Code of Professional Conduct for Nurses in Australia

Nursing and Midwifery Board of Australia

Introduction

Professional conduct refers to the manner in which a person behaves while acting in a professional capacity.

It is generally accepted that when performing their duties and conducting their affairs professionals will uphold exemplary standards of conduct, commonly taken to mean standards not generally expected of lay people or the 'ordinary person in the street'.[1]

The *Code of Professional Conduct for Nurses in Australia* is supported by the *Code of Ethics for Nurses in Australia*. This *Code of Professional Conduct for Nurses* sets the minimum standards for practice a professional person is expected to uphold both within and outside of professional domains in order to ensure the 'good standing' of the nursing profession. These two companion Codes, together with other published practice standards (e.g. competency standards, decision-making frameworks, guidelines and position statements), provide a framework for legally and professionally accountable and responsible nursing practice in all clinical, management, education and research domains.[2]

The support and assistance of Royal College of Nursing (unified with The College of Nursing on 1 July 2012 to become Australian College of Nursing) and the Australian Nursing Federation in developing this edition of the *Code of Professional Conduct for Nurses* in Australia is acknowledged.

In considering this Code and the *Code of Ethics for Nurses in Australia*, it should be borne in mind that they are designed for multiple audiences: nurses; nursing students; people requiring or receiving nursing care; other health workers; the community generally; employers of nurses; nursing regulatory authorities; and consumer protection agencies.

Code of Professional Conduct for Nurses

1. Nurses practise in a safe and competent manner.
2. Nurses practise in accordance with the standards of the profession and broader health system.
3. Nurses practise and conduct themselves in accordance with laws relevant to the profession and practice of nursing.
4. Nurses respect the dignity, culture, ethnicity, values and beliefs of people receiving care and treatment, and of their colleagues.
5. Nurses treat personal information obtained in a professional capacity as private and confidential.
6. Nurses provide impartial, honest and accurate information in relation to nursing care and health care products.
7. Nurses support the health, wellbeing and informed decision-making of people requiring or receiving care.
8. Nurses promote and preserve the trust and privilege inherent in the relationship between nurses and people receiving care.
9. Nurses maintain and build on the community's trust and confidence in the nursing profession.
10. Nurses practise nursing reflectively and ethically.

Purpose

The purpose of the *Code of Professional Conduct for Nurses in Australia* is to:

- outline a set of minimum national standards of conduct members of the nursing profession are expected to uphold
- inform the community of the standards of professional conduct it can expect nurses in Australia to uphold, and
- provide consumer, regulatory, employing and professional bodies with a basis for evaluating the professional conduct of nurses.

The Code is not intended to give detailed professional advice on specific issues and areas of practice. In keeping with national competency standards, nurses have a responsibility to ensure their knowledge and understanding of professional conduct issues is up to date. While mandatory language such as 'must', 'shall' and 'will' is not used throughout this Code, it is important for nurses to understand that there is a presumption the conduct discussed is mandatory and therefore not discretionary for nurses practising nursing.

A breach of the Code may constitute either **professional misconduct** or unprofessional conduct. For the purposes of this Code, professional misconduct refers to 'the wrong, bad or erroneous conduct of a nurse outside of the domain of his or her practice; conduct unbefitting a nurse' (e.g. sexual assault, theft, or drunk and disorderly conduct in a public place). **Unprofessional conduct** refers to 'conduct that is contrary to the accepted and agreed practice standards of the profession' (e.g. breaching the principles of asepsis; violating confidentiality in the relationship between persons receiving care and nurses).[3]

The nursing profession expects nurses will conduct themselves personally and professionally in a way that maintains public trust and confidence in the profession. Nurses have a responsibility to the people to whom they provide care, society and each other to provide safe, quality and competent nursing care.

Code of Professional Conduct

Conduct Statement 1

Nurses practise in a safe and competent manner

Explanation

1. Nurses are personally accountable for the provision of safe and competent nursing care. It is the responsibility of each nurse to maintain the competence necessary for current practice. Maintenance of competence includes participation in ongoing professional development to maintain and improve knowledge, skills and attitudes relevant to practice in a clinical, management, education or research setting.[4]
2. Nurses are aware that undertaking activities not within their scopes of practice may compromise the safety of persons in their care. These scopes of practice are based on each nurse's education, knowledge, competency, extent of experience and lawful authority.
3. Nurses, reasonably and in good faith, advise their immediate supervisors or employers of the scopes of their practice including any limitations.[5]
4. When an aspect of care is delegated, nurses ensure the delegation does not compromise the safety or quality of care of people.
5. Nurses practise in a safe and competent manner that is not compromised by personal health limitations, including the use of alcohol or other substances that may alter a nurse's capacity to practise safely at all times. Nurses whose health threatens their capacity to practise safely and competently have a responsibility to seek assistance to redress their health needs. This may include making a confidential report to an appropriate authority.

Conduct Statement 2

Nurses practise in accordance with the standards of the profession and broader health system

Explanation

1. Nurses are responsible for ensuring the standard of their practice conforms to professional standards developed and agreed by the profession, with the object of enhancing the safety of people in their care as well as their partners, family members and other members of the person's nominated network. This responsibility also applies to the nurses' colleagues.
2. Nurses practise in accordance with wider standards relating to safety and quality in health care and accountability for a safe health system, such as those relating to health documentation and information management, incident reporting and participation in adverse event analysis and formal open disclosure procedures.[6]
3. Nurses' primary responsibility is to provide safe and competent nursing care. Any circumstance that may compromise professional standards, or any observation of questionable, unethical or unlawful practice, should be made known to an appropriate person or authority. If the concern is not resolved and continues to compromise safe and competent care, nurses must intervene to safeguard the individual and, after exhausting internal processes, may notify an appropriate authority external to their employer organisation.
4. Nurses recognise their professional position and do not accept gifts or benefits that could be viewed as a means of securing the nurses' influence or favour.[7]

Conduct Statement 3

Nurses practise and conduct themselves in accordance with laws relevant to the profession and practice of nursing

Explanation

1. Nurses are familiar with relevant laws[8] and ensure they do not engage in clinical or other practices prohibited by such laws or delegate to others activities prohibited by those laws.
2. Nurses witnessing the unlawful conduct of colleagues and other co-workers, whether in clinical, management, education or research areas of practice,[9] have both a responsibility and an obligation to report such conduct to an appropriate authority and take other appropriate action as necessary to safeguard people and the public interest.
3. Where nurses make a report of unlawful or otherwise unacceptable conduct to their employers, and that report

has failed to produce an appropriate response from the employers, nurses are entitled and obliged to take the matter to an appropriate external authority.[10]

4. Nurses respect the possessions and property of persons people in their care and those of their colleagues, and are stewards of the resources of their employing organisations.

Conduct Statement 4

Nurses respect the dignity, culture, ethnicity, values and beliefs of people receiving care and treatment, and of their colleagues

Explanation

1. In planning and providing effective nursing care, nurses uphold the standards of culturally informed and competent care. This includes according due respect and consideration to the cultural knowledge, values, beliefs, personal wishes and decisions of the persons being cared for as well as their partners, family members and other members of their nominated social network. Nurses acknowledge the changing nature of families and recognise families can be constituted in a variety of ways.
2. Nurses promote and protect the interests of people receiving treatment and care. This includes taking appropriate action to ensure the safety and quality of their care is not compromised because of harmful prejudicial attitudes about race, culture, ethnicity, gender, sexuality, age, religion, spirituality, political, social or health status, lifestyle or other human factors.
3. Nurses refrain from expressing racist, sexist, homophobic, ageist and other prejudicial and discriminatory attitudes and behaviours toward colleagues, co-workers, persons in their care and their partners, family and friends. Nurses take appropriate action when observing any such prejudicial and discriminatory attitudes and behaviours, whether by staff, people receiving treatment and care or visitors, in nursing and related areas of health and aged care.
4. In making professional judgements in relation to a person's interests and rights, nurses do not contravene the law or breach the human rights of any person, including those deemed stateless such as refugees, asylum seekers and detainees.

Conduct Statement 5

Nurses treat personal information obtained in a professional capacity as private and confidential

Explanation

The treatment of personal information should be considered in conjunction with the *Guidelines to the National Privacy Principles 2001*, which support the *Privacy Act 1988* (Cwth).[11] Many jurisdictions also have legislation and policies relating to privacy and confidentiality of personal health information including health care records.

1. Nurses have ethical and legal obligations to protect the privacy of people requiring and receiving care. This encompasses treating as confidential information gained in the course of the relationship between those persons and nurses and restricting the use of the information gathered for professional purposes only.
2. Nurses, where relevant, inform a person that in order to provide competent care, it is necessary to disclose information that may be important to the clinical decision-making by other members of a health care team or a nominated carer.
3. Nurses where practicable, seek consent from the persons requiring or receiving care or their representatives before disclosing information. In the absence of consent, nurses use professional judgement regarding the necessity to disclose particular details, giving due consideration to the interests, wellbeing, health and safety of the person in their care. Nurses recognise that they may be required by law to disclose certain information for professional purposes.

Conduct Statement 6

Nurses provide impartial, honest and accurate information in relation to nursing care and health care products

Explanation

1. When nurses provide advice about any care or product, they fully explain the advantages and disadvantages of alternative care or products so individuals can make informed choices. Nurses refrain from engaging in exploitation, misinformation or misrepresentation with regard to health care products and nursing care.
2. Nurses accurately represent the nature of their services or the care they intend to provide.
3. Where a specific care or a specific product is advised, nurses ensure their advice is based on adequate knowledge and not on commercial or other forms of gain. Deceptive endorsement of products or services or receipt of remuneration for products or services primarily for personal gain, other than remuneration in the course of a proper commercial relationship, is improper.[12]

Conduct Statement 7

Nurses support the health, wellbeing and informed decision-making of people requiring or receiving care

Explanation

1. Nurses inform the person requiring nursing care and, where that person wishes, their nominated family members, partners, friends or health interpreter, of the nature and purpose of recommended nursing care, and assist the person to make informed decisions about that care.
2. In situations where a person is unable or unwilling to decide or speak independently, nurses endeavour to ensure their perspective is represented by an appropriate advocate, including when the person is a child.

Conduct Statement 8

Nurses promote and preserve the trust and privilege inherent in the relationship between nurses and people receiving care

Explanation

1. An inherent power imbalance exists within the relationship between people receiving care and nurses that may make the persons in their care vulnerable and open to exploitation. Nurses actively preserve the dignity of people through practised kindness and respect for the vulnerability and powerlessness of people in their care. Significant vulnerability and powerlessness can arise from the experience of illness and the need to engage with the health care system. The power relativities between a person and a nurse can be significant, particularly where the person has limited knowledge; experiences pain and illness; needs assistance with personal care; belongs to a marginalised group; or experiences an unfamiliar loss of self-determination. This vulnerability creates a power differential in the relationship between nurses and persons in their care that must be recognised and managed.[13]
2. Nurses take reasonable measures to establish a sense of trust in people receiving care that their physical, psychological, emotional, social and cultural wellbeing will be protected when receiving care. Nurses recognise that vulnerable people, including children, people with disabilities, people with mental illness and frail older people in the community, must be protected from sexual exploitation and physical harm.
3. Nurses have a responsibility to maintain a professional boundary between themselves and the person being cared for, and between themselves and others, such as the person's partner and family and other people nominated by the person to be involved in their care.
4. Nurses fulfil roles outside the professional role, including those as family members, friends and community members. Nurses are aware that dual relationships may compromise care outcomes and always conduct professional relationships with the primary intent of benefit for the person receiving care. Nurses take care when giving professional advice to people with whom they have a dual relationship (e.g. a family member or friend) and advise them to seek independent advice due to the existence of actual or potential conflicts of interest.
5. Sexual relationships between nurses and persons with whom they have previously entered into a professional relationship are inappropriate in most circumstances. Such relationships automatically raise questions of integrity in relation to nurses exploiting the vulnerability of persons who are or who have been in their care. Consent is not an acceptable defence in the case of sexual or intimate behaviour within such relationships.
6. Nurses should not be required to provide nursing care to persons with whom they have a pre-existing non-professional relationship, reassignment of the persons to other nurses for care should be sought where possible.
7. Nurses take all reasonable steps to ensure the safety and security of the possessions and property of persons requiring and receiving care.

Conduct Statement 9

Nurses maintain and build on the community's trust and confidence in the nursing profession

Explanation

1. The conduct of nurses maintains and builds public trust and confidence in the profession at all times.
2. The unlawful and unethical actions of nurses in their personal lives risk adversely affecting both their own and the profession's good reputation and standing in the eyes of the public. If the good standing of either individual nurses or the profession were to diminish, this might jeopardise the inherent trust between the nursing profession and the public necessary for effective therapeutic relationships and the effective delivery of nursing care.
3. Nurses consider the ethical interests of the nursing profession and the community when exercising their right to freedom of speech and participating in public, political and academic debate, including publication.

Conduct Statement 10

Nurses practise nursing reflectively and ethically

Explanation

1. Nurses practise nursing reflectively and ethically, in accordance with the *Code of Ethics for Nurses in Australia*, in order to learn from experience and contribute to personal and professional practice.
2. Nurses develop and maintain appropriate and current quality nursing advice, support and care for each person requiring and receiving care and their partners, families and other members of their nominated social network. This responsibility also applies to colleagues of nurses.
3. Nurses evaluate their conduct and competency according to the standards of the nursing profession.
4. Nurses contribute to the professional development of students and colleagues.
5. Nurses participating in research do so in accordance with recognised research guidelines and do not violate their duty of care to persons receiving nursing care.
6. Nurses advise employers and any persons in their care of any reduction in their capacity to practise due to health, social or other factors, while they seek ways of redressing the problem.

Glossary of terms

Adverse event – is an unintended injury or complication resulting in temporary or permanent disability, death or prolonged hospital stay and is caused by health care management rather than the person's disease.

Colleagues – includes health care workers, co-workers, staff and others lawfully involved in the care of people.

Ethics and morality – the concepts of 'ethics' and 'morality' are substantially the same and have been used interchangeably throughout this Code.

Nominated partners, family and friends – include people in consensual relationship with the person receiving nursing care and others who play an important role in the life of that person.

Nurse – means a registered or enrolled nurse authorised to practise in a state or territory of Australia. For the purposes of this Code, it may also refer to students of nursing.

Persons or people requiring or receiving care – includes the full range of alternative terms such as patient, client, resident and consumer and is employed for the sake of respect and simplicity.

Professional boundaries – are the limits of a relationship between a nurse and an individual or the individual's significant other. These limits facilitate safe and therapeutic practice and result in safe and effective care. Limits of a relationship may include under- or over-involvement in the provision of care.

Professional misconduct

Professional misconduct includes:

- conduct that is substantially below the standard reasonably expected of a registered health practitioner of an equivalent level of training or experience
- more than one instance of unprofessional conduct, and
- conduct that is not consistent with being a fit and proper person to hold registration in the profession.

Representative of a person requiring or receiving care – is a person legitimately entitled to act on behalf of another person.

Unprofessional conduct

Unprofessional conduct includes:

- breach of the National Health Practitioner Regulation Law, as in force in each state and territory
- breach of a registration condition or undertaking
- conviction for an offence that may affect suitability to continue practice
- providing health services that are excessive, unnecessary or not reasonably required
- influencing, or attempting to influence, the conduct of another registered health practitioner that may compromise patient care
- accepting a benefit as inducement, consideration or reward, for referrals or recommendations to use a health service provider
- offering or giving a person a benefit, consideration or reward, in return for providing referrals or recommendations to use a health service provider, and
- referring a person to, or recommending another health service provider, health service or health product, if there is a financial interest, unless the interest is disclosed.

Professional standards include:

- This *Code of Professional Conduct for Nurses in Australia*
- The *Code of Ethics for Nurses in Australia*
- The ICN *Code of Ethics for Nurses*
- The NMBA *Competency Standards for Nurse Practitioners, Registered Nurses and Enrolled Nurses*
- The NMBA *National Framework for the Development of Decision-Making Tools for Nursing and Midwifery Practice*
- other endorsed standards or guidelines published by the Nursing and Midwifery Board of Australia, and
- standards developed by professional nursing organisations.

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Endnotes

1. Johnstone M and Kanitsaki O 2001.
2. This also includes nurses involved in other aspects of health and nursing such as planning, policy development, project management and regulatory activities.
3. Johnstone M and Kanitsaki O 2001.
4. This also includes nurses involved in other aspects of health and nursing such as planning, policy development, project management and regulatory activities.
5. See the work being conducted around the development of the national framework for the development of decision-making tools for nursing and midwifery practice and associated documents and guidelines at: www.anmc.org.au/ professional_ standards/ index.php
6. For example, as outlined in Australian Council for Safety and Quality in Health Care and Standards Australia (2003).
7. Nurses do not allow the offer of any gift or benefits to change the way they work or make decisions, working on the general presumption that they do not accept any gifts or benefits. Recognising the reality of people wishing to demonstrate their appreciation for care by providing an acknowledgement in the form of a gift or benefit, the following guidelines apply:
   - Nurses may accept token or inexpensive gifts offered as a gesture of appreciation, and not to secure favour. They do not accept gifts that are more than a token; nor do they accept gifts of cash, other than a negotiated fee for service when in private practice.
   - Nurses in employment report the acceptance of the gift to their supervisors and seek their agreement to retain the gift.
   - Nurses take all reasonable steps to ensure that neither they nor their immediate family members accept gifts or benefits an impartial observer could view as a means of securing the nurse's influence or favour.
   - Further specific guidance may be obtained from the Codes of Conduct of the relevant government agencies in the jurisdiction responsible for the conduct of health services and employees of health services, ethical and fair trading, anti-corruption; as well as private health service providers; and professional associations.
8. 'Relevant laws' include the legislation and common law specific to nursing and the health system such as those regulating the conduct of nurses and poisons and therapeutic goods; but also include the many other general laws regulating areas including criminal conduct (such as assault and murder), privacy and negligence.
9. This also includes nurses involved in other aspects of health and nursing such as planning, policy development, project management and regulatory activities.
10. See, for example, World Alliance for Patient Safety (2005). Many organisations will have guidelines relating to reporting procedures that can be followed in such circumstances. A number of jurisdictions in Australia also have legislation designed to protect people who are whistleblowers. Whistleblowing is defined as the disclosure of information to protect the public interest. It is usually disclosure of information by former or current employees of an organisation; about misconduct, illegal, unethical or illegitimate practices that are within the control of their employers; to a person or an organisation that has the authority or power to take action. The person or organisation to which the disclosure is made may be outside the normal internal reporting systems of the organisation where the person is or was employed. See the Australian Nursing Federation (and some branches) guidelines on whistleblowing.
11. Under review by the Australian Law Reform Commission at the time of writing.
12. Guidelines prepared by the Australian Competition and Consumer Commission and the Council of Health Care Complaints Commissioners in Australia outline the issues in relation to professional conduct in this area of practice (Australian Competition and Consumer Commission and Health Care Complaints Commission (NSW) 2000).
13. This statement also appears in the *Code of Ethics for Nurses in Australia* and as it goes to the professional conduct of nurses it has been included in the *Code of Professional Conduct* as well. The power of nurses comes from their capacity to ration or withhold as well as provide comfort, pain relief, personal care and nurturance. People experience abusive power from nurses where they feel themselves required to plead, express gratitude or feel at the mercy of a nurse caring for them. These comments and the commentary in the explanation were made in a response from the Health Consumers' Council WA. It was the view of the Council that kindness is irrefutably a professional quality required of nurses. It is their view that the demonstration of kindness diminishes the discrepancy in power between a nurse and a person in their care, and fosters safety and respect. Although the power relationship issue is addressed in the previous draft of the document, the Council found there was no offering to nurses on how the power differential can be managed. The Council went on to say that one of the greatest areas of complaint about nursing conduct is the absence of compassion or kindness. Conversely, people are most impressed and touched by nurses who are able to demonstrate simple acts of kindness and consideration.

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