Dr. Rick Parent, Ph.D.
Catherine Parent, M Ed.
Simon Fraser University
School of Criminology:
Police Studies Centre
8888 University Drive
Burnaby, B.C.
V5N 1S6
Canada

Telephone: 778-782-8421
Facsimile: 778-782-4712
Email: rparent@sfu.ca
Web Page: www.rickparent.ca

April 29, 2016

Mike Webb
National Manager: Risk, Assurance and Commission of Inquiry
Police National Headquarters
PO Box 3017
Wellington 6140
NEW ZEALAND

Re: Report of the Commission of Inquiry Into Police Conduct - March 2007

R17: *New Zealand Police should expand the content of its ethics training programme to include identifying and managing conflicts of interest, particularly in respect of complaints involving police officers or police associates.*

R45: *All New Zealand Police districts should implement a nationally consistent ethics training programme that all police officers are required to attend. Police officer should also be required to attend regular refresher courses on ethics.*

1. Requested Review:

Review of New Zealand's Police's progress in managing the changes called for in the 2007 Commission of Inquiry into Police Conduct (COI) as they pertain to ethics training.

This is a point-in-time review of how far the New Zealand Police has come, and how the agency is tracking to the end of the Office of the Auditor-General's mandated 10-year monitoring period through to March 2017 in regards to training centered upon ethics and ethical conduct.

2. Method of Review:

As part of this process we have reviewed the progress noted within *Annual Reports* and quarterly reports that reflect the collection of COI-related material including updates on the implementation of the 47 Police-specific COI recommendations with our focus centered upon R17 and R45.

Documents and Databases Reviewed
In addition to *Annual Reports*, the following material was reviewed:

A. Hard copy material provided to the general public and available to NZ police personnel that include the NZ Police Code of Conduct, *Our Values*, etc.

B. Electronic material that is available to the general public via the official NZ Police internet web pages. This included an examination of the www.police.govt.nz home page, and a search of material related to ethics, values, conduct and ethical conduct in general.

C. Hard copy material that is available to NZ police personnel and staff that includes:

  ▪ Early Intervention: "Putting Employees First": Stop, Pause, Engage

  ▪ NZ Police Code of Conduct - "Our Code": Professionalism, Respect, Integrity, Commitment to Māori & the Treaty, Empathy, Valuing Diversity: *Introduction, We Have High Standards, We Protect People-Our Information-Our Resources, We Do Right By Others, We Are Responsible, What Does Misconduct and Serious Misconduct Look Like?, Support.*

    ➢ NZ Police Code of Conduct: **SELF Test**
      • Scrutiny
      • Ensure Compliance
      • Lawful
      • Fair
    ➢ NZ Police Code of Conduct: **Breach of Code**
      • What is considered?

> ➢ NZ Police Code of Conduct: **Indicative Examples**
>   - Misconduct
>   - Serious Misconduct

- Ten One Magazine - Info File: "Lessons Learnt" - *Situation, Lawful vs. reasonable, Must vs. may, TENR - first, as always (threat, exposure, necessary, response) Lessons Identified: AWOCA - Ask, Why, Options, Confirm, Act.*

D. Electronic material that is available to all NZ police personnel and staff via NZ Police Intranet pages. This included an examination of the home page and a search of material related to ethics, values, conduct and ethical conduct in general. A wide variety of material guiding ethical conduct was noted within the Intranet system including:

- Instructions/manual

- Police investigations of complaints and notifiable incidents

- Summary/Introduction/Purpose/Key Principles

- Introduction: "*Police employees have a duty to perform their role in a manner that promotes the highest level of public trust and confidence in accordance with the Oath of Office, Solemn Undertaking and the Code of Conduct. Integrity and the public's perception of integrity are the cornerstones of providing unbiased and effective policing.*"

- Code of Conduct

- Independent Police Conduct Authority (IPCA)

- IPCA investigation categorisation

- Standards of Investigation

- Outcome of Investigations

- Further action: criminal

Individuals Interviewed

In addition to the review of electronic and hard copy documents, several individuals were interviewed and include:

- Tuesday, April 12, 2016 – Interview of Lesley Cornish, Senior Advisor: Commission of Inquiry, regarding organizational training as it pertains to ethics and professional development.

- Tuesday, April 12, 2016 – Interview of Josh Tabor, Director Organisational and Employee Development, regarding organizational employee development including the recently launched "Speak Up" initiative.

- Thursday, April 14, 2016 – Interview of Supt. Anna Jackson, National Manager: Police Professional Conduct, regarding professional conduct training issues including aspects of the "Early Intervention" initiative.

- Friday, April 15, 2016 – Interview of Jenny Williams, National Manager: Employee Relations, regarding employee relations including aspects of ethical training pertaining to the "Code of Conduct" initiative.

- Friday, April 15, 2016 – Interview of Jody Siegel, Principal Employee Relations Advisor, regarding the development and feedback of the "Code of Conduct" initiative.

- Tuesday, April 19, 2016 – Interview of Phill Weeks, Director of Training, regarding Royal New Zealand Police College training initiatives that have occurred and continue to evolve within a formalized training environment.

- Tuesday, April 19, 2016 – Interview of District Commander Supt. Sam Hoyle regarding ethical training initiatives and related matters as they concern operational policing.

- Tuesday, April 19, 2016 – The interview of a variety of operational police personnel (Cst.'s, Sgt.'s and Senior Sgt.'s, Police Association representative) during a tour of Wellington Central and during a ride along in Wellington District.

- Friday, April 22, 2016 – Interview of Maria Rawiri, Sector Manager, Parliamentary Group, Office of the Auditor-General regarding performance audits of the NZ Police as they relate to the COI with specific focus upon recommendations 17 and 45.

- Tuesday, April 26, 2016 – Interview of Dr. Warren Young, Group Manager: Operations, Independent Police Conduct Authority regarding the NZ Police and matters related to ethical conduct that include public complaints, trends and thoughts re: ethical training initiatives for police.

In addition to the above noted interviews, this review included the attendance of a presentation regarding "Key Findings from the 2015 Citizens' Satisfaction Survey". The one hour presentation was observed on Tuesday, April 19, 2016 at Police National Headquarters.

3. <u>Findings and Recommendations:</u>

<u>New Zealand Police: Web Page and Intranet</u>

It is granted that the home page of the NZ Police web site has a limited amount of space, however it would be of benefit to have a clear and visible statement (with linkage) regarding Values, Code of Conduct and Our Business prominently displayed. Other issues such as SNAP and Community Patrols (CPNZ) have a specific presence (and link) on the bottom of the home page while topics such as About Us, Advice, News, etc are featured at the top of the home page.

For example:

1). Absent from the home page of the NZ Police web site is a simple statement (Icon?) pertaining to Values, Vision and Code of Conduct issues - with quick access links that provide the user with detailed information. (In contrast, the New Zealand Police Association clearly displays "Mission/Objectives/Vision" upon logging onto the home page.)

2). "Our Values" is not prominently featured but rather cloaked within the Vision Statement. An individual must first read the "Vision of the New Zealand Police" statement and then, within the preamble, make note of the words "our values" and then, click on these words to access the Value statement. *There is likely a better way for this important information to be readily accessed by the public*.

3). For example, it is difficult for public users to locate this material:

- Home Page: No mention of material

- Second Level of home page: When going to the featured "About Us" page there is no mention of Values, Code of Conduct or Our Business.

- Third Level of home page: A check of <u>Publications and Statistics</u> - *not prominent*

- Third Level of home page: <u>About New Zealand Police</u> – *visible and featured.*

- Search Function takes user to: "New Zealand Police Overview"
  - Police Code of Conduct
  - Commission of Inquiry into Police Conduct
  - Our Business
  - Our Values (Placed within the "<u>Vision of the NZ Police</u>")

4). The New Zealand Police Intranet home page prominently displays "Our Way" linking individuals to resource material pertaining to ethics and professionalism. However, there were some minor issues noted in regards to Intranet information. For example:

- Some of the ethics related documents were difficult to locate.

- In other instances, 2007 documents were located but new versions (2015) could not be readily located and had to be specifically requested.

It was also noted that improvements are under way to the Intranet making this material more accessible to staff and updating previous documents.

<u>**Recommendation:**</u>
Both the external and internal web pages of police agencies serve as a valuable and important communication tool for the general public and police and civilian employees, underscoring organizational values, vision, objectives and mission statements. A web page allows an organization the opportunity to demonstrate to the public the changes it has made and the direction it is going, in a clear and transparent manner.

In addition, intranet databases and hard copy documents can provide key resource material to guide and educate employees on a day-to-day basis.

- It is recommended that the current NZ Police web page be enhanced to prominently feature the various statements and supporting documents that surround ethics and professionalism. New migrants, for example, and the public in general should be made aware of ethical initiatives undertaken by NZ Police that serve to promote public safety and security.

- The NZ Police Intranet would also benefit from a review of documents currently being housed within the server. Out of date material should be removed to eliminate confusion. Current material that pertains to ethics and professionalism should be highlighted, promoted and easily accessed in a simplified and uniform manner.

- Key forward-looking public documents should incorporate prominent references to Values and the Code of Conduct to reflect their importance to the business.

Police Professional Conduct (PPC) and Ethics Training

It was noted that PPC continue to engage with and advise staff regarding the importance of this function by way of training sessions. In addition, the current practice of rotating senior leaders and senior staff within PPC, to facilitate wide exposure of this role to individuals within all sections, is an excellent practice that should continue. There is a need for PPC staff to continue in their efforts to promote the perception of "guardian and guide" regarding integrity and appropriate conduct. *Page 25 of the February 2015 Office of the Auditor-General's Response of the New Zealand Police to the Commission of Inquiry into Police Conduct: Fourth Monitoring Report importantly notes:*

"*The Police's dual role as a prosecutor and employer means that managing disciplinary matters is more complicated than in most other organisations*".

Recommendation:
Ethics related training such as "Tactical Communication" to front-line and supervisor staff provides beneficial skills that enhance operational policing and allow PPC personnel to utilize their expertise in a preventative manner. This process should continue, allowing PPC personnel with opportunities to reinforce their guardian/guide role. If possible, PPC should consider providing this and other related ethical training as a general roll-out as it would be a valuable preventative tool.

The Royal New Zealand Police College

The ethical training provided within the format of the Royal New Zealand Police College (RNZPC) has been an invaluable means of creating an ethical and professional police service. It was noted that the RNZPC has made the issue of ethics a deliberate component within all aspects of training, from police recruit training to training involving police and civilian personnel. *This is a significant achievement.*

Recommendation:
1). Consideration should be given to finding further opportunities to have ethics-related discussions occur face-to-face and in groups. For example, the **Police High Performance Framework (PHPF)** programme contains a culture framework, potentially providing an opportunity to engage all staff in ethics discussions or workshops. Districts should be encouraged to ensure that discussions with an ethical component are held on a regular basis among staff – District staff days, for example, offer opportunities for such discussions.

Values have already been discussed at a number of Districts' staff days. Having values/ethics discussion among peers in a workshop format can also be invaluable to teaching and fostering ethics. Consideration should be given to a general encouragement of such practices, once best practice is recognised.

- Discussion surrounding more complex and in-depth ethical issues would particularly benefit from a workshop format. *Evolving ethical topics include*:
    - Continuum of compromise
    - Noble cause misconduct
    - Unconscious bias
    - Harassment and sexual harassment
    - Use of force and ethics
    - Ethics of care.

- A workshop format would also allow other evolving issues related to the training of ethics to be covered and discussed. Workshop training centered on ethics also serves to generate discussions, foster engagement and provide valuable tools to front-line supervisors and general duty officers influential to the organization.

- While electronic programs are simple, quick and cover an entire organization in an efficient manner, they nonetheless lack the depth of impact that a workshop would present.

2). Consideration should be given to the development of a specific training program for individuals within the current ranks of **Senior Sgt**. and **Inspector**. Many of these individuals will be rising through the rank structure, leading the organization and influencing cultural change. It is felt that civilian managers and Executive-level officers would benefit from an annual/semi-annual workshop that is centered upon organizational ethics. *The Police High Performance Framework programme offers an opportunity to kick-start such an initiative. Ethics training could perhaps be incorporated as part of the culture framework.*

In addition, it is recommended that adhering to NZ Police values should be a common thread in communications from the Commissioner, the Executive, and District Commanders' and National Managers' communications to their people. *The importance of communicating and demonstrating that NZ Police is a values-driven organisation should be promoted top-down. The Commissioner's blog is one avenue that could be used to further this goal by incorporating and explicitly giving examples of values being demonstrated.*

3). In major urban centers like Auckland, Hamilton, Wellington, Christchurch and Dunedin there are opportunities for partnerships with universities in furthering discussions centered upon ethics. In some cases, police training can be articulated to grant university credits towards a degree. In other instances, universities and police training centers partner in course development and course offerings thereby enhancing organization training in ethics. These partnerships and opportunities should be explored and leveraged for a variety of reasons that include cost sharing, diversity and the promotion of higher learning for select NCO and Executive personnel.

General Observations

- The use of a "Lessons Learnt" format within the publication of "Ten One" is an excellent manner of providing preventative material to enable individuals to make good choices and wise decision-making in the future. The format is clear, simple and compelling. Use of the Lessons Learnt database has not yet been optimised, but changes are occurring, with more active promotion of its use underway.

- The NZ Police Code of Conduct - Our Code is a clear, concise and very well presented document. The feedback received from various sources was positive. The "SELF test" and "breach of Code" and "indicative examples" are particularly helpful and well presented. The material is a nice balance between simplicity and detail.

Issues for Consideration

1). The recently presented "**Speak Up**" visual clip and supporting material received mixed review from some of the individuals that were interviewed. While the "Speak Up" program by People Group is necessary and valued, feedback surrounding the initial visual presentation tended to indicate less enthusiasm and engagement than the Code of Conduct training program. *There was a lack of interaction and a lack of clear/simple messaging in the promotion of the Speak Up program.*

- However, the intentions of the Speak Up video were conveyed in the messaging and include:
  - showing that those who speak up will be supported and,
  - that the Executive support this program and,
  - that speaking up if you feel something isn't right is the right thing to do.

- It was suggested the current "Speak Up" visual clip needs to be followed by a second video that utilizes simple and clear messaging and, *an interactive approach* as utilized in the "Code of Conduct" clip. In addition, a format that incorporates this training within the "The career of a typical police officer" would serve to enhance engagement and understanding.

2). Issues surrounding **conflicts of interest** should be incorporated within ethics training. This would include providing training on avoiding a conflict of interest situation that may arise during the course of duties of a police officer (actual, perceived and potential) such as inappropriate relationships.

Some of the feedback in regards to R17 and related training included:

- Individuals do not typically realize that a conflict of interest is occurring at the time of the incident. Often it is not apparent to the individual emphasizing the need for colleagues to jump in and provide advice and, another perspective. *How can I assist someone else with some gentle perspective? We are in this together.*

  While the current Code of Conduct visual clip provides two examples of conflicts of interest within the six cases that are portrayed, it is felt that it would be beneficial to ensure that conflicts of interest are addressed independently as well, to better serve the standalone intent of R17.

- It may be beneficial to develop a simple check-list that could be utilized by individuals to guide them and provide direction in avoiding a conflict of interest. *It was suggested that this could be an important tool for those individuals assigned to remote postings and in sole officer stations. These are locations where "everyone knows everyone" and differential treatment, or the perception of conflict, may occur.*

3). Unconscious bias training has been provided at the Executive level and introduced at District Leadership level by People Group. Consideration should be given to providing this specific training to other levels within NZ Police that should include front line supervisor staff and civilian managers.

4). There is also a need to ensure that training initiatives surrounding R17 and R45 are evidence-based and include an evaluation process that follows in a timely manner. *To what extent are personnel absorbing the concepts being presented within the electronic training?*

For example, a simple one-page feedback form could be provided to all participants involved in face-to-face training. For electronic training, a basic questionnaire could be e-mailed to all participants after completion of a session. The information obtained would provide insight regarding the impact of the training program/electronic module, and direction of future programming.

5). Consideration should be given towards providing further NCO training and support/direction in the current strategy of "robust conversations" and having conversations about ethical issues. Feedback from various sources suggested that these conversations can be "difficult, challenging and awkward" requiring support and direction for those individuals within the organization providing this function.

Field training officers that are assigned new recruits and NCO's should have this included as part of their training. *Evidence-based studies have shown that Sgt.'s and front-line supervisors significantly influence the day-to-day conduct of police officers emphasizing the need for further attention in this area.*

- *See Appendix "B" - Canadian Chiefs of Policing Association.*

6). Finally, it may be beneficial to provide "two tiers of information", that can be easily accessed via the intranet. One source of ethics-related material that is "implicit" and another source that is more advanced and "explicit" to address the needs of personnel that wish to explore these issues further. For example, while the maintaining professional distance chapter can be found within the intranet (http://intranet/nzp/instructions/manuals/pms/admin%20and%20support/pp/pc/Pages/Maintaining_professional_distance_policy.aspx) there may be a way to make this information more readily accessible.

By way of comparison, the Nursing Council of New Zealand provides clear, simple and detailed information regarding: preventative conduct during isolated postings; dealing with vulnerable individuals; maintaining professional distance; and the significance of Māori cultural issues.

- *See Appendix "D" – Nursing Council of New Zealand.*

4. <u>Summary:</u>

Policing has continued to evolve during the many years that have passed since the publication of the Commission of Inquiry's 2007 report. Upon reviewing the Office of the Auditor-General reports entitled "Response of the New Zealand Police to the Commission of Inquiry into Police Conduct" (2009 through to 2015) it is apparent that significant progress has been made in identifying and implementing changes to the police organization, in alignment with the COI's recommendations concerning R17 and R45.

The NZ Police appear to have successfully implemented positive change and reshaped the culture of the organization. This is apparent in the material that we have reviewed, the interviews that we have undertaken and, in the various surveys that have been conducted.

In sum, the NZ Police are noticeably achieving excellent results across the two areas of focus that we have examined and are making good progress in addressing the issues identified. It appears that the two target areas will be met by 2017. *Suggestions to enhance this process have been detailed within this report.*

Appendices

In addition to the specific recommendations that have been made, this report includes material within the Appendices that may be of some interest and assistance in the development of ethical training.

A. Appendix "A" contains information in regards to a Police Code of Ethics that was implemented in the Canadian Province of British Columbia. Noteworthy is that the Code provides a clear statement of Ethical Conduct that was drafted in a collaborative manner between various stakeholders that include the police union/association and various police agencies. The document contains various explicit statements regarding the subject matter providing clarity and direction.

B. Appendix "B" contains a report by the Canadian Association of Chiefs of Police in regards to Professionalism in Policing. The report outlines a variety of issues and suggestions related to ethics included within the categories of Executive Leadership, Supporting Supervisors, Supporting the Front Line, Risk Mitigation, Training, Promotions, Support of Research and Training in Policing.

C. Appendix "C" provides material pertaining to the incorporation of ethics within competencies and within individual performance appraisals, throughout the rank structure of policing (individual, supervisor, manager, senior manager, leader, executive). The material was based upon research conducted by the Police Sector Council of Canada and feedback provided by various Canadian police agencies.

D. Appendix "D" contains material developed by the Nursing Council of New Zealand in regards to Code of Conduct, Code of Ethics and Professional Boundaries. Noteworthy is that the documents have a distinct New Zealand focus and incorporate Māori cultural issues. Also of interest are the common ethical issues facing health care providers and police practitioners in areas that include respect, trust, partnership, integrity as well as conflict of interests, professional boundaries with the public and, deployment in isolated postings.

THE BRITISH COLUMBIA POLICE CODE OF ETHICS

The people of British Columbia expect the police to serve with courage, fairness, impartiality and integrity and to apply democratic principles that honour human dignity in the pursuit of justice. Recognizing that the policing profession is distinguished by the character and values of the individuals within it, the British Columbia Police Code of Ethics reflects the commitment of all Police Officers in British Columbia, regardless of their rank or position, to ethical principles and values, and acceptance of the responsibilities and privilege that accompany public service. Moreover, it is recognized that the Police Code of Ethics applies both individually and collectively, and as such applies equally to the organizations and agencies that make up the policing profession in British Columbia.

Fundamental Principles

Police Officers in the Province of British Columbia, along with their respective organizations and agencies, embrace the following Fundamental Principles, which underpin the Guiding Values, Primary Responsibilities and Decision-Making framework.

- democracy & the rule of law
- justice & equality
- protection of life & property
- safeguarding the public trust
- that the police are the public and the public are the police
- the principles of the Constitution of Canada
- the rights enshrined in the Charter of Rights & Freedoms

Guiding Values

Police Officers in the Province of British Columbia, along with their respective organizations and agencies, look to the following Guiding Values, which should direct all our decisions. Moreover, we recognize that our decisions will be judged according to how well they correspond to these values.

citizenship ❧ courage ❧ fairness ❧ impartiality ❧ integrity ❧ loyalty ❧ public service ❧ respect ❧

Primary Responsibilities

Police Officers in the Province of British Columbia, along with their respective organizations and agencies, affirm the following Primary Responsibilities, which are defined in terms of three key relationships. First, there is the Public, for whom we serve. Next there are Professional Partners, with whom we work, and ourselves Personally, to whom we must be true. Moreover, we recognize that responsibility occurs personally and collectively, and that accountability must accompany responsibility for it to be effectual.

The Public

Our basic policing duties are to protect lives and property, preserve peace and good order, prevent crime, detect and apprehend offenders and enforce the law, while at the same time protecting the rights and freedoms of all persons as guaranteed in our Charter of Rights and Freedoms. In fulfilling these duties, we must strive for excellence, which includes the exercise of professional discretion and judgment in a manner consistent with our Fundamental Principles and Guiding Values. Recognizing, however, that the ability of the police to perform their duties is dependent upon public approval, support and willing cooperation, we must also provide open, responsive, impartial and accessible service. In other words, to safeguard the public trust, we will be responsible to the public and accountable publicly for what we do.

The Policing Profession and Partners

Consistent with our duties and responsibilities to the public, we are also responsible to the policing profession. First, we must always respect and to the best of our abilities abide by the standards of the profession, while at the same time seeking to improve them. To accomplish this, we will demonstrate a willingness to engage in open dialogue, which raises important issues and significant opportunities that can advance the profession for the purpose of providing better policing service to the public. This entails an openness to change and recognition of the need for the policing profession to develop informed, collaborative and participative police officers.

In addition to the policing profession, we are responsible to other professions that also serve the public. We must always cooperate with other police and law enforcement professionals, and with all those in the criminal justice system, in order to develop an open, just, and impartial justice system. As well, we must always strive to cooperate with other public service professionals in order to advance the public good. This involves the sharing of information in a relationship-building manner that celebrates the interdependent nature of professionals in promoting the goals of the justice system. This information sharing must balance confidentiality needs and due process with the needs of professionals, who are working for justice and the common good.

Personally

We accept personal responsibility for acting legally and ethically. The Police Officer is a model of discipline under trying circumstances, but to achieve this we must practice humility and a desire to learn from our experiences and mistakes and those of others. As individuals we must have a clear idea of how to separate private advantage from public service and to make decisions that avoid conflicts of interest and the appearance of personal gain. As well, ethical behavior entails duties that we owe to ourselves personally. In addition to reflecting upon what is right and what is wrong in the context of policing, we must as individuals develop a proper balance between our work and our personal life.

Ethical Decision-Making

Acting responsibly towards the Public, the Policing Profession and its Partners, and to ourselves Personally, will reduce the number and severity of ethical difficulties faced in policing, but it will not eliminate them. Ethical difficulties emerge when Police Officers, either as individuals or collectively, act in a way that is not defensible on legal and ethical grounds. To avoid such difficulties, Police Officers, along with their respective organizations and agencies, should ask themselves the following questions, which help to identify ethical issues and to test decisions on ethical grounds.

1. Is the activity or decision consistent with organizational or agency policy and the law?
2. Is the activity or decision consistent with the British Columbia Police Code of Ethics?
3. What are the outcomes or consequences resulting from the activity or decision and whom do they affect?
4. Do the outcomes or consequences generate more harm than good? Do they create legitimate controversy?
5. Is the activity or decision likely to raise actual or perceived conflicts of interest where a personal advantage is gained because of one's professional position?
6. Can the activity or decision be justified legally and ethically? Would the activity or decision withstand public scrutiny on legal and ethical grounds if it resulted in problems that became known generally?

If the answers indicate that there may be a question of professional ethics, then consultation should occur with someone trustworthy and experienced who can provide reasonable direction and advice.

Policing is serious work and there are important issues at stake. It requires not only technical competence but also a willingness to take difficult action in trying times. As well, it requires a recognition that we must act with a concerted commitment to serve and protect using democratic principles in the service of the law while honouring human dignity in the pursuit of justice. And it is this commitment to principled policing that distinguishes us as professionals, both to ourselves and to the public.

Tom Stamatakis
President
Vancouver Police Union

Ian Mackenzie
President
BCAMCP

Bud Mercer
President
BCACP

Bev Busson
Commander
E-Division, RCMP

Don McKenzie
President,
BC Federation of Police Officers

British Columbia Police Code of Ethics

The people of British Columbia expect the police to serve with courage, fairness, impartiality and integrity and to apply democratic principles that honour human dignity in the pursuit of justice.

Recognizing that the policing profession is distinguished by the character and values of the individuals within it, the *British Columbia Police Code of Ethics* reflects the commitment of all Police Officers in British Columbia, regardless of their rank or position, to ethical principles and values, and acceptance of the responsibilities and privilege that accompany public service. Moreover, it is recognized that the *Police Code of Ethics* applies both individually and collectively, and as such applies equally to the organizations and agencies that make up the policing profession in British Columbia.

Fundamental Principles

Police Officers in the Province of British Columbia, along with their respective organizations and agencies, embrace the following Fundamental Principles, which underpin the Guiding Values, Primary Responsibilities and Decision-Making framework.

- democracy & the rule of law
- justice & equality
- protection of life & property
- safeguarding the public trust
- that the police are the public and the public are the police
- the principles of the Constitution of Canada
- the rights enshrined in the Charter of Rights & Freedoms

Guiding Values

Police Officers in the Province of British Columbia, along with their respective organizations and agencies, look to the following Guiding Values, which should direct all our decisions. Moreover, we recognize that our decisions will be judged according to how well they correspond to these values.

- citizenship
- courage
- fairness
- impartiality
- integrity
- loyalty
- public service
- respect

Primary Responsibilities

Police Officers in the Province of British Columbia, along with their respective organizations and agencies, affirm the following Primary Responsibilities, which are defined in terms of three key relationships. First, there is the Public, for whom we serve. Next there are Professional Partners, with whom we work, and ourselves Personally, to whom we must be true. Moreover, we recognize that responsibility occurs personally and collectively, and that accountability must accompany responsibility for it to be effectual.

The Public

Our basic policing duties are to protect lives and property, preserve peace and good order, prevent crime, detect and apprehend offenders and enforce the law, while at the same time protecting the rights and freedoms of all persons as guaranteed in our Charter of Rights and Freedoms. In fulfilling these duties, we must strive for excellence, which includes the exercise of professional discretion and judgment in a manner consistent with our Fundamental Principles and Guiding Values. Recognizing, however, that the ability of the police to perform their duties is dependent upon public approval, support and willing cooperation, we must also provide open, responsive, impartial and accessible service. In other words, to safeguard the public trust, we will be responsible to the public and accountable publicly for what we do.

The Policing Profession and Partners

Consistent with our duties and responsibilities to the public, we are also responsible to the policing profession. First, we must always respect and to the best of our abilities abide by the standards of the profession, while at the same time seeking to improve them. To accomplish this, we will demonstrate a willingness to engage in open dialogue, which raises important issues and significant opportunities that can advance the profession for the purpose of providing better policing service to the public. This entails an openness to change and recognition of the need for the policing profession to develop informed, collaborative and participative police officers.

In addition to the policing profession, we are responsible to other professions that also serve the public. We must always cooperate with other police and law enforcement professionals, and with all those in the criminal justice system, in order to develop an open, just, and impartial justice system. As well, we must always strive to cooperate with other public service professionals in order to advance the public good. This involves the sharing of information in a relationship-building manner that celebrates the interdependent nature of professionals in promoting the goals of the justice system. This information sharing must balance confidentiality needs and due process with the needs of professionals, who are working for justice and the common good.

Personally

We accept personal responsibility for acting legally and ethically. The Police Officer is a model of discipline under trying circumstances, but to achieve this we must practice humility and a desire to learn from our experiences and mistakes and those of others. As individuals we must have a clear idea of how to separate private advantage from public service and to make decisions that avoid conflicts of interest and the appearance of personal gain. As well, ethical behavior

entails duties that we owe to ourselves personally. In addition to reflecting upon what is right and what is wrong in the context of policing, we must as individuals develop a proper balance between our work and our personal life

Ethical Decision-Making

Acting responsibly towards the Public, the Policing Profession and its Partners, and to ourselves Personally, will reduce the number and severity of ethical difficulties faced in policing, but it will not eliminate them. Ethical difficulties emerge when Police Officers, either as individuals or collectively, act in a way that is not defensible on legal and ethical grounds. To avoid such difficulties, Police Officers, along with their respective organizations and agencies, should ask themselves the following questions, which help to identify ethical issues and to test decisions on ethical grounds.

1. Is the activity or decision consistent with organizational or agency policy and the law?

2. Is the activity or decision consistent with the *British Columbia Police Code of Ethics* ?

3. What are the outcomes or consequences resulting from the activity or decision and whom do they affect?

4. Do the outcomes or consequences generate more harm than good? Do they create legitimate controversy?

5. Is the activity or decision likely to raise actual or perceived conflicts of interest where a personal advantage is gained because of one's professional position?

6. Can the activity or decision be justified legally and ethically? Would the activity or decision withstand public scrutiny on legal and ethical grounds if it resulted in problems that became known generally?

If the answers indicate that there may be a question of professional ethics, then consultation should occur with someone trustworthy and experienced who can provide reasonable direction and advice.

Policing is serious work and there are important issues at stake. It requires not only technical competence but also a willingness to take difficult action in trying times. As well, it requires a recognition that we must act with a concerted commitment to serve and protect using democratic principles in the service of the law while honouring human dignity in the pursuit of justice. And it is this commitment to principled policing that distinguishes us as professionals, both to ourselves and to the public.

January 2005

Endorsed by:

BC Association of Chiefs of Police
RCMP
BC Association of Municipal Chiefs of Police
Vancouver Police Officers Association
Vancouver Police Union
BC Federation of Police Officers

CACP Professionalism in Policing Research Project

Recommendations

Introduction

As we noted at the end of Chapter 3, very strong indicators of professionalism are already embedded in policing practices and programs across the country. Most supervisors engaged in helpful supportive behaviours with police officers under their command. Rewards are fair. Relationships with the community are strong. Ethics training is almost universal. And the front line, when well informed, gives positive evaluations of Early Intervention Systems and the work done by Professional Standards.

What we found, generally speaking, is that discretionary behaviour, manifest in management and leadership practices, is the strongest driver of sustaining front line officer commitment to professionalism. To a great degree, these management and leadership practices can be easily improved by more effective communication. Unquestionably, the better informed the front line, the more committed they are to professionalism.

In the recommendations below there are three key messages:

1. Spend more time communicating about your agency's programs and expectations.

2. Demonstrate support for employee's well-being and development.

3.   Consult on and clarify the basis on which decisions are made.

A. Executive Leadership

Setting Standards

Senior leadership is responsible for setting, communicating, monitoring, and securing compliance with organizational standards. Standards ought to include rules and values to mitigate ethical risk. Our research into 15 values statements of agencies across the country revealed a lack of attention to how professed values ought to guide discretionary judgement.

1. Canadian police agencies should review agency values to ensure values are:

   - meaningful to front line officers,

   - appropriate standards of conduct to guide discretionary judgement,

   - easily internalized, and

   - mitigate ethical risk.

80% of respondents said they were familiar with their agency's values. On the other hand only 27% agreed with the statement "My attachment to this police service is primarily based on the similarity of my values and those represented by the organization". Most respondents were either neutral or opposed to the statement that their personal values had become more similar to organizational values over time (76%). Our survey questions did not differentiate between official and informal organizational values. Respondents could be saying that their values and the organization's informal values have differed over time. Or they could be claiming that their personal values have differed from formally expressed organizational values. Either interpretation could suggest that opposing subcultures with different values have developed within an agency.

One way to test the effectiveness of organizational values is to ensure that they are congruent with personal values of police officers.

2. Development of appropriate organizational values should assess congruence of personal and organizational values.

   One way to assess the informal values of an agency is to conduct a values gap analysis (Barrett, 2006).

3. Agencies may wish to develop a values gap analysis as a way of assessing informal values of agency culture.

   Interview data shows front line officers are unaware of agency values and unclear about how such values might help guide their behaviour. In a review of values of 15 agencies, we found that some agencies did not define their values, others defined values but not accurately, and values were defined differently across agencies. Survey results support interview findings. In our measure of internalization of organizational values only 24% of respondents had internalized organizational values. This finding suggests values are not salient or not clear or not sufficiently communicated.

   It is important, and police officers have said this in the past, a police service ought to have a "set of agreed-upon foundations for behaviour" (IACP Ethics Training Subcommittee, 1997, p. 6). The IACP survey also noted that most agencies did not provide a basic definition of ethics.

4. Values need to be well defined and discussed in recruit and ongoing training to generate a shared understanding of how values appropriately guide discretionary judgement.

   Out of fifteen agency public websites only one had clearly defined expectations associated with their values.

5. Behavioural expectations associated with rules and values should be clear, understandable, well communicated, and applied consistently throughout the organization.

6. In total the fifteen agencies researched highlighted 31 different values. Values will often differ according to whether they are public, private, or not for profit, and may differ in accordance with mission. It is doubtful that the core values of policing in Canada differ to the degree reflected in fifteen agencies. Further research needs to be done to identify the half dozen or so core values of Canadian policing.

7. Consistency in value definition between agencies would foster wider shared understanding throughout the Canadian policing community.

Managing Ethics

Informal organizational practices are part of organizational culture and may not align with organizational values. The result is confused messaging about "the way things are done around here." It also results in confused messaging about practices that are absolutely not tolerated. On the other hand, there are positive outcomes associated with an ethical culture, especially a values-based one. These positive outcomes include perceptions of improved decision-making, perceptions that one's integrity remains intact, and willingness to deliver bad news to management (Weaver, et. al., 1999).

Senior management is accountable for developing and sustaining a supportive ethical organizational culture aligned with organizational values.

1. Senior management should develop an organizational ethical infrastructure to foster discussion, promote advice seeking, welcome disclosure, and foster ethical decision- making.

    Senior management is also accountable for managing ethics, measuring, monitoring, reporting, and improving ethical climate.

2. To discharge this accountability senior management should form an ethics office or ethics committee to manage ethics.

    One sure way to strengthen commitment to values and ethics within an organization is to embed measurement of values based behaviours within executive performance agreements and personnel evaluation reports. Two government agencies have either adopted this practice or in the midst of doing so, Indian and Northern Affairs Canada and Correction Services Canada.

3. Behavioural expectations associated with rules and values should be embedded in the reward system – recognition and promotion.

    It is clear that employees expect inappropriate behaviour to be sanctioned. Failure to do so sends an implicit message that formal standards are not taken seriously (Trevino, 1999). Only 28% of respondents believe that senior management disciplines police officers who violate ethical standards.

4. Appropriate sanctions or corrective measures should be applied to breaches of ethical standards.

The Hong Kong Police has taken integrity planning seriously by decentralizing integrity planning and reporting. This practice helps to embed ethics in organizational practices and processes.

5. In medium to large police agencies development of integrity planning should be assigned to functional and or geographical areas. Integrity planning and follow-up should be reported to a central ethics/integrity office or committee.

Ethical Leadership

Most front line officers know very little about senior leadership, especially in larger organizations. In large organizations failure to be proactive about values and ethics is a high risk. Research has shown that in large, results driven organizations senior leadership is most likely to be perceived as non-committal about values and ethics (Trevino, et. al., 2000; Trevino, et. al., 2003). Application of Trevino's research to group work with hundreds of senior leaders across the country invariably results in the realization that failure to be proactive about ethics has the same organizational consequences as unethical leadership. This risk is compounded by the likelihood of senior management to having a rosier picture of the organization than is merited (Trevino, 2008). Hence there is a significant risk of under communicating the importance of values and ethics and inadvertently undermining commitment to professionalism.

1. Senior leaders must be proactive in discussing and communicating the importance of values and ethics.

   Contemporary theories of leadership often overlook ethical leadership (Langton, et. al., 2010) and neglect the impact of ethical leadership on sustaining commitment to professionalism. A *COPS* study (2008) recommended training in organizational integrity for the command team but neglects the role of ethical leadership in sustaining professionalism. Aggregate results of our survey show that ethical leadership is one of the key predictors of organizational commitment, integrity of supervisors and front line officers, and the willingness of front line colleagues to report wrongdoing. 14% of respondents thought that their senior command exhibited ethical leadership.

2. Workshops on ethical leadership should be offered to everyone at the rank of inspector and above.

   When members of the executive team violate organizational values yet insist on appropriate behaviour from junior officers and front line members they endorse a double standard and lose ethical credibility (Trevino, 2000; Kouzes and Posner, 2003).

3. The executive team should model appropriate behaviour and welcome upward feedback on values based behaviours.

    Qualitative research shows that senior leaders are at risk of employees developing incongruent perceptions of the commitment of senior leaders to ethics (Trevino, 2003) Incongruent perceptions can undermine the impact of ethical leadership on integrity, organizational commitment, and willingness to report wrongdoing. One way to counter incongruent perceptions is to seek opportunities to meet front line staff.

4. Senior leaders should seek opportunities to enhance their visibility within their agency.

    Important aspects of ethical leadership include listening to employees, acting on what they say and explaining decisions (Brown, 2005). Adopting such practices will also mitigate risk of incongruent employee perceptions of senior management commitment to ethics.

5. Senior leaders should consult, listen, act appropriately on employee suggestions, and explain their decisions.

B. Supporting Supervisors

Interviews revealed that when supervisors receive supervisory training it was often several years after becoming a supervisor. Hogan's research in police agencies (2010) shows that management training is one of the top three characteristics that differentiate ineffective from effective managers. For this reason alone it is important to provide supervisory training as soon as possible. Our survey provides further support for this requirement. Our survey results conclusively demonstrate that appropriate supervision is the key predictor of maintaining integrity of front line officers. It is of the utmost importance that supervisors receive appropriate training at the earliest opportunity.

1. Supervisors should be afforded supervisory training within six months of assuming a supervisory role.

    Our survey results show that supportive supervision is the key predictor of front line integrity. Our interview data revealed that supportive supervision was not part of formal supervisory training. Despite this deficiency survey respondents ranked supportive supervision very well (58.9%). Nonetheless, a large percentage was either neutral or did not agree that their supervisors were supportive (41.1%). Given that this style of supervision is by far the most important predictor of front line integrity, supportive supervision must become an essential and emphasized part of supervisory training.

2. Supportive supervision should be part of supervisory training.

    Interviews revealed that some officers had been in acting positions for over a year. Indefinite terms in acting positions undermine perceptions of fairness (distributive justice and procedural justice) in the organization. Our survey shows that distributive and procedural justice are key predictors of supervisory integrity and the integrity of front line officers. To ensure that supervisors get training as soon as possible and to ensure that supervisors in acting positions have no cause to question the fairness of agency processes, acting positions should be limited to a

three month term. This provides ample opportunity to oversee a fair appointment process.

3.   Agencies should adopt a policy that all acting positions are limited to a three month term.

Maintaining a firm commitment to expeditious action on acting term appointments strengthens perceptions of perceived organizational support. Perceived organizational support is the only key predictor across all organizational outcomes measured in our survey. It is the second most important predictor of organizational commitment, the integrity of supervisors and front line officers, fourth most important in one's own willingness to report wrongdoing and the third most important predictor of the willingness of colleagues to report wrongdoing. The aggregate results show that police agencies do not score well on this vital predictor of integrity and commitment. On one of the items of perceived organizational support only 25% of respondents believed that their agency "strongly considers my goals and values." Only 27% of respondents believe their agency "is willing to extend itself in order to help me perform my job well". Hogan's survey (2010) of 22 Canadian police agencies found that "most respondents (72.6%) felt that their agency does not adequately prepare officers for promotion to middle management positions, or allow officers to develop to their full potential (80.5%)".

If supervisors were responsible for developing their people, they would necessarily have to consider a constable's goals and values. They would be responsible for assessing skills and providing feedback to help constables do their jobs as well as they can. They would be responsible for developing people to their full potential and identifying and preparing candidates for promotion.

4.   Supervisors should be responsible for developing subordinates.

5.   Supervisors should be responsible for identifying and preparing candidates for promotion.

Once candidates have been identified, assessed, and qualified for promotion, agencies ought to provide supervisory training to candidates before they assume a supervisory role. This practice may only be possible in larger agencies that have sufficient resources to send candidates for extensive training. Nonetheless given the importance of supervision and supportive supervision in particular, there is no question that this practice will pay integrity dividends.

6.   Constables being groomed for supervision should be offered supervisory
      training before promotion if possible.

      Interview and research data confirm that the average level of experience
      of front line officers on patrol is between three to three and a half years
      (Hogan, 2010). The average level of experience of front line patrol
      officers has declined dramatically in the last decade as a wave of new
      recruits has replaced a surge in retirements. Supporting the development
      of young officers is of paramount importance. Supportive supervision is
      the most important predictor of integrity of front line officers. Supportive
      supervision presupposes close and regular face-to-face contact with
      officers so as to provide the foundations of mutual trust and a shared
      commitment to policing. Corrective action arising within such a context is
      more likely to sustain a commitment to professional self-development.

7.   Sergeants should have ample face time opportunities with subordinates to
      disseminate information, listen to concerns, and provide feedback.

C. Supporting the Front Line

As we have seen two of the most effective ways to sustain integrity of front line officers are executive leadership and supervisory practices. Some of the recommendations below more directly address the close relationship between executive leadership, supervisory practices and integrity of front line officers.

Our research data confirms that supervisors do an outstanding job of praising good work, thereby reinforcing a commitment to excellence in service delivery and professional integrity. Individual agencies do not do as good a job of celebrating achievements and recognizing good work. Only 34% of respondents thought their agencies did a good job in recognizing and communicating accomplishments.

1. The senior management team ought to regularly talk to its members about how many positive interactions its members have with the public contrasted with the small number of complaints.

    On site interviews revealed only one outstanding recognition program amongst 11 agencies where interviews were conducted. Recognition is a component of supportive supervision, according to our survey results, the strongest driver of professionalism.

2. Online recognition programs should be developed to reinforce professional behaviour.

    A positive relationship with the community is the third most important predictor of the integrity of colleagues. 78% of respondents believe their agencies are doing a good job of cultivating community relationships but only 38.3% believe their agency does a good job of letting the community know of their police service's achievements.

3. Agencies need to improve their communication to the front line of their impact on their community.

    46% believe that the community respects their police agency. Although support for local police agencies varies across the country support is

often more than 30% higher than police officers believe it to be. Respect is one of the three drivers of internalization of organizational standards (Tyler, 2003) an essential component of professionalism. Community respect is the sixth most important factor in sustaining a commitment to integrity.

4. Agencies should improve communication of community support in ways that serve to constantly remind front line officers of community support for the work that they do.

Every large community has areas characterized by substance abuse, and higher crime rates. Typically such areas are not supportive of police. In fact, in some neighbourhoods police are subject to widespread and regular abusive behaviours. Abusive treatment of police officers may be worse depending on gender and ethnicity. Given that our survey results show that positive relationships with the community is importantly related to integrity it is important to minimize exposure of police officers patrolling areas low in community support of policing. Interview data confirm survey findings. A policy that sets limits on tours of duty in such areas shows appropriate concern for the wellbeing of its members and minimizes the risk of undermining commitment to professionalism.

Cases will arise, especially in smaller agencies, where it may not be possible to move police officers to a more supportive area. In cases such as this it is important to encourage members to be active in the broader community in order to appreciate and be appreciated by people in their community.

More research needs to be done to evaluate the maximum permissible deployment in areas of low support. Accordingly, our recommendation below is crafted to meet operational contingencies.

5. Officers assigned to neighbourhoods high in disrespectful treatment of police should be rotated to more supportive community areas every 3 to 5 years. The default policy should be rotation. Officers who wish to remain should be permitted to apply to avoid rotation.

In interviews with sergeants across the country sergeants reported their span of control as 14 or higher. Walker (2005) notes that the general standard for a sergeant's span of control is 7 to 1 or 8 to 1. The larger contemporary span of control is coincident with a surge in younger, relatively inexperienced front line officers who do not have senior platoon members to turn to for advice. A larger span of control violates the principles of successful feedback – that it should be timely, constructive,

and provide opportunity for clarification. To do this we need supervisors in the field.

6.   Efforts should be made to reduce the span of control of sergeants. Alternatively the adoption of corporal positions or senior constable positions by municipal agencies will help support front line supervision, mentoring, and development of young police officers.

      Good report writing provides a foundation for detecting patterns in criminal behaviour and is critical to successful prosecution of suspects. Providing support to young officers to perfect report-writing skills is vital.

7.   Models of exemplary reports should be made available on an agency's intranet.

D. Risk Mitigation

In the past decade early intervention systems have been adopted by police agencies in the United States (Walker, 2005). Early Intervention Systems (E.I.S.) are computer systems designed to track a number of high-risk performance indicators. These indicators typically include use of force, charging suspects with resisting arrest, public complaints, overtime, exposure to critical incidents, number of sick days, high speed pursuits, and so on. A formula measuring frequency of occurrence of one indicator or occurrence of a number of indicators results in flagging an officer's performance as "at risk". These systems are not disciplinary in nature. Their purpose is to identify supportive interventions customized to an officer's needs. In the U.S. no formal record of an intervention appears in a police officer's service record.

Qualitative research in the United States shows the effectiveness of an E.I.S. in identifying and correcting patterns of behaviour which may jeopardize careers and most certainly undermine public trust (Walker, 2005). Without correction of such patterns of behaviour agencies are at high risk of litigation. Early intervention systems are an effective risk mitigation strategy for the agency and an effective development tool for officers in the field.

1. Agencies should adopt early intervention systems.

    Qualitative research in the U.S. shows that front line officers may perceive early intervention systems as punitive rather than supportive of professional conduct (Walker, 2005). Our survey results show that if discussions of the purpose of early intervention systems accompany the introduction of the system the number of respondents who believe the E.I.S. is supportive rather than punitive rises from 35% to 60%.

2. Agencies should hold discussions with front line officers about the purpose of Early Intervention Systems.

3. In the absence of an Early Intervention System agencies should develop a mechanism for ensuring and reviewing use of force.

In some agencies professional standards conducts meetings with front line officers to report on common past mistakes and how to avoid such mistakes in the future (internal outreach). Internal outreach reduces the risk of members repeating common mistakes and may also help break down silos by reducing negative perceptions of professional standards.

Our research confirms that internal outreach improves perceptions of professional standards. Officers who attended internal outreach sessions were much more likely to believe that Professional Standards was fair and open minded (41%) than those who did not attend (21%). Our research also shows that favourable perceptions of professional standards are significantly correlated with officer integrity. We conclude that internal outreach is an effective risk mitigation tool that has a measurable impact on police professionalism.

4. Agencies should encourage professional standards to deliver information sessions to members. Alternative measures to communicate how to avoid mistakes of the past may also be effective.

Although perceptions of professional standards improve through internal outreach interview data shows that lengthy investigations of complaints undermine morale of those being investigated as well as colleagues of the alleged offender. Lengthy investigations may have an impact on perceptions of perceived organizational support, a key predictor of supervisor and officer integrity. This risk ought to be minimized.

5. Whenever possible professional standards should identify and adopt strategies to expedite investigations.

6. During internal outreach presentations Professional Standards should communicate its efforts to expedite investigations. Where investigations are unavoidably lengthy Professional Standards should explain the process that must be followed.

If a committee rather than one person resolves contentious issues, people are more likely to perceive the process as fair. A committee is open to different perspectives and hence is more likely to make a fair and balanced decision. If different ranks of officers participate in resolving contentious issues more and different perspectives are likely to be heard. This deliberative process is a component of ethical leadership that is a key predictor of supervisory and front line officer integrity.

7. A committee representative of different ranks should be used in deliberations concerning alleged misconduct.

E. Training

"Ethics is our greatest training and leadership need
today and into the next century."
(Ethics Training Subcommittee of the IACP, 1997)

93% of survey respondents had ethics training. 57% thought the training stimulated their thinking about ethical issues. 68% thought the training was applicable to the work they do. 55% thought the training helped them understand how ethical values related to discretionary judgement – but only 51% found the ethics training helpful.

On the other hand 43% did not find the training stimulating. 49% did not find it helpful.

This suggests a significant minority were not engaged. This is a troubling result if we consider the importance of learning engagement for enhancing the effectiveness of training and development (Noe, et. al., 2010, p. 298).

Interactive learning (small group exercises, scenario analysis, plenary discussions, etc.), applicability of subject matter to job, and having discretion to apply learning to job performance enhance learning engagement (Noe, et. al., 2010). A learning environment in which instructors are respectful and fair also enhances cooperation and internalization of policing values (Tyler, 1999, 2003).

1.   Ethics sessions should have an interactive format.

     Canadian business schools have debated whether business ethics should be a stand-alone course or integrated throughout the business curriculum. Universities have adopted different approaches. At the university level the downside of integrating ethics throughout the curriculum is inconsistency of messaging, analysis, decision-making, and assessments of the importance of ethics to business success. The major reason for an inconsistent approach to ethics is lack of subject matter experts.

2.   Agencies and police colleges should invest in developing in-house subject matter ethics experts.

   The advantage of a stand-alone ethics session is its capacity to highlight the importance of ethics to professionalism and effective policing.

3.   Ethics awareness sessions should highlight a stand-alone session at different career levels (recruit training, field training officers, supervision, executive leadership).

   It is important that ethics sessions be customized to specific functions (IACP, 1997). To enhance psychological engagement ethics sessions embedded in different aspects of policing should be relevant to the particular job of the trainees (Noe, 2010).

4.   Stand-alone ethics sessions should be customized to the particular challenges, operational content, and responsibilities of recruits, field training officers, supervisors, and executive leaders.

   A major advantage of incorporating ethics into all in-service training is the constant reinforcement of the importance of professionalism in all aspects of policing , so long as the ethics session is interactive and designed by in-house subject matter ethics experts.

5.   Ethics awareness should be embedded in all police training at police colleges and in-house.

   49% of survey respondents did not find their ethics training to be helpful. Perhaps relating professionalism to career success would enhance the meaningfulness of ethics training. Ethics instructors could partner with Professional Standards to identify and avoid common errors and pitfalls of policing.

6.   Ethics instructors may benefit from partnering with Professional Standards to develop relevant course material.

   Situational demands of policing require all officers to assume leadership roles until a more senior officer can take charge. Often leadership initiative is most needed in emergency situations but the relevance of leadership permeates all aspects of the moral dimension of policing. Interview data support this finding.

7.   Leadership should be part of recruit training.

F. Promotions

In our study we used the measure of procedural justice to evaluate job decisions. Procedural justice, we discovered is the second most important key predictor of the integrity of supervisors, colleagues, and organizational commitment. It is a major driver of sustaining professionalism.

The promotional arena is a contentious issue in any organization. There will always be unsuccessful and disappointed candidates for job assignments and promotions. Given how strongly correlated fair and balanced job decisions are to the integrity of the front line, it is extremely important to have a fair promotional system as well as one that is seen to be fair.

In the aggregate results of our study the promotional system is not seen as fair. 19% of respondents agreed with the statement, "Job decisions in my agency are made in an unbiased manner". Only 11.7 % agreed with the statement, "All job decisions are applied consistently across all affected officers". 17% agreed with the statement, "Senior management team makes fair and balanced decisions". 16.7 % agree with the statement, "To make formal job decisions senior management collects accurate and complete information". To foster better understanding of job decisions it is important to clarify the basis on which job decisions are made.

1.   Criteria on which job decisions are made should be clear, well communicated, and easily accessible.

       One way of reducing the perceived negative consequences of failing to be successful in the promotional arena is to personally explain to short listed unsuccessful candidates the reasons why they were not successful. The meeting can also focus on how unsuccessful candidates could improve their skills, knowledge, and experience to be successful in a future competition. Interview data suggests that a voluntary practice of offering explanations to unsuccessful candidates is widespread in policing. Given the importance of explaining decisions and the importance of fair and balanced decisions as components of ethical leadership and procedural justice the risks associated with leaving

explanations of unfavourable job decisions as a voluntary practice are too great too ignore.

2.   Candidates short-listed for promotion or job decisions but unsuccessful in their application should be required to attend a debriefing session. This should be a mandatory practice.

Perceptions of fairness of the promotional system will be heightened if the decision-making committee is representative of differences in rank, gender, and ethnicity.

3.   Committees representative of different ranks, gender, and ethnicity should adjudicate promotional decisions.

There is no question that an education in the humanities, social sciences, or management introduces greater sensitivity to issues which are now a regular component of the increasingly complex environment of policing: dealing with the most vulnerable in our society – children, the disadvantaged, and the mentally ill, dealing with people under stress or temporarily vulnerable such as victims of crime, dealing with an increasingly multi-cultural society some of whom, because of cultural influences, historically distrust the police, and dealing with increasingly complex investigations many of which require cooperation with other police agencies including international partners. Finally, as officers are promoted into higher levels of police management and represent their service to community stakeholders, the press, and international partners, the importance of post secondary education cannot be underestimated. The Task Force on Governance and Change in the RCMP (2007) recommends that a post-secondary degree be a condition of employment for all new recruits based on similar reasoning. At present most agencies have a minimum standard of high school education.

There is also modest support for hiring those with a post secondary education on the basis of use of force. Rydberg and Terill's study (2010) found that during an officer-suspect encounter a college education does "significantly reduce the likelihood of force occurring" (p. 92). The authors used a sample size of 3,356 encounters where wrongdoing was suspected and ensured that these encounters occurred in similar socio-economic neighbourhoods. Although similar results have been found in other studies (Aamodt, 2004; McElvain & Kposowa, 2008; Terrill & Mastrofski, 2002), Rydberg and Terill are critical of previous methodologies. Their conclusion is that more study is required to confirm their findings.

In the meantime the results are sufficiently promising to suggest that risk may be substantially reduced by hiring recruits with some college education or a four-year degree.

Finally, policing needs to keep up with the highly educated communities they serve.

In 2010, 67.9% of those aged 25 to 44, and 57.3% of those aged 45 to 64, had obtained some form of post-secondary certification (Stats Can, 2011).

On the other had changing expectations suddenly may jeopardize the capacity to adequately replace departing personnel. Also fairness to candidates who are currently being recruited argues for changes in employment expectations to be phased in.

4.   Consideration should be given to establishing minimum education requirements for recruits as successful completion of at least one year of post-secondary education. Within five years minimum entry level standards should include post-secondary certification.

We concur with the Task Force on Governance and Change in the RCMP (2007), which recommends that the RCMP identify and support members in seeking post-secondary education. We recommend this practice be adopted by the RCMP, provincial, and municipal police agencies. It is already in practice by some police services in the U.S. Los Angeles County Sheriff's Department is a good example,

5.   Police agencies should identify and support qualified candidates in seeking post-secondary education.

Provided the above recommendation is adopted, police agencies should require advanced post-secondary education as a condition of promotion.

6.   Consideration should be given to requiring increasing levels of successful completion of post-secondary education as an important consideration in promotion decisions.

G. Support of Research and Training in Policing

In late 1960's the U.S. federal government began funding research in policing. The Office of Justice Programs and the National Institute of Justice were created to fund research to support policing. The President's Commission on Law Enforcement and Administration of Justice (1967) was quite clear about the importance of funding research:

> "The Commission has found and discussed throughout this report many needs of law enforcement and the administration of criminal justice. But what it has found to be the greatest need is the need to know" (Feucht & Zedlewski, 2007).

Similar support for research in policing does not exist in Canada. Without such support, progress in developing research relevant to social, technological, financial, and legal change is seriously undermined. Given the importance of public confidence in Canadian policing, funding research would help Canadian police agencies keep abreast of changing needs important to Canadians. Funding research would also help Canadian police agencies take a leadership role in establishing practices and standards of excellence that can be shared with our international partners, particularly those in developing countries who seek Canadian assistance.

1. The federal government should fund research relevant to the needs of Canadian policing at a level proportionally comparable to the funding provided by the U.S. Department of Justice.

2. The federal government should provide sufficient funding to the Canadian Police College to establish the college as a national and international centre of excellence in training and research in policing.

Front Line Officer - NCO

- Effectively uses knowledge of police governance to make decisions in the work environment.

- Decisions must be approved through chain of command and must be transparent; (Police officers are accountable to the community)

- Abides by federal & provincial legislations pertinent to police governance

Front Line Officer - NCO

- Follows the appropriate policies and procedures at work

- Delegates authority as appropriate to one's role

Managers: Public Accountability

- Communicates internal structures of authority to others in the organization

- Monitors accountability in relationships with external stakeholders

- Understands the complex public service environment at all levels as required

Managers: Public Accountability

- Demonstrates an awareness of the relationships between key players within the governance structure of the jurisdiction

- Ensures clear boundaries between policing activities and political direction

- Takes responsibility for actions and makes decisions that are consistent with high ethical policing standards

Executive: Sets the Standard for Policing Ethics and Values

- Communicates the organization's values and ethics

- Ensures that standards and safeguards are in place to protect the organization's integrity

- Develops policies and measures to integrate ethics within the organization (applies)

- Facilitates research on best practices

- Participates in defining ethical policing practice

Executive: Instills Ethical Conduct in Others

- Provide guidance to direct reports on ethical issues

- Make decisions that are consistent with the police agencies Code of Ethics

- Treats others equitably and with respect

Executive: Instills Ethical Conduct in Others

- Supports and take responsibility for others

- Demonstrate high personal ethical standards

- Hold others ethically accountable for their actions

Executive: Leads by example to safeguard and sustain public trust

- Develops effective working relationships with the external stakeholders to which a police service is accountable

- Models behaviour that reinforces openness and transparency in decision making

- Consults with necessary authorities and vets high profile actions (and or) communications before going public

Senior Executive: *Leads by example to safeguard and sustain public trust*

- Obtains approval of the organization's strategic plan from the police board, commission, minister

- Advocates with authorities for sufficient funds to support the responsibilities the police service takes on

Senior Executive: Leads by example to safeguard and sustain public trust

- Effectively maintains independence of the police service from political roles and relationships to ensure transparency and alleviate concerns of political interference

Senior Executive: *Establish & Maintain Internal Structures of Authority*

- Develops systems, policies and processes to ensure internal accountability in the organization

- Also accountability to external stakeholders as well as a centralized disciplinary authority to ensure consistency and accountability

Senior Executive: *Facilitates Relationships with External Stakeholders*

- Ensures transparency of decision-making in relations with other police services and organizations

- Assesses the internal structure of authority against relevant legislation

All levels
Ethical Implications: Taking Action

- Takes necessary disciplinary actions and measures to address violations of ethical conduct

- Promotes the discussion of practical and relevant ethical dilemmas to help members gain understanding of ethical decision making

- Deals directly and constructively with lapses of integrity

How Police Leaders Can Foster Ethics

1. Establish realistic goals and objectives.

2. Provide ethical leadership – set an example

3. Establish formal written codes of ethics.

4. Provide a whistle blowing mechanism.

5. Discipline violators of ethical standards.

6. Train all personnel in ethics.

Fostering Ethics in Policing

1. Stimulate the "moral imagination" by posing difficult moral dilemmas.

2. Encourage the recognition of ethical issues beyond immediate goals.

3. Help to develop analytical skills and the tools of ethical analysis.

4. Elicit a sense of moral obligation and personal responsibility.

POLICE SECTOR COUNCIL
connecting forces - securing futures
CONSEIL SECTORIEL DE LA POLICE
unir les forces garantes de l'avenir

Exercise 1: Policing Competency Framework

Instructions:

Review the Rank Task List and Competency Profile for Superintendent.

How can these assist you in your HR management?

Superintendent Task List

A. PARTICIPATE IN THE DEVELOPMENT OF THE STRATEGIC PLAN FOR THE POLICE SERVICE

1. PROVIDE INPUT INTO THE DEVELOPMENT OF THE STRATEGIC PLAN FOR THE POLICE SERVICE

   1.1 Review relevant statistics within area of responsibility to better understand current trends

   1.2 Consult with internal and external stakeholders, such as police service personnel in the area of responsibility and community members, to identify their issues and needs

   1.3 Prepare and submit reports, through the chain of command, on prior service performance

   1.4 Participate in visioning exercises with the executive team to shape the organization's vision

   1.5 Communicate the strategic plan to police service personnel and external stakeholders in the assigned area of responsibility

B. DEVELOP AND IMPLEMENT AN OPERATIONAL PLAN FOR THE AREA OF RESPONSIBILITY

1. DEVELOP AN OPERATIONAL PLAN IN CONSULTATION WITH DIRECT REPORTS AND THE EXECUTIVE TEAM

   1.1 Define objectives and priorities in consultation with direct reports and community members

   1.2 Review key initiatives or activities submitted by direct reports

   1.3 Forecast short- and long-term financial, staff, and material resource requirements

   1.4 Communicate the approved operational plan to police service personnel in the area of responsibility

2. MONITOR AND EVALUATE THE IMPLEMENTATION OF THE OPERATIONAL PLAN

   2.1 Review progress reports and discuss concerns with direct reports

   2.2 Recommend that adjustments be made to the operational plan as required

   2.3 Report on the implementation of the operational plan

C. DIRECT OPERATIONS IN THE AREA OF RESPONSIBILITY

1. OVERSEE THE DEVELOPMENT OF NEW INITIATIVES, POLICIES, AND PROCEDURES

2. MONITOR ONGOING INITIATIVES

   2.1 Ensure that adequate resources have been assigned to operations

   2.2 Review, evaluate, and approve projects

3. OVERSEE MAJOR AND SENSITIVE CASES, INCLUDING POLICE ACT INVESTIGATIONS

4. PROVIDE GUIDANCE TO THE POLICE SERVICE PERSONNEL ON SENSITIVE AND COMPLEX PROJECTS

5. MANAGE RISK

6. COORDINATE PROJECT ACTIVITIES WITH OTHER UNITS AND DIVISIONS WITHIN THE POLICE SERVICE

7. ADVISE SENIOR EXECUTIVES ON SIGNIFICANT ISSUES

8. HOLD REGULAR MEETINGS WITH DIRECT REPORTS TO STRENGTHEN INTERNAL COMMUNICATION PROCESSES AND EMPLOYEE ENGAGEMENT

9. HOLD REGULAR MEETINGS WITH COMMUNITY MEMBERS TO STRENGTHEN COMMUNITY DIALOGUE

10. ATTEND MEETINGS OF OTHER POLICE EXECUTIVES TO PROVIDE INPUT ON ISSUES

11. WORK WITH EXTERNAL SENIOR OFFICIALS REGARDING OPERATIONAL ISSUES

D. DIRECT MANAGEMENT OF FINANCIAL RESOURCES IN THE AREA OF RESPONSIBILITY

1. PROVIDE INPUT ON OPERATIONAL AND CAPITAL EXPENDITURES TO ANNUAL BUDGET SUBMISSIONS

2. DETERMINE FUNDING PRIORITIES IN CONSULTATION WITH DIRECT REPORTS

3. MONITOR MONTHLY EXPENSES

4. APPROVE SIGNIFICANT TRAVEL AND TRAINING EXPENDITURES

5. PREPARE FUNDING REQUESTS THROUGH CHAIN OF COMMAND

6. TAKE ACTION ON AUDIT OUTCOMES

7. REPORT ON BUDGET VARIANCE

8. PROVIDE DIRECTION TO DIRECT REPORTS REGARDING BUDGETARY PARAMETERS

9. ORGANIZE, MONITOR AND ADJUST RESOURCE UTILIZATION

10. COORDINATE AND REVIEW FINANCIAL CONTRACTS WITH EXTERNAL STAKEHOLDERS

E. DIRECT HUMAN RESOURCE MANAGEMENT WITHIN AREA OF RESPONSIBILITY

1. DIRECT WORKFORCE PLANNING, INCLUDING RECRUITMENT, SELECTION, DEPLOYMENT AND PROMOTION

   1.1 Direct staff deployment to ensure that it meets the needs of the police service

   1.2 Participate in the selection and promotion committees

   1.3 Conduct promotion interviews

   1.4 Make recommendations about promotion and transfers

2. DIRECT PERFORMANCE MANAGEMENT SYSTEMS AND PRACTICES

   2.1 Communicate the organization's key performance indicators

   2.2 Set performance goals for direct reports

   2.3 Monitor performance of direct reports

   2.4 Complete formal performance evaluations for direct reports

   2.5 Provide performance feedback to direct reports

   2.6 Review performance evaluations completed by direct reports

   2.7 Ensure that professional development plans are completed on time

   2.8 Coach and mentor direct reports

   2.9 Ensure discipline is maintained in accordance with divisional regulations and legal requirements

   2.10 Perform the role of a hearing officer regarding Police Act matters Recommend or take disciplinary measures as required

2.11 Recommend candidates for recognition; for example for citations for meritorious service

3. OVERSEE TRAINING AND DEVELOPMENT

3.1 Ensure that uniform police services personnel meet mandatory training requirements

3.2 Verify that training delivers expected outcomes

4. MANAGE LABOUR RELATIONS

4.1 Manage contract issues with support of organizational experts

4.2 Ensure that appropriate delegation of authority is followed when dealing with labour processes

4.3 Ensure that the appropriate procedure is followed when dealing with labour processes

4.4 Arbitrate disputes

4.5 Meet with bargaining agents as required

4.6 Attend grievance hearings

5. CREATE ORGANIZATIONAL CULTURE THAT PROMOTES CONTINUOUS LEARNING AND RESPECTS AND VALUES DIVERSITY

5.1 Promote continuous learning

5.1.1 Actively seek out and take advantage of strategic learning opportunities to meet future organizational needs

5.1.2 Encourage members to stay abreast of current trends and best practices in policing

5.1.3 Encourage innovative approaches to problem-solving

5.2 Promote respect for diversity

5.2.1 Approve organizational strategy to recruit, select, train, and retain members that reflects the diversity of the community

F. DIRECT INTELLIGENCE-LED AND PROBLEM-ORIENTED POLICING WITHIN AREA OF RESPONSIBILITY

1. OVERSEE THE ALLOCATION OF RESOURCES TO ADDRESS COMMUNITY NEEDS

2. MONITOR THE IMPLEMENTATION OF INTELLIGENCE-LED AND PROBLEM-ORIENTED POLICING INITIATIVES

3. REPORT REGARDING CRIME AND DISORDER ISSUES

G. DIRECT CHANGE IMPLEMENTATION IN THE AREA OF RESPONSIBILITY

1. COMMUNICATE THE REASONS FOR AND BENEFITS OF CHANGE TO POLICE SERVICE PERSONNEL AND EXTERNAL BODIES SUCH AS COMMUNITY GROUPS

2. INFLUENCE POLICE SERVICE PERSONNEL TO GAIN THEIR SUPPORT FOR CHANGE

3. DEVELOP AN IMPLEMENTATION PLAN FOR CHANGE IN CONSULTATION WITH DIRECT REPORTS

4. MONITOR THE IMPLEMENTATION OF CHANGE

5. ENCOURAGE AND EMPOWER POLICE SERVICE PERSONNEL TO BRING FORWARD SUGGESTIONS FOR CHANGE AND IMPROVEMENT

6. EVALUATE CHANGE MANAGEMENT IMPLEMENTATION

H. CONTRIBUTE TO MANAGEMENT OF COMMUNITY AND MEDIA RELATIONS

1. OVERSEE GATHERING OF INFORMATION TO RESPOND TO MEDIA REQUESTS
2. RESPOND TO QUESTIONS RELATED TO POLICE ISSUES FROM THE PUBLIC AND THE MEDIA
3. PROVIDE INPUT TO PRESS RELEASES AND PRESS STATEMENTS
4. CONTRIBUTE TO PUBLIC RELATIONS CAMPAIGNS TO PROMOTE A POSITIVE IMAGE OF THE POLICE SERVICE
5. ADVISE DIRECT REPORTS HOW TO RESPOND TO MEDIA REQUESTS FOR INFORMATION
6. ATTEND COMMUNITY EVENTS AND FORUMS, IN ORDER TO DEVELOP POSITIVE RELATIONS WITH THE PUBLIC

I. INSTILL ETHICAL CONDUCT IN OTHERS

1. PROVIDE GUIDANCE TO DIRECT REPORTS ON ETHICAL ISSUES
2. MAKE DECISIONS THAT ARE CONSISTENT WITH THE CODE OF ETHICS
3. TREAT OTHERS EQUITABLY AND WITH RESPECT
4. SUPPORT AND TAKE RESPONSIBILITY FOR OTHERS
5. DEMONSTRATE HIGH PERSONAL ETHICAL STANDARDS
6. HOLD OTHERS ETHICALLY ACCOUNTABLE

J. MAINTAIN RELATIONSHIPS WITH LEADERS AND ORGANIZATIONS

1. REPRESENT THE POLICE SERVICE ON VARIOUS COMMITTEES AND BOARDS, AND AT MEETINGS OF PUBLIC OFFICIALS AND CITIZEN GROUPS AS REQUIRED
2. ATTEND POLICE SECTOR EVENTS
3. BUILD RELATIONSHIPS WITH OTHER POLICING AND COMMUNITY ORGANIZATIONS
4. SHARE INFORMATION AND RESOURCES AND CONDUCT JOINT INITIATIVES WITH FEDERAL AND PROVINCIAL POLICE SERVICES; FOR EXAMPLE WITH RCMP, CSIS, CBSA, OPP, AND SQ

Superintendent Competency Profile

Competency Name and Definition	Proficiency Level and Associated Behaviours
CHANGE MANAGEMENT Facilitates the transition to new organizational processes in response to internal and external needs	**Plans change process (Level 4)** • Establishes a transition team for change implementation • Directs the translation of organizational vision and strategies for change into specific goals • Communicates the need to include strategies to address the people issues as well as the business change • Approves communication and stakeholder engagement plans to support change initiatives • Provides direction and support to the management team • Formally acknowledges team contributions and celebrates key milestones with the transition team • Establishes strategies to measure impact of change • Develops change strategies based on change management theories and best practices
DECISION-MAKING Makes decisions involving varied levels of risk and ambiguity	**Makes complex decisions in the face of ambiguity (Level 4)** • Makes complex decisions for which there is no set procedure • Considers a multiplicity of interrelated factors for which there is incomplete and contradictory information • Balances competing priorities in reaching decisions
ETHICS AND RESPONSIBILITY Takes responsibility for actions and makes decisions that are consistent with high ethical policing standards	**Sets the standard for policing ethics and values (Level 5)** • Communicates the organization's values and ethics • Ensures that standards and safeguards are in place to protect the organization's integrity • Develops policies and measures to integrate ethics within the organization (applies) • Facilitates research on best practices • Participates in defining ethical policing practice
FOSTERING RELATIONSHIPS Seeks and builds alliances with internal and external stakeholders to meet their needs and further the organization's objectives. Uses an understanding of stakeholder needs, desires and critical success factors to influence priorities, initiatives and objectives and teaches other to do the same	**Facilitates partnerships with stakeholders (Level 5)** • Provides advice and direction on the types of partnerships to pursue, and the ground rules for effective stakeholder relationships • Intervenes, as necessary, to assist others to address or resolve issues surrounding partner relationships • Supports staff in taking calculated risks in partner relationships
ORGANIZATIONAL AWARENESS Understands and uses organizational awareness to deliver optimal services. Seeks to understand the critical concerns and most important issues of stakeholders to find optimal solutions	**Understands organizational politics, issues and external influences (Level 5)** • Anticipates issues, challenges and outcomes and effectively operates to best position the organization • Supports the changing culture and methods of operating • Understands, and addresses, the reasons for on-going organizational behaviour or the underlying problems, opportunities or political forces affecting the organization
PUBLIC ACCOUNTABILITY Works effectively within parameters of jurisdictional governance structure (local, municipal, regional, provincial, and national) and associated policing frameworks. Adheres to values of public service. Understands and uses internal and external structures of authority and understanding the roles and responsibilities of external stakeholders in police operations	**Sets up internal structures of authority and facilitates relationships with external stakeholders (Level 4)** • Develops systems, policies and processes to ensure internal accountability in the organization as well a accountability to external stakeholders e.g. a centralized disciplinary authority to ensure consistency and accountability • Ensures transparency of decision-making in relations with other police services and organizations • Assesses the internal structure of authority against relevant legislation
PUBLIC SAFETY Promotes an intelligence-led and problem-oriented policing philosophy that emphasizes partnerships with community, intelligence gathering, and proactive problem-solving that addresses conditions that can raise issues for public safety	**Builds structures, systems and processes to support an intelligence-led and problem-oriented policing (Level 4)** • Reviews current organizational structures and business processes to assess their efficiency and effectiveness in carrying out vision • Establishes policies for gathering and sharing information and intelligence within the policing organization • Conducts regular evaluation of intelligence operations • Ensures that standards are developed for background investigations of staff and system users • Ensures appropriate training for all personnel assigned to or affected by intelligence process • Establishes security systems, policies and procedures to protect the public and the policing operations at all levels, e.g., physical, programmatic, personnel-related and procedural • Identifies success factors and develops evaluation criteria • Evaluates the success of intelligence and problem oriented policing initiatives
STRATEGIC MANAGEMENT Creates a strategic plan for the police organization, translates strategic objectives into operational goals, and works toward their implementation. Creates opportunities for continuous improvement through an ongoing evaluation of external environment and internal issues that hinder organizational sustainability	**Develops operational plans to implement strategic objectives (Level 4)** • Translates strategic objectives into specific goals for units and divisions • Identifies capacity required, timelines and responsibilities for the attainment of goals within units/div • Identifies new programs and activities that will support organizational strategic objectives in consultation with division/unit leads • Identifies ways of overcoming potential or actual barriers for attaining goals within area of responsibility • Directs the creation of a strategic plan for the police service • Communicates the strategic objectives and operational goals to others • Establishes an effective system for measuring progress toward the achievement of organizational strategic objectives

Te Kaunihera Tapuhi o Aotearoa
Nursing Council of New Zealand

CODE of CONDUCT

FOR NURSES

Introduction

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

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

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

The *Code of Conduct for nurses* is a set of standards defined by the Council describing the behaviour or conduct that nurses are expected to uphold. The Code of Conduct provides guidance on appropriate behaviour for all nurses and can be used by health consumers, nurses, employers, the Nursing Council and other bodies to evaluate the behaviour of nurses. Failure to uphold these standards of behaviour could lead to a disciplinary investigation.

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

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

Contents

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

This is not a Code of Ethics – it does not seek to describe all the ethical values of the profession or to provide specific advice on ethical issues, ethical frameworks or ethical decision making. This type of advice is provided by professional organisations.

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

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

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

Values underpinning professional conduct

Respect

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

Trust

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

Partnership

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

Integrity

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

Establishing relationships of trust with health consumers

- It is important to establish a relationship of trust with each health consumer by being honest, acting consistently and delivering safe and competent care. Make their care your first concern.

- Treating health consumers with respect includes treating them politely and considerately, and valuing their dignity, culture and individuality.

- Working in partnership includes listening to them and responding to their concerns and preferences where practicable, and giving them relevant information so they can make decisions.

- Acting with integrity by being consistent according to nursing values and principles. Taking steps to reduce risk or harm to health consumers and not abusing your position of trust.

PRINCIPLE 1.

Respect the dignity and individuality of health consumers

Respect the dignity and individuality of health consumers

Standards

1.1 Respect the dignity of health consumers and treat them with kindness and consideration. Identify yourself and your role in their care.

1.2 Take steps to ensure the physical environment allows health consumers to maintain their privacy and dignity.

1.3 Listen to health consumers, ask for and respect their views about their health, and respond to their concerns and preferences where practicable.

1.4 Work in partnership with the family/whānau of the health consumer where appropriate and be respectful of their role in the care of the health consumer.

1.5 Treat health consumers as individuals and in a way they consider to be culturally safe (see Guidance: cultural safety).

1.6 Practise in a way that respects difference and does not discriminate against those in your care on the basis of ethnicity, religion, gender, sexual orientation, political or other opinion, disability or age.

1.7 Do not prejudice the care you give because you believe a health consumer's behaviour contributed to their condition.

1.8 Do not impose your political, religious and cultural beliefs on health consumers, and intervene if you see other health team members doing this.

1.9 You have a right not to be involved in care (reproductive health services) to which you object on the grounds of conscience under section 174 of the Act. You must inform the health consumer that they can obtain the service from another health practitioner.

1.10 Take steps to minimise risk and ensure your care does not harm the health or safety of health consumers.

PRINCIPLE 2.

Respect the cultural needs and values of health consumers

Respect the cultural needs and values of health consumers

Standards

2.1 Practise in a way that respects each health consumer's identity and right to hold personal beliefs, values and goals.

2.2 Assist the health consumer to gain appropriate support and representation from those who understand the health consumer's first-language culture, needs and preferences.

2.3 Consult with members of cultural and other groups as requested and approved by the health consumer.

2.4 Reflect on and address your own practice and values that impact on nursing care in relation to the health consumer's age, ethnicity, culture, beliefs, gender, sexual orientation and/or disability.

2.5 Work in partnership with Māori health consumers and their whānau/family to achieve positive health outcomes and improve health status.

2.6 Understand Māori health inequalities and pay particular attention to the health needs of the community you nurse in.

2.7 Ensure nursing care is culturally appropriate and acceptable to Māori health consumers and their whānau, and is underpinned by the recognition that Māori are a diverse population.

2.8 Acknowledge and respond to the identity, beliefs, values and practices held by Māori, and incorporate these into nursing care.

2.9 Integrate Māori models of health into everyday practice and when developing care plans.

2.10 Promote access to services which meet the needs of Māori health consumers.

Guidance: Cultural Safety

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

Cultural safety

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

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

Kawa whakaruruhau

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

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

PRINCIPLE 3.

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

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

Standards

3.1 Explain and share information with health consumers that they want and/or need. Give health consumers information that is honest and accurate in a way they can understand and invite questions.

3.2 Respect health consumers' rights to participate in decisions about their care and involve them and their families/whānau where appropriate in planning care. The concerns, priorities and needs of the health consumer and family/whānau must be elicited and respected in care planning.

3.3 Support and respect the contribution health consumers make to their own care and well-being.

3.4 Meet health consumers' language and communication needs where reasonably practicable.

3.5 Where a health consumer is not competent to make an informed choice and give informed consent. You must ensure the care you give is in the best interests of the health consumer and that you have taken reasonable steps to ascertain their views[1].

3.6 Respect health consumers' right to complain and respond by working with them to resolve the issue.

3.7 Advocate for, and assist, health consumers to access the appropriate level of health care.

3.8 Use your expertise and influence to promote the health and well-being of vulnerable health consumers, communities and population groups.

[1] Refer to Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) 7(4).

Maintain health consumer trust by providing safe and competent care

Maintain health consumer trust by providing safe and competent care

Standards

4.1 Use appropriate care and skill when assessing the health needs of health consumers, planning, implementing and evaluating their care.

4.2 Be readily accessible to health consumers and colleagues when you are on duty.

4.3 Keep your professional knowledge and skills up to date.

4.4 Recognise and work within the limits of your competence and your scope of practice[2].

4.5 Ask for advice and assistance from colleagues especially when care may be compromised by your lack of knowledge or skill.

4.6 Reflect on your own practice and evaluate care with colleagues.

4.7 Deliver care based on best available evidence and best practice.

4.8 Keep clear and accurate records (see Guidance: documentation).

4.9 Administer medicines and health care interventions in accordance with legislation, your scope of practice and established standards or guidelines[3].

4.10 Practice in accordance with professional standards relating to safety and quality health care.

4.11 You must ensure the use of complementary or alternative therapies is safe and in the best interests of those in your care[4].

4.12 Offer assistance in an emergency that takes into account your own safety, your skill and the availability of other options.

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

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

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

Guidance: Documentation

- Keep clear and accurate records of the discussions you have, the assessments you make, the care and medicines you give, and how effective these have been.

- Complete records as soon as possible after an event has occurred.

- Do not tamper with original records in any way.

- Ensure any entries you make in health consumers' records are clearly and legibly signed, dated and timed.

- Ensure any entries you make in health consumers' electronic records are clearly attributable to you.

- Ensure all records are kept securely.

PRINCIPLE 5.

Respect health consumers' privacy and confidentiality

Respect health consumers' privacy and confidentiality

Standards

5.1 Protect the privacy of health consumers' personal information.

5.2 Treat as confidential information gained in the course of the nurse-health consumer relationship and use it for professional purposes only.

5.3 Use your professional judgment so that concerns about privacy do not compromise the information you give to health consumers or their involvement in care planning.

5.4 Inform health consumers that it will be necessary to disclose information to others in the health care team.

5.5 Gain consent from the health consumer to disclose information. In the absence of consent a judgement about risk to the health consumer or public safety considerations must be made[5].

5.6 Health records are stored securely and only accessed or removed for the purpose of providing care.

5.7 Health consumers' personal or health information is accessed and disclosed only as necessary for providing care.

5.8 Maintain health consumers' confidentiality and privacy by not discussing health consumers, or practice issues in public places including social media. Even when no names are used a health consumer could be identified[6].

---

[5] Refer to Privacy Commissioner (2008), Health Information Privacy Code 1994 and Commentary (2008 edition) for more information.

[6] This caution applies to social networking sites, e.g. Facebook, blogs, emails, Twitter and other electronic communication mediums.

Guidance: Confidentiality and privacy in the health context

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

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

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

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

PRINCIPLE 6.

Work respectfully with colleagues to best meet health consumers' needs

Work respectfully with colleagues to best meet health consumers' needs

Standards

6.1 Treat colleagues with respect, working with them in a professional, collaborative and co-operative manner. Recognise that others have a right to hold different opinions.

6.2 Acknowledge the experience and expertise of colleagues, and respect the contribution of all practitioners involved in the care of the health consumer.

6.3 Communicate clearly, effectively, respectfully and promptly with other nurses and health care professionals caring for the health consumer and when referring or transferring care to another health professional or service provider.

6.4 Your behaviour towards colleagues should always be respectful and not include dismissiveness, indifference, bullying, verbally abuse, harassment or discrimination. Do not discuss colleagues in public places or on social media. This caution applies to social networking sites, e.g. Facebook, blogs, emails, Twitter and other electronic communication mediums.

6.5 Health consumers' trust in the care of colleagues or health providers should not be undermined by malicious or unfounded criticisms you make.

6.6 Work with your colleagues and your employer to monitor the quality of your work and maintain the safety of those in your care.

6.7 Support, mentor and teach colleagues and other members of the health care team, especially students and those who are inexperienced.

6.8   When you delegate[7] nursing activities to enrolled nurses or others ensure they have the appropriate knowledge and skills, and know when to report findings and ask for assistance.

6.9   Intervene to stop unsafe, incompetent, unethical or unlawful practice. Discuss the issues with those involved. Report to an appropriate person at the earliest opportunity and take other actions necessary to safeguard health consumers.

6.10   Use a recognised ethical code or framework to assist you and your colleagues in ethical decision making, e.g. New Zealand Nurses Organisation (2010), *Code of Ethics.*

---

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

Act with integrity to justify health consumers' trust

Act with integrity to justify health consumers' trust

Standards

7.1 Be open and honest in your interactions with health consumers.

7.2 Protect vulnerable health consumers from exploitation and harm[8].

7.3 Act promptly if a health consumer's safety is compromised.

7.4 Act immediately if a health consumer has suffered harm for any reason. Minimise further harm and follow organisational policies related to incident management and documentation. A full and prompt explanation should be made by the appropriate person to the health consumer concerned and, where appropriate, their family about what has occurred and the likely outcome.

7.5 Act in ways that cannot be interpreted as, or do not result in, you gaining personal benefit from your nursing position.

7.6 Accepting gifts, favours or hospitality[9] may compromise the professional relationship with a health consumer. Gifts of more than a token value could be interpreted as the nurse gaining personal benefit from his/her position, the nurse taking advantage of a vulnerable health consumer, an attempt to gain preferential treatment, or an indicator of a personal or emotional relationship[10].

7.7 Do not ask for or accept loans or bequests from a health consumer or anyone close to a health consumer[10].

7.8 Do not enter into a business agreement with a health consumer or former health consumer that may result in personal benefit[10].

---

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

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

[10] See Nursing Council of New Zealand (2012), *Guideline: Professional Boundaries* for more detailed guidance and explanation.

7.9   Do not act for health consumers in your care through representation agreements nor accept power of attorney responsibilities to make legal and financial decisions on behalf of health consumers[10].

7.10   Declare any personal, financial or commercial interest which could compromise your professional judgement.

7.11   Do not misuse your professional position to promote or sell products or services for personal gain.

7.12   Respect the possessions and property of health consumers in your care.

7.13   Maintain a professional boundary between yourself and the health consumer and their partner and family, and other people nominated by the health consumer to be involved in their care.

7.14   Do not engage in sexual or intimate behaviour or relationships with health consumers in your care or with those close to them.

[10] See Nursing Council of New Zealand (2012), *Guideline: Professional Boundaries for more detailed guidance and explanation.*

Guidance: Professional boundaries

- Maintain professional boundaries in the use of social media. Keep your personal and professional lives separate as far as possible. Avoid online relationships with current or former health consumers. Do not use social media or electronic communication to build or pursue relationships with health consumers.

- Text messaging may be an appropriate form of professional communication, e.g. reminding health consumers about appointments. Nurses must be aware of professional boundaries and ensure communication via text is not misinterpreted by the health consumer or used to build or pursue personal relationships.

- You should seek the reassignment of care, if possible, of health consumers with whom you have a pre-existing, non-professional relationship.

- Sexual relationships between nurses and persons with whom they have previously entered into a professional relationship are inappropriate in most circumstances. Such relationships automatically raise questions of integrity in relation to nurses exploiting the vulnerability of persons who are or who have been in their care. Consent is not an acceptable defence in the case of sexual or intimate behaviour within such relationships.

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

Maintain public trust and confidence in the nursing profession

Maintain public trust and confidence in the nursing profession

Standards

8.1 Maintain a high standard of professional and personal behaviour (see Guidance: fitness to practise and public confidence). The same standards of conduct are expected when you use social media and electronic forms of communication[11].

8.2 Respect the property and resources of your employer. Maintain high standards of professional behaviour in your relationship with your employer. Adhere to organisational policy and standards that protect public safety.

8.3 Accurately represent the nature of the service or the care you intend to provide. Do not claim to be a practising nurse if you do not hold a current practising certificate.

8.4 Document and report your concerns if you believe the practice environment is compromising the health and safety of health consumers (see Guidance: escalating concerns).

8.5 Report to your employer or regulatory authority if you believe the health, competence or conduct of a colleague will compromise public safety or bring the profession into disrepute.

8.6 Your practice must not be compromised by the use of alcohol or drugs.

8.7 You have a responsibility to maintain your health and well-being, and to seek assistance if your health threatens your ability to practise safely.

8.8 Ensure you only claim benefits or remuneration for the time you were employed or provided nursing services.

8.9 If you take part in research do so in accordance with recognised guidelines and do not violate your duty of care to the health consumer.

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

Guidance: Professional misconduct

- The grounds on which a nurse may be disciplined are stated in section 100 of the Act. A nurse may be disciplined if the Health Practitioners Disciplinary Tribunal finds the nurse guilty of professional misconduct because of an act or omission that amounts to malpractice or negligence, or she or he has brought, or is likely to bring, discredit to the profession.

- Other grounds for discipline under the Act are if the nurse is convicted of an offence that reflects adversely on his or her fitness to practise, practising without a practising certificate, or practising outside his or her scope of practice or the conditions included in his or her scope of practice.

Guidance: Fitness to practise and public confidence

- If you undertake unlawful or unethical actions in your personal life they will reflect adversely on your fitness to practise (and be of concern to the Nursing Council and other agencies) or may bring discredit to the profession.

- Other behaviour may not lead to criminal or regulatory disciplinary proceedings but may be a matter of public confidence, i.e. it might reduce the trust that an individual health consumer has in you or reflect badly on the profession as a whole.

Guidance: Esculating concerns

- You have an ethical obligation to raise concerns about issues, wrongdoing or risks you may have witnessed, observed or been made aware of within the practice setting that could endanger health consumers or others. Put the interests of health consumers first.

- If you are unsure, seek advice from a senior colleague or professional organisation.

- Raise your concerns with colleagues or other members of the team if they are contributing to your concerns.

- Formally raise your concerns with your manager or a senior person within your employment situation. Escalate your concerns to a higher level within your employing organisation if the issue is not resolved.

- If your efforts to resolve the situation within the workplace continue to be unsatisfactory, escalate your concerns to another body, e.g. Ministry of Health, Health and Disability Commissioner, Nursing Council or other health professional regulatory authority[12].

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Expanded practice

Expanding the boundaries of nursing practice occurs as a professional strategy in response to a changing health care need with increased range of autonomy, accountability and responsibility. There is a formal pathway to role expansion that entails further education and credentialing.

Family

Determined by the health consumer and used to represent those persons who play an important role in the health consumer's life.

Fitness to practise

Standards of behaviour in the professional role and outside of work which, if not adhered to, would indicate the nurse may harm a health consumer.

Health assessment

A comprehensive health assessment is the assessment of a consumer's health status for the purposes of planning or evaluating care. Data is collected through multiple sources, including, but not limited to, communication with the consumer and, where appropriate, their significant others, reports from others involved in providing care to the consumer, health care records, direct observation, examination and measurement, and diagnostic tests. The interpretation of the data involves the application of nursing knowledge and judgement. Health assessment also involves the continuous monitoring and reviewing of assessment findings to detect changes in the consumer's health status (ANMC, 2007).

Health consumer

An individual who receives nursing care or services. This term represents patient, client, resident, or disability consumer. This term is used in the Health Practitioners Competence Assurance Act (2003).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Towards improving health outcomes in New Zealand

Code of Ethics

NEW ZEALAND
NURSES
ORGANISATION

Contents

Foreword

By NZNO president, Marion Guy and NZNO Kaiwhakahaere, Kerri Nuku (2013)

The Code of Ethics is one of NZNO's most sought after publications and we are proud of its wide circulation and usage.

This edition of the code updates the framework of the code and provides a new method to assist nurses with ethical decision-making in clinical contexts.

Nurses from many cultural, ethnic, employment and practice backgrounds worked together to develop this code. The result is a publication produced by New Zealand nurses, unique to New Zealand, and cognisant of our cultural context. Cultural safety is integral to nursing practice and is reflected in the code. The nursing profession continues to lead other health professions in this important aspect of partnership.

The need for knowledge on ethics, ethical issues and ethical decision making has never been greater. Nursing is undertaken in complex professional practice environments. Nurses daily face situations where they are challenged by under-resourcing, time pressures, short staffing and unhealthy roster patterns. Nurses with knowledge of ethics, and ethical frameworks and processes are better prepared for situations requiring ethical judgements.

We are confident the code will be of value and provide nurses with the support they need in the frequently difficult, complex, stressful, but also rewarding practice environments in which they work.

Acknowledgements

Code preamble

The purpose of this code of ethics [the code] is to guide nurses' practice, and communicate to society the nursing profession's ethical values. It has been formulated and updated in response to the need for a code that closely reflects the current context of nursing practice.

The New Zealand Nurses Organisation [NZNO] is a professional association and a registered union for nurses in Aotearoa New Zealand, representing over 45,000 nurses and health workers on a range of professional and employment related issues across the public, private and community sectors. Te Runanga o Aotearoa NZNO comprises our Māori membership and is the arm through which our Tiriti o Waitangi NZNO partnership is articulated.

The Treaty of Waitangi is the founding document of Aotearoa New Zealand and underpins its economic and social development. The code is congruent with NZNO's Social Policy Statement (2009), which acknowledges the principles of protection, participation and partnership between nursing and the indigenous people, Māori. Nurses acknowledge the unique relationship between Māori and the Crown in applying the code.

Over the past century and a half, people from many countries in Europe, Asia, Africa and the Pacific have settled in New Zealand, which today is home to many different faiths and cultures. Culture is not only ethno-specific, but includes the cultures of class, sexual orientation, religion, age and gender. Nurses strive to recognise this cultural diversity and to work with clients and their families whānau to ensure the health process imposes as little as possible on moral, cultural or spiritual beliefs and practices.

Values characteristic of ethical frameworks derived from the Western moral tradition have traditionally been used to develop value statements that guide nursing practice. These values inform the development of the code, with the addition of specific values

that have been identified as important in the context of ethics and nursing practice in Aotearoa New Zealand.

At this time of change, challenge and uncertainty in the health service, it is important all nurses faced with an ethical dilemma are guided by ethical practice principles. The nationwide use of the code will signal to other health professionals, managers and to the public that nurses are aware of their moral responsibilities.

Use of the code of ethics

The code has been written for nurses to use both as a basis to explore the ethical beliefs of New Zealand nurses, and as a guide to explore the detail of individual situations arising in nursing practice.

Each situation is unique and exists in its own context. The most important values from the framework will be specific to the particular situation. Any one value is not always an over-riding value; the balance of values and their inter-relationships may change, not only with each situation, but also within each situation.

The code does not seek to provide answers to situations encountered in practice. Ethical concerns and situations are resolved using an approach that incorporates exploring values applicable to the context and a logical process of thinking and action. The "four-box method" included in this document may assist nurses in their decision-making processes.

Underlying philosophy

Nursing was founded on the moral premise of caring and the belief that nurses have a commitment to do good. Part of society's expectation of nurses is that they are moral agents in their provision of care, and that they have a responsibility to conduct themselves ethically in what they do and how they interact with persons receiving care.

Ethical nursing practice is based on the elements of a *"commitment to do good; sensitivity and receptiveness to ethical matters; a willingness to enter into relationships with persons receiving care and with groups, populations and communities that have health-care needs and problems"* (Canadian Nurses Association [CNA], 2008, p. 4). Nurses are responsible for ensuring they achieve ethical nursing practice.

Nurses demonstrate ethical nursing practice when they advocate individually and collectively for the elimination of social inequities. Nurses address social inequities by: collaborating with other health care professionals and organisations for change in unethical health and social policies, legislation and regulations; advocating for accessible, appropriate and affordable health care services that are available to all; recognising the significance of the socio-economic determinants of health; and supporting environmental preservation and restoration.

An ethical code supports nurses to achieve ethical nursing practice by outlining nurses' ethical responsibilities and guiding nurses in their reflection and decision-making (CNA, 2008).

Assumptions

The exploration of ethical issues takes place in the unique context of the specific reality of each situation. Contextual determinants include cultural, family whānau, professional, religious and personal beliefs. This code is based on several assumptions that permeate nursing:

i) That relationships and interactions take place in a climate of respect for the other. This encompasses a respect for culture, religion, life choices, sexual orientation, ethnicity and other life-directing values held by individuals and groups. An example of enacting this assumption is shown in providing and working within the concept of cultural safety.

ii) That respect for the individual/group/community encompasses the notion of partnership and collaboration, where the individual/group/community participates actively in the process of nursing. This stand acknowledges the contribution of the person's effort, knowledge and expertise to the partnership.

iii) That relationships and interactions seek to achieve an equitable outcome for the individual/group/community. The purpose of nursing is to uphold and improve the health of the individual/group/community.

Nursing takes place in a series of unique relationships with others: client (including family whānau), colleague, organisations and society. The code provides a framework that is structured around these unique relationships and their correlation with the varying ethical values that may be used to guide nursing practice.

While not exhaustive, the framework of the code describes some examples of how the ethical values included can be implemented in the context of nursing practice. The framework of the code is summarised in the table below, with specific examples of each framework in relation to the nurse-client, nurse-colleague, nurse-organisation and nurse-society relationships on subsequent pages.

Framework of the code

Relationships / Underlying Values	nurse-client relationship	nurse-colleague relationship	nurse-organisation relationship	nurse-societal relationship
Autonomy (outlined on page 11)	described on page 15	described on page 18	described on page 20	described on page 23
Beneficence (outlined on page 11)	described on page 15	described on page18	described on page 20	described on page 23
Non Maleficence (outlined on page 11)	described on page 16	described on page18	described on page 20	described on page 23
Justice (outlined on page 12)	described on page 16	described on page18	described on page 20	described on page 23
Confidentiality (outlined on page 12)	described on page 16	described on page18	described on page 21	described on page 24
Veracity (outlined on page 12)	described on page 16	described on page19	described on page21	described on page 24
Fidelity (outlined on page 12)	described on page 17	described on page19	described on page 21	described on page 24
Guardianship of the environment and its resources (outlined on page 12)	described on page 17	described on page19	described on page 21	described on page 24
Being professional (outlined on page 13)	described on page 17	described on page19	described on page 21	described on page 24

Underlying Values

In the ethics of nurses' (or a nurse's) practice, the following values are fundamental

Autonomy (self determination)	☐ The right of individuals to self determination, which assumes the individual/group/client/agent of the person, has the wisdom to make the best choice for that person. ☐ Particular attention should be paid to awareness and acceptance of cultural differences in the provision of health care, to ensure cultural safety of clients and nurses. (A situation is culturally safe when a client feels their cultural or spiritual needs are included in care or that they can ask and have those needs met without prejudice.) ☐ Many socio-cultural groups in this country place the importance of the collective on a par with the needs and rights of the individual. The right of both the individual and the collective (whānau, hapū, iwi) must be respected.
Beneficence (doing good)	☐ Performing the action or actions leading to an outcome that now, or in the future, would be regarded as worthwhile; the concept of doing good. ☐ Contextual variations on the meaning and value of good will influence exploration and outcome in the consideration of beneficence.
Non Maleficence (doing no harm)	☐ Avoidance of harm and the prevention of future harm. In a situation of where harm is unavoidable, the harm is minimised. ☐ Contextual variations on the meaning and value of harm will influence exploration and outcome in the consideration of maleficence.

Justice (fairness)	☐ The assumption that society has a responsibility to treat people fairly. Society confirms concepts of justice in its legal frameworks. There is an inter-relationship between law and justice, which means that one does not automatically over-ride the other. Laws are modified through practice to increase justice in society. Different health circumstances may require different resource allocation or entitlement, to achieve equity.
Confidentiality (privacy)	☐ The privacy of written or spoken information, or of observed body language, acquired through privileged access. ☐ The concept of privacy in each situation is modified by legal and contextual realities.
Veracity (truthfulness)	☐ Actions, speech and behaviour that ensure communications between individuals and/or groups are honest and truthful.
Fidelity (faithfulness)	☐ The obligation to remain faithful to one's commitments to others.
Guardianship of the environment and its resources	☐ The assumption that society has a responsibility to respect and protect the environment and its resources. ☐ Cultural/contextual variation in the relationship between person and environment will influence the value of guardianship.

Being professional	☐ The belief that nursing is a profession with a defined purpose. It has a special relationship with society, having been established by society to provide health related care for those of its members in need.
	☐ Nursing possesses a distinct body of knowledge, its own area of independent practice and is guided by the specific set of values identified here.
	☐ Nurses are accountable for their nursing practice and accept responsibility for their actions and decision-making.

Nurse-Client Relationship

Underlying Values	In the context of the nurse-client relationship, the underlying values are demonstrated by the nurse:
Autonomy (self determination)	☐ Supporting clients to enable freedom of choice and informed consent. Informed consent requires that enough relevant information is provided to enable a reasoned decision to be made, and that the information is understood. Cultural perception is an important component. Without understanding, no one can make a reasoned decision. Nurses support clients in making informed decisions by giving information and assistance, thereby ensuring they become active participants in their own health care. ☐ Ensuring the health service responds to cultural diversity and that the nurse recognises cultural norms. ☐ Being aware that people may act as individuals or as part of a collective social system. ☐ Recognising when the client's autonomy may be limited and engaging family whānau or other acceptable resources to assist in maximising the client wishes.
Beneficence (doing good)	☐ Creating a partnership, the outcome of which the client views as beneficial. ☐ Respecting the right of clients to define safety factors related to the beneficence of nursing, through their own subjective experience. ☐ Using expert nursing knowledge to bring about professional good in relation to the client's health.

Non Maleficence (doing no harm)	☐ Promoting the safety of clients by means of competent and safe nursing practice. ☐ Protecting and advocating for the rights of clients in order to minimise or prevent harm. Nurses should assist vulnerable persons who need help expressing personal needs and values. ☐ Recognising cultural norms, eg especially when collecting and storing health, body tissue or genetic material, while at the same time having regard for the law, which will ensure the client is kept safe from future harm. ☐ Ensuring cultural safety when nursing people from other cultures, by undertaking a process of vigorous examination of their own cultural identity.
Justice (fairness)	☐ Acknowledging and respecting a client's perception of fairness and perception of what would be an appropriate outcome for them. ☐ Respecting the rights of individual people, their dignity, needs and values. Nurses should be sensitive to such factors as the person's race, age, health status, religion, culture, sexual orientation and gender.
Confidentiality (privacy)	☐ Being mindful of the privileged nature of client information they gain. ☐ Safeguarding the physical, emotional and social rights of clients from unwarranted intrusion.
Veracity (truthfulness)	☐ Communicating with the client in an open, honest and truthful manner.

Fidelity (faithfulness)	☐ Being faithful in all commitments to clients, so promoting trust as an integral component of the nurse-client relationship.
	☐ The withdrawal of services, for whatever reason, creates a particular dilemma for nurses in relation to fidelity. This needs careful consideration. Ensuring opportunities are created to give an account of the reasons for decisions made, may go some way toward maintaining fidelity.
Guardianship of the environment and its resources	☐ Practising and teaching health practices that actively support the conservation of the environment and resources.
Being Professional	☐ Providing sound judgement and practising within the code.
	☐ Providing nursing practice which meets standards developed by the profession.
	☐ Advocating for appropriate health services for clients.

Nurse-Colleague Relationship

Underlying Values	In the context of the nurse-colleague relationship, the underlying values are demonstrated by the nurse:
Autonomy (self determination)	☐ Being sufficiently self aware to understand reasons for their own actions and those of others. If the nurse values their own abilities and performance, then they are better able to appreciate the contributions of others to people's health.
Beneficence (doing good)	☐ Contributing knowledge and skill to create positive relationships with colleagues. ☐ Sharing knowledge and skills to contribute to effective care.
Non Maleficence (doing no harm)	☐ Participating in mutual/peer monitoring programmes to enhance the quality of care provided and prevent/minimise harm. ☐ Providing support and guidance for peers to ensure clients and peers are protected from any harm.
Justice (fairness)	☐ Being sufficiently self aware to safeguard one's personal rights, moral values and beliefs, and to acknowledge/accept those of colleagues. Nurses have a right to choose to live by their own values, as long as those values do not compromise the care of their clients.
Confidentiality (privacy)	☐ Safeguarding the physical, emotional and social rights of colleagues from unwarranted intrusion. ☐ Maintaining confidentiality of personal information.

Veracity (truthfulness)	☐ Relating to colleagues openly, honestly and truthfully to engender trustful and supportive relationships.
Fidelity (faithfulness)	☐ Being loyal to one's self, to the therapeutic team and to the professional group. Conflicting demands may require the nurse to balance client needs with specific loyalties.
Guardianship of the environment and its resources	☐ Developing and using processes in personal and collective professional practice that conserve the environment and resources.
Being professional	☐ Working with colleagues, to keep informed of new trends, to have an up-to-date knowledge of legal issues and to be able to apply the results of relevant research to promote change and innovation in practice. ☐ Being ready to accept a review of practice by peers and to intervene in instances of poor practice. Such intervention may be direct but informal in the workplace, or may require formal referral to an organisational or professional authority. ☐ Respecting the rights and practice of colleagues is an integral part of nursing practice. It is inevitable the nurse will encounter conflicting professional opinions that will require resolution by discussion. Good collegial relationships are free of discrimination or harassment.

Nurse-Organisation Relationship

Underlying Values	In the context of practice within an organisation, the underlying values are demonstrated by the nurse:
Autonomy (self determination)	☐ Being aware that people may act as individuals or as part of a collective social system, and that nurses themselves may be members of many different social groupings. When a nurse is a part of a larger organisation, there may be limits to individual autonomy.
Beneficence (doing good)	☐ Working with others, having regard for their individual rights. ☐ Participating in and contributing to the establishment and review of systems and structures for care provision. ☐ Protecting the rights of clients. ☐ Designing and monitoring services provided. ☐ Advocating to ensure services meet the requirements of clients and are perceived as appropriate by those clients.
Non Maleficence (doing no harm)	☐ Participating in organisational activities that ensure the environment is physically, socially, spiritually, emotionally and culturally safe for clients and colleagues.
Justice (fairness)	☐ Supporting and advocating for equality and equity by establishing systems, monitoring services and supporting resource allocation to ensure client and colleague needs are met.

Confidentiality (privacy)	☐ Ensuring systems established to pass information from one person to another and/or to pass large volumes of personal information do not breach confidentiality. ☐ Being alert to the risk of organisational systems and standards that may breach confidentiality and challenging those that do.
Veracity (truthfulness)	☐ Promoting open, honest and truthful communication among colleagues and with employers, to foster a supportive, trustful environment. Organisational culture may influence the nurse's ability to achieve veracity.
Fidelity (faithfulness)	☐ Being loyal and honouring the commitment to practice and to perform the role s/he has agreed to perform.
Guardianship of the environment and its resources	☐ Informing and participating with management to ensure effective nursing practice through the efficient use of human, technical, financial and natural resources. ☐ Matching resources to client need, monitoring and advocating for change in the allocation of resources when necessary to ensure the conservation of the environment and resources, while minimising risk to clients and tangata whenua.
Being professional	☐ Using standards for practice as an essential part of quality nursing systems, together with regular review of competencies. Maintenance of standards requires the nurse to be accurate and efficient in the recording of events and to undertake regular reviews of present practice to develop new and better strategies. ☐ Actively promoting co-operation between the

	various groups of health care professionals and colleagues.

Nurse-Societal Relationship

Underlying Values	In the context of the nurse-societal relationship, the underlying values are demonstrated by the nurse:
Autonomy (self determination)	□ Adapting practice to a variety of interpretations of the concept of autonomy. □ Understanding and communicating the concept of autonomy to wider society
Beneficence (doing good)	□ Participating in research, education and innovation to ensure professional practice develops to best meet the needs of society. □ Ensuring standards for cultural safety, ethical practice and health information are established and maintained in collaboration/consultation with the community.
Non Maleficence (doing no harm)	□ Monitoring services and practice in relation to the requirements of society, particularly in relation to cultural safety and the protection of vulnerable members.
Justice (fairness)	□ Ensuring services are relevant to client groups, and vulnerable clients are treated, regardless of their ability to pay. □ Ensuring all client groups, irrespective of age, ethnic background, sexual orientation, gender, location or health status, have access to competent nursing services. (Accessibility issues often come to the attention of nurses who should be willing to advocate for appropriate health care for the communities within which they practise.) □ Ensuring clients and their family whānau

	understand their right to complain about the health care they receive and the steps they can take to lay a complaint.
Confidentiality (privacy)	☐ Being aware that protecting client's personal information may conflict with society's need for knowledge to protect itself from harm. ☐ Being prepared to analyse the contextual variations of each situation, and being up-to-date with any legal requirements.
Veracity (truthfulness)	☐ Practising from the perspective that public accountability, transparency and openness are essential elements of a democratic society to promote the well-being of the community.
Fidelity (faithfulness)	☐ Being true to the commitment made to society on admittance to the roll or register of nurses**.**
Guardianship of the environment and its resources	☐ Practising and teaching health practices in a way that: − Conserves the environment and resources; − Actively seeks to enhance society's relationship with the natural environment; − Reduces the use of substances harmful to people and the environment.
Being professional	☐ Participating in ongoing negotiation between society and the profession to ensure the needs of society are met and that: − society is kept informed of progress; − a therapeutic relationship is maintained; − society is assisted to develop healthy beliefs,

	attitudes and lifestyles.
	☐ Supporting the concept that nurses should be prepared in an approved nursing programme and should undertake regular, continuing education during their working life.

Addressing particular clinical ethical issues

The four-box method

This is a useful tool for addressing clinical ethical issues by asking us to allocate specific salient items of information within four boxes that each focus on different aspects of care planning for individual patients. The four-box method builds on the recognition that even after reflection we can and do still disagree on which moral theory is ultimately correct. The alternative, not making a decision, is not morally neutral and is itself open to moral apprasial, and there is a need to find a way through that will lead to a decision that we can agree is rational and ethical (Godlovitch as cited in Keenan, 2010). The four-box method is a tool which helps us achieve this.

The four-box method

CLINICAL ISSUES	PATIENT PREFERENCES
The principles of beneficence and non-maleficence What is the patient's medical history/ diagnosis/prognosis? What are the treatment options? What are the goals of treatment? What is the benefit to the patient?	*The principle of respect for autonomy* What are the patient's expressed preferences for treatment? Is the patient competent? What would they want done? What is in their best interests?
QUALITY OF LIFE	**CONTEXTUAL FEATURES**
The principles of beneficence and non-maleficence and respect for autonomy Prospects of survival with and without treatment? Various effects of patient of treatment? What are the plans for comfort and palliative care?	*The principles of loyalty and fairness* How does this affect others: family whānau and team? Cost to Central health system? Cultural/religious issues? Law and Policy?

Ref: McDonald, M., Rodney, P., & Starzomski, R.,(2001). *A framework for ethical decision-making: Version 6.* Ethics Software. Adapted from Jonsen, A., Siegler, M., & Winslade, W.(1992). *Clinical Ethics (3rd edition).* New York, McGraw Hill.*(reproduced with permission from M. McDonald).* The framework is available on line at www.ethics.ubc.ca

Scenarios/exemplars

A number of scenarios/exemplars from nursing practice are available on the NZNO website. These scenarios provide examples of how differing ethical issues may be addressed using the framework of the code of ethics in this document. These scenarios may be useful for teaching purposes, individual learning and/or to facilitate discussion on ethical issues that may arise in practice.

www.nzno.org.nz

Glossary of Terms

Advocate   A deliberate process of speaking out on issues of concern to exert some influence on behalf of ideas or persons. (verb: advocating)

Aotearoa   Māori name for New Zealand.

Client   The term client is used to describe the individual person and/or their family/whānau/group/agent who is/are recipients of nursing care. It encompasses the terms patient, customer, consumer and resident, or any other term appropriate to the recipient of the care. This may include the recipient's agent.

Cultural Safety
Kawa Whakaruruhau A manner which affirms, respects and fosters the cultural expression of the recipient. This usually requires nurses to have undertaken a process of reflection on their own cultural identity and to have learned to practise in a way that affirms the culture of clients and nurses. Unsafe cultural practice is any action that demeans, diminishes or disempowers the cultural identity and well-being of an individual. (Ramsden, 1990)

Cultural values   Morals, beliefs, attitudes, and standards that derive from a particular cultural group. Culture is not only seen as ethno specific, but must include groups from within cultures e.g. cultures of class, socialisation, sexual orientation, age etc.

Ethical practice   The domain of nurses' moral behaviour, actions, decisions and ethical decision

making, in response to conflicts of moral value.

Hapū	Sub-tribe (made up of several whānau groupings).
Iwi	Tribe (made up of several hapū groupings).
Māori	The indigenous people of New Zealand.
Nurse	A nurse is a health professional who is either registered or enrolled by the Nursing Council of New Zealand (NCNZ) under the Health Practitioners Competence Assurance Act 2003 (HPCAA). The provision of a current practising certificate from the NCNZ is considered to be recognition of the nurse's ability to work under the title of "nurse". However, there are registered or enrolled nurses who, for various reasons, do not hold a practising certificate for employment. Nursing students, nurses in management, education or any other field are still representatives of the profession. The code is just as relevant to these groups of nurses.
Nursing practice	Nursing practice is defined by the Nursing Council of New Zealand as "*using nursing knowledge in a direct relationship with clients or working in nursing management, nursing administration, nursing education, nursing research, nursing professional advice or nursing policy development roles, which impact on public safety*" (Retrieved from www.nursingcouncil.org.nz 19 May 2010). Wherever nurses practice, the requirement placed upon them to act ethically is paramount.
Tangata whenua	Indigenous people of Aotearoa.

Te Runanga o
Aotearoa, NZNO Te Runanga (TR) is the arm of the New
Zealand Nurses Organisation (NZNO) that
represents the concerns and interests of
NZNO's Māori members.

Te Tiriti o Waitangi/
The Treaty of Waitangi
Foundation document of New Zealand
between the Crown and Tangata
whenua/Māori Iwi signed in 1840.

Safety Protection from physical, environmental,
cultural, emotional, spiritual, sexual, legal and
psychological harm.

Value(s) A standards or qualities that are esteemed,
desired, considered important or have worth
or merit. Values are expressed by behaviours
or standards a person endorses or tries to
maintain (Fry & Johnstone, 2008).

Whānau Family group, can include extended family
members up to five generations.

Bibliography

Andrews, C. (1997). It may be legal but is it right? *Nursing Praxis in New Zealand, 12(3),* 4-9.

Australian Nursing and Midwifery Council [ANMC]. (2008). *Code of ethics for nurses in Australia.* Canberra: ANMC and Associates.

Brien, A. (1993). *Implementing a code of ethics.* Unpublished paper. Palmerston North, New Zealand: Massey University.

Burgess, M. (2005). *A guide to the law for nurses and midwives (3nd ed).* Auckland, New Zealand: Longman Paul.

Canadian Nurses' Association. (2008). *Code of ethics for registered nurses.* Ottawa, Canada: Author.

Christensen, J. (1998). *Nursing partnership: A mode for nursing practice (Hauora takirua: he tauira mo nga kaupapa hauora).* Lincoln, New Zealand: Lincoln University Press.

Cooper, M. C. (1991). Principle orientated ethics and the ethic of care: A creative tension. *Advanced Nursing Science,14(20),*22-31.

Danish Nurses' Organisation. (2004). *Ethical guidelines for nursing.* Copenhagen, Denmark: Author.

Fry, S.T., & Johnstone, M. (2008). *Ethics in nursing practice – A guide to ethical decision making.* Oxford, United Kingdom: Blackwell Publishing.

Ho, T. (2000). Ethical dilemmas in neo natal care. *Kai Tiaki Nursing New Zealand, 6(7),*17-19.

International Council of Nurses. (2006). *Code of ethics for nurses.* Geneva, Switzerland: Author.

Johnstone, M.J. (2008). *Bioethics: A nursing perspective (5th ed).* Sydney, Australia: Harcourt Sanders.

Keenan, R. (2010). *Health care and the law (4th NZ ed).*Wellington, New Zealand: Brookers.

McDonald, M., Rodney, P., & Starzomski, R. (2010). *A Framework for ethical decision-making: Version 6.* Ethics Shareware. Retrieved from www.ethics.ubc.ca

New Zealand Nurses Organisation. (2003). *Standards for nursing practice.* Wellington, New Zealand: Author.

New Zealand Nurses Organisation. (2001). *Code of ethics.* Wellington, New Zealand: Author.

New Zealand Nurses Organisation. (2009). *Social policy statement.* Wellington, New Zealand: Author.

New Zealand Nurses Organisation. (2000).*Te Runanga O Aotearoa Memorandum of Understanding.* Wellington, New Zealand: Author.

Nursing Council of New Zealand. (2009). *Code of conduct for nurses.* Wellington, New Zealand: Author.

Oddie, G., & Perrett, R. W. (1992). *Justice, ethics and New Zealand society.* Auckland,New Zealand :Oxford University Press.

Ramsden, I. (1990). *Kawa Whakaruruhau – Cultural safety in nursing education in Aotearoa.* Wellington, New Zealand: Nursing Council of New Zealand.

Ramsden, I. (1993). *Cultural safety in nursing education in Aotearoa (New Zealand).* Wellington, New Zealand: Author.

Rogers, J., & Niven, E, (2003). *Ethics – A guide for New Zealand nurses.* Auckland, New Zealand: Longman.

Thompson, I., Melia, K., Boyd, K., Horsburgh, D. (2006). *Nursing ethics (5th ed).* Edinburgh, Scotland: Churchill Livingstone.

Kawharu, H. (Ed.). (1989). *Waitangi Mā ori and Pakeha perspectives on the Treaty of Waitangi.* Auckland, New Zealand: Oxford University.

Sawyer, L.M. (1989). *Nursing code of ethics: An international comparison. International Nursing Review, 36(5)*, 145-148.

Woods, M. (1997). *Maintaining the nursing ethic: A grounded theory of the moral practice of experienced nurses.* Unpublished master's thesis, Massey University, NZ.

NEW ZEALAND
NURSES
ORGANISATION

Guidelines: Professional Boundaries

A nurse's guide to the importance of appropriate professional boundaries

Contents

Introduction

This guideline has been developed by Te Kaunihera Tapuhi o Aotearoa/ Nursing Council of New Zealand ("the Council") to provide advice to nurses (and the public) on nurses maintaining appropriate professional relationships with health consumers. Nurses must be aware of their professional responsibility to maintain appropriate personal, sexual and financial boundaries in relationships with current and former health consumers and their families.

The role of the Council is to protect the health and safety of the public by setting standards of clinical competence, ethical conduct and cultural competence for nurses[1]. The *Code of Conduct for nurses* (Nursing Council of New Zealand, 2012) sets standards of professional behaviour that nurses are expected to uphold. It is expected that nurses maintain these standards of conduct within their professional practice and, to some extent, within their personal lives. The *Code of Conduct for nurses*, together with the competencies for nursing scopes of practice[2] and other Council guidelines, provide a framework for safe and responsible nursing practice that protects public safety.

This guideline contains standards of behaviour from the *Code of Conduct for nurses* and more detailed advice on professional boundary issues and how they should be managed. It is not possible to provide guidance for every situation and nurses must develop and use their own professional and ethical judgment and seek the advice of colleagues and/or their professional organisation when issues arise in relationships with health consumers.

Different cultures may have different expectations, and understanding of relationships and boundaries. Culturally safe nursing care involves balancing power relationships in the practice of nursing so that every health consumer receives effective treatment and care to meet their needs that is culturally competent and culturally responsive.

[1] Functions of authorities Section 118 (i) of the Health Practitioners Competence Assurance Act

[2] Nursing Council of New Zealand Competencies *for registered nurses*, (2011), Nursing Council of New Zealand Competencies *for enrolled nurses (2011)* and Nursing Council of New Zealand Competencies *for nurse practitioners (2008)*.

Aotearoa/New Zealand is a small country and this guideline has been developed recognising that nurses are members of their communities and may have existing relationships with some health consumers. The Nursing Council is aware that for Māori and others, establishing connections and relationships of trust, are an important element of providing culturally safe care. The principles of the Tiriti O Waitangi/Treaty of Waitangi, partnership, protection and participation, are integral to providing appropriate nursing services for Māori. This guideline provides advice on professional boundaries when working with Māori health consumers.

This Guideline and the *Code of Conduct for nurses* contain the Council's advice on professional boundaries. Documents developed in a joint project with the Australian Nursing and Midwifery Council (see references) have contributed to this guideline. The Council has further developed this guidance to recognise the context of nursing in Aotearoa/New Zealand and include more specific advice on sexual relationships with health consumers.

The importance of maintaining boundaries in professional relationships

Code of Conduct for Nurses
Standard 7.13

Maintain a professional boundary between yourself and the health consumer and their partner and family and other people nominated by the health consumer to be involved in their care.

Professional relationships are therapeutic relationships that focus on meeting the health or care needs of the health consumer. Nurses must be aware that in all their relationships with health consumers they have greater power because of their authority and influence as a health professional, their specialised knowledge, access to privileged information about the health consumer and their role in supporting health consumers and those close to them when receiving care. The health consumer does not have access to the same degree of information about the nurse as the nurse does about the health consumer thereby increasing the power imbalance. The nurse may also have a professional relationship with the health consumer's family and others close to that person that may increase the health consumer's vulnerability.

The power imbalance is increased when the health consumer has limited knowledge, is made vulnerable by their health circumstances or is part of a vulnerable or marginalised group. Some particularly vulnerable consumers are children, frail older people, and those with a mental illness or disability. Health consumers must be able to trust nurses to protect them from harm and to promote their interests. Nurses must take care to ensure that their own personal, sexual or financial needs are not influencing interactions between themselves and the health consumer. They must also recognise that health consumers may read more into a therapeutic relationship with the nurse and seek to have personal or sexual needs met. It is the nurse's responsibility when this occurs to maintain the appropriate professional boundary of the relationship.

The nurse has the responsibility of knowing what constitutes appropriate professional practice and to maintain his or her professional and personal boundaries. The health consumer is in an unfamiliar situation and may be unaware of the boundaries of a professional relationship. It is the responsibility of the nurse to assist health consumers to understand the appropriate professional relationship. There is a professional onus on nurses to maintain a relationship based on care plans and goals that are therapeutic in intent and outcome.

A diagram representing a continuum of professional behaviour provides a picture of therapeutic versus non-therapeutic behaviour in the relationship between the nurse and the health consumer[3].
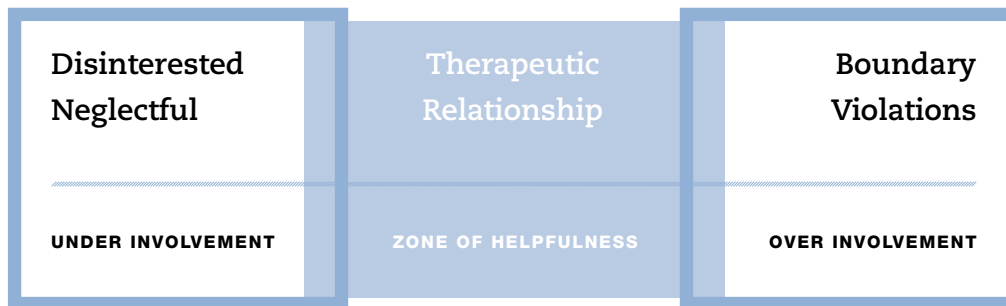
[3] Adapted from NCSBN

The 'zone of helpfulness' describes the centre of a continuum of professional behaviour. This zone is where the majority of interactions between a nurse and a health consumer should occur for effectiveness and safety. 'Over involvement' of a nurse with a person in their care is to the right side of the continuum; this includes inappropriate relationships with the health consumer or their family members.

'Under involvement' lies to the left side of the continuum; this includes distancing, disinterest, coldness and neglect. These behaviours can be seen also as boundary issues but they are not discussed here in detail as the focus of the document is on the over-involvement end of the continuum.

A Continuum of Professional Behaviour.

Disinterested Neglectful	Therapeutic Relationship	Boundary Violations
UNDER INVOLVEMENT	**ZONE OF HELPFULNESS**	**OVER INVOLVEMENT**

Every nurse-client relationship can be plotted on the continuum of professional behaviour.

Pre-existing relationships

When a nurse has a pre-existing relationship with a health consumer, such as being a neighbour, acquaintance or business associate, the nurse needs to be aware of the potential for boundary confusion (by the nurse or health consumer) and possible harm. The nurse must clarify and if necessary communicate this new professional relationship with the person in order to provide appropriate nursing care, and also declare it to the other members of the team and document it in the health consumer's record. The health consumer should be offered the choice to be assigned to another nurse, if possible.

Nurses need to ensure that the pre-existing relationship does not undermine their professional judgment and objectivity when the person is in their care and they may need to take steps to hand over the care to another nurse if practicable. If possible the nurse should not be the primary nurse or only health practitioner involved in this person's care.

It is critical that nurses distinguish between 'being friendly' and 'being friends'. To achieve this, clear boundaries have to be established identifying when they are acting in a personal role and when they are acting in a professional role. By establishing these boundaries nurses protect the confidentiality of the health consumer and protect their own personal integrity.

Working with Māori consumers

Effective and culturally responsive practice with Māori is likely to be based on an understanding of tikanga (Māori principles and values). Whanaungatanga involves establishing a relationship of trust by making connections. This may include the nurse sharing information about whanau (family), whakapapa (ancestors) or their own personal life to establish trust and relationship. It may also include establishing relationships with the health consumer's whanau and including them in decisions about care. Manaaki involves sharing hospitality or kai (food) to show respect and establish relationships. It is important that nurses partake in rituals around food.

Caring for close friends or family/whanau/hapū/iwi

In situations where a nurse has to provide care to close friends or family members it is rarely possible for the nurse to maintain sufficient objectivity about the person to enable a truly professional relationship to develop. In these situations, where possible, another nurse should be assigned responsibility for that person's care. However, at times, a nurse may have to care for a friend or family member in an emergency, or where they live in small communities where there is limited access to nurses to whom they can hand over care. When a nurse has no option other than to care for a close friend or family member, care should be handed over to another appropriate care provider when it becomes practicable. If care has been assigned to the nurse who is a family member this should be documented in the care plan.

It is also important for nurses to be clear about their role when a close friend or family member is receiving care. They have a role as an informed support person or family member but are not there to make decisions about the nursing care.

Some Māori nurses have a strong sense of accountability in working with and caring for whanau/hapū/iwi. Māori nurses need to be clear about their role as a professional and their role as a relative. They must recognise when they may need to pass on care to another i.e. when they feel uneasy and are losing clarity, their professional judgment may be compromised or they experience strong emotions as a close relative.

Working in small, rural or remote communities

There is a natural overlap and interdependence of people living in small, rural or remote communities. When someone from the community requires professional care from the nurse, the nurse needs to keep themselves safe by clarifying the shift from a personal to a professional relationship in an open and transparent way. The nurse has to ensure the person's care needs are first and foremost and they must manage privacy issues appropriately. For example the nurse might be approached for information about the health consumer in a local store by a concerned neighbour and must maintain the health consumer's privacy.

If possible the health consumer should be given a choice of carer if they know the nurse from a prior relationship. When off duty the nurse should refer the health consumer to the appropriate on duty health practitioner.

Small communities are not limited to rural and remote communities: they also include small or discrete communities within large urban centres (e.g. religious, gay or military communities).

Social media and electronic forms of communication

Maintain professional boundaries in the use of social media. Keep your personal and professional life separate as far as possible. Avoid online relationships with current or former health consumers. Do not use social media or electronic communication to build or pursue relationships with health consumers.

Text messaging can be an appropriate form of professional communication e.g. reminding health consumers about appointments. Nurses must be aware of professional boundaries and ensure that communication via text is not misinterpreted by the health consumer or used to build or pursue personal relationships.

* Further information on working safely with social media can be found in the New Zealand Nurses Organisation, NZNO National Student Unit and Nurse Educators in the tertiary sector (2012) Social media and the nursing profession: a guide to online professionalism for nurses and nursing students.

Concluding professional relationships

Knowing how and when to conclude professional relationships is as important as knowing how to begin them. The conclusion of a relationship occurs when a health consumer and their family are able to mange their own health needs or if needs are still evident a referral has been made to another health provider.

A nurse may decrease their involvement with a health consumer or may actively encourage other support if the health consumer is becoming unduly dependent on the nurse.

Termination rituals may be appropriate in some circumstances where there has been a close involvement. This could happen in different ways depending on the culture of the health consumer e.g. attendance at a Tangihanga or funeral may be an appropriate way of showing respect for the health consumer and their family/whanau.

Preventing Boundary Transgressions

This section focuses on boundary issues that arise when a nurse becomes **over involved** with a health consumer or family/family member. The nurse may believe she/he is helping the health consumer (or family member) by developing a friendship or close relationship. However these boundary crossings have the potential to harm the health consumer by changing the focus from the therapeutic needs of the health consumer to meeting the nurse's own needs e.g. to be "special" or helpful or needed, or to be close to someone or to have other personal, financial or sexual needs met. They have the potential to harm the health consumer by increasing their vulnerability or dependence in the relationship with the nurse and could be detrimental to their health outcomes by compromising the nurse's objectivity and professional judgment. The harmful consequences may not be recognised or experienced until much later.

Nurses can reduce the risk of boundary transgressions by:

- Maintaining the appropriate boundaries of the nurse-health consumer relationship, and helping health consumers understand when their requests are beyond the limits of the professional relationship.

- Developing and following a comprehensive care plan with the health consumer.

- Involving other members of the health care team in meeting the health consumer's needs.

- Ensuring that any approach or activity that could be perceived as a boundary transgression is included in the care plan developed by the health care team.

- Recognising that there may be an increased need for vigilance in maintaining professionalism and boundaries in certain practice settings e.g. rural and remote locations. For example, when care is provided in a person's home, a nurse may become involved in the family's private life and needs to recognise when his or her behaviour is crossing the boundaries of the professional relationship.

- Consulting with colleagues and/or the manager in any situation where it is unclear whether behaviour may cross a boundary of the professional relationship, especially circumstances that include self disclosure or giving a gift to or accepting a gift from a health consumer.

- Documenting individualised information in the health consumer's record regarding instances where it was necessary to consult with a manager or colleague about an uncertain situation.

- Considering the cultural values of the health consumer in the context of maintaining boundaries, and seeking advice from cultural advisors.

- Raising concerns with a colleague if the nurse has reason to believe that they may be getting close to crossing the boundary or that they have crossed a boundary. Sometimes a newly registered nurse may not be aware that his/her actions have crossed a boundary.

- Discussing the nature of a therapeutic relationship with a health consumer if they believe that the health consumer is communicating or behaving in a way that indicates they want more than a professional relationship with the nurse.

- Consulting with colleagues or the manager where another colleague appears to have transgressed boundaries or a health consumer is behaving in an inappropriate manner towards a nurse.

- Reducing professional isolation by maintaining regular contact with nursing peers, reflecting on professional relationships with peers and participating in formal clinical supervision.

Questions for reflection

Is the nurse doing something the health consumer needs to learn to do themselves?

Whose needs are being met – the health consumer's or the nurse's?

Will performing this activity cause confusion regarding the nurse's role?

Is the behaviour such that the nurse will feel comfortable with their colleagues knowing they had engaged in this activity or behaved in this way with a health consumer?

Signs of over involvement in a nurse-health consumer relationship

Some warning signs that the boundaries of a professional relationship may be being crossed and that an inappropriate personal or sexual relationship is developing are:

- The nurse reveals feelings and aspects of his/her personal life to the health consumer beyond that necessary for care.

- The nurse becomes emotionally close to a health consumer or regards the health consumer as someone special.

- The nurse attempts to see the health consumer (or the health consumer attempts to see the nurse) outside the clinical setting or outside normal working hours or after the professional relationship has ceased.

- The nurse frequently thinks of the health consumer when away from work.

- The nurse receives gifts or continues contact with a former health consumer after the care episode or therapeutic relationship has concluded.

- The nurse provides the health consumer with personal contact information.

- A health consumer is only willing to speak with a particular nurse and refuses to speak to other nurses.

- The nurse denies that a health consumer, or was in his or her care in the past.

- The nurse accesses the health consumer's health record without any clinical justification.

- The nurse gives or accepts social invitations.

- Texting or using forms of social media to communicate in a way that is not clinically focused.

- The nurse touches the health consumer more than is appropriate.

- The nurse includes sexual context in interactions with the health consumer or in relation to their partners, family and friends.

- The nurse changes his or her dress style for work when working with a particular health consumer.

- The nurse participates in flirtatious communication, sexual innuendo or offensive language with a health consumer.

- The nurse is unable or reluctant to conclude a professional relationship and pursues a personal relationship with the health consumer.

- The nurse fosters dependency in the health consumer and does not encourage self-management.

Sexual relationships with current health consumers

Code of Conduct for Nurses
Standard 7.14

Do not engage in sexual or intimate behavior or relationships with health consumers in your care or those close to them.

Sexual relationships with current health consumers are inappropriate. They are unacceptable because they can cause significant and enduring harm to health consumers, damage the health consumer's trust in the nurse and the public trust in nurses, impair professional judgment and influence decisions about care and treatment to the detriment of the health consumer's well being. However consensual the relationship appears to be, there is a power imbalance that will always mean that there is the potential for abuse of the nurse's professional position and harm to the health consumer.

Sexual relationships with health consumer's partners or family members

It is a reasonable expectation that the professional relationship will not be exploited in any way by the nurse to have his/her own needs met. On occasion nurses may find themselves sexually attracted to a health consumer's family member or carer. It is the nurse's responsibility to ensure that he/she never acts on these feelings and recognises the harm that any such action would cause.

Relationships with former health consumers and their families

Sexual relationships with former health consumers may be inappropriate however long ago the professional relationship ceased. There is no arbitrary time limit that makes it safe for a nurse to have an intimate or sexual relationship with a health consumer who was formerly in their professional care. The reason for this is that the sexual relationship may be influenced by the previous therapeutic relationship where there was a clear imbalance of power. There is also potential for the health consumer to be harmed by this relationship.

In considering whether a relationship could be appropriate the nurse must consider:

- how long the professional relationship lasted (the longer the relationship lasts, the less appropriate a personal relationship becomes). Assisting a health consumer with a temporary problem e.g. a broken limb is different from providing long-term care for a chronic condition;

- the nature of that relationship in terms of whether there was a significant power imbalance and whether the nurse could be perceived as using their previous influence to begin a relationship;

- the vulnerability of the health consumer at the time of the professional relationship and whether they are still vulnerable (including the health consumer's psychological, physical and character traits);

- whether they may be exploiting the knowledge they hold about the health consumer because of the previous professional relationship; and

- whether they may be caring for the health consumer or his or her family members in the future.

Where the relationship was a psychotherapeutic one or involved emotional support, where the nurse was privy to personal information that could compromise the health consumer person if used out of a professional setting, or if the health consumer was previously a mental health consumer or has an intellectual disability, it may never be appropriate for a sexual or intimate relationship to develop.

The same considerations apply to relationships with the family members of former patients. There could be potential to harm the health consumer or other family members. In situations that are unclear the nurse should seek advice from their professional organisation.

Gifts

Accepting gifts, favours or hospitality may compromise the professional relationship with a health consumer. Gifts of more than a token value could be interpreted as the nurse gaining personal benefit from his/her position, the nurse taking advantage of a vulnerable health consumer, an attempt to gain preferential treatment, or an indicator of a personal or emotional relationship.

- Generally speaking nurses should politely decline anything other than "token" gifts from health consumers e.g. chocolates or flowers. It is more acceptable for a gift to be given to a group as any provision of good care is by the whole team rather than an individual nurse.

- Small consumable gifts for sharing, such as chocolates may be acceptable. Larger items or items of value are unacceptable.

- Health consumers should never form the impression that their care is dependent upon gifts or donations of any kind.

- Cash gifts should never be accepted. Health consumer's who wish to give cash may be permitted by the organisation's policy to donate funds to a charity or to add to a fund to purchase items to benefit other health consumer or the staff as a group.

- There may be situations when refusing a gift may be difficult, impolite or appear to be culturally insensitive. The giving of gifts may be an expectation under certain circumstances or within some cultures.

- Most organisations have clear policies concerning the receipt of gifts. Any gift must be openly declared to ensure transparency. Nurses may contact their professional organisation for advice if no policy exists.

- Nurses should not give gifts to health consumers as the health consumer may feel obligated to give something in return, or interpret the gift as an indicator of a personal relationship.

Bequests, loans or financial transactions

Code of Conduct for Nurses
Standard 7.7 And 7.8

Do not ask for or accept loans or bequests from anyone in your care or anyone close to the health consumer.

Do not enter into a business agreement with a health consumer or former health consumer that may result in personal benefit.

As with a gift, the best option is to refuse a bequest with a polite explanation or request that it be reassigned to an appropriate charitable organisation or the family and disclose it to managers or senior personnel.

This situation is particularly difficult for several reasons. There may be family considerations in that the family may not be supportive of the bequest. The family and the nurse may not even know about the bequest until the health consumer has died. Family members or colleagues may perceive that the nurse has exerted undue influence on a vulnerable health consumer in their care.

Financial transactions

Health consumers may develop a relationship of trust with nurses and seek to involve them in financial transactions or ask them to represent them.

Financial transactions between a nurse and a health consumer (other than in a contract for provision of services) may compromise the professional relationship by resulting in monetary, personal or other material benefit, gain or profit to the nurse. Nurses have access to personal and confidential information about health consumers under their care that may enable them to take advantage of situations that could result in personal, monetary or other benefits for themselves or others. A nurse could also influence or appear to coerce a health consumer to make decisions resulting in benefit to the nurse or personal loss to that health consumer and it is unacceptable for nurses to take such actions.

Nurses may be legitimately required by their employer to purchase items on a health consumer's behalf or assist them with other financial matters under specific conditions. All transactions must occur within acceptable organisational policy, be documented in the health consumer's record and another appropriate person/signatory should always be involved when money or property is involved.

Acting as a representative or power of attorney

Code of Conduct for Nurses
Standard 7.9

Do not act for health consumers in your care through representation agreements nor accept power of attorney responsibilities to make legal and financial decisions on behalf of health consumers.

Family members or colleagues may perceive that the nurse has exerted undue influence on a vulnerable health consumer in their care. There may occasionally be an exception to this principle when the health consumer is also a relative or close friend and no alternative arrangement can be made. The nurse needs to discuss the situation with both their manager or senior nurse and other family members and document the discussion.

What to do if you become aware of a colleague's boundary transgression

The health consumer's welfare must be the first concern. Some boundary transgressions may be unintended, a nurse may be unaware that they have crossed a boundary. Under such circumstances, it may be easier for a nurse to address a colleague about a boundary transgression and easier for individual nurses to be approached by a colleague. The issues that a nurse could address with the colleague include:

- what was observed?
- how that behaviour was received?
- the impact on the health consumer; and
- the employer's professional practice standards.

If unable to speak to the colleague directly or if the colleague does not recognise the problem the next step is for the nurse to speak to his or her immediate supervisor. The nurse should put the concerns in writing and include the date, time, witnesses and some type of identification of the person concerned. If the situation is not resolved at this level, or if the issue is a serious boundary transgression, further action may be required such as reporting the matter to the appropriate regulatory authority.

Nurses observing the inappropriate conduct of colleagues, whether in practice, management, education or research, have both a responsibility and an obligation to report such conduct to an appropriate authority and to take other action as necessary to safeguard health consumers. Failure to take steps to prevent harm to a health consumer may lead to disciplinary action being taken against that nurse.

If the nurse is approached by a colleague who has displayed sexualised behaviour to a health consumer, the first priority is the safety of the health consumer and the nurse must take the appropriate steps without delay, including informing the employer and/or regulatory body, or even the police if the nurse has reason to believe that a criminal offence has been committed.

Nurses may be made aware of a colleague's actions by the health consumer, either the person directly affected by the conduct or another health consumer. The nurse should be conscious of how difficult it may have been for the health consumer to come forward with this information. The best course of action in these circumstances is to answer the health consumer's questions, provide information to assist the health consumer in deciding if a breach of professional boundaries has taken place, and inform the health consumer of the avenues for making a complaint if he or she wishes to do so.

Even if the health consumer does not wish the matter to be pursued if the nurse believes that there is a risk to public safety, the nurse must act without delay so that any concerns are investigated and the health consumer protected. If in doubt the nurse should seek advice from a colleague, manager or the appropriate professional or regulatory body.

Decisions on serious professional boundary transgressions can be accessed on the Health Practitioners Disciplinary Tribunal website at **www.hpdt.org.nz**.

Colleagues   Includes other nurses, students, other health care workers and others lawfully involved in the care of the health consumer.

Community   Refers to New Zealand society as a whole regardless of geographic location and any specific group the individual receiving nursing care defines as community including those identifying as culturally connected through ethnicity, shared history, religion, gender and age.

Cultural Safety   The effective nursing practice of a person or family from another culture, and is determined by that person or family. Culture includes, but is not restricted to, age or generation; gender; sexual orientation; occupation and socioeconomic status; ethnic origin or migrant experience; religious or spiritual belief; and disability. The nurse delivering the nursing care will have undertaken a process of reflection on their own cultural identity and will recognise the impact that their personal culture has on their professional practice. Unsafe cultural practice comprises any action which diminishes, demeans or disempowers the cultural identity and wellbeing of an individual.

Hapū   A kinship group, clan, sub tribe – section of a large kinship group.

Health Consumer   An individual who receives nursing care or services. This term represents patient, client, resident, or disability consumer.

Iwi   An extended kinship group, tribe, nation, people, nationality, race – often refers to a large group of people descended from a common ancestor.

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

Manaaki   To support, take care of, give hospitality to, protect, and look out for.

Power   The capacity to possess knowledge, to act and to influence events based on one's abilities, well being, education, authority, place or other personal attributes and privileges.

Principle   An accepted or professed rule of conduct to guide one's thinking and actions.

Professional Relationship   Professional relationships exist only for the purpose of meeting the needs of the health consumer.

The professional relationship between a nurse and a health consumer is based on a recognition that the person (or their alternate decision-makers) are in the best position to make decisions about their own lives when they are active and informed participants in the decision-making process.

Responsibility   A charge or duty that arises from one's role or status in a profession or organisation.

Therapeutic Relationship   A relationship established and maintained with a person requiring or receiving care by the nurse through the use of professional knowledge, skills and attitudes in order to provide nursing care expected to contribute to the person's health outcomes. See also professional relationship.

Tikanga	Māori principles and values.
Tiriti O Waitangi	Is the founding document of Aotearoa New Zealand signed in 1840 by the Māori people and the British Crown.
Whakapapa	Ancestors
Whanāu	Extended family
Whanaungatanga	Establishing relationships, making connections.

Australian Nursing and Midwifery Council (2010).
A nurse's guide to professional boundaries.

Australian Nursing and Midwifery Council.
*Draft Background paper to the nurse's guide
to professional boundaries.*

College and Association of Registered Nurses of
Alberta (2005). *Professional Boundaries for Registered
Nurses: Guidelines for the Nurse-Client Relationship.*

Council for Healthcare Regulatory Excellence (2008).
*Clear sexual boundaries between healthcare professionals
and patients: responsibilities of healthcare professionals.*

College of Nurses of Ontario (2006).
Therapeutic Nurse-Client Relationship.

Medical Council of New Zealand (2009).
Sexual boundaries in the doctor-patient relationship.

Ministry of Health (2003). *Health Practitioners
Competence Assurance Act.*

National Council of State Boards of Nursing. *A Nurses
guide to Professional Boundaries* [brochure], Retrieved
from https://www.ncsbn.org/2551.htm

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

Nursing Council of New Zealand (2007). *Competencies
for registered nurses.*

Nursing Council of New Zealand (2006). *Competencies
for the enrolled nurse scope of practice.*

Nursing Council of New Zealand (2008). *Competencies
for the nurse practitioner scope of practice.*

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