



MIGRANT & REFUGEE WOMENS' HEALTH PARTNERSHIP

Nursing and Midwifery Board of Australia
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Submitted via email: [REDACTED]

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

Migrant and Refugee Women's Health Partnership (MRWHP) welcomes the opportunity to make this submission to the public consultation on revised Code of conduct for nurses and revised Code of conduct for midwives.

MRWHP is a recently established national collaboration bringing together clinicians, community and government develop a consistent, minimum standard policy framework to address barriers to accessing health care for migrants and refugees, with a particular focus on women. It seeks to bring about a positive change in health and wellbeing for migrant and refugee communities by promoting a holistic policy and strategy that benefits both health practitioners and consumers. MRWHP draws on clinical and community expertise in the provision of culturally appropriate care to migrants and refugees, with a particular focus on women.

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.

Cultural diversity considerations

Australia is an ethnically, culturally and linguistically diverse nation. The proportion of Australians born overseas is now at the highest point in over 100 years. Approximately 6.6 million people, or 28 per cent of Australia's population, is comprised of migrants, and, since 2005-06, migration has been the main driver of Australia's population growth.¹ Currently, Australia accepts 190,000 permanent migrants every year, and an additional 13,750 refugees. Further, in 2015, the Australian Government committed to a one-off additional humanitarian intake over

¹ Migration Council Australia, *Migration in Focus: An Analysis of Recent Permanent Migration Census Data* (2015)

several years of 12,000 individuals from Syria and Iraq. There is also an increasing number of individuals who gain long-stay residence in Australia, including international students.

The increasing proportion of the overseas-born population has contributed to the growing linguistic diversity with the 2011 Census revealing that almost half (49%) of longer-standing migrants and 67% of recent arrivals spoke a language other than English at home.²

Migration and ethnicity-related factors are important social determinants of health. Migrants and refugees are frequently associated with impaired health and poor access to health services; there is evidence of inequalities in both the state of health and the accessibility of health services to these population cohorts.³ Further, migrants and refugees are more exposed to social disadvantage and exclusion. However, it is important to note that this is an average tendency, which does not apply to all individuals, and there is great diversity within the cohort.

The state of health of migrants and their access to health care can vary widely between different groups, based on factors such as gender, age, pre-migration experiences, migration status, and other variables. These intersectional factors need to be taken into account when applying a person-centered lens to the Codes of conduct—in the context of a person's access, experience and outcomes—to ensure responsiveness and appropriateness of care for migrants and refugees.

Women represent the single most significant vulnerable group in the migration program. Migrant women in particular often face disadvantages in accessing health care in view of a number of gender and social determinants, and their care needs are complicated by pre-migration experiences. A lack of health system literacy and knowledge of how to navigate consumer-model health services, combined with a lower level of awareness around screening and preventative health, result in inequalities in women's health outcomes. Conversely, equitable access to health care for women improves their health and health literacy, and has a direct positive impact on family and community health.

Culturally safe practice and effective communication

There is a range of cultural barriers that should be considered with a view to providing practice that is more responsive to people's needs, circumstances, preferences and expectations:

Health literacy, health beliefs and help-seeking behaviour: Migrants' and refugees' views on health, notions of health problems and appropriateness of seeking help (and in what form), may diverge strongly from those of nurses or midwives. These issues are usually formulated in terms of inadequate 'health literacy'. Migrants and refugees often lack knowledge and skills to navigate Australia's health care system. This includes the ability to locate the necessary information and negotiate the required care. Cultural engagement and fostering trust-based relationships between people of migrant or refugee backgrounds and nurses or midwives is key to enabling better access and experience.

² Australian Bureau of Statistics, *Reflecting a Nation: Stories from the 2011 Census (2012-13)*. Note: English proficiency in the Census is 'self-assessed' and therefore likely subject to a degree of measurement error given there is no standard definition.

³ Productivity Commission, *Report on Government Services 2017, Volume E: Health (2017)*

Language: Limited English language proficiency in itself presents major obstacles to access. People with low English proficiency tend to have inadequate access to care and preventative services. Particular situations at risk of harm resulting from failure of interpreter-use include: consent for procedures, instruction of hospital discharge medications, and inappropriate engagement of family members as interpreters. There is sufficient research that highlights an urgent need for proactive health professionals education around the appropriate use of language services.⁴ Delayed or inefficient care can result from ineffective communication between people and clinicians and the consequences of this can be serious for both the individual and the community; for example, there may be subsequent needs for more costly treatment and intervention, as well as serious risk of negatively impacting a person's understanding of, and trust in, the health care system at large.

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 involved 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.⁵ Analysis of hospital

⁴ Dr Janine Rowse, A/Professor Katrina Anderson, A/Professor Christine Phillips, Dr Brian Chan, *Critical case analysis of adverse events associated with failure to use interpreters for non-English speaking patients* (Australian National University Medical school, 2014)

⁵ 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)

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.⁶ 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.⁷ The guide on partnering with consumers recommends developing or adapting, or implementing strategies to engage with culturally and linguistically diverse consumers.⁸

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.⁹

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' 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, 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.

⁶ 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)

⁷ *Ibid.*

⁸ Australian Commission on Safety and Quality in Health Care, Safety and Quality Improvement Guide Standard 2: Partnering with Consumers (2012)

⁹ Australian Commission on Safety and Quality in Health Care, NSQHS Standards Hospital Accreditation Workbook (2012)

We thank the Nursing and Midwifery Board of Australia for their consideration of our submission, and take this opportunity to reiterate the MRWHP is available to contribute its expertise and input to further inform the development revised *Code of conduct for nurses* and revised *Code of conduct for midwives*.

To discuss this submission further, please contact [REDACTED]
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