practice, facilitating arrangements for the transfer or management of all health records in accordance with the legislation governing privacy and health records.

3.6 End-of-life care

Nurses have a vital role in helping the community to deal with the reality of death and its consequences. In providing culturally appropriate end-of-life care, nurses must:

- a. understand the limits of healthcare in prolonging life, and recognise when efforts to prolong life may not be in the best interest of the person
- b. accept that the person has the right to refuse treatment, or to request withdrawal of treatment, while ensuring the person receives relief from distress
- c. respect diverse cultural practices and beliefs related to death and dying
- d. facilitate advance care planning and provision of end-of-life care where relevant and in accordance with local policy and legislation, and
- e. take reasonable steps to ensure support is provided to people, and their families, even when it is not possible to deliver the outcome they desire.

See also the [Australian Commission on Safety and Quality in Health Care - End-of-Life Care](#).

Domain: Act with professional integrity

Principle 4: Professional behaviour

Value

Nurses embody integrity, honesty, respect and compassion.

4.1 Professional boundaries

Professional boundaries allow nurses, the person and the person's nominated partners, family and friends, to engage safely and effectively in professional relationships, including where care involves personal and/or intimate contact. In order to maintain professional boundaries, there is a start and end point to the professional relationship and it is integral to the nurse-person professional relationship. Adhering to professional boundaries promotes person-centred practice and protects both parties. To maintain professional boundaries, nurses must:

- a. recognise the inherent power imbalance that exists between nurses, people in their care and significant others and establish and maintain professional boundaries
- b. actively manage the person's expectations, and be clear about professional boundaries that must exist in professional relationships for objectivity in care and prepare the person for when the episode of care ends
- c. avoid the potential conflicts, risks, and complexities of providing care to those with whom they have a pre-existing non-professional relationship and ensure that such relationships do not impair their judgement. This is especially relevant for those living and working in small, regional or cultural communities and/or where there is long-term professional, social and/or family engagement
- d. avoid sexual relationships with persons with whom they have currently or had previously entered into a professional relationship. These relationships are inappropriate in most circumstances and could be considered unprofessional conduct or professional misconduct
- e. recognise when over-involvement has occurred, and disclose this concern to an appropriate person, whether this is the person involved or a colleague
- f. reflect on the circumstances surrounding any occurrence of over-involvement, document and report it, and engage in management to rectify or manage the situation
- g. in cases where the professional relationship has become compromised or ineffective and ongoing care is needed, facilitate arrangements for the continuing care of the person to another health practitioner, including passing on relevant clinical information (see also 3.3 Effective communication)
- h. actively address indifference, omission, disengagement/lack of care and disrespect to people that may reflect under-involvement, including escalating the issue to ensure the safety of the person if necessary
- i. avoid expressing personal beliefs to people in ways that exploit the person's vulnerability, are likely to cause them unnecessary distress, or may negatively influence their autonomy in decision-making (see the [NMBA Standards for practice](#)), and
- j. not participate in physical assault such as striking, unauthorised restraining and/or applying unnecessary force.

4.2 Advertising and professional representation

Nurses must be honest and transparent when describing their education, qualifications, previous occupations and registration status. This includes, but is not limited to, when nurses are involved in job applications, self-promotion, publishing of documents or web content, public appearances, or advertising or promoting goods or services. To honestly represent products and regulated health services, and themselves, nurses must:

- a. comply with legal requirements about advertising outlined in the National Law (explained in the [NMBA Guidelines for advertising regulated health services](#)), as well as other relevant Australian state and territory legislation
- b. provide only accurate, honest and verifiable information about their registration, experience and qualifications, including any conditions that apply to their registration (see also Principle 1: Legal compliance)
- c. only use the title of nurse if they hold valid registration and/or endorsement (see also the [NMBA Fact sheet: The use of health practitioner protected titles](#)), and
- d. never misrepresent, by either a false statement or an omission, their registration, experience, qualifications or position.

4.3 Legal, insurance and other assessments

Nurses may be contracted by a third party to provide an assessment of a person who is not in their care, such as for legal, insurance or other administrative purposes. When this occurs the usual nurse-person professional relationship does not exist. In this situation, nurses must:

- a. explain to the person their professional area of practice, role, and the purpose, nature and extent of the assessment to be performed
- b. anticipate and seek to correct any misunderstandings the person may have about the nature and purpose of the assessment and report, and
- c. inform the person and/or their referring health professional of any unrecognised, serious problems that are discovered during the assessment, as a matter of duty-of-care.

4.4 Conflicts of interest

People rely on the independence and trustworthiness of nurses who provide them with advice or treatment. In nursing practice, a conflict of interest arises when a nurse has financial, professional or personal interests or relationships and/or personal beliefs that may affect the care they provide or result in personal gain.

Such conflicts may mean the nurse does not prioritise the interests of a person as they should, and may be viewed as unprofessional conduct. To prevent conflicts of interest from compromising care, nurses must:

- a. act with integrity and in the best interests of people when making referrals, and when providing or arranging treatment or care
- b. responsibly use their right to not provide, or participate directly in, treatments to which they have a conscientious objection. In such a situation, nurses must respectfully inform the person, their employer and other relevant colleagues, of their objection and ensure the person has alternative care options
- c. proactively and openly inform the person if a nurse, or their immediate family, has a financial or commercial interest that could be perceived as influencing the care they provide
- d. not offer financial, material or other rewards (inducements) to encourage others to act in ways that personally benefit the nurse, nor do anything that could be perceived as providing inducements, and
- e. not allow any financial or commercial interest in any entity providing healthcare services or products to negatively affect the way people are treated.

4.5 Financial arrangements and gifts

It is necessary to be honest and transparent with people. To ensure there is no perception of actual or personal gain for the nurse, nurses must:

- a. when providing or recommending services, discuss with the person all fees and charges expected to result from a course of treatment in a manner appropriate to the professional relationship, and not exploit people's vulnerability or lack of knowledge
- b. only accept token gifts of minimal value that are freely offered and report the gifts in accordance with local policy
- c. not accept, encourage or manipulate people to give, lend, or bequeath money or gifts that will benefit a nurse directly or indirectly
- d. not become financially involved with a person who has or who will be in receipt of their care, for example through bequests, powers of attorney, loans and investment schemes, and
- e. not influence people or their families to make donations, and where people seek to make a donation refer to the local policy.

Principle 5: Teaching, supervising and assessing

Value

Nurses commit to teaching, supervising and assessing students and other nurses in order to develop the nursing workforce across all contexts of practice.

5.1 Teaching and supervising

It is the responsibility of all nurses to create opportunities for nursing students and nurses under supervision to learn, as well as benefit from oversight and feedback. In their teaching and supervisor roles, nurses must:

- a. seek to develop the skills, attitudes and practices of an effective teacher and/or supervisor
- b. reflect on the ability, competence and learning needs of each student or nurse who they teach or supervise and plan teaching and supervision activities accordingly, and
- c. avoid, where possible, any potential conflicts of interest in teaching or supervision relationships that may impair objectivity or interfere with the supervised person's learning outcomes or experience. This includes, for example, not supervising somebody with whom they have a pre-existing non-professional relationship.

5.2 Assessing colleagues and students

Assessing colleagues and students is an important part of making sure that the highest standard of practice is achieved across the profession. In assessing the competence and performance of colleagues or students, nurses must:

- a. be honest, objective, fair, without bias and constructive, and not put people at risk of harm by inaccurate and inadequate assessment, and
- b. provide accurate and justifiable information promptly, and include all relevant information when giving references or writing reports about colleagues.

See also the [NMBA Supervision guidelines for nursing and midwifery](#).



Principle 6: Research in health

Value

Nurses recognise the vital role of research to inform quality healthcare and policy development, conduct research ethically and support the decision-making of people who participate in research.

6.1 Rights and responsibilities

Nurses involved in design, organisation, conduct or reporting of health research have additional responsibilities. Nurses involved in research must:

- a. recognise and carry out the responsibilities associated with involvement in health research
- b. in research that involves human participants, respect the decision-making of people to not participate and/or to withdraw from a study, ensuring their decision does not compromise their care or any nurse-person professional relationship(s), and
- c. be aware of the values and ethical considerations for Aboriginal and/or Torres Strait Islander communities when undertaking research.

See also the National Health and Medical Research Council publication: [Values and Ethics - Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research](#).

See also Principle 2 on the application of evidence-based decision-making for delivery of safe and quality care.



Domain: Promote health and wellbeing

Principle 7: Health and wellbeing

Value

Nurses promote health and wellbeing for people and their families, colleagues, the broader community and themselves and in a way that addresses health inequality.

7.1 Your and your colleagues' health

Nurses have a responsibility to maintain their physical and mental health to practise safely and effectively. To promote health for nursing practice, nurses must:

- a. understand and promote the principles of public health, such as health promotion activities and vaccination
- b. act to reduce the effect of fatigue and stress on their health, and on their ability to provide safe care
- c. encourage and support colleagues to seek help if they are concerned that their colleague's health may be affecting their ability to practise safely, utilising services such as [Nurse & Midwife Support](#), the national health support service for nurses, midwives and students
- d. seek expert, independent and objective help and advice, if they are ill or impaired in their ability to practise safely. Nurses must remain aware of the risks of self-diagnosis and self-treatment, and act to reduce these, and
- e. take action, including a mandatory or voluntary notification to AHPRA, if a nurse knows or reasonably suspects that they or a colleague have a health condition or impairment that could adversely affect their ability to practise safely, or put people at risk (see Principle 1: Legal compliance).

7.2 Health advocacy

There are significant disparities in the health status of various groups in the Australian community. These disparities result from social, historic, geographic, environmental, legal, physiological and other factors. Some groups who experience health disparities include Aboriginal and/or Torres Strait Islander peoples, those with disabilities, those who are gender or sexuality diverse, and those from social, culturally and linguistically diverse backgrounds, including asylum seekers and refugees. In advocating for community and population health, nurses must:

- a. use their expertise and influence to protect and advance the health and wellbeing of individuals as well as communities and populations
- b. understand and apply the principles of primary and public health, including health education, health promotion, disease prevention, control and health screening using the best available evidence in making practice decisions, and
- c. participate in efforts to promote the health of communities and meet their obligations with respect to disease prevention including vaccination, health screening and reporting notifiable diseases.

See also the NMBA [Position statement on nurses, midwives and vaccination](#).

Glossary

These meanings relate to the use of terms in the *Code of conduct for nurses*.

Advance care planning is an on-going process of shared planning for current and future healthcare. It allows an individual to make known their values, beliefs and preferences to guide decision-making, even after when the individual cannot make or communicate their preferences and decisions (See [Advance Care Planning Australia](#)).

Bullying and harassment is 'when people repeatedly and intentionally use words or actions against someone or a group of people to cause distress and risk to their wellbeing. These actions are usually done by people who have more influence or power over someone else, or who want to make someone else feel less powerful or helpless'.³

Competence is the possession of required skills, knowledge, education and capacity.

Cultural safety concept was developed in a First Nations' context and is the preferred term for nursing and midwifery. Cultural safety is endorsed by the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM), who emphasise that cultural safety is as important to quality care as clinical safety. However, the "presence or absence of cultural safety is determined by the recipient of care; it is not defined by the caregiver" (CATSINaM, 2014, p. 9⁴). Cultural safety is a philosophy of practice that is about how a health professional does something, not [just] what they do. It is about how people are treated in society, not about their diversity as such, so its focus is on systemic and structural issues and on the social determinants of health. Cultural safety represents a key philosophical shift from providing care regardless of difference, to care that takes account of peoples' unique needs. It requires nurses and midwives to undertake an ongoing process of self-reflection and cultural self-awareness, and an acknowledgement of how a nurse's/midwife's personal culture impacts on care. In relation to Aboriginal and Torres Strait Islander health, cultural safety provides a de-colonising model of practice based on dialogue, communication, power sharing and negotiation, and the acknowledgment of white privilege. These actions are a means to challenge racism at personal and institutional levels, and to establish trust in healthcare encounters (CATSINaM, 2017b, p. 11⁵). In focusing on clinical interactions, particularly power inequity between patient and

health professional, cultural safety calls for a genuine partnership where power is shared between the individuals and cultural groups involved in healthcare. Cultural safety is also relevant to Aboriginal and Torres Strait Islander health professionals. Non-Indigenous nurses and midwives must address how they create a culturally safe work environment that is free of racism for their Aboriginal and Torres Strait Islander colleagues (CATSINaM, 2017a⁶).

Delegation is the relationship that exists when a nurse devolves aspects of nursing practice to another person. Delegations are made to meet the person's health needs. The nurse who is delegating retains accountability for the decision to delegate. The nurse is also accountable for monitoring of the communication of the delegation to the relevant persons and for the practice outcomes. Both parties share the responsibility of making the delegation decision, which includes assessment of the competence and risks. For further details see the [NMBA National framework for the development of decision-making tools for nursing and midwifery practice](#).

Discrimination is the unjust treatment of one or more person/s based on factors such as race, religion, sex, disability or other grounds specified in anti-discrimination legislation⁷.

Handover is the process of transferring all responsibility for the care of one or more people to another health practitioner or person.

Health literacy 'is about how people understand information about health and healthcare, how they apply that information to their lives, use it to make decisions and act on it'.⁸

Local policy refers to the policies that apply to decision-making, relevant to the specific location and/or organisation where practice is being undertaken.

Mandatory notification is the requirement under the National Law for registered health practitioners, employers and education providers to report certain conduct (see [Guidelines for mandatory notifications](#)).

Mandatory reporting is a state and territory legislative requirement imposed to protect at risk groups such as the aged, children and young people.

National law means the Health Practitioner Regulation National Law that is in force in each state and territory in Australia and applies to those professions regulated under that law (see [Australian Health Practitioner Regulation Agency](#)).

3 Australian Human Rights Commission, 'What is bullying?' www.humanrights.gov.au/what-bullying-violence-harassment-and-bullying-fact-sheet

4 CATSINaM, 2014, *Towards a shared understanding of terms and concepts: strengthening nursing and midwifery care of Aboriginal and Torres Strait Islander peoples*, CATSINaM, Canberra.

5 CATSINaM, 2017b, *The Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework (Version 1.0)*, CATSINaM, Canberra.

6 CATSINaM, 2017a, *Position statement: Embedding cultural safety across Australian nursing and midwifery*, CATSINaM, Canberra.

7 Australian Human Rights Commission, 'Discrimination' www.humanrights.gov.au/quick-guide/12030

8 Australian Commission on Safety and Quality in Health Care, *Health literacy*: www.safetyandquality.gov.au/our-work/patient-and-consumer-centred-care/health-literacy

Nominated partners, family and friends include people in consensual relationships with the person, as identified by the person receiving care.

Nurse refers to a registered nurse, enrolled nurse or nurse practitioner. The term is reserved in Australia, under law, for a person who has completed the prescribed training, demonstrates competence to practise, and is registered as a nurse under the National Law.

Open disclosure is an open and honest discussion with a person about any incident(s) that caused them harm while they were receiving healthcare. It includes an apology or expression of regret (including the word 'sorry'), a factual explanation of what happened, an opportunity for the patient to describe their experience, and an explanation of the steps being taken to manage the event and prevent recurrence⁹ ([Australian Commission on Safety and Quality in Health Care](https://www.safetyandquality.gov.au/wp-content/uploads/2013/03/Australian-Open-Disclosure-Framework-Feb-2014.pdf)).

Over-involvement is when the nurse confuses their needs with the needs of the person in their care and crosses the boundary of a professional relationship. Behaviour may include favouritism, gifts, intimacy or inappropriate relationships with the partner or family member of a person in the nurse's care.

Person or people refers to those individuals who have entered into a therapeutic and/or professional relationship with a nurse. These individuals will sometimes be healthcare consumers, at other times they may be colleagues or students, this will vary depending on who is the focus of practice at the time. Therefore, the words person or people include all the patients, clients, consumers, families, carers, groups and/or communities, however named, that are within the nurse's scope and context of practice.

Person-centred practice is collaborative and respectful partnership built on mutual trust and understanding through good communication. Each person is treated as an individual with the aim of respecting people's ownership of their health information, rights and preferences while protecting their dignity and empowering choice. Person-centred practice recognises the role of family and community with respect to cultural and religious diversity.

Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a nurse. Practice is not restricted to the provision of direct clinical care. It also includes working in a non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession and/or use their professional skills.

Professional boundaries allow a nurse and a person to engage safely and effectively in a therapeutic and/or professional relationship. Professional boundaries refers to the clear separation that should exist between professional conduct aimed at meeting the health needs of people, and behaviour which

serves a nurse's own personal views, feelings and relationships that are not relevant to the professional relationship.

Professional misconduct includes conduct by a health practitioner that is substantially below the expected standard and which, whether connected to practice or not, is inconsistent with being a fit and proper person to be registered in the profession.

Professional relationship is an ongoing interaction that observes a set of established boundaries or limits deemed appropriate under governing standards. The nurse is sensitive to a person's situation and purposefully engages with them using knowledge and skills with respect, compassion and kindness. In the relationship, the person's rights and dignity are recognised and respected. The professional nature of the relationship involves recognition of professional boundaries and issues of unequal power.

Referral involves a nurse sending a person to obtain an opinion or treatment from another health professional or entity. Referral usually involves the transfer (all or in part) of responsibility for the care of the person, usually for a defined time and for a particular purpose, such as care that is outside the referring practitioner's expertise or scope of practice.

Social media describes the online and mobile tools that people use to share opinions, information, experiences, images, and video or audio clips. It includes websites and applications used for social networking. Common sources of social media include, but are not limited to, social networking sites such as Facebook and LinkedIn, blogs (personal, professional and those published anonymously), WOMO, True Local, microblogs such as Twitter, content-sharing websites such as YouTube and Instagram, and discussion forums and message boards.

Substitute decision-maker is a general term for a person who is either a legally appointed decision-maker for a person, or has been nominated to make healthcare decisions on behalf of a person whose decision-making capacity is impaired.

Supervision includes managerial supervision, professional supervision and clinically focused supervision as part of delegation. For details see the [NMB Supervision guidelines for nursing and midwifery](https://www.nmba.gov.au/industry/standards-and-guidelines/supervision-guidelines-for-nursing-and-midwifery).

Therapeutic relationships are different to personal relationships. In a therapeutic relationship the nurse is sensitive to a person's situation and purposefully engages with them using knowledge and skills in respect, compassion and kindness. In the relationship the person's rights and dignity are recognised and respected. The professional nature of the relationship involves recognition of professional boundaries and issues of unequal power.

Unprofessional conduct includes conduct of a lesser standard that might reasonably be expected by the public or professional peers.

⁹ Australian Commission on Safety and Quality in Health Care, *National Open Disclosure Framework*: <https://www.safetyandquality.gov.au/wp-content/uploads/2013/03/Australian-Open-Disclosure-Framework-Feb-2014.pdf>

Bibliography

The Australian Commission on Safety and Quality in Health Care website www.safetyandquality.gov.au provides relevant guidance on a range of safety and quality issues. Information of particular relevance to nurses includes:

- end-of-life care
- hand hygiene
- healthcare rights
- health literacy
- medication administration, and
- open disclosure and incident management.

The Australian Health Practitioner Regulation Agency (www.ahpra.gov.au) works in partnership with the NMBA to regulate nurses and midwives in Australia.

The Australian Human Rights Commission also provides resources that promote and protect human rights. Resources on workplace bullying include a fact sheet and a 'get help' section at www.humanrights.gov.au.

The Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) website (catsinam.org.au) 'promotes, supports and advocates for Aboriginal and Torres Strait Islander nurses and midwives and to close the gap in health for Aboriginal and Torres Strait Islander peoples.

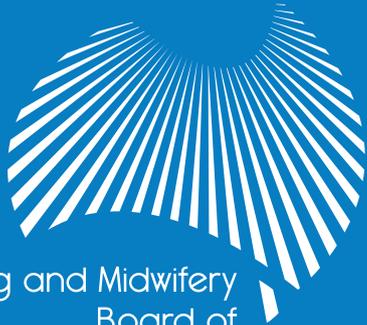
The National Aboriginal and Torres Strait Islander Health Plan 2013 – 2023 provides an evidence-based framework for a coordinated approach to improving Aboriginal and/or Torres Strait Islander people's health. For additional information go to www.health.gov.au/NATSHP.

The National Health and Medical Research Council website www.nhmrc.gov.au provides relevant information on informed consent and research issues.

The national [Nurse & Midwife Support](http://www.nmsupport.org.au) service www.nmsupport.org.au provides 24 hour access to health support anywhere in Australia.

The Therapeutic Goods Administration website www.tga.gov.au provides relevant information on therapeutic goods.





Nursing and Midwifery
Board of
Australia

Stay in touch with the NMBA.
Stay in touch with the standards of your profession.

www.nursingmidwiferyboard.gov.au

This work is copyright. It may be reproduced in whole or in part for study or training purposes subject to an inclusion of an acknowledgement of the source and is available electronically at www.nursingmidwiferyboard.gov.au. It may not be reproduced for commercial use or sale.

Reproduction for purposes other than those indicated above requires a licence or written permission, which may be obtained from the Nursing and Midwifery Board of Australia. Requests and enquiries concerning reproduction rights should be addressed to:

Nursing and Midwifery Board of Australia
GPO Box 9958
Melbourne VIC 3000

Or via email to info@nursingmidwiferyboard.gov.au.