
Refugee Nurses of Australia (RNA)



Standards of Practice for Australian Refugee Health Nurses 2026

Preamble

Refugee Nurses of Australia (RNA)

The Refugee Nurses of Australia (RNA) was launched in October 2016 and has members in all states and territories across Australia. The aim of the RNA is to provide a professional platform for nurses working in the field of refugee health, and other nurses whose work may involve refugees and other people from refugee-like backgrounds.

The process of developing standards

In October 2017 RNA held its inaugural forum for registered nurses (RNs) in Liverpool, NSW. Over 60 RNs from across Australia who work with people of refugee* background attended. During this forum nurses were asked to identify aspects of their practice that are key to effective provision of health care and services to refugees. This session was chaired by Professor Elizabeth Halcomb (University of Wollongong) who had previously facilitated the development of the National Practice Standards for Nurses in General Practice. Six focus groups were held and nurses were asked two questions:-

1. What do you as a refugee health nurse do?
2. What skills do you need to work effectively with refugees?

The results of these discussions were consolidated and have provided the foundation for the development of the 'Refugee Nurses of Australia (RNA) Standards of Practice for Australian Refugee Health Nurses, 2018'.

The Executive of the Refugee Nurses of Australia would like to thank Professor Elizabeth Halcomb and all the refugee health nurses who attended and participated in this process, which facilitated the development of core components of these standards of practice.

These Standards of Practice are complemented by a competency framework that aligns with each standard. The framework outlines how nurses build and deepen their capabilities across key areas of practice, from novice to expert. It is intentionally aspirational, providing a pathway for ongoing professional growth and a benchmark for nurses to strive towards. Together, the standards and competency framework support consistent practice, guide professional development, and assist in assessing workforce capability across diverse refugee health settings.

* In the context of this paper, 'refugee' refers to anyone who is a refugee, asylum seeker or may have arrived under a different visa but has had similar experiences as a refugee.

Introduction

Refugee health is an evolving specialty area in nursing. Australia has a long history of providing world class health services to refugees on resettlement (RCA 2015). This document acknowledges the complexity of the health needs of refugees and people of a refugee-like background and the specialty knowledge that is needed to provide quality care.

Australia is a signatory to the ‘United Nations 1951 Convention relating to the statues of refugees’ and the ‘Universal Declaration of Human Rights (1948)’. As such a refugee health nurse acknowledges and understands the rights of refugees under these laws and conventions. Refugee health nurses (RHNs) recognise and celebrate the rich diversity of the Australian community.

Vision Statement

Refugee health nurses are RNs who practice within a variety of clinical environments that use a primary health care model underpinned by the philosophy of trauma informed care. RHNs acknowledge the dynamics of contemporary political environments and thus defend and advocate for the rights of the individual, family and community. RHNs deliver care to refugee populations that is culturally informed, inclusive, sensitive and safe.

About the Standards in Practice

Refugee health nurses are Registered Nurses and as such practice in accordance with the registered nurses standards for practice developed by the Nursing and Midwifery Board of Australia in June 2016 (NMB Australia 2016). The registered nurse standards for practice consist of the seven standards as shown in figure 1.

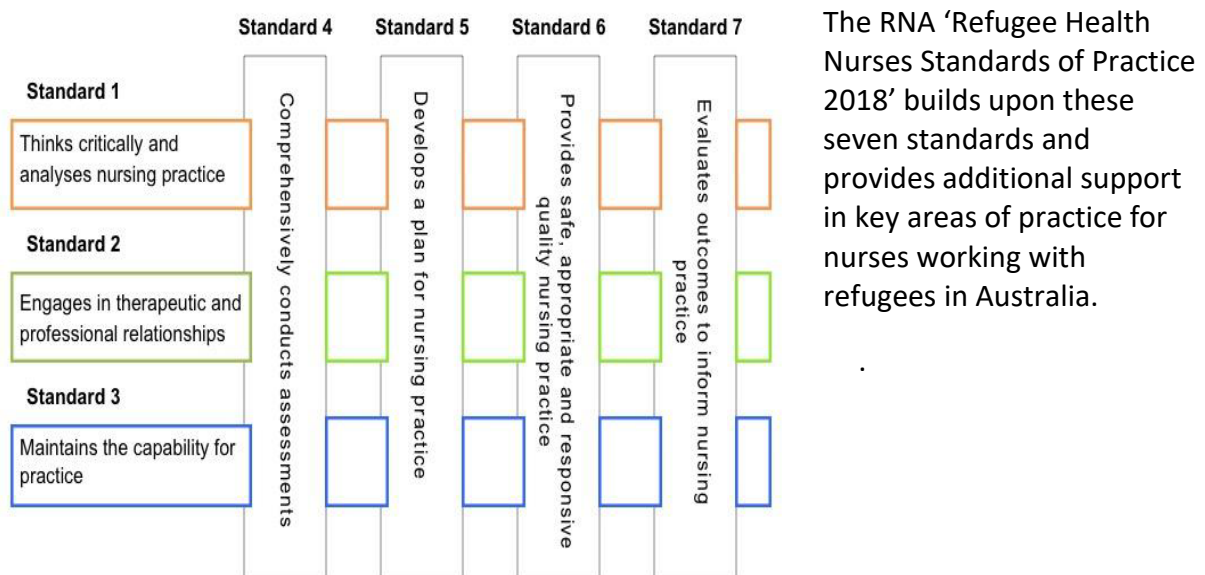


Figure 1: Registered Nurses Standards of Practice, 2016

The RNA standards of practice are aspirational benchmarks of care for refugee/refugee like[†] people living in Australia. The seven standards of practice for refugee health nurses are shown in figure 2



Figure 2: RNA Standard of Practice for Australian Refugee Health Nurses

Each standard has accompanying criteria which show how to demonstrate the standard in practice. These standards and corresponding criteria are relevant to all clinical environments including community settings and hospitals in both rural and urban locations. These standards include professional knowledge and skills and capture the myriad of personal characteristics or attributes that underlie the scope of practice in this area of nursing.

[†] Referring to people who may not have official refugee status, but with similar pre migration experiences.

Refugee Health Nurse Standards of Practice

Standard 1 - Practices in a manner consistent with professional and health system values

Refugee health nurses operate in alignment with national legislation, policies, guidelines and standards of nursing practice. Their practice is grounded in professional, evidence-based practice, research and contemporary knowledge.

The refugee health nurse:

- 1.1 recognises the value of continuous education and professional reflection
- 1.2 complies with policies and guidelines that have implications for practice
- 1.3 contributes to local, state and national guidelines, membership of working parties and professional associations
- 1.4 acknowledges the risk of vicarious trauma and actively engages with relevant support systems including peer/clinical supervision and debriefing.

Standard 2 - Communicates effectively

Effective communication is fundamental to therapeutic relationships. Refugee health nurses recognise the critical role that qualified interpreters play in enabling the refugee health nurse to deliver care in everyday practice.

The refugee health nurse:

- 2.1 understand the legal/ethical frameworks of using interpreters as fundamental to quality practice and advocates for the use of a qualified interpreter as a right for effective communication
- 2.2 demonstrates expertise in working with interpreters to effectively communicate with people of refugee-like background
- 2.3 creates a safe environment that facilitates effective communication inclusive of the client, interpreter, physical environment and relevant psychosocial and cultural factors
- 2.4 assesses and communicates effectively with clients with varying levels of health literacy

Standard 3 - Provides culturally safe, and contextually informed care

Refugee health nurses are knowledgeable and informed regarding the importance of background, context and culture in the provision of services.

The refugee health nurse:

- 3.1 acknowledge the potential impact of 'unconscious bias' on own practice and the delivery of equitable care

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- 3.2 recognises and responds to the political contexts and global events driving displacement and shaping refugee health and settlement outcomes in Australia
 - 3.3 understands trauma related to forced migration and fosters trusting relationships that support safe, therapeutic, and trauma-informed practice
 - 3.4 recognises social determinants, including settlement, as central to health. Understands systemic barriers and applies a primary health care approach grounded in health and settlement priorities
 - 3.5 educates and orientates clients to the Australian health system and promotes understanding of health rights and responsibilities[‡]

Standard 4 - Conducts a comprehensive nursing assessment

Refugee health nurses conduct a comprehensive and holistic assessment utilising a culturally safe[§] approach to care. The health assessment is conducted for individuals themselves and within the context of their family groups.

The refugee health nurse:

- 4.1 performs a comprehensive holistic assessment utilising culturally appropriate and evidence-based refugee health recommendations and assessment tools
- 4.2 supports patients and other health professionals in the provision of catch-up immunisation in the context of the local service model
- 4.3 utilises culturally appropriate resources related to clinical assessment

Standard 5 – Effectively plans care that meets individual needs

Individual and families past experiences and length of settlement directly affects their health priorities and goals. Refugee health nurses plan ongoing care in partnership with individuals and families to help achieve long term positive health outcomes. Refugee health nurses use clinical reasoning to interpret assessment findings, prioritise care, plan and implement culturally responsive interventions, and evaluate outcomes for individuals, families, and communities.

The refugee health nurse:

- 5.1 is knowledgeable of both specialised refugee services and mainstream health services, their access criteria and referral pathways

[‡] As outlined in the Australian Charter of Health Care Rights: <https://www.safetyandquality.gov.au/national-priorities/charter-of-healthcare-rights/>

[§] There was a conscious decision to use the term cultural safety as it: best represents RHNs recognition of the power relationships between nurses and those in their care; empowers individuals within their health journey and acknowledges that developing cultural safety is a process rather than an end point. This terminology is used by Australian nursing bodies including the Australian College of Nursing.

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- 5.2 develops a coherent plan of care in collaboration with the client, their family, and other health professionals, and provides follow-up and ongoing support to sustain engagement and positive health outcomes
 - 5.3 uses translated resources and care planning tools to support communication with clients, families, and other health professionals, ensuring care plans are accessible, culturally appropriate, and actionable

Standard 6 – Actively engages in health education and promotion

The provision of health education and health promotion is embedded into refugee health nursing practice. Every activity provides opportunities to assist individuals and communities to improve their health through education and building health literacy skills (World Health Organization n.d.a). Refugee health nurses also engage in health promotion activities in partnership with communities, which lead to control over and improvement in health through a wide range of social and environmental interventions.

The refugee health nurse:

- 6.1 understands the impact of a person’s health beliefs, biases, and behaviours on health education and promotion, and advocates for the development and translation of appropriate resources and tools to support effective, culturally responsive care
- 6.2 introduces and reinforces understanding of preventative health and screening across the lifespan through ongoing education
- 6.3 partners with key community and/or bilingual educators to facilitate community engagement and health promotion

Standard 7- Advocates for equitable health access and self determination

Refugee health nurses are well placed to help shape policy and influence service delivery through their leadership and vision. Refugee health nurses acknowledge and respect the strength and resilience of people from refugee background and recognise vulnerability and as such advocate on their behalf.

The refugee health nurse:

- 7.1 utilises the social determinants of health as a basis for advocacy
- 7.2 upholds and communicates client rights and responsibilities within the Australian health care system
- 7.3 recognises access issues and actively works to empower and overcome access barriers
- 7.4 builds capacity in the wider workforce by engaging with refugee communities
- 7.5 provides opportunities to the undergraduate and post graduate health workforce for clinical placements

Glossary

These definitions relate to the use of terms in the *Refugee Nurses of Australia Standards of Practice for Australia Refugee Health Nurses (2026)*.

Competencies are a mechanism that supports health professionals in providing high-quality safe care. The construct of nursing competency “attempts to capture the myriad of personal characteristics or attributes that underlie competent performance of a professional person” (Melnyk, Gallagher-Ford, Long & Fineout-Overholt 2014).

Cultural Safety is based on a partnership relationship where the vulnerable 'other' is at liberty to negotiate their care even if that means nurses changing how things are practiced generally (Ramsden 2002). Cultural safety requires a level of cognitive, attitudinal and personal skills that enhance communication and interaction with others (Andrews & Boyle 1999). Cultural safety requires personal reflective practice so that nurses can recognise values, culture including their own and who this may conflict with others (Prior 2005).

Evidence-based practice (EBP) is a life-long problem-solving approach to the delivery of health care that integrates the best evidence from well-designed studies (i.e., external evidence) and integrates it with a patient’s preferences and values and a clinician’s expertise, which includes internal evidence gathered from patient data (Melnyk et al 2014).

Health literacy is a key **Social Determinant of Health** for people from refugee backgrounds. It refers to the capacity of individuals, families, and communities to understand, access, and navigate health information and services, and to use this information to make decisions and take action to maintain optimal health. In refugee and CALD communities, health literacy is shaped by language, culture, migration and resettlement experiences, and familiarity with health systems, and is often shared across families and communities (distributed health literacy). (Australian Commission on Safety and Quality in Health Care; Edwards et al., 2015; Guzys et al., 2021; Murray et al., 2021; Muscat et al., 2022)

Person, people or individuals is used in these standards to refer to those individuals who have entered into a therapeutic and/or professional relationship with a registered nurse. This will sometimes refer to health care consumers, at other times it may refer to colleagues or students, this will vary depending on who is the focus of practice at the time. Therefore, the words person, people or individual includes all the patients, clients, consumers, families, carers, groups and/or communities that are within the refugee health nurse scope and context of practice (Nursing and Midwifery Board of Australia 2016).

Primary health care model Primary Health Care is a rights-based, social approach to health and wellbeing that provides socially appropriate, scientifically sound, and universally accessible first-level care delivered by a suitably trained, multidisciplinary workforce supported by integrated referral systems (Department of Health and Ageing & National Primary Health Care Strategy, 2009).

PHC is underpinned by the principles of enablement (empowerment), equity, access, affordability, collaboration, prevention, and health promotion, giving priority to those most in need and actively addressing health inequalities. It emphasises partnership with

individuals, communities, and other sectors, and focuses on caring for people rather than simply treating disease (Department of Health and Ageing & National Primary Health Care Strategy Australia, 2009; World Health Organization 2025)

Comprehensive primary health care includes health promotion, illness prevention, clinical treatment and care, community development, advocacy, and rehabilitation.

Refugee is a term commonly used to refer to people who are forced to leave their home country for many reasons, including persecution, conflict, natural disaster and violence. In the context of this paper the term “refugee” refers to anyone who is a refugee, asylum seeker or may have arrived under a different visa but has had similar experiences as a refugee.

Refugee-like is a term used to describe people who may not have had their refugee status officially/ legally recognised but have had similar experiences in their country of origin.

Settlement competency is a term used by the Australian Government Department of Human Services and relates to a client developing skills and competencies that are sustainable for settlement. To achieve this, clients may need support from other settlement and mainstream services to develop realistic expectations or settlement and transition to independence (Australian Government Department of Human Services 2017).

Social Determinants of Health (SDOH) are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels (World Health Organization [WHO], n.d.b).

Standards of Practice are practical benchmarks to guide and measure how care is provided.

Trauma-Informed Care is a strengths-based framework grounded in an understanding of and responsiveness to the impact of trauma, that emphasises physical, psychological, and emotional safety for both survivors and providers, and that creates opportunities for survivors to rebuild a sense of control and empowerment (Kezelman & Stravropoulos 2012).

Unconscious Bias or implicit biases explain a potential dissociation between what a person explicitly believes and wants to do (e.g. treat everyone equally) and the hidden influence of negative implicit associations on thoughts and action (e.g. perceiving a black patient as less competent and thus deciding not to prescribe the patient a medication (FitzGerald & Hurst 2017)).

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