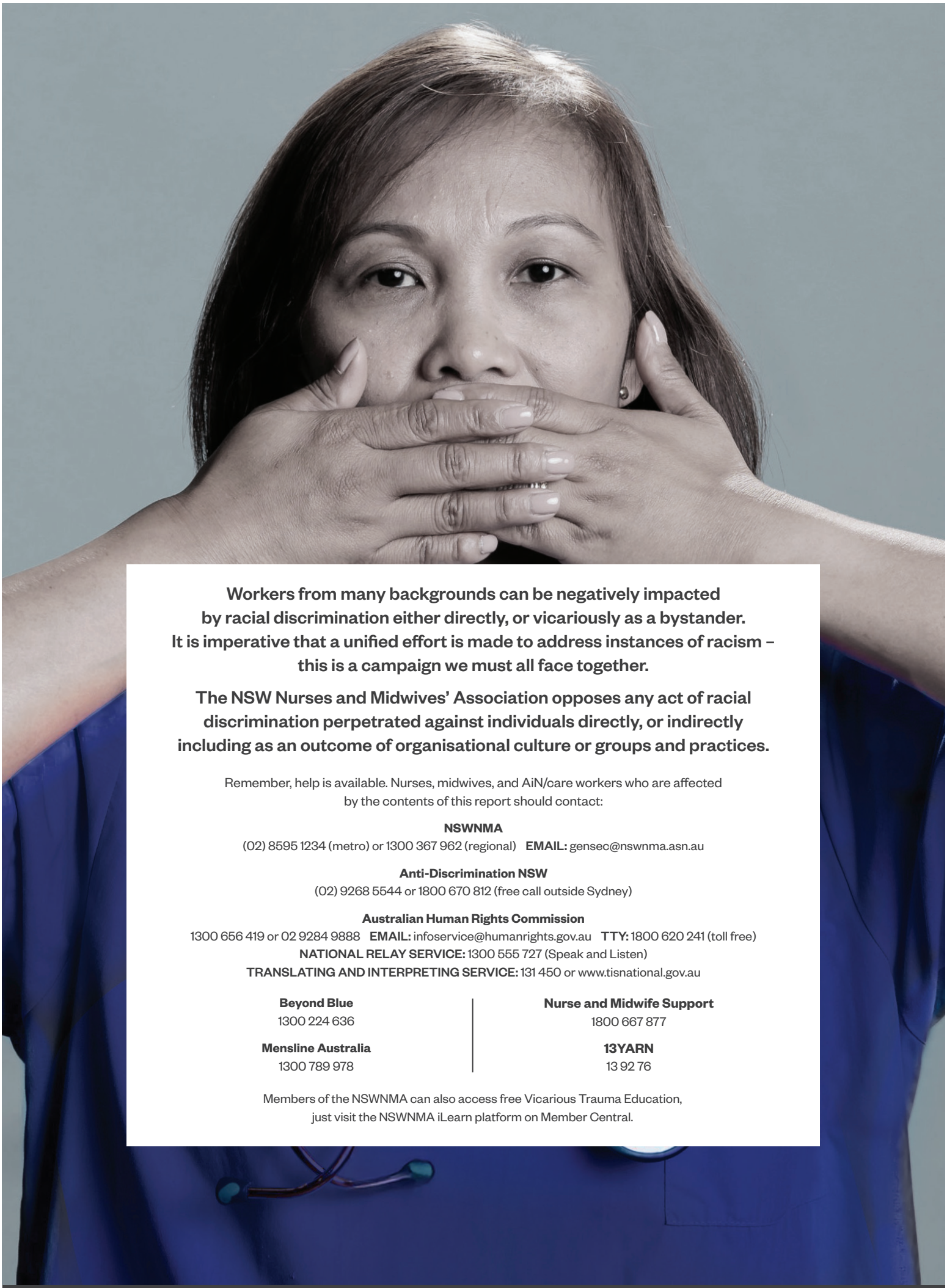
NSW NURSES & MIDWIVES' ASSOCIATION

AUSTRALIAN NURSING & MIDWIFERY FEDERATION NSW BRANCH

PROFESSIONAL ISSUES

Standing together against racism

Exploring NSW nurse, midwife, and AiN/care worker experiences with racism at work



Workers from many backgrounds can be negatively impacted by racial discrimination either directly, or vicariously as a bystander. It is imperative that a unified effort is made to address instances of racism – this is a campaign we must all face together.

The NSW Nurses and Midwives' Association opposes any act of racial discrimination perpetrated against individuals directly, or indirectly including as an outcome of organisational culture or groups and practices.

Remember, help is available. Nurses, midwives, and AiN/care workers who are affected by the contents of this report should contact:

NSWNMA
(02) 8595 1234 (metro) or 1300 367 962 (regional) **EMAIL:** gensec@nswnma.asn.au

Anti-Discrimination NSW
(02) 9268 5544 or 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 224 636

Mensline Australia
1300 789 978

Nurse and Midwife Support
1800 667 877

13YARN
13 92 76

Members of the NSWNMA can also access free Vicarious Trauma Education, just visit the NSWNMA iLearn platform on Member Central.

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PROFESSIONAL ISSUES

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Racism is the process by which systems and policies, actions and attitudes create inequitable opportunities and outcomes for people based on race. Racism is more than just prejudice in thought or action. It occurs when this prejudice – whether individual or institutional – is accompanied by the power to discriminate against, oppress or limit the rights of others.

Australian Human Rights Commission 2025

Culturally and Linguistically Diverse (CALD)

Refers to members of the NSWNMA who are from non-Indigenous cultural and linguistic groups within the Australian population who identify as having cultural or linguistic connections with their place of birth, ancestry or ethnic origin, religion, preferred language, or language spoken at home and who may face marginalisation.

NSWNMA Professional Reference Group (CALD)

Adopted by the NSWNMA 2023

Code of Conduct for Midwives and Code of Conduct for Nurses

To ensure culturally safe and respectful practice, midwives/nurses must: create a positive, culturally safe work environment through role modelling, and supporting the rights, dignity, and safety of others, including women/people and colleagues.

3.2(f)

Nursing and Midwifery Board of Australia (2018, updated June 2022)

Aboriginal and Torres Strait Islander

Aboriginal and Torres Strait Islander people are the sovereign Traditional Owners of Australia, thriving on this continent prior to European invasion.
The Traditional Custodians in NSW represent a vast range of Aboriginal 'Countries' with diverse languages, cultural practices, and spiritual beliefs.
The term 'Aboriginal' does not include Torres Strait Islander people;
The NSWNMA refers to both Aboriginal and Torres Strait Islander people to accurately represent members of both races who live and work throughout NSW.

In 2024, the NSW Nurses and Midwives' Association (NSWNMA) undertook a second survey of its membership, exploring their experiences of racism in the workplace. Building on from a previous survey and subsequent report in 2019 titled '*The Cultural Safety Gap*'[1]. In total, 3,289 nurses and midwives working across regional, remote, and metropolitan areas of the state's public, private, and aged care sectors responded. Their experiences are detailed in this report.

As the Traditional Owners of Australia, Aboriginal and Torres Strait Islander members are not included in the NSWNMA definition of CALD; however, as their experiences are shared, this cohort was invited to take part in this survey. We acknowledge that racism has deeply affected Aboriginal and Torres Strait Islander people, causing generations of dispossession, marginalisation, and cultural loss through discriminatory policies and practices.

It is disappointing that this survey demonstrates little progress has been made in tackling racism since our 2019 report was published. It's time for all stakeholders to reflect, and work together with affected workers and organisations to address racism and its impacts in a more intentional way. The NSWNMA adopts the position that racism should never be tolerated. We wish to thank our members, particularly our Professional Reference Group (CALD) for their valuable insights in co-designing the survey and preparing this report. We thank each member who took the time to respond to the survey. Our advocacy for safer workplaces continues with you.

1 NSWNMA (2019) *The Cultural Safety Gap*. Available at: https://www.nswnma.asn.au/wp-content/uploads/2023/08/CaLD-Report-FINAL-lr.pdf. This survey explored not only incidence and type of racism experienced, but also the way racism impacts the broader workforce, workplaces, and professional development including fiscal impacts

Introduction

Historic patterns of migration to Australia make it a diverse country, and this is reflected in the nursing and midwifery workforce. In addition to nurses and midwives born in Australia with a CALD background, there is a steady stream of new migrant workers. This includes those entering through the Pacific Australia Labour Mobility (PALM) scheme[2], and new Aged Care Industry Labour Agreement[3].

Initiatives that recognise overseas qualifications through the *Trans-Tasman Mutual Recognition Act (TTMR)*[4] and more recently, increases to eligible countries for nurses accessing streamlined registration pathways[5], will ensure this trend not only continues but also accelerates the number of internationally qualified nurses, midwives, and AiN/care workers working in the state's health and aged care settings.

In 2023/24, 16,622 international nurses and 351 international midwives entered the profession in Australia. This represented a 48.6% and 28.6% increase respectively compared to the previous year[6].

The Australian nursing and midwifery workforce relies on internationally qualified nurses and midwives to plug workforce gaps.

The lack of midwifery graduate university places, undersupply of nurses and midwives in rural areas, the exodus of workers seeking better pay and conditions in other states and territories, along with the early exit from the workforce of more experienced nurses and midwives, have all compounded employment issues in NSW.

Latest data[7] shows that in 2024-25, the Health Care and Social Assistance industries have had the highest number of visas granted. The 3,040 visas granted represents 17.2% of all visas offered. Registered Nurses (Aged Care) are ranked 11th for primary applications granted in 2024-25, with a 244.1% increase on the previous year. Specifically, in NSW, Registered Nurses (Aged Care) are ranked 9th for primary applications granted in the same period, a 162% increase year-on-year. Personal care workers are ranked 11th for primary applications, a 369% increase.

3,040
visas granted
for the Health Care and Social Assistance industries in 2024-25

+244.1%
Registered Nurses (Aged Care)
application increase

+369%
Personal care workers
application increase

2 https://www.palmscheme.gov.au

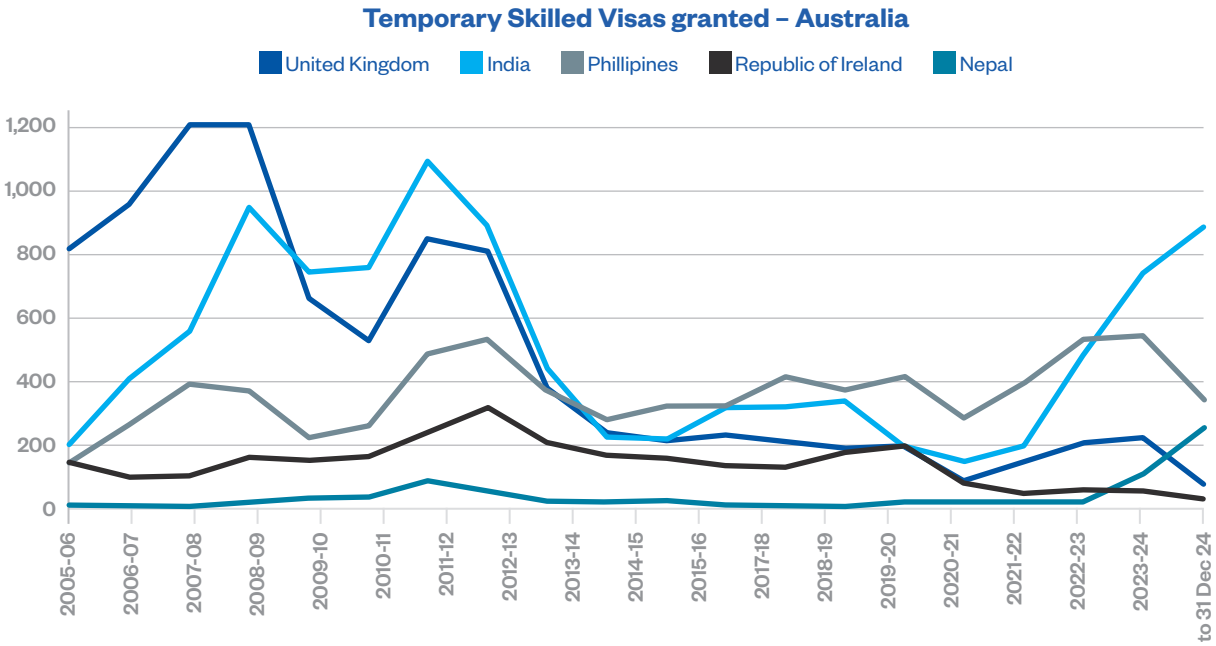
3 https://immi.homeaffairs.gov.au/what-we-do/skilled-migration-program/recent-changes/new-aged-care-industry-labour-agreement

4 https://www.legislation.act.gov.au/a/1997-30/default.asp

5 https://www.ahpra.gov.au/News/2025-01-27-media-release-IQRN.aspx

6 Ahpra & National Boards (2024) Annual Report 2023/24. https://www.ahpra.gov.au/Publications/Annual-reports.aspx#

7 Australian Government Department of Home Affairs (2024) Temporary resident (skilled) report. https://www.homeaffairs.gov.au/research-and-stats/files/temp-res-skilled-report-30-sep-2024.pdf



In NSW, data indicates Temporary Skilled Visas granted to the UK and Ireland have decreased to almost insignificant numbers, while India, Philippines and Nepal have commenced a resurgence in the last two years. These figures show our health and aged care workforces are growing in diversity and this should inform employee support strategies going forward.

When nursing and midwifery workforces reflect the diversity of the communities that they serve, better health outcomes are achieved[8]. This is a model of care that has operationalised in many health and aged care settings within NSW. However, our survey shows that racism remains a significant, present, and continual risk to the work of nurses, midwives, and AiNs/care workers. We all have a shared duty to address racism and chart a brighter path forward for workers.

Racism compounds the regular day-to-day challenges faced by nurses, midwives, and AiNs/care workers, and this represents a genuine psychosocial risk for workers.

This survey also recognises that we have broader work to do to influence positive change in the structures that govern the professions of nursing, midwifery and AiN/care workers. Agencies charged with upholding public safety must continue their important work to mitigate any chance of inequitable regulation.

It is acknowledged that racism cannot be eliminated in isolation of wider societal change, government reform, and intentional anti-racist action. However, it is important to keep conversations alive and remain vigilant to its presence and negative impact on victims, bystanders, and organisations.

The findings of this survey are significant, and the report makes eight recommendations for action based on the lived experiences of nurses, midwives and AiN/care workers. We all have a role to play in seeing these recommendations through. The report offers sector-specific insights which should be considered relative to the broader Australian Human Rights Commission National Anti-Racism Framework[9] and subsequent Federation of Ethnic Communities' Councils of Australia (FECCA) report[10].

8 Stanford F. C. (2020). *The importance of diversity and inclusion in the healthcare workforce.* Journal of the National Medical Association, 112(3), 247–249.

9 National Anti-Racism Framework | Australian Human Rights Commission https://humanrights.gov.au/our-work/race-discrimination/projects/national-anti-racism-framework

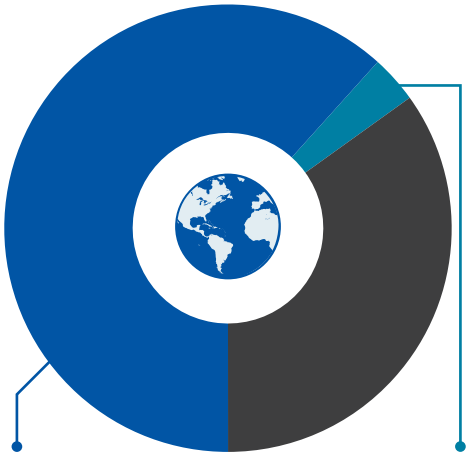
10 FECCA (2024) An Anti-Racism Framework: Experiences and Perspectives of Multicultural Australia: Report on the national community consultations. Available at: FECCA-NARF-Report-V6-1.pdf

Summary of recommendations

1. Psychosocial workplace hazards, including racism be identified and actioned
2. Policies and training on incident reporting ensure workers are knowledgeable about and supported to report psychosocial hazards, including racism
3. Employers ensure all staff complete bystander action education
4. Employers implement and monitor the effectiveness of co-designed anti-racism training
5. Anti-racism framework co-designed with Aboriginal and/or Torres Strait Islander workers
6. Prioritise elimination of institutional racism by implementing policies that promote diversity, equity, and inclusion
7. Regulatory bodies governing the practice of nurses, midwives and aged care workers should enhance data collection to enable identification of potential systemic racism, taking remedial action where this is suggested
8. Systems be implemented to assess and report on the personal and fiscal impacts of racism on workers and the workplace

Who completed the survey?

3,289
NSWNMA members

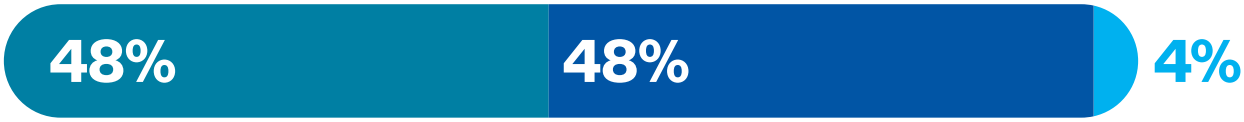


1,992 Non-CALD
1,123 CALD
108 Aboriginal/Torres Strait Islander

Sector[11]

Public Health | **Private Hospitals** | **Aged care** | **Other services** (NGOs, Education or Travel Health)

Location



Metro | **Regional** | **Remote**

11 Shows a representative sample against current sector breakdown within the NSWNMA of 67% Public Health, 16% Aged Care, 10% Private Hospitals and 7% Other Services/unspecified.

12 Members working in medical centres, GP services, private sector specialist services, community care, private sector day procedure centres, education, occupational health, assisted living, public service settings, private justice/maternity/mental health services, telehealth, disability services, IVF clinics.

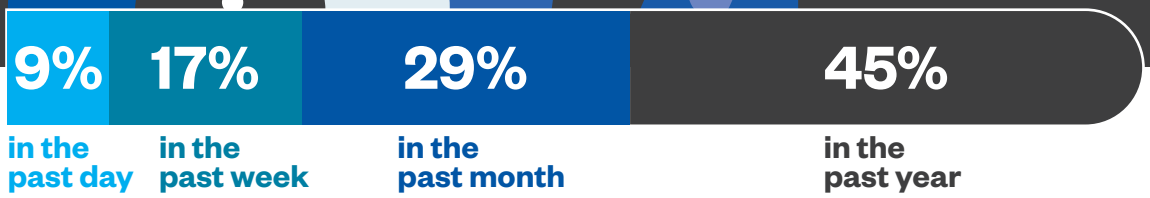
RECOMMENDATION ONE

Psychosocial workplace hazards, including racism be identified and actioned

RECOMMENDATION TWO

Policies and training on incident reporting ensure workers are knowledgeable about and supported to report psychosocial hazards, including racism

64% nurses, midwives, and AiNs/care workers had been **a direct victim of racism**



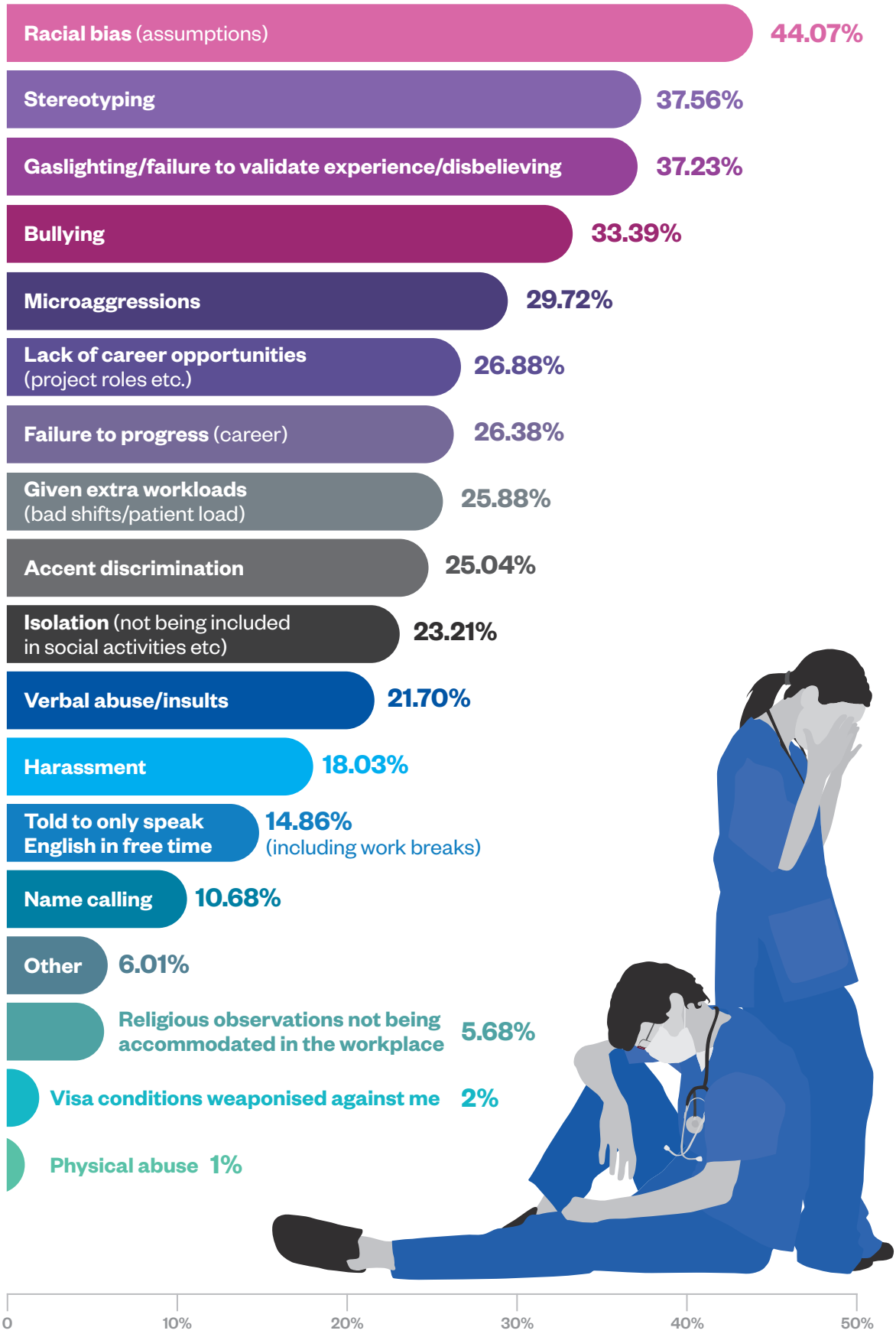
Our reporting shows 70% of the total number of nurses, midwives and AIN/care workers believe that racism exists in their workplace. Of those who identify as having a CALD and/or Aboriginal and/or Torres Strait Islander background, 64% had been a victim. Of these, 9% had experienced this within the past day, 17% in the past week, 29% in the past month, and 45% in the past year. Racism was listed as an ongoing issue for 58% of respondents.

The repercussions of racism at work can come at any time, and it has a substantial impact on workers and the workplace culture. Nurses, midwives, and AiNs/care workers reported that while colleagues could be their best supporters, co-workers were also among the main perpetrators. This signals that there is still much work to be done by all parties to help foster a safer environment.

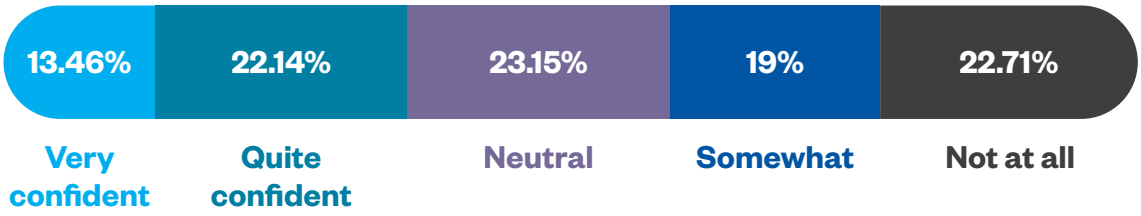
> “It’s in every hospital in NSW and has been for the last 15 years of my experience.” **Enrolled Nurse, NSW Health**

> “Daily I meet at least a patient that asks uncomfortable questions, or you clearly see they would rather ask and believe someone that looks like them.” **Registered Nurse, Private hospital**

What form did the racism take?



How confident are you in your manager/employer's ability to effectively manage a report of racial discrimination?



Colleagues were cited as the main source of racist behaviour by 68% of respondents. Managers were identified in 43% of responses, with residents/patients pinpointed in 41% of replies. Visitors and other classification of workers were also noted.

The type of racism experienced varied with the most common types being racial bias (assumptions), stereotyping, and gaslighting. Other highly prevalent forms of racism included isolation, and microaggression. Social isolation was experienced by 23% of nurses, midwives, and AiNs/care workers who identified as having a CALD and/or Aboriginal and/or Torres Strait Islander background.

These workplace safety hazards are matters that often fall outside the usual scope of incident reporting, which has traditionally focused exclusively on physical harms. Changes to the Work Health and Safety (WHS) legislative framework in NSW have further clarified that psychosocial hazards, including exposure to racism are WHS issues that must be managed holistically alongside the more traditional physical hazards. Without good data, the extent of the problem is hidden, and this makes it hard for relevant parties to come together to address systemic examples of racism in the workplace.

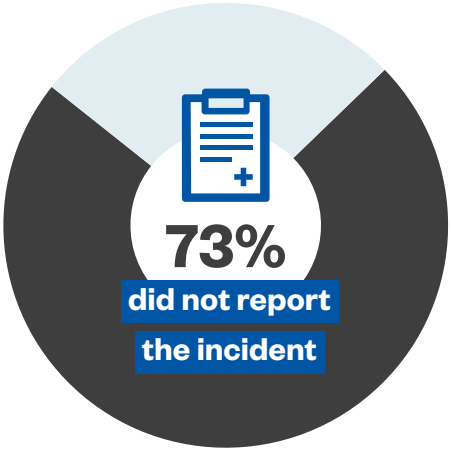
Relying solely on workers using formal grievance systems can sometimes minimise the serverity of this issue, and it can make it harder for employers to take timely action to rectify the situation. Current grievance procedures can prove lacking because they tend to:

1. Focus on grievances with other staff (ignoring potential examples of racist behaviour from patients, residents, and visitors), and
2. Be focused on investigation of allegations and disciplinary processes where allegations can be proven but often fail to consider the safety of the worker/s making the report.

Workers are often very reluctant to use these types of formal grievance processes for anything but the most egregious of behaviours, leaving people exposed to the cumulative effect of ongoing racist behaviours. Nurses, midwives, AiNs/care workers report they are often left second guessing whether their experience occurred due to racial bias, or did occur at all, due to a perceived or real lack of support from those around them. In other instances, they excuse or tolerate the behaviours to avoid making a bad situation worse.

> "Sometimes it's so subtle you remain questioning yourself what just happened or just feel uncomfortable after an interaction."
>
> **Registered Nurse, Private hospital**

> "I had depression because of how excluded I was at my workplace, and I blamed my married life for my depression so no one would pick on me."
>
> **Midwife, Private hospital**



Employers should feel empowered to enact their legal obligations in ensuring the safety of their workers. This includes the shared commitment of ensuring workers are not physically or psychologically harmed as a result of racism. It is imperative that risk mitigation strategies are well developed to assist with this work.

Many nurses, midwives, and AiNs/care workers either felt unsafe reporting, or lacked confidence in approaching a senior colleague to address their personal circumstances.

In total, regardless of background, only one-third of nurses, midwives and AiNs/care workers felt confident in the upward referral processes to manage a report of racism. Alarmingly, 88% of respondents said they received no support following an incident. Our report found that more than 70% of nurses, midwives, and AiNs/care workers who have been the target of racism did not report the incident. In cases that were reported, respondents felt their concerns were not properly managed.

> We have had documented, written complaints about a staff member who had used racist terms - and was aware she was using racist terms - but the manager refused to have a 'formal' meeting with her. HR said to make her read and sign the Code of Conduct, that was all. This happened while all the work computer screensavers said that racism and discrimination were not tolerated, and to report it. We did, but it didn't go anywhere.
>
> **Registered Nurse, NSW Health**

> I didn't report, I didn't want things to get worse, and it would not have helped my safety at all.
>
> **Enrolled Nurse, NSW Health**

> I have been through hell for defending the rights of workers from other countries and (was) forced to resign from my job of many years.
>
> **Enrolled Nurse, Aged care**

> Higher managers do not seem to believe or brush it off, saying they have more important things to attend to.
>
> **Midwife, Private Hospital**

Racism that was reported was in some cases, poorly managed, ignored, or trivialised. This created a barrier to future reporting and left nurses, midwives and AiNs/care workers at risk. Some respondents have told us there was no other option than to leave their job, or their profession entirely. This has a lasting impact on the worker, and further compounds recruitment and retention initiatives for employers.

By contrast, in instances where reported racism was acted upon in a swift and decisive manner, respondents suggested this helped create a safer working environment and built confidence in the employer's management and referral processes.

Many nurses, midwives, and AiNs/care workers have sought support from the NSWNMA to resolve their concerns. However, there are numerous measures that still warrant implementation in workplaces to help minimise the risk of exposure to racism.

Three quarters of respondents who reported having a CALD and/or Aboriginal and/or Torres Strait Islander background said it would be useful to have access to an independent support person from a similar background to them.

Other suggestions for improving workplace support included effective policy, open communication, greater workforce diversity, appropriate education, open disclosure, confidentiality, and effective conflict resolution.

> "This matter was reported to the manager and the resident was called out on this behaviour and told it was unacceptable. The manager spoke about it openly in all staff meeting that no one should condone this behaviour."
>
> **Registered Nurse, Aged care**

> "My Acting NUM tried to give me a smaller patient load to enable me to have extra time to assist completing the outstanding tasks within a reasonable time."
>
> **Enrolled Nurse, NSW Health**

> "My colleagues and NUM helped me to overcome the incident, and the emotions related to it."
>
> **Registered Nurse, NSW Health**

> "We have no measures in our workplace, but we do look after each other. If anyone that is a patient, doctor, nurse, clerical or other are being subjected to…racial attacks we would all stand together to stop it. There is absolutely no place for that rubbish in my unit, be it racial or any other discrimination."
>
> **Registered Nurse, Private hospital/sector**

RECOMMENDATION THREE

Employers ensure all staff complete bystander action education

3 in 5
nurses, midwives, and AiNs/care workers had witnessed racism in their workplace as a bystander

Almost 60% of survey respondents had witnessed racism in their workplace as a bystander. Of this group, 12% reported seeing racism in the past day, and 22% in the past week. However, only 14% of respondents said bystander education was made available at their workplace.

Although 31% of nurses, midwives, and AiNs/care workers felt confident in their colleagues having the skills to take bystander action, only 16% of those who had been a target of racism reported someone had stepped in to support them at the time.

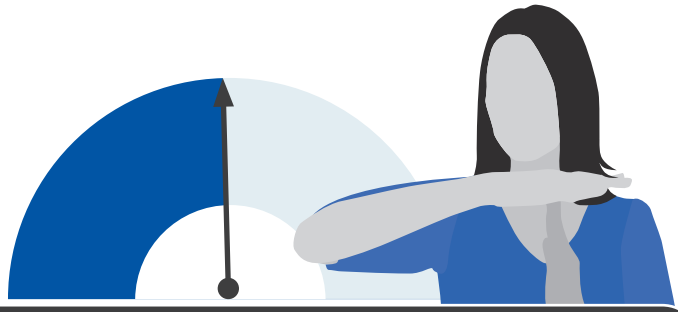
Around half of those surveyed said they felt safe to report racism and/or intervene, in some cases where this action had been taken it had helped. Many stated it was colleagues, peers from a similar background, a supportive manager, or the human resources department that had provided beneficial assistance. This demonstrates the potential for well-supported bystander action and we should see this as an endorsement for the widespread implementation of bystander education initiatives.

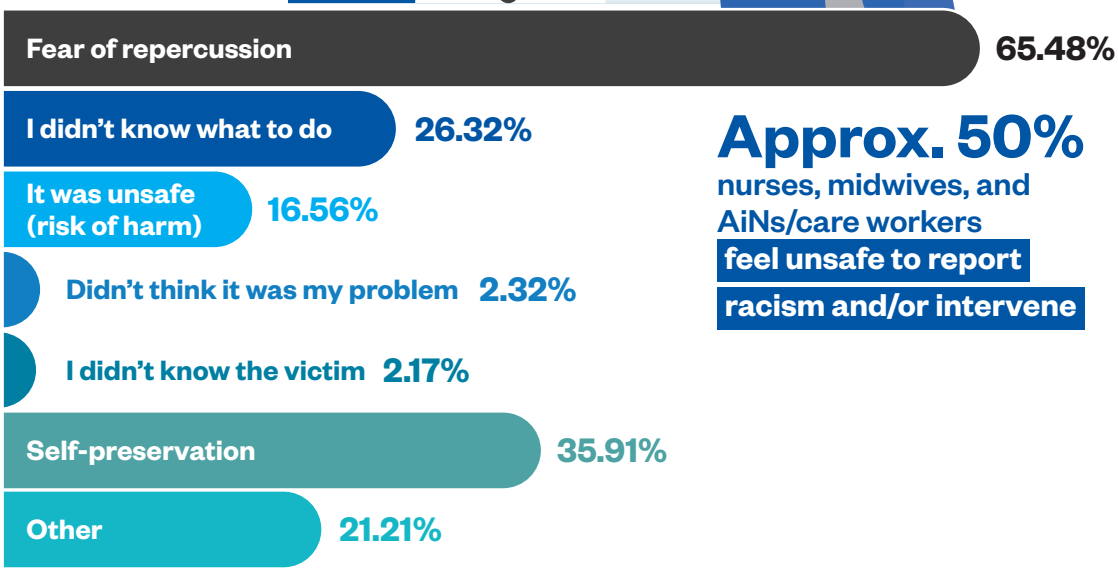
> “My bystander wrote a letter to my manager, who acted swiftly to stop the inappropriate behaviour. The perpetrator was given a warning and eventually left because I kept being nice and always respectful whenever we saw each other.”
>
> **Assistant in Nursing, Aged care**

> “My manager was monitoring the situation more often, coming to ask me if anything was wrong.”
>
> **Registered Nurse, NSW Health**

> “The support was from my colleagues who have experienced the same.”
>
> **Registered Nurse, NSW Health**

Barriers to reporting as a victim or bystander





Approx. 50%
nurses, midwives, and AiNs/care workers **feel unsafe to report racism and/or intervene**

However, a similar number of respondents did not feel safe to report or intervene as a bystander to an incident of racism. Fear of repercussion stopped 65% of respondents, and 36% did not intervene to ensure self-preservation. More than a quarter of nurses, midwives, and AiNs/care workers said they were unsure how to take bystander action. In their comments, many explained that their hesitance was due to prior inaction from those with greater authority, disbelief, or the lack of protection when raising concerns as a bystander.

From our survey, we believe that workplaces without a sound bystander education program experience poorer outcomes in handling reports of racism. This may lead to unchecked second-hand or vicarious trauma among workers, and this is a significant psychosocial risk not only to the victim, but also to those who witness the incident.

The Association's view is that any cost for implementing or strengthening bystander education is far outweighed by the reduced risk of racism in the workplace.

> "I reported racism even though it was uncomfortable for me"
>
> **Registered Nurse, NSW Health**

> "I stayed quiet during the interaction but I spoke to the person (victim) afterwards and offered support and suggested they report it and I would be witness."
>
> **Registered Nurse, Aged Care**

> "I acted because I know what it feels like to be on the receiving end, not because I felt safe or anything."
>
> **Registered Nurse, NSW Health**

RECOMMENDATION FOUR

Employers implement and monitor the effectiveness of co-designed anti-racism training

As it relates to the perceptions of incidence of racism in the workplace, there were differences between those respondents who did identify as having a CALD and/or Aboriginal and/or Torres Strait Islander background, and those who did not.

Of those with a CALD and/or Aboriginal and/or Torres Strait Islander background, 81% of respondents believed racism did exist in the workplace, compared to 70% of the total responders.

Almost 80% of those with a CALD and/or Aboriginal and/or Torres Strait Islander background thought colleagues needed to receive education about racism, compared to 62% of those who did not identify.

These differences in perception do not suggest nurses, midwives, and AiNs/care workers from non-CALD and/or Aboriginal and/or Torres Strait Islander backgrounds are perpetrators of racism, however, it does demonstrate a difference in perception and recognition of racism as an issue in the workplace. Additionally, it creates a credible case for the co-design of education with nurses, midwives, and AiNs/care workers who have lived experience of racism.

Some respondents who did not identify as having a CALD and/or Aboriginal and/or Torres Strait Islander background reported being subject to racism themselves. Many referred to unacceptable workplace behaviours as 'reverse racism'[13]. Since racism is also defined by a presence of power, it is unlikely the experiences of these members fall within the category of racism in an Australian context, though they may have experienced discrimination, bullying, harassment or microaggressions.

Though other countries may differ in their approach to how racism is defined, European colonisation since 1788, dispossession and government policies like the White Australia policy[14], have created systems that position power away from people of Aboriginal and/or Torres Strait Islander and CALD backgrounds. This has resulted in white[15] people having disproportionate advantage over others[16].

Safety concerns such as bullying, harassment, and isolation, can be perpetrated and experienced by any nurse, midwife, or AiN/care worker, regardless of their background, and this must be mitigated for all staff.

Employers should be empowered to take the relevant action needed to ensure their staff understand the concept of racism in the Australian context. Without this education, we are likely to see further eroding of reporting systems as some staff will continue to be unaware of expectations regarding acceptable workplace behaviour.

13 Roussell, A., Henne, K., Glover, K. and Willits, D. (2017) *Impossibility of a "Reverse Racism" Effect*. Criminology & Public Policy. 10.1111/1745-9133.12289.

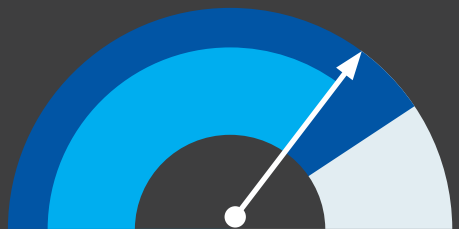
14 https://www.naa.gov.au/explore-collection/immigration-and-citizenship/immigration-restriction-act-1901#about

15 Caucasian or those with Anglo Saxon backgrounds.

16 Anderson, P., Mapedzahama, V., Kaabel, A. and O'Leary (2022) *Racism at Work: How Organisations Can Stand Up to and End Workplace Racism*. Sydney: Diversity Council Australia.

RECOMMENDATION FIVE

Anti-racism framework co-designed with Aboriginal and/or Torres Strait Islander workers

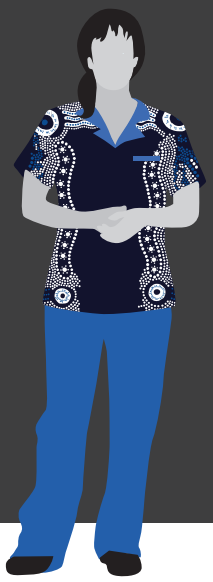


86%

nurses, midwives, and AiNs/care workers with Aboriginal and/or Torres Strait Islander background said

racism exist in the workplace

compared to 70% of all respondents



Experiences of racism and racial discrimination are common for Aboriginal and/or Torres Strait Islander People. This is an ongoing consequence of colonisation, systemic oppression, and the exclusion and disempowerment of Indigenous Australians[17]. In 2020 the Gari Yala (Speak the Truth) report revealed that Indigenous employees continue to experience significant workplace racism and exclusion, and that racism is impacting wellbeing and job satisfaction[18]. Our survey shows there has been little change to the experience of Aboriginal and/or Torres Strait Islander nurses, midwives, and AiNs/care workers since these findings were reported.

We believe the Gari Yala report is substantial in helping inform employers of the best approaches to tackling workplace racism. Almost three-quarters of respondents who took part in our survey reported that their employer offers specific Aboriginal and/or Torres Strait Islander anti-discrimination training. However, a higher percentage of nurses, midwives, and AiNs/care workers who identified as having an Aboriginal and/or Torres Strait Islander background said there was racism in the workplace (86% compared to 70% of all nurses, midwives, and AiNs/care workers). They also identified a higher need for racism education for their peers (82% compared to 68% of all respondents).

> “My manager has communicated that I was at fault for being racially profiled.”
>
> **Registered Nurse, NSW Health**

> “I did escalate to my manager who then proceeded to gaslight me and use the phrase ‘you call yourself that so it’s fine.’”
>
> **Midwife, NSW Health**

Responses from members of Aboriginal and/or Torres Strait Islander background.

17 Truong, M. and Moore, E. (2023) Racism and Indigenous wellbeing, mental health and suicide. AIHW 2023. *Racism and Indigenous wellbeing, mental health and suicide*. https://www.indigenousmhspc.gov.au/getattachment/72f9d6ff-14fe-4c3b-8705-dce479bce7bb/racism-and-indigenous-wellbeing.pdf?v=1458

18 Diversity Council Australia/Jumbunna Institute (Brown, C., DAlmada-Remedios, R., Gilbert, J. OLeary, J. and Young, N.) *Gari Yala (Speak the Truth): Centreing the Work Experiences of Aboriginal and/or Torres Strait Islander Australians*, Sydney, Diversity Council Australia/Jumbunna Institute, 2020.

A sizeable percentage of our respondents (68%) claim to have been a victim of racism in the workplace. Stereotyping, gaslighting, and racial bias emerged as the top examples. Physical abuse also proved more likely, however, only 36% of respondents claim to have reported the incidents. This shows that we all have a role to play in creating safer workplaces where workers feel suitably supported to report inappropriate conduct.

“

I have found myself withdrawing from old groups. I now only participate in activities with other Aboriginal colleagues. I have also informed work I won't be going to any more cultural events/functions to support our work at these events.

Registered Nurse, NSW Health

I wouldn't feel comfortable telling certain colleagues I took NAIDOC leave this month. I wouldn't feel comfortable telling certain colleagues about my recent sorry business…for fear of being judged for taking leave.

Registered Nurse, NSW Health

I am socially isolated, especially since the no vote (on the Voice to Parliament), we are hated.

Registered Nurse, NSW Health

This is the fourth person I've faced racism from this year at work. The referendum has made a lot more people think they can open their mouths and say anything about Aboriginal (people) it feels.

Registered Nurse, NSW Health

”

“

I resigned from the work force in March due to (a) lack of respect of myself, my culture, and work ethic, it is very hard to stay in a job that is unsupportive, and I will never go back.

Registered Nurse, NSW Health

The racism I've experienced at work has significantly impacted my mental wellbeing. I have felt increased stress and anxiety, leading to sleepless nights and difficulty concentrating. This has affected my overall health, contributing to frequent headaches and a general feeling of being overwhelmed.

Personal Care Worker, Aged care

I was teary and mentally drained from the racial abuse from the clients to the point I had enough. Luckily, an Elder came to my work that day and allowed me to talk.

Enrolled Nurse, NSW Health

”

Responses from members of Aboriginal and/or Torres Strait Islander background.

Respondents identified embarrassment, lack of personal confidence, lack of confidence in organisational systems, and lagging Cultural Safety in workplaces, as the key barriers to report instances of racism. This suggests a rethink of organisational approaches to Cultural Safety may be necessary to creating a long-term environment that is safer and better informed.

More than a quarter of Aboriginal and/or Torres Strait Islander respondents reported feeling socially alienated at work, some claiming they had to hide their cultural background, and others stating the Voice to Parliament campaign had compounded exposure to racism in the workplace.

Reports of racism having a negative personal and financial impact were slightly higher for those who identified as Aboriginal and/or Torres Strait Islander (44.5%), compared to those with a CALD background (41%).

Our members indicated that the presence of an Aboriginal Liaison Officer, or recognised community member in workplaces, was one of the strategies they find helpful in helping to combat cultural tension or racism in the workplace. This is a compelling opportunity for employers to engage their workers and co-design strategies that better mitigate the risk of racially-inspired psychosocial hazards.

The Department of Health and Aged Care recognises the important role co-design plays in this area, and it also acknowledges the contribution of Aboriginal and Torres Strait Islander leadership[19].

We believe the NSWNMA's findings and recommendations should aide this work, and the NSWNMA's Member Circle is prepared to be consulted on this important work as this agenda progresses throughout NSW.

The Member Circle is a network of NSWNMA Aboriginal and Torres Strait Islander nurses, midwives, and carers across all sectors (including public, private, aged care and primary health) throughout NSW. The Member Circle aims to influence policy, cultivate culturally safe workplaces and environments, and advance racial and social justice by reinforcing the NSWNMAs commitment to genuine equity, self-determination, and solidarity for Aboriginal and Torres Strait Islander peoples.

more than 1 in 4

Aboriginal and/or Torres Strait Islander nurses, midwives, and AiNs/care workers feel socially alienated at work and had to hide their cultural background

19 Department of Health and Aged Care (2022) *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031.* https://www.health.gov.au/sites/default/files/documents/2022/03/national-aboriginal-and-torres-strait-islander-health-workforce-strategic-framework-and-implementation-plan-2021-2031.pdf

RECOMMENDATION SIX

Prioritise elimination of institutional racism by implementing policies that promote diversity, equity, and inclusion

1 in 4

nurses, midwives, and AiNs/care workers with CALD and/or Aboriginal and/or Torres Strait Islander background report receiving higher workloads than other colleagues

Nurses, midwives, and AiNs/care workers who identified as having a CALD and/or Aboriginal and/or Torres Strait Islander background report experience with institutional racism. A quarter of respondents report being given a higher workload, 27% considered race to be a factor in their lack of career opportunities, and 14% had been told only to speak English during break times. In the case of 2% of respondents, visa conditions were reportedly weaponised against them.

For survey respondents, 40% of nurses, midwives, and AiNs/care workers who identified as having a CALD and/or Aboriginal and/or Torres Strait Islander background considered their voice to be less valued in the workplace. More than a quarter also believe their chances of successfully gaining professional development opportunities such as project roles had been impacted by their cultural background. A similar number believed their background had directly contributed to a failure in progressing their overall career.

> “My career progression was stunted due to experiencing racism. (It caused) me to seriously reconsider my profession. I wound up leaving the unit but stayed within the hospital, which was upsetting as I was very senior and was hoping to progress to CNS/CNE. I am now a junior in critical care.
>
> **Registered Nurse, NSW Health**

> There is an expectation that I should be less successful in all areas of my life because of my migrant status.
>
> **Registered Nurse, NSW Health**

> I saw a NUM threaten Korean nurses with visa withdrawals if they didn’t do what she asked. HR dismissed the incident as the NUM denied it and the Korean nurses were too scared to speak up. **Registered Nurse, NSW Health**”

> As a nurse, all the staff below me have been given opportunities to excel except me. I am the only Muslim on the ward.
>
> **Registered Nurse, NSW Health**

> I have applied for multiple positions to leave my current position; however, multiple opportunities have been denied due to my skill level despite having post graduate degrees. I have asked my NUM if she could mentor me to do my management course and I was told no as she has no time and was mentoring someone else who she gave a position to. Or even when applying to become a CNE or NUM for succession planning, I have been told NO as I have no potential.
>
> **Registered Nurse, NSW Health**

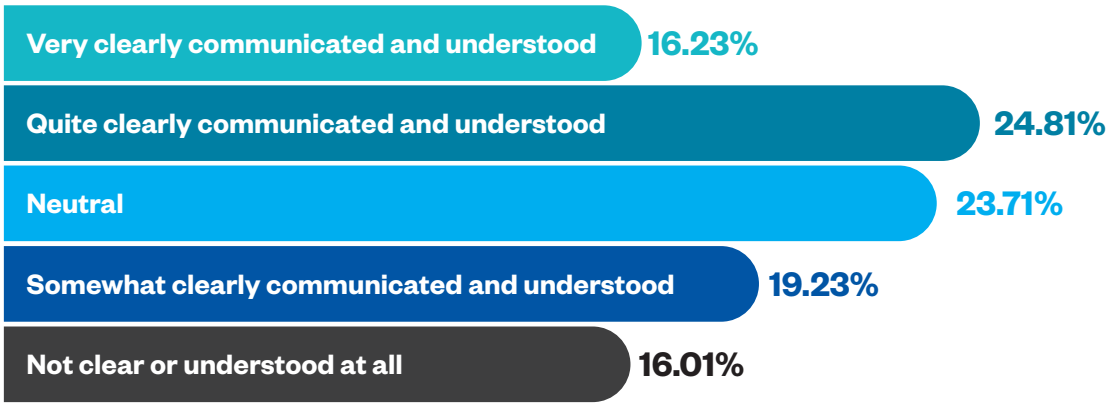
One in three respondents signalled a lack of cultural diversity and representation at higher levels within their workplace. This suggests there is more work to be done to to provide greater representation in more senior roles.

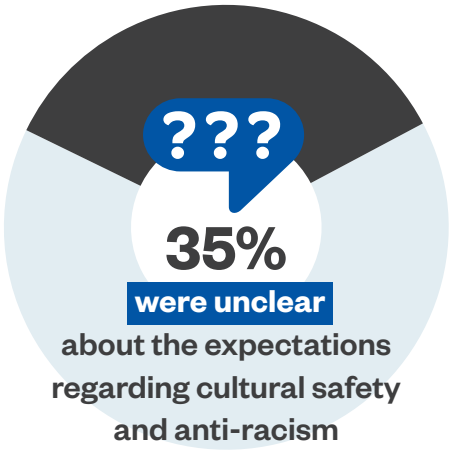
We believe institutional racial bias is unlikely to be fairly captured in any current incident management systems, and that internal governance should be reviewed to better assess the scope of this issue.

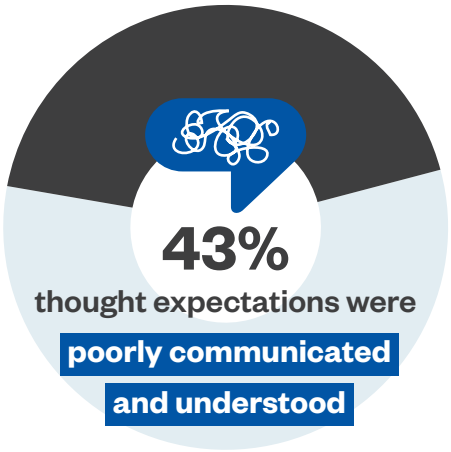
> Most of the time you can just feel it. Even during meeting time…you are just talking but nothing is being valued. **Personal Care Worker, Aged care**

> I am discouraged from speaking in meetings, I always feel like I should apologise for my existence.
>
> **Registered Nurse, NSW Health**

With regards to the expectations around cultural safety and anti-racism to protect workers, how clearly has this been communicated to, and understood by, staff at your workplace?







More than 40% of all nurses, midwives, and AiNs/care workers said their employers were clear about their staff expectations regarding cultural safety and anti-racism. This is compared to 35% who felt this was unclear.

Of our respondents, 43% thought expectations were poorly communicated and understood by patients/relatives/clients and families, compared to 32% who thought these were well communicated and understood.

These findings show that more can be done to better educate relevant parties about anti-racist practice and the appropriate conduct expectations in the workplace. It also suggests that positive enforcement is necessary to ensure long-term cultural improvements where needed. Unless work is done to recognise unconcscious bias and monitor the occurance of reported or witnessed racism, workers will continue to be exposed to psychosocial hazards, and employers will grapple with turnover of staff and further recruitment complexities.

> “The manager just apologised but didn’t take any action against the bully.
>
> **Registered Nurse, Private hospital/sector**

> No action is taken against the offenders… (they) tend to find out, which causes rumours to spread, and the workplace environment becomes more hostile. **Registered Nurse, NSW Health**”

We believe workplaces are at their best when they embrace diversity. This report, alongside the work of the Australian Human Rights Commission, should help inform practical actions for positive change.

RECOMMENDATION SEVEN

Regulatory bodies governing the practice of nurses, midwives and aged care workers should enhance data collection to enable identification of potential systemic racism, taking remedial action where this is suggested

Of the nurses, midwives, and AiNs/care workers who identified as having a CALD and/or Aboriginal and/or Torres Strait Islander background, 60% of these respondents believe they are more at risk of unfounded professional/work-related complaints, or are unsure about the risk entirely.

> “As a person of colour, I constantly feel that whatever I do is always under microscope and…that I must be three times better at everything I do.
>
> **Registered Nurse, NSW Health**

> Sometimes (it) feels like there's extra eyes on you, waiting for something to go wrong to then get it reported.
>
> **Registered Nurse, NSW Health**

> I feel as though I have a target on my back and need to double-check to prove myself every time.
>
> **Registered Nurse, Private hospital/sector**”

Responses from members of CALD and/or Aboriginal and/or Torres Strait Islander background.

A shortfall in publicly-available data means the percentage of nurses and midwives from these backgrounds who are reported, subject to conditions on their registration, or removed from the register entirely, remains unclear.

The NSWNMA provides support and educational assistance to members who are subject to the Nursing and Midwifery Council of NSW performance assessment process. **In 2024, 57% of those who received assistance were from CALD backgrounds. These findings highlight an over-representation of CALD members within the regulatory process.**

Though responses suggest those with CALD and/or Aboriginal and/or Torres Strait Islander backgrounds face additional professional scrutiny, there is no publicly available data to evidence the cause. This is a timely reminder for regulatory bodies to closely examine the data available to help determine any potential indicators of systemic racism, or negative racial bias. In doing so, parties will be able to work together to address these disparities and create a safer workplace environment.

RECOMMENDATION EIGHT

Systems be implemented to assess and report on the personal and fiscal impacts of racism on workers and the workplace

2 in 5 respondents had sustained personal/physical harm because of racism at work

More than a quarter of nurses, midwives, and AiNs/care workers who identified as having a CALD and/or Aboriginal and/or Torres Strait Islander background, and who said they had experienced racism, have missed work, taken sick leave, or resigned from a place of employment as a direct result. Time lost to work-related injury ranged from a single day, up to eight years. These are sobering statistics that also reflect the level of preventable lost productivity for employers.

More than 40% of respondents reported they had sustained personal/physical harm because of racism experienced at work, including damage to their mental wellbeing, family life, and financial status.

> "I've lost confidence in myself and my work. I'm depressed and get palpitations even thinking about work. It's worst on my drive to work."
>
> **Registered Nurse, NSW Health**

> "I have been on leave for such a long time because of the traumatisation due to my background identified as a Muslim, and being constantly surveyed in inappropriate ways, to the point where I don't want to go back to work. But I like my job and need to pay my bills."
>
> **Midwife, Private hospital/sector**

> "I feel depressed, lonely, and sad and defeated."
>
> **Registered Nurse, Private hospital/sector**

> "What happened to me was so alienating and destructive, I almost left the industry. I thought 'there must be something wrong with me, I must be being too sensitive, I'm not a good enough nurse otherwise they wouldn't treat me like this', etc. I felt so worthless that I couldn't even be left alone at home for months."
>
> **Registered Nurse, NSW Health**

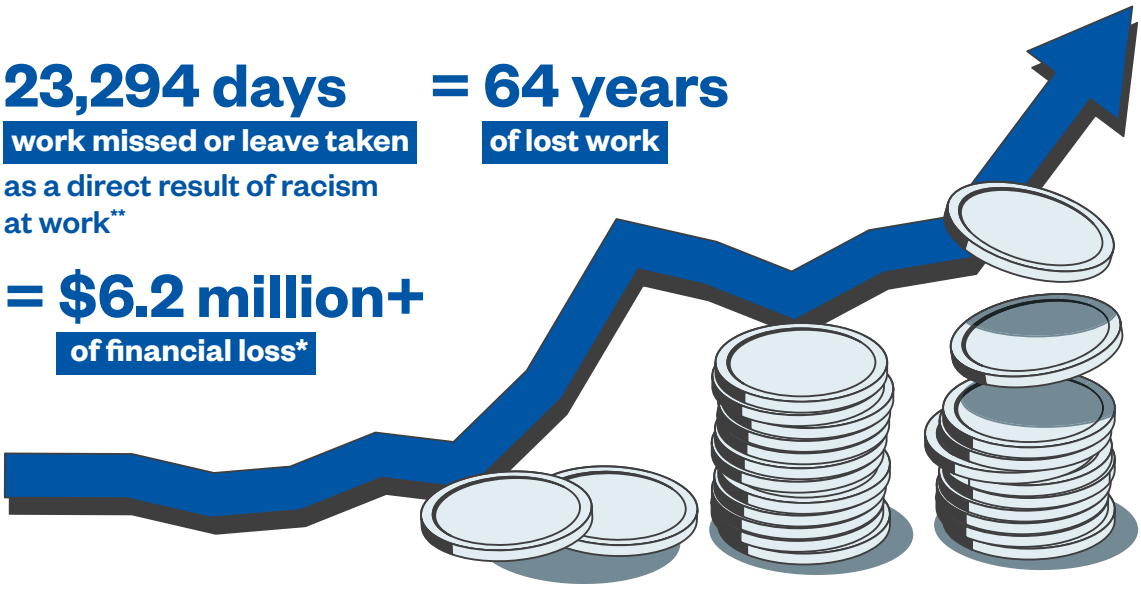
23,294 days = **64 years**

work missed or leave taken **of lost work**

as a direct result of racism at work**

= **$6.2 million+**

of financial loss*



The true cost of workplace racism may never be known. This is in part attributable to under-reporting and the unknown impact on those witnessing racism, where second hand, or vicarious trauma as a bystander may lead to significant personal injury and/or damaged financial outcome.

Based on self-reported time lost from the survey, of the respondents that have experienced racism, or been a victim of racism, it is estimated that approximately 23,294 days of work have been missed or taken as leave as a direct result of racism at work. This is equivalent to almost 64 years of lost work and more than $6.2 million ($6,232,115.74) of financial loss*.

This highlights the tangible economic impact racism has on both individuals and their employers.

Of the people who specifically identified as CALD, Aboriginal and/or Torres Strait Islander, or other (People of the global majority, Person of colour, Ethnic minority) and have experienced or been a victim of racism, we estimate 18,815 days of work, or approximately 52 years, have been missed or taken as leave as a direct result of racism.

This is equivalent to approximately $5 million ($5,124,521.42) of financial loss*.

The financial impact for the total responses, which include nurses, midwives, and AiNs/care workers who do not identify as CALD and/or Aboriginal and/or Torres Strait Islanders, was approximately $1.1 million higher than for those who did identify. This highlights the reality that productivity is lost not only to those who directly experience racism, but also those who are vicariously impacted as bystanders.

The impact on turnover rates and workforce instability cannot be overlooked, with 8.6% of all respondents indicating that racism in the workplace directly resulted in their resignation. It is estimated that this high turnover rate increases costs for employers, inflating recruitment and training expenses (e.g., supernumerary and orientation days).

Unreported racism is likely to increase these figures significantly.

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* Based on lowest possible hourly rate e.g., RN 1, EN, 1, Direct Care worker and adjusted based on sector e.g., Public Health Award, Nurses Award and Aged Care Award.

** Based on member reported data. Figure is likely to be much higher.

“

The most useful anti racism tool is individuals working alongside each other and getting to know each other. In small communities, we support each other outside of work as well. (This is done) in simple ways like shopping together, having social events, and introducing each other to non-health friends. Inside work (we achieve this) by helping each other to learn about families and life.

Registered Nurse, NSW Health

The results are shocking; yet I am glad this is out in the open. I know what I am going through in my workplace is embedded in racism but I am not given the chance to respond. Yet I am doing well this time because I know I am not alone.

Registered Nurse, NSW Health

Member, NSWNMA Professional Reference Group (CALD)^

”

^ If you would like to join this group for ongoing support and lobbying for change please contact **education@nswnma.asn.au** and be sure to provide your name and contact details in your email.

Standing together against racism

Exploring NSW nurse, midwife, and AiN/care worker experiences with racism at work

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

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Publised by the NSWNMA/ANMF NSW Branch, 50 O'Dea Avenue, Waterloo NSW 2017, Australia.

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ISBN: 978-1-921326-28-8 (Australia)

Issued September 2025

NSW NURSES & MIDWIVES' ASSOCIATION | AUSTRALIAN NURSING & MIDWIFERY FEDERATION NSW BRANCH

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.