



Te Kaunihera Tapuhi o Aotearoa  
Nursing Council of New Zealand

# CODE of CONDUCT

---

FOR NURSES

# Introduction

Te Kaunihera Tapuhi o Aotearoa/The Nursing Council of New Zealand ('the Council') under the Health Practitioners Competence Assurance Act 2003 ('the Act') is the responsible authority that governs the practice of nurses. The principle purpose of the Act is to protect the health and safety of members of the public by providing mechanisms to ensure health practitioners are competent and fit to practise their professions. The Council sets and monitors standards in the interests of the public and the profession. The Council's primary concern is public safety. This Code outlines the standards of ethical conduct set by the Council under section 118(i) of the Act.

This Code complements the legal obligations that nurses have under the Act, the Health and Disability Commissioner (Code of Health and Disability Services

---

Nursing Council of New Zealand, PO Box 9644, Wellington 6011  
[www.nursingcouncil.org.nz](http://www.nursingcouncil.org.nz)

Published June 2012

The Code of Conduct for nurses has been revised and rewritten. This document replaces the previous Code of Conduct for nurses published by the Nursing Council of New Zealand between 1995 and 2011.

©Nursing Council of New Zealand June 2012  
ISBN 978-0-908662-45-6

Consumers' Rights) Regulations 1996 and the Health Information Privacy Code 1994. The Act and Code of Rights can be found at <http://www.legislation.govt.nz>

The *Code of Conduct for nurses* is a set of standards defined by the Council describing the behaviour or conduct that nurses are expected to uphold. 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. Failure to uphold these standards of behaviour could lead to a disciplinary investigation.

Nurses are expected to uphold exemplary standards of conduct while undertaking their professional role. Because nurses must have the trust of the public to undertake their professional role, they must also have a high standard of behaviour in their personal lives.

This Code is the overarching document that describes professional conduct. Other documents, such as the *Guideline: Professional Boundaries* (2012) and *Guideline: Social media and electronic communication* (2012), provide more detailed guidance on specific conduct areas.

# Contents

The principles of Te Tiriti o Waitangi/the Treaty of Waitangi, partnership, protection and participation, are integral to providing appropriate nursing services for Māori. Specific guidance for nurses can be found in the Council's *Guidelines for Cultural Safety, the Treaty of Waitangi and Māori Health in Nursing Education and Practice* (amended 2011).

This 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.

While mandatory language such as 'must', 'shall' and 'will' has restricted use throughout this Code, it is important for nurses to understand there is an expectation that they will adhere to these standards.

The term 'health consumer' has been used throughout this document as it is used in the Act. It means an individual who receives nursing care or services. This term represents patient, client, resident, or disability consumer.

**Eight principles with standards form the framework for the code. These principles are based on the values underpinning professional conduct and are of equal importance.**

<b>PRINCIPLE 1.</b>	
Respect the dignity and individuality of health consumers	7
<b>PRINCIPLE 2.</b>	
Respect the cultural needs and values of health consumers	11
<b>PRINCIPLE 3.</b>	
Work in partnership with health consumers to promote and protect their well-being	15
<b>PRINCIPLE 4.</b>	
Maintain health consumer trust by providing safe and competent care	19
<b>PRINCIPLE 5.</b>	
Respect health consumers' privacy and confidentiality	23
<b>PRINCIPLE 6.</b>	
Work respectfully with colleagues to best meet health consumers' needs	27
<b>PRINCIPLE 7.</b>	
Act with integrity to justify health consumers' trust	31
<b>PRINCIPLE 8.</b>	
Maintain public trust & confidence in the nursing profession	37

# Values underpinning professional conduct

## **Respect**

Treating health consumers, families and colleagues with respect enables nursing relationships that support health consumers' health and well-being. Treating someone with respect means behaving towards that person in a way that values their worth, dignity and uniqueness. It is a fundamental requirement of professional nursing relationships and ethical conduct.

## **Trust**

Nurses are privileged in their relationships with health consumers. Nurses need to establish trusting relationships with health consumers to effectively provide care that involves touch, using personal information, emotional and physical support, and comfort. Health consumers need to be able to trust nurses to be safe and competent, not to harm them and to protect them from harm. They need to trust nurses to work in the interests of their health and well-being, and promote their interests. Nurses must be trustworthy and maintain the public's trust in the nursing profession.

## **Partnership**

Partnership occurs when health consumers are given sufficient information, in a manner they can understand, in order to make an informed choice about their care and treatment, and are fully involved in their care and treatment. Their independence, views and preferences are valued. Nurses must be aware of the inherent power imbalance between themselves and health consumers, especially when the health consumer has limited knowledge, may be vulnerable or is part of a marginalised group.

## **Integrity**

Being honest, acting consistently and honouring our commitments to deliver safe and competent care is the basis of health consumers' trust in nurses. Integrity means consistently acting according to values and principles, and being accountable and responsible for our actions. As professionals, nurses are personally accountable for actions and omissions in their practice, and must be able to justify their decisions.

# Establishing relationships of trust with health consumers

- It is important to establish a relationship of trust with each health consumer by being honest, acting consistently and delivering safe and competent care. Make their care your first concern.
- Treating health consumers with respect includes treating them politely and considerately, and valuing their dignity, culture and individuality.
- Working in partnership includes listening to them and responding to their concerns and preferences where practicable, and giving them relevant information so they can make decisions.
- Acting with integrity by being consistent according to nursing values and principles. Taking steps to reduce risk or harm to health consumers and not abusing your position of trust.







## PRINCIPLE 1.

# Respect the dignity and individuality of health consumers

### Standards

- 1.1 Respect the dignity of health consumers and treat them with kindness and consideration. Identify yourself and your role in their care.
- 1.2 Take steps to ensure the physical environment allows health consumers to maintain their privacy and dignity.
- 1.3 Listen to health consumers, ask for and respect their views about their health, and respond to their concerns and preferences where practicable.
- 1.4 Work in partnership with the family/whānau of the health consumer where appropriate and be respectful of their role in the care of the health consumer.
- 1.5 Treat health consumers as individuals and in a way they consider to be culturally safe (see Guidance: cultural safety).
- 1.6 Practise in a way that respects difference and does not discriminate against those in your care on the basis of ethnicity, religion, gender, sexual orientation, political or other opinion, disability or age.
- 1.7 Do not prejudice the care you give because you believe a health consumer's behaviour contributed to their condition.
- 1.8 Do not impose your political, religious and cultural beliefs on health consumers, and intervene if you see other health team members doing this.
- 1.9 You have a right not to be involved in care (reproductive health services) to which you object on the grounds of conscience under section 174 of the Act. You must inform the health consumer that they can obtain the service from another health practitioner.
- 1.10 Take steps to minimise risk and ensure your care does not harm the health or safety of health consumers.



**PRINCIPLE 2.**

Respect the cultural  
needs and values of  
health consumers

## PRINCIPLE 2.

# Respect the cultural needs and values of health consumers

### Standards

- |     |  |      |   |
|-----|--|------|---|
| 2.1 | Practise in a way that respects each health consumer's identity and right to hold personal beliefs, values and goals.  | 2.6  | Understand Māori health inequalities and pay particular attention to the health needs of the community you nurse in.  |
| 2.2 | Assist the health consumer to gain appropriate support and representation from those who understand the health consumer's first-language culture, needs and preferences.                             | 2.7  | Ensure nursing care is culturally appropriate and acceptable to Māori health consumers and their whānau, and is underpinned by the recognition that Māori are a diverse population. |
| 2.3 | Consult with members of cultural and other groups as requested and approved by the health consumer.  | 2.8  | Acknowledge and respond to the identity, beliefs, values and practices held by Māori, and incorporate these into nursing care.  |
| 2.4 | Reflect on and address your own practice and values that impact on nursing care in relation to the health consumer's age, ethnicity, culture, beliefs, gender, sexual orientation and/or disability. | 2.9  | Integrate Māori models of health into everyday practice and when developing care plans.   |
| 2.5 | Work in partnership with Māori health consumers and their whānau/family to achieve positive health outcomes and improve health status.   | 2.10 | Promote access to services which meet the needs of Māori health consumers.  |

# Guidance: Cultural Safety

*Culture refers to the beliefs and practices common to any particular group of people.*

## **Cultural safety**

The effective nursing practice of a person or family/whānau from another culture, and is determined by that person or family. Culture includes, but is not restricted to, age or generation; gender; sexual orientation; occupation and socio-economic status; ethnic origin or migrant experience; religious or spiritual beliefs; and disability.

The nurse delivering the nursing care will have undertaken a process of reflection on their own cultural identity and will recognise the impact their personal culture has on their professional practice. Unsafe cultural practice comprises any action which diminishes, demeans or disempowers the cultural identity and well-being of an individual.

## **Kawa whakaruruhau**

Cultural safety within the Māori context, is an inherent component of Māori health and nursing, especially in its contribution to the achievement of positive health outcomes.

From Nursing Council of New Zealand (2011), *Guidelines for Cultural Safety, the Treaty of Waitangi and Māori Health in Nursing Education and Practice.*







### PRINCIPLE 3.

# Work in partnership with health consumers to promote and protect their well-being

## Standards

- 3.1 Explain and share information with health consumers that they want and/or need. Give health consumers information that is honest and accurate in a way they can understand and invite questions.
- 3.2 Respect health consumers' rights to participate in decisions about their care and involve them and their families/whānau where appropriate in planning care. The concerns, priorities and needs of the health consumer and family/whānau must be elicited and respected in care planning.
- 3.3 Support and respect the contribution health consumers make to their own care and well-being.
- 3.4 Meet health consumers' language and communication needs where reasonably practicable.
- 3.5 Where a health consumer is not competent to make an informed choice and give informed consent. You must ensure the care you give is in the best interests of the health consumer and that you have taken reasonable steps to ascertain their views<sup>1</sup>.
- 3.6 Respect health consumers' right to complain and respond by working with them to resolve the issue.
- 3.7 Advocate for, and assist, health consumers to access the appropriate level of health care.
- 3.8 Use your expertise and influence to promote the health and well-being of vulnerable health consumers, communities and population groups.

<sup>1</sup> Refer to Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) 7(4).



**PRINCIPLE 4.**

Maintain health  
consumer trust by  
providing safe and  
competent care

#### PRINCIPLE 4.

# Maintain health consumer trust by providing safe and competent care

## Standards

- |   |  |
|---|--|
| 4.1 Use appropriate care and skill when assessing the health needs of health consumers, planning, implementing and evaluating their care. | 4.9 Administer medicines and health care interventions in accordance with legislation, your scope of practice and established standards or guidelines <sup>3</sup> . |
| 4.2 Be readily accessible to health consumers and colleagues when you are on duty.  | 4.10 Practice in accordance with professional standards relating to safety and quality health care.  |
| 4.3 Keep your professional knowledge and skills up to date.   | 4.11 You must ensure the use of complementary or alternative therapies is safe and in the best interests of those in your care <sup>4</sup> .                        |
| 4.4 Recognise and work within the limits of your competence and your scope of practice <sup>2</sup> .                                     | 4.12 Offer assistance in an emergency that takes into account your own safety, your skill and the availability of other options.                                     |
| 4.5 Ask for advice and assistance from colleagues especially when care may be compromised by your lack of knowledge or skill.             |  |
| 4.6 Reflect on your own practice and evaluate care with colleagues.   |  |
| 4.7 Deliver care based on best available evidence and best practice.  |  |
| 4.8 Keep clear and accurate records (see Guidance: documentation).  |  |

<sup>2</sup> Registered nurses working in the expanded scope must provide health services that are consistent with their education and assessed competence, meet legislative requirements and are supported by appropriate standards (see Nursing Council of New Zealand, 2010).

<sup>3</sup> For example, Ministry of Health (2011), Medicines Care Guides for Residential Aged Care; New Zealand Nurses Organisation (2007), Guidelines for Nurses on the Administration of Medicines.

<sup>4</sup> Nurses who practise complementary or alternative medicines should refer to appropriate professional standards, e.g. College of Nurses Aotearoa NZ (2011), Complementary and Alternative Therapies Policy.

# Guidance: Documentation

- Keep clear and accurate records of the discussions you have, the assessments you make, the care and medicines you give, and how effective these have been.
- Complete records as soon as possible after an event has occurred.
- Do not tamper with original records in any way.
- Ensure any entries you make in health consumers' records are clearly and legibly signed, dated and timed.
- Ensure any entries you make in health consumers' electronic records are clearly attributable to you.
- Ensure all records are kept securely.



**PRINCIPLE 5.**

Respect health  
consumers' privacy  
and confidentiality

## PRINCIPLE 5.

# Respect health consumers' privacy and confidentiality

### Standards

- 5.1 Protect the privacy of health consumers' personal information.
- 5.2 Treat as confidential information gained in the course of the nurse-health consumer relationship and use it for professional purposes only.
- 5.3 Use your professional judgment so that concerns about privacy do not compromise the information you give to health consumers or their involvement in care planning.
- 5.4 Inform health consumers that it will be necessary to disclose information to others in the health care team.
- 5.5 Gain consent from the health consumer to disclose information. In the absence of consent a judgement about risk to the health consumer or public safety considerations must be made<sup>5</sup>.
- 5.6 Health records are stored securely and only accessed or removed for the purpose of providing care.
- 5.7 Health consumers' personal or health information is accessed and disclosed only as necessary for providing care.
- 5.8 Maintain health consumers' confidentiality and privacy by not discussing health consumers, or practice issues in public places including social media. Even when no names are used a health consumer could be identified<sup>6</sup>.

<sup>5</sup> Refer to Privacy Commissioner (2008), Health Information Privacy Code 1994 and Commentary (2008 edition) for more information.

<sup>6</sup> This caution applies to social networking sites, e.g. Facebook, blogs, emails, Twitter and other electronic communication mediums.

# Guidance: Confidentiality and privacy in the health context

Confidentiality and privacy are related, but distinct concepts. Any health consumer information learned by the nurse during the course of treatment must be safeguarded by that nurse. Such information may only be disclosed to other members of the health care team for health care purposes. Confidential information should be shared only with the health consumer's informed consent, when legally required or where failure to disclose the information could result in significant harm. Beyond these very limited exceptions the nurse's obligation to safeguard such confidential information is universal.

Privacy relates to the health consumer's expectation and right to be treated with dignity and respect. Effective nurse-health consumer relationships are built on trust. The health consumer needs to be confident that their most personal information and their basic dignity will be protected by the nurse. Health consumers will be hesitant to disclose personal information if they fear it will be disseminated beyond those who have

a legitimate "need to know". Any breach of this trust, even inadvertent, damages the particular nurse-health consumer relationship and the general trustworthiness of the profession of nursing.

Adapted from National Council of State Boards of Nursing (2011), *White Paper: A nurse's guide to the use of social media*.



**PRINCIPLE 6.**

Work respectfully  
with colleagues to  
best meet health  
consumers' needs

PRINCIPLE 6.

# Work respectfully with colleagues to best meet health consumers' needs

## Standards

- 6.1 Treat colleagues with respect, working with them in a professional, collaborative and co-operative manner. Recognise that others have a right to hold different opinions.
- 6.2 Acknowledge the experience and expertise of colleagues, and respect the contribution of all practitioners involved in the care of the health consumer.
- 6.3 Communicate clearly, effectively, respectfully and promptly with other nurses and health care professionals caring for the health consumer and when referring or transferring care to another health professional or service provider.
- 6.4 Your behaviour towards colleagues should always be respectful and not include dismissiveness, indifference, bullying, verbally abuse, harassment or discrimination. Do not discuss colleagues in public places or on social media. This caution applies to social networking sites, e.g. Facebook, blogs, emails, Twitter and other electronic communication mediums.
- 6.5 Health consumers' trust in the care of colleagues or health providers should not be undermined by malicious or unfounded criticisms you make.
- 6.6 Work with your colleagues and your employer to monitor the quality of your work and maintain the safety of those in your care.
- 6.7 Support, mentor and teach colleagues and other members of the health care team, especially students and those who are inexperienced.

- 6.8 When you delegate<sup>7</sup> nursing activities to enrolled nurses or others ensure they have the appropriate knowledge and skills, and know when to report findings and ask for assistance.
- 6.9 Intervene to stop unsafe, incompetent, unethical or unlawful practice. Discuss the issues with those involved. Report to an appropriate person at the earliest opportunity and take other actions necessary to safeguard health consumers.
- 6.10 Use a recognised ethical code or framework to assist you and your colleagues in ethical decision making, e.g. New Zealand Nurses Organisation (2010), *Code of Ethics*.

<sup>7</sup> See Nursing Council of New Zealand (2011), *Guideline: delegation of care by a registered nurse to a health care assistant* and Nursing Council of New Zealand (2011), *Guideline: responsibilities for direction and delegation of care to enrolled nurses*.





## PRINCIPLE 7.

# Act with integrity to justify health consumers' trust

### Standards

- 7.1 Be open and honest in your interactions with health consumers.
- 7.2 Protect vulnerable health consumers from exploitation and harm<sup>8</sup>.
- 7.3 Act promptly if a health consumer's safety is compromised.
- 7.4 Act immediately if a health consumer has suffered harm for any reason. Minimise further harm and follow organisational policies related to incident management and documentation. A full and prompt explanation should be made by the appropriate person to the health consumer concerned and, where appropriate, their family about what has occurred and the likely outcome.
- 7.5 Act in ways that cannot be interpreted as, or do not result in, you gaining personal benefit from your nursing position.
- 7.6 Accepting gifts, favours or hospitality<sup>9</sup> may compromise the professional relationship with a health consumer. Gifts of more than a token value could be interpreted as the nurse gaining personal benefit from his/her position, the nurse taking advantage of a vulnerable health consumer, an attempt to gain preferential treatment, or an indicator of a personal or emotional relationship<sup>10</sup>.
- 7.7 Do not ask for or accept loans or bequests from a health consumer or anyone close to a health consumer<sup>10</sup>.
- 7.8 Do not enter into a business agreement with a health consumer or former health consumer that may result in personal benefit<sup>10</sup>.

<sup>8</sup> Also refer to the amendments to the Crimes Act 1961 that place an obligation on people who have care of a vulnerable adult or child and make it an offence to fail to protect a child or vulnerable adult from risk of death or grievous bodily harm or sexual assault. Refer to sections 151, 152, 195 and 195A.

<sup>9</sup> Hospitality in this context does not mean social or cultural rituals of offering/sharing food within a care episode. It means hospitality that goes beyond the care context, e.g. a cruise on the harbour or an invitation to a sporting event.

<sup>10</sup> See Nursing Council of New Zealand (2012), *Guideline: Professional Boundaries for more detailed guidance and explanation.*

- 7.9 Do not act for health consumers in your care through representation agreements nor accept power of attorney responsibilities to make legal and financial decisions on behalf of health consumers<sup>10</sup>.
- 7.10 Declare any personal, financial or commercial interest which could compromise your professional judgement.
- 7.11 Do not misuse your professional position to promote or sell products or services for personal gain.
- 7.12 Respect the possessions and property of health consumers in your care.
- 7.13 Maintain a professional boundary between yourself and the health consumer and their partner and family, and other people nominated by the health consumer to be involved in their care.
- 7.14 Do not engage in sexual or intimate behaviour or relationships with health consumers in your care or with those close to them.

<sup>10</sup>See Nursing Council of New Zealand (2012), *Guideline: Professional Boundaries* for more detailed guidance and explanation.

# Guidance: Professional boundaries

- Maintain professional boundaries in the use of social media. Keep your personal and professional lives separate as far as possible. Avoid online relationships with current or former health consumers. Do not use social media or electronic communication to build or pursue relationships with health consumers.
- Text messaging may be an appropriate form of professional communication, e.g. reminding health consumers about appointments. Nurses must be aware of professional boundaries and ensure communication via text is not misinterpreted by the health consumer or used to build or pursue personal relationships.
- You should seek the reassignment of care, if possible, of health consumers with whom you have a pre-existing, non-professional relationship.
- 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.

More information is contained in Nursing Council of New Zealand (2012), *Guideline: Professional Boundaries* and Nursing Council of New Zealand (2012), *Guideline: Social media and electronic communication*.







## PRINCIPLE 8.

# Maintain public trust and confidence in the nursing profession

### Standards

- 8.1 Maintain a high standard of professional and personal behaviour (see Guidance: fitness to practise and public confidence). The same standards of conduct are expected when you use social media and electronic forms of communication<sup>11</sup>.
- 8.2 Respect the property and resources of your employer. Maintain high standards of professional behaviour in your relationship with your employer. Adhere to organisational policy and standards that protect public safety.
- 8.3 Accurately represent the nature of the service or the care you intend to provide. Do not claim to be a practising nurse if you do not hold a current practising certificate.
- 8.4 Document and report your concerns if you believe the practice environment is compromising the health and safety of health consumers (see Guidance: escalating concerns).
- 8.5 Report to your employer or regulatory authority if you believe the health, competence or conduct of a colleague will compromise public safety or bring the profession into disrepute.
- 8.6 Your practice must not be compromised by the use of alcohol or drugs.
- 8.7 You have a responsibility to maintain your health and well-being, and to seek assistance if your health threatens your ability to practise safely.
- 8.8 Ensure you only claim benefits or remuneration for the time you were employed or provided nursing services.
- 8.9 If you take part in research do so in accordance with recognised guidelines and do not violate your duty of care to the health consumer.

<sup>11</sup> Further information on working safely with social media can be found in Nursing Council of New Zealand (2012), Guideline: Social media and electronic communication and New Zealand Nurses Organisation, NZNO National Student Unit and Nurse Educators in the Tertiary Sector (2012), Social media and the nursing profession: a guide to online professionalism for nurses and nursing students.

# Guidance: Professional misconduct

- The grounds on which a nurse may be disciplined are stated in section 100 of the Act. A nurse may be disciplined if the Health Practitioners Disciplinary Tribunal finds the nurse guilty of professional misconduct because of an act or omission that amounts to malpractice or negligence, or she or he has brought, or is likely to bring, discredit to the profession.
- Other grounds for discipline under the Act are if the nurse is convicted of an offence that reflects adversely on his or her fitness to practise, practising without a practising certificate, or practising outside his or her scope of practice or the conditions included in his or her scope of practice.

## Guidance: Fitness to practise and public confidence

- If you undertake unlawful or unethical actions in your personal life they will reflect adversely on your fitness to practise (and be of concern to the Nursing Council and other agencies) or may bring discredit to the profession.
- Other behaviour may not lead to criminal or regulatory disciplinary proceedings but may be a matter of public confidence, i.e. it might reduce the trust that an individual health consumer has in you or reflect badly on the profession as a whole.

# Guidance: Escalating concerns

- You have an ethical obligation to raise concerns about issues, wrongdoing or risks you may have witnessed, observed or been made aware of within the practice setting that could endanger health consumers or others. Put the interests of health consumers first.
- If you are unsure, seek advice from a senior colleague or professional organisation.
- Raise your concerns with colleagues or other members of the team if they are contributing to your concerns.
- Formally raise your concerns with your manager or a senior person within your employment situation. Escalate your concerns to a higher level within your employing organisation if the issue is not resolved.
- If your efforts to resolve the situation within the workplace continue to be unsatisfactory, escalate your concerns to another body, e.g. Ministry of Health, Health and Disability Commissioner, Nursing Council or other health professional regulatory authority<sup>12</sup>.

<sup>12</sup> Refer to Office of the Ombudsmen, A guide to the Protected Disclosures Act, for general information about the Protected Disclosures Act (sometimes called the "whistle-blowing" legislation). It describes what protected disclosures are, who can make protected disclosures when disclosures are protected and the role of an Ombudsman.

## **RELATED DOCUMENTS.**

Nursing Council of New Zealand (2007), *Competencies for Registered Nurses*.

Nursing Council of New Zealand (2008), *Competencies for the Nurse Practitioner Scope of Practice*.

Nursing Council of New Zealand (2010), *Competencies for Enrolled Nurses*.

Nursing Council of New Zealand (2010), *Guideline: Expanded Practice for Registered Nurses*.

Nursing Council of New Zealand (2011), *Guidelines for Cultural Safety, the Treaty of Waitangi and Māori Health in Nursing Education and Practice*.

Nursing Council of New Zealand (2011), *Guideline: delegation of care by a registered nurse to a health care assistant*.

Nursing Council of New Zealand (2011), *Guideline: responsibilities for direction and delegation of care to enrolled nurses*.

Nursing Council of New Zealand (2012), *Guideline: Professional boundaries*.

Nursing Council of New Zealand (2012), *Guideline: Social media and electronic communication*.

Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996.

Privacy Commissioner (2008), *Health Information Privacy Code 1994 and commentary* (2008 edition).

United Nations (1948), *Universal Declaration of Human Rights*.

## **GLOSSARY.**

<b>Accountability</b>	Being answerable for your decisions and actions.
<b>Collaborate</b>	Work together and co-operate with each other.
<b>Competence</b>	The combination of skills, knowledge, attitudes, values and abilities that underpin effective performance as a nurse.
<b>Colleagues</b>	Includes other nurses, students, other health practitioners/workers and others lawfully involved in the care of the health consumer.
<b>Culture</b>	Refers to the beliefs and practices common to any particular group of people.
<b>Cultural safety</b>	<p>The effective nursing practice of a person or family/whānau from another culture, and is determined by that person or family. Culture includes, but is not restricted to, age or generation, gender, sexual orientation, occupation and socio-economic status, ethnic origin or migrant experience, religious or spiritual belief, and disability.</p> <p>The nurse delivering the nursing care will have undertaken a process of reflection on their own cultural identity and will recognise the impact their personal culture has on their professional practice. Unsafe cultural practice comprises any action which diminishes, demeans or disempowers the cultural identity and well-being of an individual.</p>

## **GLOSSARY.**

<b>Expanded practice</b>	Expanding the boundaries of nursing practice occurs as a professional strategy in response to a changing health care need with increased range of autonomy, accountability and responsibility. There is a formal pathway to role expansion that entails further education and credentialing.
<b>Family</b>	Determined by the health consumer and used to represent those persons who play an important role in the health consumer's life.
<b>Fitness to practise</b>	Standards of behaviour in the professional role and outside of work which, if not adhered to, would indicate the nurse may harm a health consumer.
<b>Health assessment</b>	A comprehensive health assessment is the assessment of a consumer's health status for the purposes of planning or evaluating care. Data is collected through multiple sources, including, but not limited to, communication with the consumer and, where appropriate, their significant others, reports from others involved in providing care to the consumer, health care records, direct observation, examination and measurement, and diagnostic tests. The interpretation of the data involves the application of nursing knowledge and judgement. Health assessment also involves the continuous monitoring and reviewing of assessment findings to detect changes in the consumer's health status (ANMC, 2007).
<b>Health consumer</b>	An individual who receives nursing care or services. This term represents patient, client, resident, or disability consumer. This term is used in the Health Practitioners Competence Assurance Act (2003).

## **GLOSSARY.**

<b>Kawa whakaruruhau</b>	Cultural safety within the Māori context is an inherent component of Māori health and nursing, especially in its contribution to the achievement of positive health outcomes.
<b>Legislative requirements</b>	The requirements laid down by New Zealand acts and regulations.
<b>Nurse</b>	Means a registered nurse, nurse practitioner or enrolled nurse.
<b>Nursing practice</b>	Using nursing knowledge in a direct relationship with clients or working in nursing management, nursing administration, nursing education, nursing research, nursing professional advice or nursing policy development roles, which impact on public safety.
<b>Practising certificate</b>	A renewable certificate issued by the Nursing Council of New Zealand, which entitles a nurse to practise for the period specified.
<b>Public confidence</b>	The public's trust in individual nurses and the nursing profession.
<b>Social media</b>	Internet or web-based technologies that allow people to connect, communicate and interact in real time to share and exchange information.
<b>Vulnerable consumers</b>	Consumers at risk of having their rights or health needs unmet. For example, they may have a restricted ability to communicate, may not be able to read or write, have an intellectual disability or brain injury or dementia, be a child or older person, be from another culture or have English as a second language, or be socially isolated.
<b>Whānau</b>	Extended family.

## REFERENCES.

Australian Medical Council (2009), *Good Medical Practice: A Code of Conduct for Doctors in Australia*.

Australian Nursing and Midwifery Council (2008), *Code of Professional Conduct for Nurses in Australia*.

College of Nurses Aotearoa NZ (2011). *Complementary and Alternative Therapies Policy*.

Medical Council of New Zealand (2008). *Good Medical Practice: A Guide for Doctors*.

Midwifery Council of New Zealand (2010), *Code of Conduct*.

Ministry of Health (2011), *Medicines Care Guides for Residential Aged Care*.

National Council of State Boards of Nursing (2011), *White Paper: A nurse's guide to the use of social media*.

New Zealand Nurses Organisation (2007), *Guidelines for Nurses on the Administration of Medicines*.

New Zealand Nurses Organisation (2010), *Code of Ethics*.

New Zealand Nurses Organisation (2010), *Documentation*.

New Zealand Nurses Organisation, NZNO National Student Unit and Nurse Educators in the tertiary sector (2012), *Social media and the nursing profession: a guide to online professionalism for nurses and nursing students*.

Nursing and Midwifery Council (2008), *The Code: Standards of Conduct, Performance and Ethics for Nurses and Midwives*.

Nursing and Midwifery Council (2010), *Raising and Escalating Concerns: Guidance for Nurses and Midwives*.

Office of the Ombudsmen, *A guide to the Protected Disclosures Act*, <http://www.ombudsmen.parliament.nz/index.php?CID=100068#oa>

### **ACKNOWLEDGEMENTS.**

The Council acknowledges the work of the Nursing and Midwifery Council (NMC), the Australian Nursing and Midwifery Council (ANMC), the Medical Council of New Zealand (MCNZ), the Australian Medical Council (AMC) and the Midwifery Council of New Zealand on Codes of Conduct that have informed and contributed to this Code.

