NSW Nurses and Midwives' Association

PROFESSIONAL ISSUES | 8

THE CULTURAL SAFETY GAP

Experiences of NSW culturally and linguistically diverse nurses and midwives

“

Discrimination is unspoken,
but you can feel it.

#362

”

THE CULTURAL SAFETY GAP

Experiences of NSW culturally and linguistically diverse nurses and midwives

Contents

NSW Nurses and Midwives' Association

PROFESSIONAL ISSUES | **8**

The NSW Nurses and Midwives' Association acknowledges the Gadigal of the Eora Nation, the traditional custodians of this land and we pay our respects to the Elders both past and present.

“

I have been in Australia for 43 years,
English is now like my first language. I could not
live anywhere else. Australia is my Country.

#370

”

The NSW Nurses and Midwives' Association invited members from culturally and linguistically diverse backgrounds to complete a voluntary survey about their experiences working in Australian healthcare settings. They were informed their details would remain confidential (unless prior approval was granted) and their responses used in submissions and reports. **1234** surveys were completed, and we thank those who took the time to share their personal experiences. Several nurses and midwives who identify as Aboriginal and Torres Strait Islander completed the survey. We recognise First Nations People are a minority group in Australia.

The survey highlights a strong allegiance to Australia and Australian culture by culturally and linguistically diverse nurses and midwives. Many were born, or lived most of their lives here. They expressed a willingness to integrate and be accepted, whilst recognising their cultural and linguistic differences. However, they also identify unique challenges to successful integration and acceptance within the workplace.

The experience has not always been positive. Many nurses and midwives reported encountering racial discrimination within their workplace.

Several studies have examined the experiences of culturally and linguistically diverse people receiving healthcare services, but much less is known about the experiences of those employed in healthcare settings. This report aims to open up the conversation and seek solutions.

Brett Holmes
General Secretary
NSW Nurses and Midwives' Association

**Workers from any background can experience racial discrimination*.
The NSW Nurses and Midwives' Association opposes any act
of racial discrimination perpetrated against individuals directly, or indirectly
as an outcome of organisational culture and practices.**

Nurses and midwives affected by this, or any of the issues highlighted within this report should contact:

Anti-Discrimination NSW
(02) 9268 5544
1800 670 812 (free call outside Sydney)

Australian Human Rights Commission
1300 656 419 or 02 9284 9888
EMAIL: infoservice@humanrights.gov.au
TTY: 1800 620 241 (toll free)
NATIONAL RELAY SERVICE: 1300 555 727 (Speak and Listen)
TRANSLATING AND INTERPRETING SERVICE: 131 450 or www.tisnational.gov.au

Beyond Blue
1300 22 4636

*See definitions p28

Who are our culturally and linguistically diverse nurses and midwives?

No data accurately captures the current depth of cultural and linguistic diversity amongst NSW nurses and midwives. However, we know that in Australia, 3,187 nurses and midwives identify as an Aboriginal or Torres Strait Islander. This represents 1.1% of all employed nurses and midwives who provide their Indigenous status[1]. We also know that in 2015, India was among the top origins of overseas qualified nurses and midwives employed, representing 2.8% of the overseas workforce.

Those who completed this survey and who identified their ethnicity came from 100 different cultural and linguistic backgrounds. The most common being Indian, Filipino, African Countries, Chinese and Nepalese.

Many identified as Australian, either being born here, migrating when they were young, and/or having obtained citizenship. The sense of belonging and having an Australian identity was considered important in relation to the way they were perceived by others.

The nurses and midwives who completed the survey were employed in a variety of roles and settings including, but not limited to: public and private hospitals; primary healthcare; residential aged care facilities; e-health and justice health. Most worked in NSW metro locations on a permanent full-time basis, 20% in rural locations and 3% in remote locations.

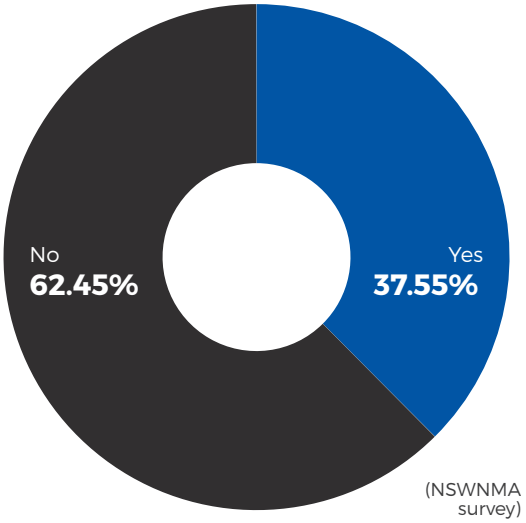
> “I see myself as Australian even though my mother is Polynesian and I can speak Tongan as well as German and English.
>
> **#537**”

The majority of respondents (70%) were employed as registered nurses. However, responses were obtained from a wide range of workers including midwives, assistants in nursing, undergraduate nurses and midwives, clinical educators and directors of nursing.

Workplace setting and role made no significant difference in relation to the experiences of culturally diverse nurses and midwives. They described positive and negative experiences within all settings and at all levels of employment.

Exposing the gaps

Is English your first language?



(NSWNMA survey)

Overwhelmingly, respondents considered themselves confident to communicate effectively within the workplace, despite most nurses and midwives speaking English as a second language. Many born overseas had been educated in English, came from an English speaking country or had English taught as a second language in school. Nurses and midwives are required to pass English competency assessments before they can acquire registration to practice in Australia, so this result is unsurprising. However, language was considered a source of racial discrimination for some.

Although an unintentional outcome of this survey, results showed that accent discrimination is present in NSW healthcare settings. **Many commented that having an Australian accent meant they were more accepted and less racially discriminated against.**

> “Workers with strong foreign accents seem to be taken less seriously than others. It is harder for them to be valued by their colleagues. **#960**
>
> I feel that because I speak excellent English with no ‘accent’ since I grew up in Australia, it helps with being accepted without prejudice. **#304**”

The phenomenon of accent discrimination is poorly documented. However, it has been identified as a feature of many organisations and can exclude employees from upward career progression[2].

Some nurses and midwives were discriminated against simply because of the way they looked, despite speaking with an Australian accent.

> “I have been called “the wog nurse” by other nurse colleagues. Despite being born, raised, and educated in Australia. I speak English with an Australian accent. **#952**
>
> I have experienced people saying they do not understand my accent before I even start speaking. **#238**”

“

If there are colleagues who don’t understand our language, we use English just as common courtesy not to make them uncomfortable. Naturally if someone starts to speak in a foreign language you feel like they are talking about you.

#280

I think it is impolite to speak in a language where others do not understand even if they are not part of the conversation.

#737

There has been a memo saying that English should be the only language used when communicating in the workplace.

#1200

Staff feel left out when there are short exchanges in a different language, I try and avoid this when there are other people around who do not speak the language.

#1155

I think during break times we should be allowed to talk in whatever language we prefer.

#1144

I think it is unprofessional to use a language that other colleagues do not understand, I say this because I know what it feels like to have colleagues talk in a language that I do not understand. So it’s English for me at work and my mother tongue is used at home.

#1145

”

In the workplace, nurses and midwives communicated in English, unless another language was specifically required during the course of their duties. However, expectations were unclear.

30% of nurses and midwives had been instructed not to speak languages other than English in the workplace. Those employed in residential aged care were most likely to be requested not to do this. Of the total, around 27% had also been advised to only communicate in English during break times.

Policies preventing someone from speaking their own language in the workplace could be discriminatory and unlawful[3,4]. Organisations should always seek expert advice prior to the implementation of such policies.

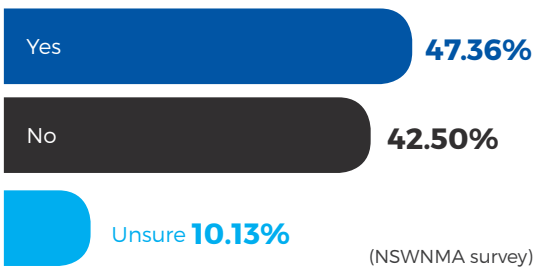
Despite the complexities regarding use of language other than English in healthcare settings, almost half said their specific cultural knowledge or language had been beneficial to their work.

The benefits of a culturally diverse workforce are widely acknowledged[6,7]. Workers are in a better position to understand how diversity impacts on health literacy and lifestyle choices, uniquely placed to identify culturally sensitive and competent care and able to share their insights with colleagues to assist in enhancing organisational competence[8].

However, the value of culturally and linguistically diverse nurses and midwives was negated by the reported lack of respect they were afforded as individuals within healthcare settings.

The workplace may not always offer a safe place for culturally and diverse nurses and midwives. Half of all those completing the survey stated they had been, or were unsure if they had been discriminated against in their workplace, with the main source being co-workers and managers. This indicates there may be widespread non-compliance with both professional and societal expectations of conduct towards culturally and linguistically diverse nurses and midwives in NSW healthcare settings.

Has your specific cultural knowledge or language other than English ever been required in the course of your nursing work to benefit patient/resident care?

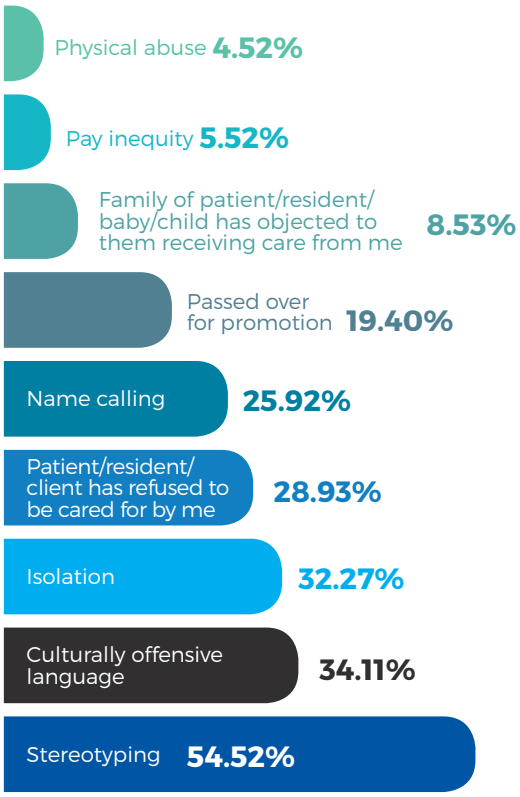


(NSWNMA survey)

Nurses and midwives employed at all levels and in all types of settings reported that they had experienced some form of racial discrimination in their workplace.

The method of discrimination ranged from direct verbal attacks, to isolation and unfair scheduling of workload. Exploitation of workers from culturally and linguistically diverse backgrounds is unacceptable, but has been subject to long-standing inaction at both a state and Commonwealth level.

What type of discrimination did you experience?



(NSWNMA survey)

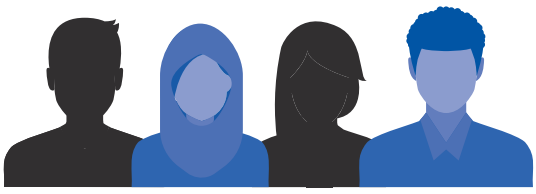
> “Giving us more workload just because they know that we won’t complain about it.
>
> #1200
>
> Given more escort duties. Given night shifts only.
>
> #1196”

It is difficult to establish the causal factors for the failure to address the disparity in working conditions. However, fear could be a barrier to issues being raised, particularly for those whose visa conditions are dependent on their employment. Affirmative action is required to ensure causal factors are identified, monitored and acted upon.

The main form of racial discrimination was stereotyping. Around half of the nurses and midwives reported being subjected to this.

Stereotyping through pre-conceived notions about individuals based on their culture, language or appearance is damaging for the individuals and unproductive for healthcare settings.

Around half of the nurses and midwives reported being subjected to **stereotyping**



“

The number of times that blatant and subtle racism comes up is at least monthly. I have people tell me I’m not dark enough to be Aboriginal, that maybe I’m Greek or Italian instead. Then there are the staff who come out with the generic ‘all Aboriginals’ stuff. That we drink too much, smoke too much, don’t work and get everything for free. I’m sick of telling people there is no free stuff to get .

#961

I received comments from relatives regarding Islanders mostly working as security guards and in the labour industry and how I get to work in the hospital. Also some colleagues identify Islanders in general as obese and not very intelligent. **#755**

Stereotyping is very common in hospitals, especially when you are a student nurse. It’s really sad and makes me very anxious, especially during work placement or residential school.

#32

I have been told that I am too cultured to be Lebanese. I have people refer to Lebanese as ‘Lebs’ or ‘Lebos’. Anything involving other Arabic speaking cultures that is negative, is blamed on the Lebanese. People are ignorant of the vastly different cultures and countries that hold Arabic speaking or non-Arabic speaking people. It’s a one size fits all approach and all ‘Lebs’ are bad.

#877

”

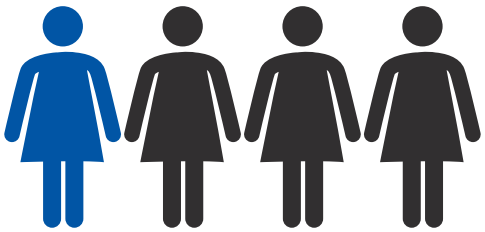
Cultural stereotyping is allowed to prevail in the workplace when there is an ineffective diversity and inclusion strategy in place. Changing organisational cultures to both recognise and address stereotyping requires a whole organisation approach with compassionate leadership not only from within, but also in commissioning of services.

Many nurses and midwives were unable to pin point what form of discrimination they had experienced. They described it as a feeling, rather than as a single act perpetrated against them. Social isolation was the third largest impact of racial discrimination experienced by nurses and midwives.

> “It sometimes feels like I don’t exist.
>
> **#1168**

> I have never felt confident to tackle isolation. Stereotyping is often masked in humour or too subtle to confront.
>
> **#1205**

> I have experienced racism from patients and bullying from work mates because of my ethnic background. Work mates don’t even invite you for any social gathering or get-togethers.
>
> **#516**
>
> ”



1 in 4 nurses and midwives
experienced racial discrimination monthly.

... the sustained nature and frequency reported by respondents is
a serious health and safety concern
for healthcare workers.

The frequency of racial discrimination was concerning. **Just under 10% of nurses and midwives experienced this daily in the course of their work and around a quarter experienced this at least monthly.** The sustained nature and frequency reported by respondents is a serious health and safety concern for healthcare workers, and the reasons why it is allowed to prevail in workplaces must be investigated.

“

I have been treated really badly in comparison to other new-grad nurses who are not from a different cultural background. I have been questioned about my work and have been made to feel worthless by one of the staff. They were also in my face and so rude to me while communicating. All this made me so intimidated to work with her and I was upset the whole shift. I could not do my best in front of her because she made me feel everything I did was not good. I could not stop crying during break.

#1167

Two Filipino nurses who worked seven years in the facility and who were devoted to their patients left and resigned. Last week our management gave a farewell party to all the white Australians who had left or resigned in the facility, but these two Filipino nurses who worked hard didn't get recognised. A very racist management. **#1156**

Management would gang up on me with other fluent English speakers and claim that they could not understand me during handover, despite of my best efforts. They would constantly interrupt me and almost bully me. This really demoralised me during my work performance at times.

#1143

One resident sometimes yells or swears at me. He often tells me to leave his room. Also another female resident commented that I should be a cleaner not a nurse because of my race. **#1164**

I have had soiled linen thrown into my face, rude remarks and rudeness including symptoms of discrimination exhibited towards me as a result of my ethnicity.

#762

I've had different experiences from clients. I've been called names/ verbal abuse because of my skin colour. I've been judged because of my skin colour, they thought I couldn't communicate in English well so they wanted to speak to a Caucasian co-worker.

#1131

”

People receiving care and services

were the second most likely group to exhibit racial discrimination, making it difficult for culturally and linguistically diverse nurses and midwives to avoid prejudice.

The World Health Organisation *Global Code of Practice on the International Recruitment of Health Personnel* requires migrants are treated appropriately and have their rights upheld[9]. In addition, nurses and midwives have both societal and professional obligations to conduct themselves in a manner that does not racially discriminate.

Professional standards of practice for Registered Nurses, Midwives and Enrolled Nurses require them to engage in professional relationships with colleagues within a context of collaboration, mutual trust, respect and cultural safety[10].

These standards apply to their conduct both within and outside the workplace. More broadly, international, federal and state anti-discrimination laws protect the rights of individuals, regardless of context (see appendix 1).

Like many other workplaces, nurses and midwives have to engage with members of the public, without bias. However, this can occasionally lead to unplanned exposure to racism. Whilst all healthcare settings are legally obliged to have anti-discrimination policies in place, these are rarely outlined to people receiving services. And this survey would suggest, rarely fully understood by them.

People receiving care and services were the second most likely group to exhibit racial discrimination, making it difficult for culturally and linguistically diverse nurses and midwives to avoid prejudice.

In addition, 40% had experienced requests by patients/clients/family members not to have care delivered by them. This level of discrimination and distrust is not only an issue for organisations, but also within Australian society. It is an issue that requires widespread attention and leadership at a state and Commonwealth level.

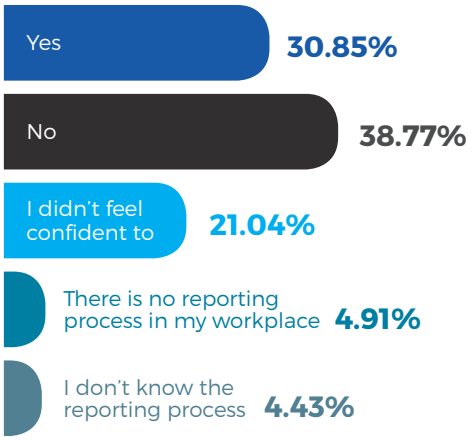
The organisational cultural safety gap

Healthcare organisations were found to be unsupportive of cultural diversity. **Responses showed a distinct lack of cultural competence which was not limited to any particular workplace or location in NSW.** Evidence shows that when there are higher levels of racial discrimination in the workplace, and low engagement of culturally and linguistically diverse workers in operational roles, patient satisfaction decreases[11]. It is therefore a significant predictor of organisational competence.

Of those culturally and linguistically diverse nurses and midwives who had been discriminated against, less than a third had reported the incident. 39% had not reported it, 21% did not feel confident to and 4% did not know how to report. Around 5% were not aware there was a reporting option for them. There is clearly much work to do in terms of creating a culturally safe environment within healthcare settings.

Racial discrimination can have serious personal and health consequences for individuals and is a serious work health and safety issue. It is also likely to lead to high levels of stress amongst workers and can decrease productivity. Less than 15% of the nurses and midwives who reported the incident, received counselling and/or personal support. Unsurprisingly, as a result, less than 25% found the response they did receive fully helpful. For some, the option was negated by the attitude of their manager, or the fact that their manager or immediate supervisor was the source of the discrimination. More than a fifth reported their manager or employer/organisation as the source.

Did you report this incident?



(NSWNMA survey)

2 in 3 nurses and midwives
did not report the incident.

< 15%
received counselling and/or personal support

“

It’s kind of hard if the manager also speaks that way. Or you are told this is the Aussie way of doing things. **#1137**

Several staff were subjected to bullying, intimidation and harassment in this workplace, which had a significant impact on their mental health. **#523**

I reported a CNS to the NUM who was not helpful. Instead she supported the staff as they were friends from outside work, and also both of them are not from a culturally diverse background. **#1167**

Bullying, harassment and discrimination are actually very common in the nursing profession and there is a lot of cover up by management and some are involved in it. It is something that really needs to be addressed in the profession. **#471**

Generally, I don’t report. I speak up at the time, say my bit and move on. Sometimes I move work places. It isn’t worth the emotional trauma. It is all well and good to say to me. ‘If you don’t report nothing changes’, but it takes a lot out of you emotionally and professionally. **#80**

I have been sidelined and bullied. Another person from a different cultural background went through a very similar situation in that department, and then another person, and I realised it was not just me but the toxic culture in that department. I changed departments because I thought I was not good enough at that time, suffered a blow to my self-confidence and doubted my skills and abilities. Once I changed departments and eventually changed organisations, I did very well in a supportive, accepting environment and have moved from strength to strength in my professional life. **#956**

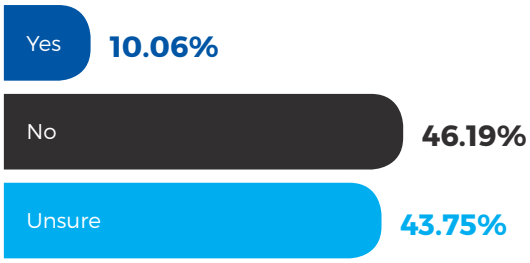
”

Very few nurses and midwives experienced affirmative, decisive and immediate action in response to reporting racial discrimination. Therefore many lacked confidence in the ability of their employer to make a difference.

The culture of covering up, divide and conquer and failure to acknowledge are attributable to poor or non-existing diversity and inclusion strategies. These should commence right at the start of employment. However, most nurses and midwives did not receive, or were unsure if they received a specific induction into Australian culture and the healthcare system. Since over 80% felt they this may be beneficial, **there is a large gap in the workplace induction process for culturally and linguistically diverse healthcare workers.**

Workplace programs of support were found similarly lacking. Only 10% had support programs in their workplace, 46% had none and the remaining respondents were unsure if there were programs in place. This suggests that even if present, they are not fully understood by nurses and midwives employed in those settings.

Does your employer have specific programs in place that offer support to workers from diverse ethnic backgrounds?



(NSWNMA survey)

Nurses and midwives reported that organisational responses to diversity and inclusion were restricted to the occasional tokenistic multi-cultural day activity and generic online training.

Many commented that training mainly covered Aboriginal culture and that other cultures were largely excluded. Some nurses and midwives that had undertaken Aboriginal-specific education, raised doubts about its impact.

> “We provide ‘Respect the Difference’ online training, and face to face. But is it making a difference?
>
> **#716**

> I find it offensive that I am expected to do online compulsory Aboriginal Cultural Awareness Training when this is my own lived experience. It does not seem to have increased the cultural sensitivity of many that I work with! At times I feel that I am expected to leave my Aboriginality at the door when I come to work. I listen to racist comments frequently from some of my colleagues and from patients and am expected to just get on with my work and ignore it. These comments are not about me directly but are often aimed at Aboriginal people in general or about staff from other ethnic backgrounds.
>
> **#931**
>
> ”

Nurses and midwives who identified as an Aboriginal were more than twice as likely to be employed on a casual basis, had higher rates of reported racial discrimination and higher stereotyping than other culturally and linguistically diverse respondents.

They were also less likely to be offered personal counselling after an incident. More specific research on the unique experiences of Aboriginal nurses and midwives is needed. However, findings support concerns by some nurses and midwives about the value and effectiveness of existing targeted diversity and inclusion strategies.

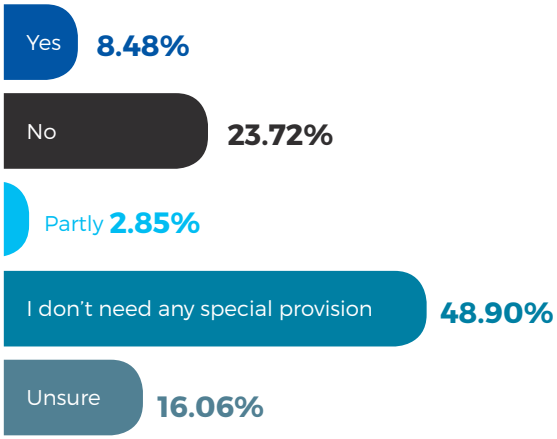
> “There are no programs for some cultures other than Aboriginal.
>
> **#836**
>
> Since coming to Australia in 2005, in all the states I have worked, no support programs have ever been put in place to support workers from diverse ethnic background.
>
> **#167**
>
> ”

It is vitally important that organisations evaluate their cultural safety programs, because this can lead to a false sense of security about compliance with legislation. Provision of specific training such as *Respecting the Difference*[12] might appear to go some way to bridging the organisational cultural safety gap. However, education in isolation of wider organisational strategies is unlikely to be effective in changing culture and practice.

Whilst most nurses and midwives indicated they did not need any special provision in the workplace as a result of their cultural diversity. Those that did require adjustments to their workplace did not always get supported. Only 9% of those who required support received this. Almost 40% said they did not get support, or were unsure if they got support.

Of those who reported having workplace adjustments made, some considered these were not extensive enough and catered only for a few cultures. This suggests that organisations are not tailoring their workplace diversity and inclusion strategies to the individual needs of nurses and midwives, and may not be extensive enough to be non-discriminatory.

Does your workplace make provision for your cultural needs?



(NSWNMA survey)

Whilst the number of culturally and linguistically diverse healthcare workers is increasing, those occupying leadership positions fall behind those from white backgrounds. It is suggested that the lack of role models from minority backgrounds is a barrier to attracting applications for positions from culturally and linguistically diverse workers[13].

“

Rosters do not accommodate Ramadan.

#978

There are prayer rooms for Muslims but I am not sure for Buddhists, Hindus or any other culture or religious background. No facilities for Ramadan or any fasting.

#915

Staff have time off to go to pray, but if I am rostered on my National Day, that is too bad. There is no consideration given to time off to attend National activities. I believe that this is just as important, if not more, than having time off to pray.

#970

Waitangi Day is my National heritage day and absolutely no provision is made to accommodate my requirements to celebrate this day. I request to have this day off, and my requests are often ignored and ridiculed.

#288

”

±1 in 5

of culturally and linguistically diverse nurses and midwives **did not feel confident to apply for a management position**.

2 in 5

felt they had been passed over for promotion because of their ethnicity.

> Diversity when effectively utilised even in the smallest of ways, produces the best workplace and collaboration.
>
> **#505**

> Insisting on multiculturalism will enable us to work with more confidence and increase our capabilities.
>
> **#202**

Around 20% of respondents did not feel confident to apply for a management position where they matched the position criteria. A further 17% only felt somewhat confident. In addition, **40% felt they had been, or were unsure if they had been, passed over for promotion because of their ethnicity.**

In contrast, 40% felt very or fairly confident to apply for positions that stated it welcomed applicants from diverse backgrounds. This suggests that positive inclusion strategies could make a difference to career advancement for culturally and linguistically diverse nurses and midwives.

It is argued that change can only be achieved if more culturally and linguistically diverse workers are assigned leadership positions, thereby increasing their influence in organisational decision-making[14]. Therefore it is vital that diversity and inclusion strategies examine the value of positive recruitment. In addition, the demographic of the workforce should be able to demonstrate inclusive human resourcing.

“

I think my experiences and opportunities are different to those of colleagues raised in Australia. For example, progression up the clinical skills ladder is vastly inequitable for overseas trained staff (African and Indian). **#1205**

I feel that I have to break through a glass ceiling. **#1023**

When it comes to career advancement I become invisible. I do have the education, I have the experience, so I think I have the wrong colour. **#962**

I wish I could apply for interviews without being seen, just asked the questions with no identifying characteristics. To say I’m not white, and I don’t speak with a Filipino accent. **#176**

When it comes to promotions, training and chances to get the position, as a foreigner with dark skin our chance are less than the rest of the staff. **#1128**

It can be difficult to articulate an interview when the panel members have no consideration, or idea, of the challenges faced by young Indigenous women. To attempt to go for a job for a start, let alone talking in a public place under stress. **#778**

Almost 40 percent of the total nursing staff are from India in my work place, but none of them were chosen to be in any managerial position on a permanent basis. **#971**

”

Bridging the gaps

The organisational culture can often be unsympathetic to the cultural diversity of its own workforce. Whilst everyone has a responsibility to make their workplace inclusive, full acceptance can only be truly achieved if there is organisational 'buy-in' which drives accountability from the highest level of management through appraisal, education and leadership[15,16].

Accountable leadership is reliant on healthcare managers being skilled in managing workers from diverse cultural backgrounds. However, to be successful they also need to have a deeper understanding themselves about differing cultures[17].

The double impact of transitioning to both a new society and new nursing environment can be challenging for individual workers. It also impacts on the safety of their practice. Culturally focused support programs can enhance both recruitment and retention of nurses and midwives[21]. Having a nurturing program of individual support not only mitigates risk for overseas nurses and midwives, but also benefits culturally and linguistically diverse workers born in Australia.

All healthcare settings, whether funded and monitored federally, or by state, must have an effective diversity and inclusion strategy with governance structures, if change is to be achieved. **Culturally and linguistically diverse nurses and midwives need to have a seat at the table, be operationally engaged within organisations and encouraged and supported to adopt leadership roles.**

The development of
a diversity and inclusion champion
as an operational leadership role in each healthcare organisation is essential.

The development of a diversity and inclusion champion as an operational leadership role in each healthcare organisation is essential. This would enhance accountability within organisations for the successful enactment of training, structures and policies designed to eliminate racial discrimination.

> “Culture awareness and diversity has to be a key plan for the Ministry of Health. A policy doesn't necessarily drive change, it's all the systems and processes put in place to ensure that we all feel respected at work.”
>
> **#824**

Measures to reinforce individual accountability to comply with anti-discrimination policy for those receiving healthcare services is needed. Whilst this may not eliminate exposure to all racial discrimination, it can provide a rationale for taking affirmative and decisive action if it occurs.

More research on the issue of racial discrimination, cultural diversity and inclusion is called for. **Enhancing our understanding of both the unique experiences of culturally and linguistically diverse nurses and midwives, and evaluation of new and existing strategies, will help to guide future policy and practice in a much more informed way.**

Just as healthcare organisations are accountable for safe clinical care, they are accountable for ensuring the welfare of their workforce.

Building a positive culture for the future

Basic human rights is an issue that transcends political and societal boundaries. The findings of this survey do not seek blame. Rather they seek to understand the problem and provide a meaningful solution.

There is much to do if we are to close the cultural safety gap for NSW nurses and midwives.

The NSW Nurses and Midwives' Association expects culturally safe working environments for our members. We have developed the following diversity statement and encourage all NSW workplaces to adopt this statement to build cultural safety. We will also be developing an education program to support the recommendations of this report. If you wish to learn more please contact 8595 1234 (metro) or 1300 367 962 (non-metro).

DIVERSITY STATEMENT

COMPANY NAME

is a culturally and linguistically diverse workplace. We demonstrate an inclusive work environment that fosters respectful relationships by:

- Promoting equal and equitable treatment of all staff
- Using inclusive communication to recognise cultural sensitivity and celebrate diversity
- Offering professional development, education and support
- Raising awareness around professional issues affecting culturally and linguistically diverse workers
- Providing representation and support for those experiencing harassment, bullying and discrimination

Definitions[22]

Discrimination:

"Discrimination occurs when someone is treated less favourably than others in similar circumstances, and it is because they belong to a particular group of people or have a particular characteristic. 'Less favourably' means you have suffered a loss, harm or injury.

There are two types of discrimination, direct discrimination and indirect discrimination."

Racial discrimination:

"When you are treated less favourably because of your race, colour, ethnic background, ethno-religious background, descent or nationality."

External Resources

Anti-Discrimination NSW

Unfair treatment –Your Rights
Available at:
http://www.antidiscrimination.justice.nsw.gov.au/Documents/unfair_treatment_Oct2017.pdf

Treated unfairly because you are an Aboriginal or Torres Strait Islander person?
Available at:
http://www.antidiscrimination.justice.nsw.gov.au/Documents/ATSI%20Factsheet%20Sept%202015.pdf

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Before coming to Australia I had never worked with so many people from such varying backgrounds.
I am still surprised that people from all over the world work in hospitals (I remember counting 37 different countries represented a few years back where I was working!). We were joking that the industry would not be able to survive without us. I love my co-workers from everywhere. We share a rich diversity; we love to hear from their traditions. I am humbled that our patients are happy, accepting and often helpful to integrate the staff who are new to Australia.

#1157

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Appendix 1

State Legislation

***New South Wales: Anti-Discrimination Act 1977* (NSW)**
Discrimination on the basis of race, including colour, nationality, descent and ethnic, ethno-religious or national origin, sex, including pregnancy and breastfeeding, marital or domestic status, disability, homosexuality, age, transgender status, and carer responsibilities.

Areas covered:

Discrimination in employment, including discrimination against commission agents and contract workers, partnerships, industrial organisations, qualifying bodies, employment agencies, education, provision of goods and services, accommodation, and registered clubs.

Federal legislation

Racial Discrimination Act 1975
Discrimination on the basis of race, colour, descent or national or ethnic origin and in some circumstances, immigrant status.

Racial hatred, defined as a public act/s likely to offend, insult, humiliate or intimidate on the basis of race, is also prohibited under this Act unless an exemption applies.

Australian Human Rights Commission Act 1986
Discrimination on the basis of race, colour, sex, religion, political opinion, national extraction, social origin, age, medical record, criminal record, marital or relationship status, impairment, mental, intellectual or psychiatric disability, physical disability, nationality, sexual orientation, and trade union activity.

Also covers discrimination on the basis of the imputation of one of the above grounds.

Fair Work Act 2009
Discrimination on the basis of race, colour, sex, sexual orientation, age, physical or mental disability, marital status, family or carer responsibilities, pregnancy, religion, political opinion, national extraction, and social origin.

Associated

United Nations Declaration on the Rights of Indigenous Peoples
Indigenous peoples and individuals are free and equal to all other peoples and individuals and have the right to be free from any kind of discrimination, in the exercise of their rights, in particular that based on their indigenous origin or identity.

United Nations Universal Declaration of Human Rights

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Discrimination exists;
it’s hiding under the iceberg.

#1088

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THE CULTURAL SAFETY GAP

Experiences of NSW culturally and linguistically diverse nurses and midwives

NSW Nurses and Midwives' Association
Australian Nursing and Midwifery Federation NSW Branch

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