



# Nursing Leadership in Diversity and Inclusion

## GUIDING PRINCIPLES



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***“Being a nurse or midwife in 2020...means having an open and caring approach towards those we serve. It means being emotionally intelligent and critically reflective to understand how our own attitudes and prejudices might have an impact on how we care and, consequently, being prepared to change. This will be a lifelong journey in anti-racism, where we might all stumble or fall at some points, but being a nurse must mean that we keep challenging and questioning ourselves and the systems and structures that govern people’s lives.”<sup>1</sup>***

Ruth De Souza et al

## **ACKNOWLEDGEMENTS**

Thanks to the Diversity and Inclusion Working Party Co-Chairs:

**Adjunct Professor Kylie Ward FACN**

**Shauna Wilson MACN**

Thanks to the Diversity and Inclusion Working Party members:

**Elizabeth Crummy MACN**

**Dr Ruth De Souza FACN**

**Susan Hogan MACN**

**Elizabeth Matters FACN**

**Christopher Southcote-Want MACN**

# FOREWORD

## Creating value through inclusion

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We live in a time of awareness, opportunity and possibility, yet despite this not every person in Australia and globally experiences equality in health or many other facets of daily living. At my core I am a humanitarian with a strong sense of social justice and equity. I have a strong belief in the power of the nursing profession to lead social reform and was overwhelmed with the calibre of response when we called for interest to develop guiding principles of diversity and inclusion for the Australian College of Nursing (ACN).

Over the past 4 years ACN has established various social impact initiatives to provide a platform for nurses to make a difference to the profession and wellbeing of the populations we serve.

This Nursing Leadership in Diversity and Inclusion: Guiding Principles document outlines ACN's commitment to empowering nurses to be leaders of social change through policy influence and development.

These Guiding Principles represent many years of hard work, and are close to our hearts at ACN. ACN believes all nurses are leaders; with the power to advocate for diversity and inclusion in our workplaces and communities. ACN supports nurses across Australia to excel in their profession and lead initiatives that promote a more equitable and inclusive society.

The Diversity and Inclusion Working Party was formed to provide direction and advice around behavioural expectations, policy and procedural standards for nurses, patients and workplaces to ensure nurses are leading the way and able to work in culturally safe and inclusive environments. This Working Party led the development of these guiding principles outlined in this document. I thank each member for your commitment and expertise.



**Adjunct Professor  
Kylie Ward FAcN  
ACN CEO  
Diversity and Inclusion Working  
Party Co-Chair**

Issues around diversity and inclusivity have been at the forefront of society for several decades. Migration growth has seen a rise in Australia's diverse culture since the 1950s, and society has mostly embraced this shift. I have and will continue to believe nurses and midwives are in the best position to advocate for a safe, equitable and inclusive health care environment for all. Nurses and midwives have long been considered the most trusted professions in society. With the trust placed in nurses and midwives to care for loved ones, we are well-placed to engage and influence broader society.

When expressions of interest were called to be involved in the ACN Diversity and Inclusive working party, I immediately knew I needed to be a member. Whenever opportunities to be part of social change arise, I always ask myself "If not me – then who".

The membership of the Diversity and Inclusion working party encapsulates ACN's commitment to developing these guiding principles. Contributions from the ACN CEO, academics, Policy Team members, an enrolled nurse and a nursing student have been invaluable in making the most of ACN's diverse expertise and experience.



**Shauna Wilson MACN  
Diversity and Inclusion Working  
Party Co-Chair**



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# NURSING INSIGHTS

## Diversity and Inclusion

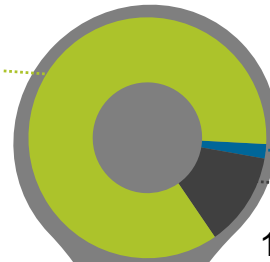


### DID YOU KNOW...



In 2016 **38%** of nurses and 7 million Australians were born overseas<sup>3</sup>

87.9% female



0.0002% intersex or indeterminate gender

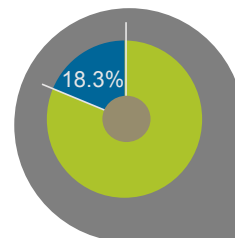
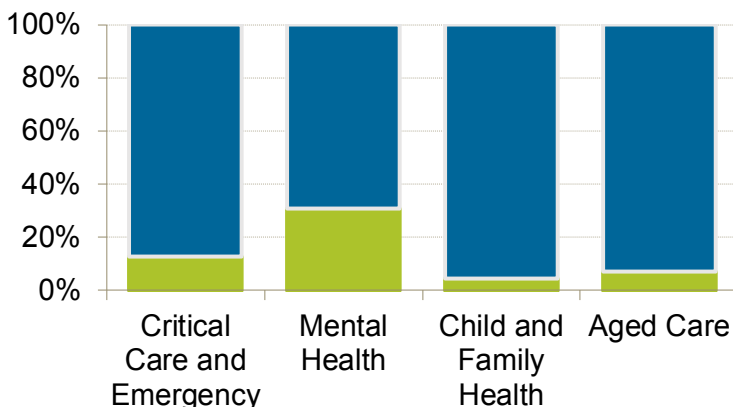
12.1% male

**87.9%** of registered or enrolled nurses are female<sup>4</sup>



Male nurses predominantly work in critical care and mental health<sup>6</sup>

But **14.1%** of nurse managers are male<sup>6</sup>



There are **2.1 million** Australians of working age (15-64) with a disability. Of these, just over 1 million are employed<sup>5</sup>

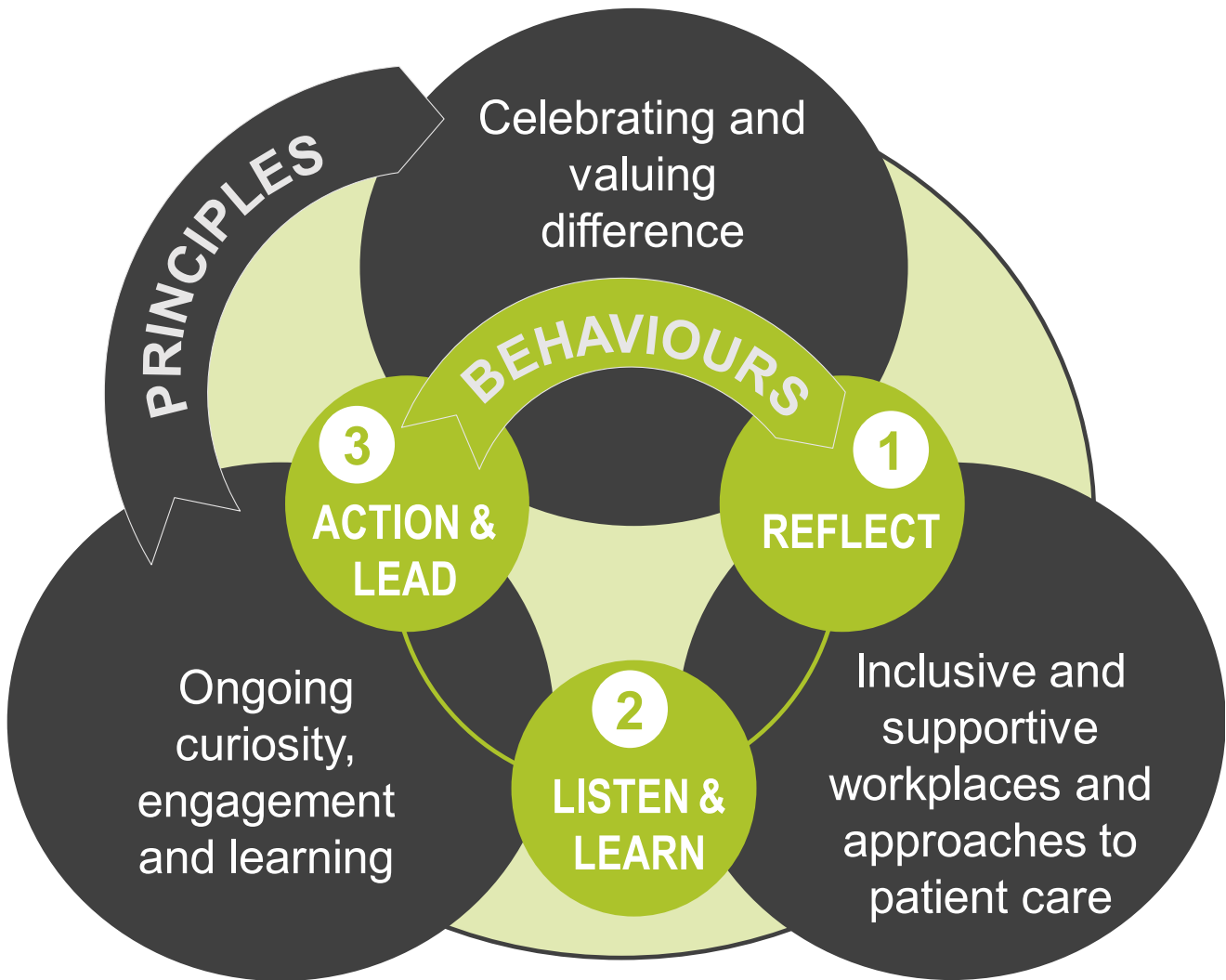
Almost **1 in 5** Australians have a disability<sup>2</sup>

# GUIDING PRINCIPLES

## Overview

ACN is the pre-eminent and national leader of the nursing profession. We are committed to advancing nurse leadership to enhance health care and strongly believe all nurses, regardless of job title or seniority, are leaders.

The aim of this document is to promote nursing leadership by sharing principles to help shape behaviour and actions, establishing more diverse and inclusive working environments and patient care across the Australian nursing profession. Overarching principles include:



The ACN Diversity and Inclusion pillars include:

1. Diversity and Inclusion
2. Gender Equity
3. Cultural and Linguistic Diversity (CALD)
4. Sexual Orientation and Gender Identity (LGBTQIA+)
5. Access and Disability

This document will detail and align reflections, insights and guiding principles and examples with ACN's Diversity and Inclusion pillars

# Pillar 1: DIVERSITY & INCLUSION



## PERSONAL REFLECTIONS

Adjunct Professor Kylie Ward FACN, ACN CEO

As the CEO of ACN, Kylie is passionate about D&I for multiple reasons. She has seen first hand the benefits of diverse teams working together to address patient issues and also witnessed the effects of discriminatory processes or exclusive behaviours.

Kylie believes nurses have a critical role in developing their leadership skills to create inclusive organisations that experience the benefits of diversity. She acknowledges her own personal experiences and journey to understand more about the different and complex aspects of diversity for nurses and nurse managers. Earlier in her career and as a single mother Kylie and nursing leader Kylie would have benefited from guidance document or training course with direction on language, process and supports for diverse staff.

*“I have learnt so much from my colleagues on the D&I Working Group and hope these Guiding Principles are helpful for nursing and other health care professionals to outline good practice, change discriminatory approaches or behaviours and work towards more supportive and inclusive workplaces for all our nurses and health care consumers.”*

### What next?

Kylie is delighted the ACN now has a comprehensive Diversity and Inclusion policy and active Diversity & Inclusion and Men in Nursing Working Parties to identify solutions. Kylie is looking forward to launching ACN’s Guiding Principles to support nurses and workplaces to create culturally safe, equitable and inclusive environments for all Australian nurses.

**DIVERSITY** refers to our individual differences and acknowledges the unique blend of knowledge, skills and perspectives each nurse brings to an organisation. A diverse workplace includes nurses with different characteristics such as: gender identity, age, language, ethnicity, cultural background, religious belief, disability and sexual orientation.




**DIVERSITY AND INCLUSION (D&I)** are concepts which complement each other to build stronger organisations with higher employee engagement (see Annex 1: Terminology for further definitions and explanations). Understanding intersectionality – the complex, cumulative manner in which the effects of different forms of discrimination or privilege combine, overlap or intersect – and acknowledging how each individual identity/ies creates unique barriers, reactions, challenges or experiences also creates better patient outcomes. A one-size-fits-all approach to health care does not accommodate the increasingly diverse composition of the Australian population.

*“There continues to be clear links between institutional bias in health care systems and health disparities”* (Hall & Fields, 2013).<sup>7</sup>

It is important to recognise that racism, ageism, sexism and other forms of discrimination are problems both for health care organisations and the wider community. Education and advocacy for culturally competent and inclusive nurses enhances safety and quality of care for consumers with diverse characteristics. It also builds on basic concepts of empathy in nursing practice and supports the needs of health consumers. Within the health care sector, nurses also represent a diverse and changing workforce. Overseas-born nurses continue to migrate to Australia in response to the national nursing shortage and to meet the demands of a changing community.

Nursing leadership commences with leaders who cultivate a culture that celebrates differences while creating connection. Diversity and inclusion will enable the nursing profession to attract the best and brightest talent. Through teams at a local level and networks at an organisational level, nurses can feel valued and respected regardless of their background or personal circumstances.



BEHAVIOUR	EXAMPLES
 <b>REFLECT</b>	Think about your own experiences and how they differ from your colleagues and patients – what unconscious bias might you bring to a situation that might affect your judgements or decisions?
 <b>LISTEN &amp; LEARN</b>	Seek to understand more. Politely and respectfully ask others about their lives to understand the intersectionality of their experiences. Read about the different diversity pillars and participate in D&I trainings.
 <b>ACTION &amp; LEAD</b>	Join an ACN ‘Community of Interest’ or ‘Policy Chapter’ to contribute your ideas and perspectives on the D&I pillars, Ageing, Chronic Disease, Workforce Sustainability, End of Life and Emissions Reduction.



# Pillar 2: GENDER EQUITY



## PERSONAL REFLECTIONS



**Chris Southcote-Want MACN**

Clinical Background: Nursing Student

Two years ago, after 15 years in Sales Management, Chris started his Bachelor of Nursing and Behavioural Science.

Having worked across the health care sector Chris had previously partnered with health care providers and staff to find talent in executive and management teams. Chris is aware nursing is a female dominated profession, and during his studies and placements he has witnessed a variety of exclusive and discriminatory situations. *“It still amazes me how much inequitable practice still occurs on a day to day basis, whether that be gender influenced language that is used in recruitment processes, verbal requests for “male only” candidates (or vice versa), and restrictive processes that target certain location demographics that would intentionally exclude others.”*

*“I get comments like “you’ll progress really quickly because there aren’t enough men” or assumptions that I would automatically want to move to roles like health services management, always with an undertone that nursing would not be challenging enough for me, or that it would be beneath my capability.”*

Equity (or inequity) can be visible within organisations. Chris has always looked at the diversity of boards and leadership teams before applying for a role. “I feel like this gives a good indication of what value system is alive in the organisation and what is important to them”.

### Top tips...

Always ask yourself two questions when considering a new work environment

1. Is this a place where I am completely confident I can bring my true authentic self to work 100% of the time?
2. Is this a place where I would feel confident and supported to call out counterproductive behaviour?

**GENDER** refers to the socially constructed characteristics of women and men – the norms, role and behaviours, relationships of and between women and men (see Annex 1: Terminology for further definitions and explanations).

Traditionally women have dominated the nursing profession and outdated perceptions of nurses as hardworking and caring females or women who perform repetitive and routine tasks still exist. In Australia in 2019, 87.9% of registered or enrolled nurses were female with 12.1% male and seven (0.002%) identified as intersex or indeterminate gender.<sup>8</sup>

Although the workforce is predominantly female, women remain underrepresented in nursing leadership and in wider health care leadership at organisational, State and National levels. So the nursing profession is not reflective of the community and the leadership is not reflective of the workforce. ACN recognises the importance of nursing leadership in promoting and supporting an organisational culture inclusive of all genders.

ACN advocates at Federal, State and Territory levels raise awareness of gender inequalities and develop a culture where equality is embedded.




## MEN IN NURSING

In 2019 a group of passionate ACN members established the ACN **Men in Nursing Working Party**. It is developing strategies in a caring profession to change the perception of nursing in Australia to be more inclusive of men and aims to:

- increase the number of men entering the nursing profession.
- meet the predicted shortfall of nursing workforce demand.
- create greater awareness of nursing as a gender-neutral profession.
- encourage men to work in areas of nursing outside of critical care, mental health and administration/management.
- understand issues regarding recruitment and retention of men within the nursing profession.
- send an overarching message to the community that “it’s OK for men to care”.

Check out the Men in Nursing personal video stories: [www.acn.edu.au/men-in-nursing](http://www.acn.edu.au/men-in-nursing).



BEHAVIOUR	EXAMPLES
 <b>REFLECT</b>	Recognise the inherent value of each person regardless of their gender or other attributes. Review your own language around women and men and their roles and behaviours.
 <b>LISTEN &amp; LEARN</b>	Use a ‘gender’ lens and critically review approaches, language and assumptions. Seek input from female and male colleagues and patients on their perspectives on how to remove the gap in women’s representation in leadership and increase the number of men in nursing.
 <b>ACTION &amp; LEAD</b>	Be vocal. Raise awareness of gender inequality in your team / workplace. Report discriminatory behaviour or processes. Watch, listen, discuss and share the ‘Men in Nursing’ insights with colleagues.

# Pillar 3: CULTURAL AND LINGUISTIC DIVERSITY (CALD)



## PERSONAL REFLECTIONS



**Dr Ruth De Souza RN, PhD, FACN**

Clinical Background: Registered nurse and academic focusing on the intersectionality of culture and health care

A woman of colour from Goa, South West India, Ruth grew up in South Africa and New Zealand and worked across a number of health care sectors including mental health, drug and alcohol and maternity. While working in maternity care Ruth witnessed a disconnect between the culture and religious beliefs of some new mothers and the institutional processes and expectations set in the hospital. This led her to become particularly interested in the institutional policies and procedures that discriminate against women from different cultural backgrounds. Now an academic and a Vice-Chancellor's Research Fellow, Ruth has found, "systems that appear natural can unintentionally exercise violence and discriminate in different ways".

### Subtle discrimination – is still discrimination

Ruth has experienced a range of discrimination, both personally as a nurse and witnessing her patients being treated differently due to the colour of their skin, their name or cultural background.

*"While handing over patient files to another health care worker they said to me, 'Oh great, it's another Indian woman, they are so demanding!' Who did he think I was? How was I supposed to respond to that?"*

Ruth acknowledges that we need to get into the habit of having uncomfortable conversations about race "reflecting on experiences and differences, be people, family and community centred and importantly if it's not a group we come from or we're used to working with, find out what they need".

**Top tips...** Recognising difference is important. Being colour, ability or culture blind could be damaging for the patient or colleague. "When it comes to people who are different from us, it doesn't mean we should treat everyone the same"

## CULTURAL AND LINGUISTIC DIVERSITY (CALD)

is a term in Australia used to describe people who:

- Were born overseas in a non-English speaking country;
- Have a parent who was born overseas, or
- Speak a variety of languages.

(see Annex 1: Terminology for further definitions and explanations).

Aboriginal and Torres Strait Islander peoples have represented rich cultural and linguistic diversity on these lands for over 60,000 years. Immigration and globalisation has further diversified Australian communities. Today nearly 30% of people living in Australia were born overseas with over 300 languages spoken across the country.<sup>9</sup>

Relationships between consumers and health care staff from different cultural or religious backgrounds can be challenging. Culturally insensitive care can lead to disrespect, anxiety, isolation and feelings of prejudice. Some nurses cross the 'cultural barrier' with ease. However without cultural competence, communication difficulties arise. Cultural safety is recognised in the Nursing and Midwifery Board of Australia (NMBA) Code of Conduct for culturally safe practice.<sup>10</sup>




***"In diversity talk in nursing there's an assumed white centre with difference added. White people are conceived as the hosts and people of colour viewed as guests and the perspectives of Indigenous people are erased."***

(De Souza, 2018)<sup>11</sup>

Around 40% of nurses in Australia were born or qualified overseas. Workplaces can develop a CALD strategy to establish a culturally inclusive workplace by valuing, promoting and increasing awareness of CALD, engaging with CALD staff, consumers and community groups. Faith-based or religious identities are also an overlapping aspect of cultural diversity that must be respected, protected and embraced.

Organisations should aim to influence change through planning and access, support and education (cultural sensitivity and competence training), mentoring for international staff, working groups and safe spaces for staff with issues or questions.



BEHAVIOUR	EXAMPLES
 <b>REFLECT</b>	Understand your own beliefs, attitudes, assumptions and values and consider how they influence your interactions with other people. Do not automatically assume you know where someone was born, what language they speak or their cultural or health practices.
 <b>LISTEN &amp; LEARN</b>	Engage CALD staff, patients and community groups on policy or process changes to seek their input. Ask health care consumers about their experiences and preferences in care. Ask friends and peers to safely challenge you and 'check' your language.
 <b>ACTION &amp; LEAD</b>	Get involved in your organisation's committees and initiatives, lead the roll out of initiatives in your work area. Establish mentoring or buddy systems for CALD staff.

# Pillar 4: SEXUAL ORIENTATION AND GENDER IDENTITY (LGBTQIA+)



## PERSONAL REFLECTIONS

### Shauna Wilson MACN

Clinical Background: Geriatric and rehabilitation, primary health care, community nursing and oncology nursing

Shauna is a transgender woman who came to nursing six years ago after working in the military, corrections and the private sector. Shauna decided to make the career change after experiencing the incredible support and care the nurses provided during her transition in 2008. Over the course of her life and since her transition, Shauna experienced a range of physical and verbal abuse and discrimination. Shauna believes that understanding and support for transgender people is evolving in Australia.

### Did you know?

In society and within an individual, there is often confusion between sexual orientation and gender identity, *“They are two distinctly different issues the individual has to reconcile with and no one works it all out at the same time”.*

*“Continue accepting and respect those you work with, regardless of what you perceive about them as different. As an individual, accept and be proud of the very thing that people don’t accept about you and see as different. And unless you are able to openly and accurately define that term ‘normal’ it is best to refrain from judgemental perceptions that will affect your patient care and your working relationships.”*

### Does transgender mean gay?

Don’t assume that being transgender automatically associates you with the gay community. Every person’s experience, identity and transition is different. *“My transition and journey was to align to me and how I saw myself as a member of society as a whole, which is a heterosexual woman”.*

## SEXUAL ORIENTATION AND GENDER IDENTITY

refers to LGBTQIA+ people including lesbian, gay, bisexual, transgender, queer, intersex and asexual people. Gender identity describes how you think about your self (e.g. being a woman or man or neither or both). Sexual orientation refers to who you love or are attracted to (see Annex 1: Terminology for further definitions and explanations).

Discrimination against LGBTQIA+ people continues in Australia and in health care despite increasing acceptance and inclusive legislation. As nurses often work with and care for people with diverse genders and orientations it is critical they are able to understand and effectively provide support.

Nursing leaders and organisations play a critical role in establishing inclusive policies, practices and environments to create better health and working outcomes. Some examples include:

- Larger tertiary hospitals supporting an employee led LGBTQIA+ network to drive service improvements
- Staff on recruitment panels have completed education around recruitment bias and unconscious bias
- Embedding LGBTQIA+ inclusive service delivery culture through ongoing professional development

## HOW TO UNDERSTAND ‘SEXUAL ORIENTATION’ AND ‘GENDER IDENTITY’

We can think about all these things as existing on a spectrum  
0 —————> 100

### Identity

How you in your head experience and define your gender

### Attraction

How you find yourself feeling drawn to some people in sexual, romantic, and/or other ways

### Sex

The physical traits you’re born with or develop as well as the sex you are assigned at birth




### Expression

How you present gender (actions, clothing, demeanour) and pronouns you identify with and prefer to use



© Genderbread.org<sup>12</sup>



BEHAVIOUR	EXAMPLES
 REFLECT	Consider your own experiences in relation to your identity and orientation and how they might differ from others. Put yourself in someone else’s shoes and think of times when you may (or may not) have felt safe or comfortable partaking in a professional or social event.
 LISTEN & LEARN	Respectfully ask how a colleague or patient would like to be addressed. Embed clinical governance practices such as undertaking and analysing consumer feedback and implementation of appropriate service improvements.
 ACTION & LEAD	Health information, staff and community engagements and communications should use gender neutral language. Undertake a needs analysis through staff survey for LGBTQIA+ training.

# Pillar 5: ACCESS AND DISABILITY



## PERSONAL REFLECTIONS



**Elizabeth Crummy RN MACN**

Clinical Background: Anaesthetics / PACU

Elizabeth has been a registered nurse for more than 30 years. In 1999 she was diagnosed with bilateral sensorineural hearing loss and then experienced a progressive loss of hearing, tinnitus and vertigo. While initially Elizabeth tried to manage her disability she soon shared her challenges with her manager and team who were supportive and with some minor changes she was able to safely and successfully continue her clinical work. However, in 2018 Elizabeth had a mental health crisis after years of anxiety due to her disability and has not been able to work as a clinical nurse since.

### Challenges and Solutions

One of the greatest barriers Elizabeth has faced is the wearing of cloth masks in operating rooms. Elizabeth sought support from the Australian Government Funded JobAccess program and discovered a range of workplace supports are available which are not expensive, difficult or unreasonable. *“For example, masks with clear plastic on the front would have solved much of my anxiety as I could lip read, or a mobile phone/pager with preset requests could have been used”.*

*“My experience of University is so different. I have an advisor I liaise with about my needs and a Learning Plan was devised for me. Rather than having to tell my story over and over, I have privacy and respect so I can then choose who I divulge my disability to and how much they need to know.”*

### Walking the Talk

*“Other than tick the box competencies in D&I, staff need to be educated about the most appropriate, best practice ways to deal with staff and patients with disabilities...The D&I policy should be lived in an organisation, not just something to check off yearly or show at accreditation.”*

A **DISABILITY** refers to any condition that restricts a person’s mental, sensory or mobility functions which may be caused by accident, trauma, genetics or disease. The disability may be temporary or permanent.<sup>13</sup> Access is the consideration and incorporation of the needs of people with disability in all areas of the organisation’s operations (see Annex 1: Terminology for further definitions and explanations).<sup>14</sup>

Some people are born with disability but many people acquire or develop disability as they age. An estimated one in five Australians (18.3%) report having a disability (4.3 million people).<sup>15</sup> Adults with disability experience poorer health than those without disability: only 24% report very good or excellent health compared with 65%. Many people with disability are aged 65 years or over (41.9%). Over half (53%) of those aged 15-64 years with a disability are participating in the labour force.<sup>16</sup>




A 2015 survey of 9000 nurses found 66% had either witnessed a colleague with a health impairment or had experienced one themselves. The majority required no further action but some needed support for the individual and some workplace adjustments.<sup>17</sup> We know when employee health and wellbeing is well managed the outcomes are better for the individual, workplace and health care consumers.

Workplace adjustments are changes to the processes, practices, procedures or environments that minimises the impact of the disability and enables the employee to perform their role. Leaders and organisations need to create a safe space to engage staff to identify simple and practical changes to maximise inclusion and productivity.

***Years ago the disability movement took up the mantra “nothing about us, without us”.***

The ***Disability Discrimination Act (1992)*** encourages organisations to develop action plans to eliminate discriminatory behaviour. By investing in the existing nursing workforce with ongoing or new disability or chronic conditions, organisations will ensure that collaborative workplace strategies are put into practice and are effective.



BEHAVIOUR	EXAMPLES
 <b>REFLECT</b>	Remember the proportion of people with disabilities and that the majority of disabilities are not visible. Consider the experiences of people with disabilities before making assumptions.
 <b>LISTEN &amp; LEARN</b>	Ask colleagues and patients what support they need and seek their ideas for innovative solutions (they know their situation better than anyone else). Provide or participate in training on disability related issues for staff involved in recruitment, promotion, management, education.
 <b>ACTION &amp; LEAD</b>	Obtain a free workplace assessment through Employee Assistance Fund (EAF) to identify solutions for workplace flexibility and accessibility for staff with a disability. Undertake surveys or lead engagement with staff with disability to ensure appropriate supports are available or updated and changed when needed.

# DIVERSITY AND INCLUSION ETIQUETTE

## ✓ DO...

- Realise you're going to make mistakes along the way, don't let this deter you from trying
- Understand the difference between 'diversity', 'equity' and 'inclusion'
- Remember the tone and volume of your voice is as important as the language you use
- Acknowledge everyone has their own unconscious bias (it's not a bad thing, but checking it helps)
- Judge the situation and politely ask the question:
  - “Can I help you with the door?”
  - “All the medical language is a bit difficult, is there anything I could explain?”
  - “Tell me about yourself?”
  - “I want to make sure you feel safe and welcome, how would you like to be addressed?”
- Remember change takes time, don't expect things to change overnight
- Call out disrespectful, discriminatory or unlawful behaviour
- Be innovative and open minded and believe there is probably a solution to a diversity challenge

## ✗ DON'T...

- Assume difference means hard, it can mean fun, interesting or a great learning opportunity to be better
- Yell at someone with a hearing impairment
- Presume someone who looks different to you comes from / was born in another country
- Speak louder to someone who has an accent
- Automatically push someone in a wheel chair
- Forget discrimination comes in many forms – both direct (that you can see and hear) and indirect (where it may not be so obvious)
- Ignore exclusive behaviour or discriminatory policies or practices, speak up, report it, contact ACN
- Let staff sexual orientation or gender identity influence which patients they care for
- Accept stereotypes

***“The standard you walk past is the standard you accept”.***

Former Chief of Defence, General David Morrison



## DIVERSITY & INCLUSION

**Watch:** Presentation D&I leader Vernā Myers  
[www.youtube.com/watch?v=9gS2VPUkB3M](https://www.youtube.com/watch?v=9gS2VPUkB3M)

**Read:** D&I White Paper  
<https://static1.squarespace.com/static/5768bad146c3c4f67570dcf6/t/59d59cf5cf81e0daf7b47422/1507171657530/White+Paper+Final.pdf>



## GENDER EQUITY

**Watch:** Men in Nursing personal story videos  
<https://www.acn.edu.au/men-in-nursing>

**Listen:** Future Women Podcast  
<https://futurewomen.com/podcasts/>



## CALD

**Listen:** How to be Anti-Racist Podcast  
<https://brenebrown.com/podcast/brene-with-ibram-x-kendi-on-how-to-be-an-antiracist/>

**Read:** Book – *“White Fragility: Why It’s So Hard for White People to Talk About Racism”*  
by Robin DiAngelo.

**Article:** *“Dismantling structural racism: Nursing must not be caught on the wrong side of history”*  
by Ruth De Souza et al.  
<https://onlinelibrary.wiley.com/doi/full/10.1111/jan.14469#.XxdOR9LppmU.twitter>



## LGBTQIA+

**Websites:** Nurse and Midwife Support – LGBTI  
[www.nmsupport.org.au/communities/lgbti](http://www.nmsupport.org.au/communities/lgbti)

My Aged Care – support for lesbian, gay, bisexual, transgender and intersex people  
<https://www.myagedcare.gov.au/support-lesbian-gay-bisexual-transgender-and-intersex-people>



## ACCESS AND DISABILITY

**Websites:**

JobAccess – workplace adjustments, assist program  
[www.jobaccess.gov.au](http://www.jobaccess.gov.au)

Australian Network On Disability  
[www.and.org.au](http://www.and.org.au)

# CALL TO ACTION



Sometimes the challenge seems too big and the responsibility rests with others. But individually and collectively as nurses, nursing students and retired nurses, managers and other health care professionals you can show leadership and drive accountability for creating culturally safe, equitable and inclusive working conditions across Australia. These actions will lead to better staff and patient outcomes. Some examples include:

- Create or join a support or ally group for a diversity pillar
- Champion diversity through community and customer forums
- Set key performance indicators (KPIs) for all managers to sustain progress, monitor and seek feedback on the progress
- Read and provide feedback on current or new policies and changes within your workplace when you identify indirect discrimination
- Speak up, address and report behaviour misaligned to the D&I principles of valuing difference, creating inclusive and supporting environments and engaging and being curious of others
- Seek feedback from patients, peers and managers
- Focus on formal and informal learning (listen and read related articles)
- Respectfully ask questions and don't presume
- With the exception of affirmative measure and identified positions, de-identify all recruitment and selection processes.

***“We all need to be consistent and confident in calling out inequitable practice whilst continuously striving to educate ourselves and those around us.”***

Chris Southcote-Want, Nursing Student MACN

***“It can be challenging, learn to sit within the uncertainty when interacting with people with different beliefs and from different cultures to yours”***

Dr Ruth De Souza, RN, PhD, FACN

***“Workplaces do need to look at who they employ, look for innovative ways to work with staff who have different needs, but most of all be kind and respectful.”***

Elizabeth Crummy, RN MACN

## CLOSING

ACN believes every nurse must have the opportunity to succeed irrespective of their gender, ethnicity, culture, sexual orientation, religious beliefs or age. The diversity of our nursing workforce is crucial, as nurses make up the largest portion of the health workforce and are ideally placed to address diversity and inclusion issues in the communities in which they work.

This is not achieved alone. All nurses must support one another to maintain an inclusive culture where every nurse is valued for their contribution to the profession, organisation and self-development. Nurses should feel safe at work to be productive and provide high quality care. As nurses and leaders, we all have a role to play in creating an environment that truly values the diversity each of us bring to work, and the communities we care for and represent.

Championing the delivery of high-quality care also demands championing diversity, equity and inclusion for all groups represented in the wider community. Removing barriers to participation and embracing diversity in nursing are inextricably linked to improving flexibility of work practices and education models. This enables nurses to deliver high-quality health services the community expects and to promote and sustain respectful workplace practices.

## GET INVOLVED

The ACN team and D&I Working Party would like to hear feedback and ideas. If you have a question, story to share or issue to address that could contribute to positive inclusive policy, practice or culture changes across the nursing profession in Australia, get in touch.

**EMAIL US AT [acn@acn.edu.au](mailto:acn@acn.edu.au)**

# ANNEX 1:

## Terminology

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### DIVERSITY & INCLUSION

**Diversity:** refers to the mix of people in an organisation, including all the differences between people in how they identify in relation to their social and professional identities.<sup>18</sup>

**Inclusion:** Inclusion occurs when a diversity of people (e.g. of different ages, cultural backgrounds, genders) feel valued and respected, have access to opportunities and resources, and can contribute their perspectives and talents to improve their organisation.<sup>18</sup>

**Intersectionality:** The recognition of multiple interlocking identities defined in terms of sociocultural power and privilege peoples' identities and experience. Intersectionality acknowledges that each individual identity/ies creates unique barriers, reactions, challenges or experiences.<sup>19</sup> The complex, cumulative manner in which the effects of different forms of discrimination or privilege, such as race, gender, culture, sexuality and ability combine, overlap or intersect' (Adapted from Crenshaw, K., 1989).

### GENDER EQUITY

**Gender** refers to the socially constructed characteristics of women and men; the norms, roles and behaviours, relationships of and between women and men.<sup>20</sup>

**Gender equality** can be defined as treating everyone in the same manner irrespective of gender, needs and requirements, to promote the ideals of fairness and equal treatment.<sup>21</sup>

**Gender equity** can be defined as the quality of treating individuals fairly based on their needs and requirements, with policies to end existing inequalities.<sup>21</sup>

### CALD

**Cultural competency, or cultural awareness and sensitivity** – the knowledge and interpersonal skills that allow health care providers to understand, appreciate and work with individuals from cultures other than their own. Awareness and acceptance of cultural differences, self-awareness, knowledge of a patient's culture, and adaptation of skills.<sup>22</sup>

**Cultural Safety** – is the preferred term for nursing and midwifery endorsed by the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM), who emphasise that cultural safety is as important to quality care as clinical safety.<sup>23</sup>

### LGBTQIA+

1. **Sexual orientation and gender identity:** The World Professional Association for Transgender Health<sup>24</sup> and University of Western Australia provide the following definitions used in this area<sup>25</sup>:
2. **Gender Dysphoria** – is the self-expression of gender characteristics which includes taking on another identity that is not normally associated with the gender assigned at birth.
3. **Trans man (FTM)** – is a female who has gone through gender affirmation to identify and answer as male.
4. **Trans woman (MTF)** – is a male who has gone through gender affirmation to identify and answer as female.
5. **Cis man or Cis woman** – is a man or woman who identifies with the body assigned to them at birth.
6. **Misgendering** – is describing or communicating with someone using pronouns that do not match how that individual identifies or presents.
7. **Gay** – refers to the affection and/or sexual attraction between consenting males.
8. **Lesbian** – refers to the affection and/or sexual attraction between consenting females.



# ANNEX 1:

## Terminology

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The Australian Government Australian Institute of Family Studies Child Family Community Australia<sup>26</sup> provide the following definitions;

1. **Asexual/ace** – a sexual orientation that reflects little to no sexual attraction, either within or outside relationships. People who identify as asexual can still experience romantic attraction across the sexuality continuum. While asexual people do not experience sexual attraction, this does not necessarily imply a lack of libido or sex drive.
2. **Queer** – a term used to describe a range of sexual orientations and gender identities. Although once used as a derogatory term, the term queer now encapsulates political ideas of resistance to heteronormativity and homonormativity and is often used as an umbrella term to describe the full range of LGBTIQ+ identities.
3. **Intersex** – an umbrella term that refers to individuals who have anatomical, chromosomal and hormonal characteristics that differ from medical and conventional understandings of male and female bodies. Intersex people may be ‘neither wholly female nor wholly male; a combination of female and male; or neither female nor male’<sup>27</sup>
4. **Genderqueer/Non-binary gender** - a term used to describe gender identity that does not conform to traditional gender norms and may be expressed as other than woman or man, including gender neutral and androgynous.

### ACCESS & DISABILITY

**Disability:** this is defined by the Disability Discrimination Act 1992 (Cth)<sup>28</sup> as:

- total or partial loss of the person’s bodily or mental functions; or
- total or partial loss of a part of the body; or
- the presence in the body of organisms causing disease or illness; or
- the malfunction, malformation or disfigurement of a part of the person’s body; or
- a disorder or malfunction that results in the person learning differently from a person without the disorder or malfunction; or
- a disorder, illness or disease that affects a person’s thought processes, perception of reality, emotions or judgement, or that results in disturbed behaviour.

This definition includes disability that

- presently exists; or
- previously existed but no longer exists; or
- may exist in the future; or is imputed to a person (meaning it is implied that the person has disability but does not).

**Access:** is the incorporation of the needs of people with disability in all areas of an organisation’s operations. This means ensuring that people with disability have equal access to employment, training and development, products and services, premises, communication and information communication technology.<sup>29</sup>

**Impairment:** “Section 5 of the [Health Practitioner Regulation] National Law defines ‘impairment’ for a practitioner or an applicant for registration in a health profession as meaning a person has ‘a physical or mental impairment, disability, condition or disorder (including substance abuse or dependence) that detrimentally affects or is likely to detrimentally affect the person’s capacity to practise the profession.’”<sup>30</sup>

# ANNEX 2:

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# ABOUT ACN

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The Australian College of Nursing (ACN) is leading the way to empower nurses around the country to achieve the health and wellbeing they deserve. Nurses dedicate their lives to caring for others and often neglect looking after themselves in the process. We support our members to be the best they can be by keeping them informed, connected and inspired.

- ACN advocates on behalf of the nursing profession
- The expertise of ACN's members helps to shape health care and aged care policies
- ACN nurtures the nurse leaders of today and tomorrow
- ACN is an accredited higher education provider for qualified nurses

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