

# Harmless nursing chat or alienating attitudes?

SIX SCENARIOS EXPLORE SOME  
UNSAFE NURSING VIEWS AND  
WAYS TO CONFRONT THEM.  
A GUIDE FOR FACILITATORS





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## Purpose

The challenge with addressing any sort of prejudicial attitudes is that behaviours and attitudes, such as racism, sizeism and homophobia, are not clear cut; people hold a range of attitudes and feelings from the explicitly oppressive, to more subtle beliefs that devalue certain groups. Both attitudes and behaviour tend to be on a continuum and most people will move up and down the continuum, depending on the situation and the people involved.

Nursing is not exempt from discriminatory attitudes, despite 25 years of cultural safety in New Zealand and the Nursing Council of New Zealand's Code of Conduct (2012), the principles of which clearly expound the values which underpin professional conduct. Yet frequently nurses do not challenge colleagues' prejudicial attitudes and, by their silence, they condone such attitudes.

This educational resource package (DVD and facilitator notes), based around tearoom and corridor conversations (ie where nurses talk to each other), has been designed to stimulate nurses to reflect on the range of behaviours and attitudes that can be oppressive, and to identify ways to move either themselves or another towards non-oppression and positive action.



## The scenarios

Scenarios one to three cover racist attitudes. The first (*Māori/Pakeha relations: who's getting a fair go in this country?*) considers biculturalism and the impact of colonisation.

The second (*Overseas nurses: how do overseas nurses fare in clinical settings?*) looks at the changing face of New Zealand's nursing workforce, nurses for whom English is not their first language, and employment for new graduate nurses.

And the third scenario (*Do we really want to go backwards? Attitudes towards a Pacific patient and her family*) presents different cultural practices and the challenge to deliver patient-centred care.

Scenario four uses sizeism as its theme. *Too big to care: looking after a woman of size* asks the question, "Is one person more deserving of health services than another?" It challenges prevailing societal pressures about body image.

And the final two scenarios (*Homophobic attitudes can take various guises* and *Protecting a patient's privacy*) look at homophobic attitudes and behaviours.



## Background

The scenarios presented in the DVD were co-authored by *Kai Tiaki Nursing New Zealand* co-editors Teresa O'Connor and Anne Manchester. They, along with NZNO media and communications adviser, Liz Robinson, presented the scenarios were presented in a workshop at NZNO's annual general meeting and conference 2011 and repeated at a staff gathering later in the year. The scenarios are challenging. They are based on reported and experienced situations, and every nurse will recognise and identify with similar conversations they have witnessed.

Presentation of the scenarios during 2011 provided the framework for intensive discussion and debate within facilitated workshops. Strategies that could be used to challenge prejudicial attitudes were explored. Role playing different strategies was found to be useful.

The positive response and subsequent invitations to present the workshop to membership groups, education providers and employers resulted in further development of the vignettes, and the production of an educational DVD and facilitator notes, enabling wider delivery of the workshop.

It seems timely that, in 2012, 25 years since the introduction of cultural safety to the nursing curriculum, NZNO should launch this education package. NZNO aims to improve the working environment of nurses. This is a positive strategy to help address discriminatory behaviours and attitudes.

NZNO acknowledges and thanks the Nursing Education and Research Foundation (NERF) for its contribution toward funding the development of this education resource package.

NZNO also acknowledges the expert advice provided by Eleanor Butterworth from Wellington Women's Refuge on the framework for this guide, CutCutCut films, and Spotless and the Nelson Marlborough District Health Board for the use of uniforms.



# Guide for facilitators

## Overview

The production of the six short vignettes on the DVD allows great flexibility. Facilitators may choose to use the DVD in a variety of ways, selecting any number of the six scenarios to form the basis of an interactional educational programme. They may contribute to a full day's programme, be integrated into a course of study or a brief single-issue workshop. It is up to the facilitator to design the programme.

Learning objectives should be identified and the workshop designed to meet those objectives, being mindful of the target audience. The workshop may include discussion groups, exercises (either written or in small groups) and/or role plays. A range of ideas are appended for your reference.

Participant resources can be designed to support the workshop and its outcomes. NZNO recommends the Nursing Council's Code of Conduct (2012) and competencies for nurse practitioners, registered nurses and enrolled nurses, and the NZNO leaflet *Clear communication to stop bullying* as core reference documents.

The facilitator should be skilled in assertive communication and the facilitation of complex and challenging discussions, being mindful of the range of viewpoints and sensitivities that may arise. It is really hard to respond to any type of discriminatory behaviour. Anger, fear, embarrassment or any number of feelings may be experienced. Setting the ground rules for respectful interaction will be critical to the success of the workshop. It is important to remember attitudes are on a continuum and most, if not everyone, can learn new insight into their attitudes and behaviour. Information on the continuum of discriminatory attitudes and behaviours is useful, as is the provision of some examples for each.

## Continuum of responses to discriminatory attitudes





## **Motivating factors**

Issues for your group to consider are how they can interrupt and intervene in situations where discriminatory behaviours are being exhibited, without putting the protagonist on the defensive. Considering the motivation of the person engaged in discriminatory behaviour or language is an important starting point. Are they trying to hurt the target or trying to protect themselves from some perceived fear, or trying to win peer approval with a “joke”?

## **Exploring the scenarios**

Facilitators may wish to have participants undertake some individual reflection by examining their personal responses to the scenario and its theme. Self analysis of personal responses would include identification of any motivating factors, should they recognise discriminatory attitudes within themselves, and where they sit on the continuum of responses, as shown above. Consideration of similar scenarios in which they have been involved, and their personal feelings and actions at that time, is useful for this exercise.

A group discussion on the possible range of feelings, their impact on relationships (collegial and nurse/patient) and on the workplace culture that may arise from participating in such a scenario, could be explored.



## Identifying strategies to lessen discriminatory attitudes and behaviours

Responding to discriminatory attitudes and behaviours requires an understanding of the situation and then selecting the right action. Participants need to assess the context in which the views were expressed, as well as the motivating factors. Is the discrimination being expressed by an individual, group or organisation? Is it explicit or implicit discrimination? What is the relationship between the protagonist and the target and also with the witness? Are there power balances that need to be considered?

Once this step is completed, a range of action strategies could be discussed and explored. You could use the continuum of responding to assist in framing appropriate responses at each of the last four steps on the continuum. It is useful to look at preferred action in the ideal world and identify barriers to responding in that way. Most people are fearful in these situations and they need to consider the ongoing relationship with all parties. However, it is useful to discuss what strategies might be successful for safely interrupting the prejudicial attitudes being expressed.

It is also important to consider how the target can be supported. Brainstorming options can generate innovative, context-specific actions. The target may also be supported in a variety of other ways, eg supporting their responses which challenge the attitudes being expressed, providing information about complaints processes and contact details of who may be available to provide emotional support and debriefing.

A mix of individual and group work and role playing can be very effective at this point. Providing an environment whereby participants can practise and receive feedback, affirming positive approaches, is critical to the success of supporting behavioural change. The challenge is to assist participants to move towards more positive attitudes in either themselves or others, but being cognisant of doing this positively and safely.



## Appendix A

### Activities

Here is a range of ideas to assist in your design of the workshop.

- » Working in pairs to share experiences
- » Facilitated group discussion
- » Individually examining personal feelings and responses to the scenarios
- » Exploring and reflecting on similar past experiences
- » Presenting a range of scenarios related to the theme, analysing the situation and discussing the best approach(es) in that particular context
- » Role playing and role training
- » Completing short written exercises (worksheets may be designed to assist), eg
  - analysis of the views being expressed, motivational factors, the nature of the relationships; and
  - stating what action the participant would take in an ideal world and then identifying barriers to responding in this way.
- » Setting personal goals for the future
- » Reading and discussing related professional or organisational policy and/or standards

### Useful resources

New Zealand Nurses Organisation (2012) *Alienating attitudes in the workplace* (a resource of useful references)

[www.nzno.org.nz/services/library/resourcelists](http://www.nzno.org.nz/services/library/resourcelists)

NZNO *Clear communication to stop bullying* leaflet



Nursing Council of New Zealand publications  
[www.nursingcouncil.org.nz/](http://www.nursingcouncil.org.nz/)

- (2012) *Code of conduct for nurses*
- (2011) *Guidelines for cultural safety, the Treaty of Waitangi, and Māori health in nursing education and practice*
- (2012) *Guidelines: professional boundaries*
- (2012) *Competencies for enrolled nurses*
- (2008) *Competencies for the nurse practitioner scope of practice*
- (2007) *Competencies for registered nurses*

Note: resources and references on communication strategies are not included in this list.

## Appendix B

### Sample lesson plan: 90 minute workshop

#### Overview:

All nurses in New Zealand are required to apply the principles of cultural safety in their practice. Culturally safe practice and cultural competence are expectations of both the public and the Nursing Council of New Zealand. This workshop explores a range of scenarios, demonstrating racist attitudes nurses may express. It considers appropriate approaches to shifting harmful attitudes and behaviours towards non-discrimination.

## Objectives:

1. Raise awareness of racial discrimination in its varying guises.
2. Examine and challenge personal feelings and attitudes.
3. Identify new strategies to positively respond when witnessing racist attitudes and behaviours.
4. Encourage greater understand of the Code of Conduct and relevant nursing competencies.

## Resources/materials:

NZNO (2012) *Harmless nursing chat or alienating attitudes?* DVD (scenarios 1-3) and relevant equipment

NCNZ. *Competencies for Registered Nurses (2007) and Enrolled Nurses (2012)*

NCNZ. *Guidelines for cultural safety, the Treaty of Waitangi, and Māori health in nursing education and practice* (amended and reprinted July 2011)

## Activities:

- a. Start with a brief refresher discussion on cultural safety and also on the principles of assertive communication.
- b. Introduce and play scenario one *Who's getting a fair go in this country?*
- c. Discussion on nursing's commitment to biculturalism, impact of colonisation on health and institutional racism.
- d. Pairs – reflect on any personal experience with similar scenarios and what responses were made at the time. Were responses effective in interrupting and/or challenging the discriminatory behaviour or not? If not, explore the reasons for that, identifying the key contextual issues, motivating factors and barriers to interrupting or intervening.

- e. Present the continuum of responses to discriminatory attitudes, and a framework for analysing and responding effectively and safely to such attitudes and behaviours.
- f. Introduce and play scenario two *How do overseas nurses fare in clinical settings?*
- g. Discussion of attitudes expressed and exploration of personal feelings around topic.
- h. Role plays – set a scenario for two nurses, one of whom is expressing a negative and discriminatory view about two Indian nurses who have been speaking in Hindi to each other in the medication room. In groups of three, have two role-playing the scenario, with the third person providing feedback on response and its effectiveness.  
Switch parts so each plays all parts and different strategies of response are explored
- i. Introduce and play scenario three *Attitudes toward a Pacific patient and her family.*
- j. Group discussion on patient-centred care and how it is possible to achieve this, respecting the rights of all patients, within an in-patient environment.
- k. Conclude by summarising the themes and establishing a challenge to the participants to take affirmative action when they next identify a situation in which discriminatory and alienating attitudes are being expressed.

## **DVD: Harmless nursing chat or alienating attitudes?**



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