



Consultation on the Code of Conduct

Consultation document

November 2011

Introduction

The Nursing Council of New Zealand is undertaking a substantial review of the standards it sets and the guidance it gives to the public, nurses, employers and other agencies on appropriate professional conduct. The Nursing Council is seeking your views on a new draft *Code of Conduct for nurses* to ensure it is setting appropriate standards of ethical conduct for nurses to protect the health and safety of health consumers.

What is a Code of Conduct?

The Code of Conduct is a set of standards set by the Council that describes the behaviour or conduct that nurses are expected to uphold. It is not a Code of Ethics - it does not seek to describe all the ethical values of the profession or to provide specific advice on ethical issues, ethical frameworks or ethical decision making. This type of advice is provided by professional organisations. The Code of Conduct provides guidance on appropriate behaviour for all nurses and can be used by health consumers, nurses, employers, the Nursing Council and other bodies to evaluate the behaviour of nurses. The failure to uphold these standards of behaviour could lead to a disciplinary investigation.

Why has a new Code of Conduct been developed?

The existing Code was developed in 1994. Since this time there have been significant changes to legislation, society and the practice environment. The new Code has been written with a greater emphasis on the rights and needs of the health consumer.

How was the new Code developed?

The Council met with professional organisations to identify any new areas of conduct that nurses needed more guidance on. It then reviewed literature on professional ethics and professional Codes. It identified some core values (respect, trust, partnership and integrity) that underpin professional practice. When nurses have these values and apply them in their everyday practice this enhances health consumers' safety and well-being.

The Council decided to base the new Code on these values and developed seven principles based on these values as the framework for the new Code. It looked at nursing, medical and midwifery Codes of Conduct and used similar language to describe the behaviour standards under each principle.

A background paper which details the review of literature and professional Codes is available on the website www.nursingcouncil.org.nz.

How does the Code of Conduct fit with other guidelines developed by the Council?

The new Code will be the overarching document that describes professional conduct. Other Guidelines are being developed to provide more detailed guidance on professional boundaries and social media. The Council intends to develop a guideline on conduct for student nurses next year.

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 2012**.

Alternatively you may send your submission to:

Alexander Abernethy
Nursing Council of New Zealand
PO Box 9644
Wellington 6141
New Zealand

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

No

Comments: Values could be strengthened by adding in a statement that includes honesty. Page 4: Suggest under 'trust' second paragraph that the sentence reads " Nurses must be honest and trustworthy and maintain the publics trust in the nursing profession. The four core values are fundamental to the professions overall integrity and sets the platform for public confidence.

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
- 8.
2. Do you agree with the principles that form the framework for the Code of Conduct?

Yes No

Comments: 1.9: Suggest changing to :Take steps to eliminate risk or minimize known risk to ensure your care does not harm the health and safety of health consumers. Consider adding the word **Rights** in the Principles Statement of promoting and protecting consumer's **rights** and interests.

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 No

Comments: Codes, Standards, Competencies and Domains have to be explicit. There should be no room for misinterpretation for what sets a standard of behaviour by and for the nursing profession.

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 

No

Comments: All guidance around understanding ones self and the impact this has on the care delivered to individuals and their families is critical to the individuals overall experience. The more understanding the nursing profession has around the effects of ethnocentrism the more attuned we will become to individual consumer needs and ultimately leading to a better health experience

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 

No

Comments:

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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 

No

Comments: Our vulnerable groups are those most at risk of exploitation or of receiving less than optimal care and treatment. The word **influence** in the statement “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).” may need further explaining or fleshing out. Words such as influence and the context it has been used in may be misinterpreted.

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 

No

Comments:

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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 

No

Comments: An increasing number of people are communicating and expressing themselves via social networking sites and through electronic media. The profession must govern and determine an appropriate standard of conduct for social and electronic media

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 No

Comments:

1.10: The nurse must follow policy and act in accordance with organizational policy and also abide by their own code of conduct. Agree nurse must act and inform the patient but should follow a process to do so. The guidance box states "clinical environment" this should be replaced with practice setting to cover all areas of nursing practice.

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 No

Comments:

Standards:

3.5 should state health consumer rather than client

5: the words colleagues, health professionals and practitioners are used throughout and may confuse people. Suggest consistency is needed.

5.8: .. 'delegate nursing care to another ...' Another who it is not clear. Suggest another health professional or health worker. Need to consider that nurses work with regulated and unregulated health workers.

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 

No

Comments: PG 5 Boundaries doc. – suggest rewording of the example of nurse taking consumer for a coffee as part of care plan. Suggested change for new Professional Boundaries guidelines document would be *Taking a health consumer out for a hot drink or meal in a local cafe or restaurant may assist the health consumer to develop their goals to improve their social skills and confidence in a public place*

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 

No

Comments: Agree in principle but some ambiguity around “drugs” - should this be defined as illegal drugs or does this include prescribed medication . Guidance should also be provided given a nurses performance can be impaired by taking prescribed and un-prescribed medications as well as illegal 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 No

Comments:

Agree in principle, but suggest the word prostitution be removed. Suggest wording ‘public drunkenness’ change to Acting disorderly whilst under the influence of alcohol or drugs in a public place.

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

Comments:

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You are making this submission: as an individual, on behalf of a group or organization other (please specify)
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This submission was completed by: (optional)

Name: Daryle Deering

Email: admin@nzcmhn.org.nz

organisation: Te Ao Maramatanga New Zealand College of Mental Health Nurses

Position:President.....

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 |
| <input type="checkbox"/> Education provider | <input checked="" type="checkbox"/> Professional Organisation |
| <input type="checkbox"/> Private hospital provider | <input type="checkbox"/> Aged care provider |
| <input type="checkbox"/> Non-government organisation | <input type="checkbox"/> District health board |
| <input type="checkbox"/> Other (please specify) | |

In the interests of a full and transparent consultation process under section 14 of the Health Practitioner Competence Assurance Act the Nursing Council intends publishing submissions received on this consultation document on it's website. However, if you as an individual or as an organisation object to this publication or to the publication of your name tick one or both of the following boxes:

I **do not** give permission for my submission to be published on the Nursing Council website.

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