

## Public consultation codes of conduct

I would like to take this opportunity to thank the Nursing and Midwifery Board (the Board) for the opportunity to provide feedback on the draft code of conduct for nurses (and midwives) via both an online survey and a written submission (this document). My choice is to respond via this written submission rather than via the on-line survey.

1. Do the seven principles and the content of the Code reflect the conduct required of nurses?

For the seven principles, yes: for the nursing value statements no. Some of the reasons for that judgement are described below in number eight.

2. Is the information in the Code presented clearly?

Yes: it is mostly well written although it is far too long. Research concerning codes of ethics indicates that nurses do not use lengthy codes: Meulenbergs, Tom., Verpeet, Ellen., Paul Schotsmans and Chris Gastmans. "Professional codes in a changing nursing context: Literature review." *Journal of Advanced Nursing* 46, no. 3 (2004): 331-336.

3. Is information in the Code applicable to clinical and non-clinical practice settings?

Yes although in many instances it requires very nuanced and high level decision making especially around ethical issues and that needs to be taught by those with the ethical and legal expertise (theoretical and practical) to do that teaching competently.

4. At this stage, the NMBA has developed separate codes for nursing and midwifery. What are your views on either a separate or a combined code of conduct for nurses and midwives?

There are many similarities for nurses and midwives, but there are also significant difference, so for now, the codes should remain separate until such time as a universal code of conduct is developed for all health professionals.

5. The NMBA wants to get the language used in the codes right and use terms applicable to as many clinical and non-clinical settings as possible. The NMBA has adopted person or people to refer to individuals who enter into a professional relationship with a nurse or midwife. Do you support this approach or is there an alternative?

I support it for nurses for the reasons provided in the Glossary although I am cognisant of the problematic nature of 'persons' for midwives.

6. Various terms have been used previously to capture the interaction between the nurse or midwife and the person receiving care. 'Professional relationship' is used in the draft Codes of conduct to capture this interaction, irrespective of the nurse or midwife's context of practice. Do you support the use of the term 'professional relationship' as an appropriate description of the interaction between the nurse or midwife and the person receiving care or is there an alternative?

A professional relationship exists between not only a (person) patient but with anyone the nurse is interacting with in a professional capacity, for example, with a student or a colleague. There is also a direct relationship between professional boundaries and professional relationships. The Glossary definition needs to be changed so that at least there is a cross reference between them. The Professional boundaries explanation in the Glossary needs to be expanded so that it is not only concerned with 'health needs' but other needs such as education of students.

7. How should the NMBA promote awareness of the new Codes to nurses, midwives, other health professionals, employers, educators and the public?

Use all the options provided, although specific engagement with universities (academics) and others who will formally teach to the code needs to be proactive and ongoing, e.g. workshops specific to that audience.

8. Do you have any other comments on the public consultation draft Code?  
Yes I do. The most significant of them follow.

a There is a nexus between the current code of conduct and code of ethics (2008 versions) which is very clear. In this draft the word ethics appears once and then it is a reference to an NHMRC document (6.1). The word ethical appears more often but only in the sense that nurses are told to act ethically (3.5c for instance), or in accordance with legal and ethical obligations (footnote #2). It troubles me greatly that the nexus between ethics and conduct for nurses has been diminished to this extent. If the Borad is of the veiw that code of ethics be returned to the profession then referring to such codes needs to be much more pprominent in the code of conduct. An example of how that could be achieved is in the current The Code of good medica practice at <http://www.medicalboard.gov.au/Codes-Guidelines-Policies/Code-of-conduct.aspx>

The draft is full of ethical words and constructs that do not seem to be recognised as such. For example the word value in the Nursing value statements is itself an ethical concept as is integrity. If their use is not intended in this ethical sense then that needs to be explained by way of inclusion as a definition/explanation in a Glossary at least.

Likewise the inclusion of end-of-life care is puzzling since it is a profoundly ethical circumstance for everyone involved. Conscientious objection is (rightly) noted in 4.4.(b), but not here, i.e. not with 3.6. That concept needs to be included for end-of-life care if this document is to be consistent with its statement in the introduction that nurses have 'personal values and beliefs', yet they are also told that they 'must' do or not do something. Conscientious objection allows nurses to fulfil their personal ethics without breaching professional expectations.

As the code says repeatedly, nurses are to exercise professional judgement but how that can be (severely) compromised at times by context is only acknowledged once in 2.2(h). That context can be a significant qualifier when exercising professional judgment in light of the many ‘Nurses must...’ statements, needs to be much more prominent, e.g. in the Introduction. It certainly needs to be explained at length in any subsequent educational or information sessions conducted.

‘Nurses must...’ phrase.

To say that a nurse ‘must’ in such a lengthy and all encompassing document like this draft sets up almost impossible expectations of nurses. My preference is to have it removed and replaced with something like ‘Nurses are expected to...’. Must statements are fraught with problems, especially from a legal point of view, for instance, how is reflection to be enforced when an adverse event occurs (2.4 (a)). The concept of reflection in professional nursing is not an enforceable concept so I would recommend its removal: Nelson, Siobhan and Purkis, Mary Ellen. “Mandatory reflection: the Canadian reconstitution of the competent nurse.” *Nursing Inquiry* 11, no. 4 (2004): 247-257.

Thank you for the opportunity to provide feedback and comment

Dr Lexie Anne Brans PhD FACN  
10 March 2017