



Response to  
Australian Commission on Safety and Quality in  
Healthcare – Consultation on the draft National Safety  
and Quality Health Service Standards (second edition)  
User guide for health service organisations providing  
care for patients from migrant and refugee  
backgrounds

APRIL 2020



**NSW NURSES AND MIDWIVES' ASSOCIATION**  
AUSTRALIAN NURSING AND MIDWIFERY FEDERATION NSW BRANCH

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# Foreword

The New South Wales Nurses and Midwives' Association (NSWNMA) is the registered union for all nurses and midwives in New South Wales. The membership of the NSWNMA comprises all those who perform nursing and midwifery work. This includes: registered nurses; enrolled nurses and midwives at all levels including management and education, and assistants in nursing and midwifery.

The NSWNMA has approximately 67,500 members and is affiliated to Unions NSW and the Australian Council of Trade Unions (ACTU). Eligible members of the NSWNMA are also deemed to be members of the New South Wales Branch of the Australian Nursing and Midwifery Federation.

NSWNMA strives to be innovative in our advocacy to promote a world class, well-funded, integrated health system by being a professional advocate for the health system and our members. We are committed to improving standards of patient care and the quality of services of all health and aged care services whilst protecting and advancing the interests of nurses and midwives and their professions.

We welcome the opportunity to provide a response to this consultation.

This response is authorised by the elected officers of the New South Wales Nurses and Midwives' Association

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We believe this is a well-considered user-guide and would support the majority of its content. The following amendments would assist in clarifying actions required to be undertaken by organisations seeking compliance. We also provide some suggested additions based on our member feedback and NSW healthcare context.

## Clinical Governance Standard

### Planning and care delivery of culturally responsive care

*“Culturally responsive care is respectful of migrant and refugee patients’ cultural and linguistic needs, takes into consideration their health beliefs and healthcare issues, and is free from discrimination.*

*Initiatives that can support culturally responsive practice include:*

- *Actively increase the diversity of the workforce to reflect the diversity in the patient population and catchment area*
- *Engage a bicultural or bilingual workforce and advertise to patients and consumers the languages spoken by the workforce*

***.. ways to be determined by NQSHC***

*Examples of human resource strategies to facilitate workforce diversity.”*

We would concur there is benefit of matching workforce diversity to reflect the diversity of the local community. Although we are unable to comment on other states and territories, in NSW healthcare organisations, there does not appear to be any widespread embedded initiatives, to encourage or monitor the outcome of applications from culturally and linguistically diverse (CaLD) nurses and midwives outside Aboriginal and Torres Strait Islander initiatives.

Whilst the NSW Public Service Commission seek to encourage workforce diversity, there are no specified targets to ensure the proportion of CaLD nurses and midwives matches the local population. Therefore in relation to useability of this standard, we would recommend clearer guidance on how healthcare providers can achieve compliance.

In relation to the advertisement of languages spoken by the workforce. It is unclear as to the intent of this strategy. Whilst nurses and midwives professional standards for practice require them to communicate effectively to establish and maintain therapeutic relationships<sup>1,2</sup> using them as ‘informal interpreters’ can be problematic as your standards suggest.

Our members report they are, to varying degrees, called upon to interpret for their patients. Whilst many see benefit from being able to communicate effectively with those they are caring

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<sup>1</sup> NMBA (2016) *Registered Nurse Standards for Practice* available at: <https://www.nursingmidwiferyboard.gov.au/codes-guidelines-statements/professional-standards/registered-nurse-standards-for-practice.aspx>

<sup>2</sup> NMBA (2018) *Midwife Standards for Practice* available at: <https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards/Midwife-standards-for-practice.aspx>

for. Expectations placed upon our members by their employers may professionally compromise them or result in unfair distribution of workload, for the following reasons:

- They may be diverted from their usual duties to interpret in clinical areas where they are not usually employed.
- They may not be adequately trained or assessed in relation to interpretation skills.
- It might be assumed the worker has greater interpretation skills than they actually do. In this scenario the nurse or midwife might make an error that results in an untoward incident.
- Interpreting may create additional workload pressures that their colleagues do not have, creating inequity in the workplace.

We believe the wording of this standard in its current form, could be used to imply nurses and midwives are available to provide formal interpreting services and fill a gap where these are unavailable. However, we would support the recruitment of specialist nurses and midwives to provide multicultural services, and the development of career opportunities within workplaces. In addition, we would support the development of nurses and midwives wishing to undertake additional qualifications in interpreting, and appropriate remuneration for those formally undertaking this service on behalf of their organisation.

Clarification as to the intent of this standard would assist, along with clearer expectations as to how organisations should approach this standard through workforce planning, including the availability of formal interpreting services. Suggested changes to this standard are outlined below in red type:

*“Culturally responsive care is respectful of migrant and refugee patients’ cultural and linguistic needs, takes into consideration their health beliefs and healthcare issues, and is free from discrimination.*

*Initiatives that can support culturally responsive practice include:*

- ~~Actively increase the diversity of the workforce to reflect the diversity in the patient population and catchment area~~
- ~~Engage a bicultural or bilingual workforce and advertise to patients and consumers the languages spoken by the workforce~~
- *Employment strategies that seek to align workforce diversity with the patient population and catchment area*
- *Provision of sufficient interpreting services, including out of hours access*
- *Provision of specialist nurses and midwives to facilitate culturally responsive care*

**..ways to be determined by NQSHC**

*Examples of human resource strategies to facilitate workforce diversity. For example: Targeted whole of workforce recruitment strategies; clear policies on use of interpreting services and gap analysis; recruitment of specialist nurses and midwives; annual reporting on workforce diversity relative to the patient population and catchment area.*

## Partnering with Consumers Standard

### Provide clear signage to support communication

*“Signage is the first point of communication with patients and consumers entering a health service organisation. Signage that supports communication with patients from migrant and refugee background includes:*

- *National interpreter symbol that signifies that patients and consumers can request an interpreter, and that interpreting services are available*
- *An indication of languages spoken by the frontline workforce.”*

As with the former standard, we believe the wording of this standard could be used to imply nurses and midwives are available to provide formal interpreting services, and fill a gap where these are unavailable. In addition, it might be incorrectly assumed that speaking a language other than English qualifies a nurse or midwife to be able to undertake interpreting.

In addition, the ability to speak a language other than English does not imply cultural competence and cultural safety. We would see language as only one part of wider multicultural support provision. Again, we see nurses and midwives, as trusted professionals, to be in an ideal position to provide specialist multicultural support and would encourage the development of career opportunities as part of a wider organisational strategy.

We would recommend this standard is re-worded as follows, for clarity.

*“Signage is the first point of communication with patients and consumers entering a health service organisation. Signage that supports communication with patients from migrant and refugee background includes:*

- *National interpreter symbol that signifies that patients and consumers can request an interpreter, and that **formal** interpreting services are available*
- *An indication of ~~languages spoken by the frontline workforce.~~ **specialist multicultural nursing and midwifery support services available and how to access them”***

Examples of supporting evidence to include:

- ***Specialist multicultural nursing and midwifery support services***
- ***Staff development opportunities to acquire formal Interpreting qualifications***
- ***Clear protocols including remuneration for staff undertaking formal Interpreting services in addition to their duties***

For context, the following selected comments from our members provide rationale for our recommendations:

*“I was once called in to work when I wasn’t rostered, as the hospital I used to work at needed someone who could interpret for a Korean patient.” Registered Nurse*

*“I see Indian clients if an interpreter isn't available.” Registered Nurse*

*In emergency situations I had acted several times as an unofficial interpreter in German, French and Spanish.” Registered Nurse*

*“When there was difficulty in booking an interpreter, they asked me to step in to translate for them.” Registered Nurse*

*“The belief that everyone speaks their respective national language is a common misconception.” Registered Nurse*

*“I was not able to do proper translation and be the interpreter for consent ... I then needed some education.” Registered Nurse*

*“I have not used my language skills to translate for medical purposes. Whilst I would be quite capable of doing so, it is not appropriate as I do not have the necessary qualifications and it would also be against the (professional nursing) standards.” Registered Nurse.*



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