



MIGRANT & REFUGEE WOMEN'S HEALTH PARTNERSHIP

March 2017

Submission to the public consultation on revised *Code of conduct for nurses* and revised *Code of conduct for midwives*

Summary

Migrant and Refugee Women's Health Partnership (MRWHP) commends the Nursing and Midwifery Board of Australia for undertaking a review that is informed by consultation and research, and based on evidence. MRWHP particularly welcomes the inclusion of the cultural practice principle as part of the safe and collaborative practice domain.

Language and terminology

With regards to the revised Code of conduct for midwives, we recommend that the language is structured around 'woman-centred practice' as opposed to 'person-centred practice'. Woman-centred care is a fundamental philosophical approach for midwives in Australia and for midwifery more broadly. Woman-centred care is a concept in midwifery that is integral to the way roles and standards are defined, how services are developed and to global notions of empowerment.

Recommendations

Sub-section 2.3 Informed consent, Principle 2: Person-centred practice, Safe and collaborative practice domain

We recommend strengthening the provision in item (a) in relation to supporting the person's/women's capacity to understand their clinical care to specify that nurses or midwives must ensure the provision of information to the person/woman about their clinical care in a way and/or in a language/dialect they can understand, through the utilisation of translating and interpreting services, when necessary, other than in exceptional circumstances that pose immediate risk.

Culturally safe practice and effective communication with persons with limited English proficiency includes the ability to assess the need for engaging credentialed interpreters, to make necessary arrangements through an appropriate language services provider, and to work effectively with the interpreter to communicate with the person. In this regard, it is important to emphasise that, for people from non-English speaking backgrounds, a person's ability to engage in a general conversation in English does not equal their ability to discuss and understand health related matters, which may involve the use of complex terminology.

Effective communication through appropriate language services applies to all clinical and non-clinical settings, including emergency services, such as emergency department of birth suite. A recent study of women and men from refugee backgrounds using maternity and early childhood health services found that one in ten Afghan women had a professional interpreter in labour.¹ Analysis of hospital language services data identified that interpreters were less frequently accessed in birth suite compared to outpatient clinics.

Effective communication is consistent with the National Safety and Quality Health Service Standards (NSQHS Standards), currently under review by the Australian Commission on Safety and Quality in Healthcare. Draft version 2 provides that communication supports effective partnerships with consumers, and requires the health service organisation to use communication mechanisms that are tailored to the diversity of the consumers who use its services. The guide on governance in health service organisations suggests that patients have the right to receive understandable information and to make informed decisions about their health care in a culturally appropriate manner.² It further notes that assisting patients with advance care directives should be accompanied by the provision of information in appropriate languages and in a culturally sensitive context.³ The guide on partnering with consumers recommends developing or adapting, or implementing strategies to engage with culturally and linguistically diverse consumers.⁴

Accreditation workbooks and specialist guides for various health service organisations include references to identifying, and responding to the needs of culturally and linguistically diverse patients. The workbook for hospitals indicates, as satisfactory performance, the consideration of the needs of culturally and linguistically diverse population with regards to communication, the provision of patient and patient right information in various formats and languages, and the availability of a register of interpreter and other advocacy and support services available to the workforce, patients and carers.⁵

Sub-section 2.4 Adverse events and open disclosure, Principle 2: Person-centred practice, Safe and collaborative practice domain

Consideration should be given to factoring people's language needs in the process that nurses or midwives must follow to communicate with the person/woman and provide information on the complaints mechanisms (items (e) and (f)).

Sub-section 3.3 Effective communication, Principle 3: Cultural practice and respectful relationships, Safe and collaborative practice domain

We recommend strengthening the provisions in item (b) to specify that nurses or midwives must make arrangement, whenever possible, to meet the specific language, cultural, and communication needs of people/women and their families,

¹ Yelland J, Riggs E, Fouladi F, Wahidi S, Chesters D, Casey S, Szwarc J, Duell-Piening P, Brown S, *Having a Baby in a New Country: The Views and Experiences of Afghan Families and Stakeholders* (2013)

² Australian Commission on Safety and Quality in Health Care, *Safety and Quality Improvement Guide Standard 1: Governance for Safety and Quality in Health Service Organisations* (2012)

³ *Ibid.*

⁴ Australian Commission on Safety and Quality in Health Care, *Safety and Quality Improvement Guide Standard 2: Partnering with Consumers* (2012)

⁵ Australian Commission on Safety and Quality in Health Care, *NSQHS Standards Hospital Accreditation Workbook* (2012)

through the utilisation of translating and interpreting services, when necessary, other than in exceptional circumstances that pose immediate risk.

It is important to specify that language needs must be met through the engagement of qualified, credentialed interpreters (arranged by language services agencies contracted by healthcare services), to avoid situations of engaging family members or carers as interpreters, with the exception of medical situations posing immediate risk.

[END OF DOCUMENT]