# Situational awareness and the Nursing Code of Ethics

By Teresa M. Stephens, PhD, MSN, RN, CNE

## Solving ethical dilemmas requires a thoughtful process.

**In 2015,** the American Nurses Association (ANA) revised the Code of Ethics for Nurses (The Code) to better reflect "the complexities of modern nursing, to simplify and more clearly articulate the content, to anticipate advances in health care, and to incorporate aids that would make it richer, more accessible, and easier to use." To emphasize the importance of ethical practice in patient safety and care, ANA designated 2015 as the Year of Ethics, providing an opportunity to explore our ethical code within various contexts.

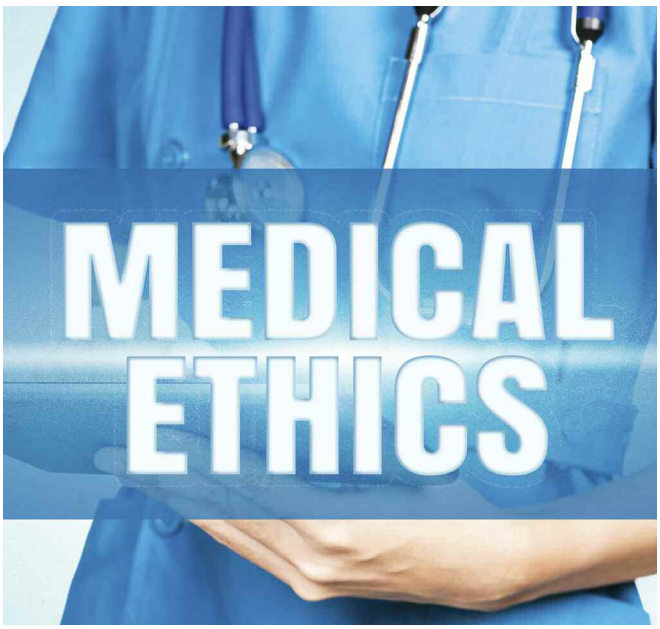
ANA's focus on ethics in 2015 prompted my use of situational awareness (SA) to teach students to objectively assess ethical dilemmas. SA is most simply defined as understanding what's going on around you. However, understanding, according to the Institute of Medicine (IOM), is more than information gathering. It involves gathering the right information, correctly analyzing it, and making decisions based on the analysis. Ideally, the result will be choosing the right decision for immediate action as well as identifying future actions. The SA method lends itself to solving ethical dilemmas by creating a framework for assessment, application, and reflection for nurses at all levels within any organizations.

In this article, I'll describe SA and demonstrate its use as a tool to enhance and improve nurses' ethical decision-making.

### Background

SA is well-known within high-reliability organizations (HROs), such as aviation, air-traffic control, nuclear facilities, and the military. These organizations operate within a world of high risk and complexity, but they've demonstrated performance levels with fewer-than-expected accidents and the ability to avoid catastrophic events. The IOM and The Joint Commission have recommended that healthcare organizations model HRO strategies.

A loss or decrease in SA has been noted as the most frequent cause of real-time error and has been linked to poor performance and poor outcomes. SA strategies are of obvious benefit for nurses engaged in critical decision-making, but they're also useful in nonurgent situations, as well as those not dictated by law or policy,




### Automation requires diligence

Automation includes the use of control systems and technologies to reduce cost and eliminate waste. While beneficial to process improvement, automation can place the provider in the role of monitor instead of operator. Relying on automation can lead to complacency, reduced vigilance, and changes in the quality of feedback provided to the human operator.

Consider a car's global positioning system (GPS). The driver no longer relies on cognitive function to navigate, but instead allows the automated system to guide the journey. Many drivers have noted an inability to describe the details of a car trip after using GPS for navigation.

We can relate this to the nursing profession with our dependence on alarms, notifications, and decision-support alerts. This automation can improve patient care quality and safety, but we must be diligent to maintain a high level of personal and team situational awareness.

such as ethical dilemmas. A nurse's decision-making process is strongly driven by individual morals and values. When we're faced with a decision that causes us to compromise our personal values, we can experience moral distress. Ethical dilemmas, which occur on a regular basis for nurses, are a root cause of this distress.

Contrary to decisions guided by legalities or policies, ethical dilemmas are open to interpretation, which can lead to disagreements and conflicts within an organization. When a nurse faces an ethical dilemma, he or she will rely heavily on personal values to guide decisions. Using SA can help reduce conflict that may occur when individuals react emotionally because of moral distress and don't pause to critically analyze the situation.

## SA competence

SA involves understanding the meaning of a given situation as well as the ability to predict its effects on future events. It affects patient care and patient outcomes based on organizational or system factors and individual and team levels of SA. System factors include the organization's safety culture, teamwork behaviors, available resources (human, information, equipment), automated processes, and provider demographics. Ultimately, clinical decision-making is optimized through SA by maximizing cognitive resources, both individually and collectively.

SA can be threatened by several factors, including mental load, task load, time pressures, distractions, fatigue, and automation. (See *Automation requires diligence*.)

## SA and The Code

When you're faced with ethical dilemmas, the SA process, combined with The Code, can guide you. The SA process can be described in three phases:

1. Stop—Much like the nursing process, the first phase of the SA process includes pausing, focusing on the issue, and eliminating distractions.
2. Think—During this phase, pause and reflect on the information obtained in the first phase.
3. Act—This final phase includes identifying priorities that must be addressed immediately and those that can be explored later. (See *SA process—Stop, think, act*.)

You can view The Code with interpretive statements for free at the ANA website (goo.gl/MVZ1uJ), but you might also want to purchase a copy.

## SA process—Stop, think, act

The three phases of the situational awareness (SA) process—stop, think, act—provide opportunities to consider the situation and ask yourself questions that aid in moving to the next phase and ultimately taking action.

| Phase 1 | Phase 2 | Phase 3 |
|---|---|---|
| **STOP**<br>• Pause all activity.<br>• Focus on the issue.<br>• Eliminate distractions. | **THINK**<br>• Facts<br>• Missing Information<br>• Best outcome<br>• Worst outcome<br>• Gut reaction (Does my emotional response match the facts?)<br>• Who/what is needed to make a decision | **ACT**<br>**Now (priority)**<br>• Who?<br>• What?<br>• When?<br>**Later**<br>• Who?<br>• What?<br>• When? |
| **Questions to ask**<br>• What are the issues?<br>• Who are the key players?<br>• Which provisions of the Code of Ethics for Nurses are involved?<br>• What distractions can be eliminated? | **Questions to ask**<br>• What are the facts?<br>• Is there evidence to support my view?<br>• What information is missing?<br>• What is the best possible outcome?<br>• What is the worst possible outcome?<br>• Does my emotional response match the facts?<br>• Who/what is needed to make a decision? | **Questions to ask**<br>**Now (priority)**<br>• Who needs to be involved?<br>• What needs to be done now?<br>• When is "now" (e.g., immediately, today, this week)?<br>**Later**<br>• Who needs to be involved later?<br>• What needs to be done later?<br>• When is "later" (e.g., next week, next month, next year)? |

## Applying SA to ethical dilemmas

Just as we practice clinical skills to gain competence, we also must practice desired behaviors. I often tell my students that we wrongly assume that skills like communication and teamwork will come naturally. These skills must be learned and practiced for competence, just like I.V. insertion and physical assessment. We must incorporate SA into our daily routine and reflect on ways to enhance and improve our performance.

One way to do this is with case studies. You can use them on your own and in group settings, such as staff meetings, nursing courses, or professional organization meetings, to practice applying SA to ethical dilemmas. (See *SA in action*.) Case studies can be especially useful when adapted to populations or con-

## SA in action

This case study, and those available at americannursetoday.com/situational-awareness-ethics, are based on true accounts and are intended to spark discussion about the ethical dilemmas we face as nursing professionals. Each case study is intentionally open-ended, but the first offers guidance in using the situational awareness (SA) process outlined in the article. Using the process helps avoid making hasty or emotional decisions.

### SA case study 1

Michael just accepted a position as nurse educator in a critical care unit—his dream job. One of his main functions is to coordinate and lead the orientation experience for new nurse hires. He's heard many complaints from former attendees and notices poor scores on the evaluations from past years. He shares some ideas he has for successful onboarding experiences with his supervisor, Doris, who agrees that the orientation program has been a source of frustration and needs to be revised.

Excited to begin, Michael schedules a meeting with the nurse preceptors and a group of nurses who recently completed the orientation. After receiving more feedback, Michael begins drafting a revised onboarding program. He meets with Doris to review the revisions, and she informs him that she's decided not to support any changes to the program because of complaints from Trudy, the previous educator, who developed the original program and is still working on the unit. Doris continues to explain that Trudy has been a loyal member of the unit for many years and that it's best to not "rock the boat."

Michael tries to reinforce the reasons for the needed changes, including preceptor dissatisfaction, poor evaluations, and increased attrition rates for the unit. Doris agrees that it's a problem, but she tells him that she doesn't want to upset Trudy and that they'll continue to use the old program.

Michael recognizes that he's experiencing an ethical dilemma and begins to move through the SA process to explore his response options. This is a long-standing problem that's affected the health of the work environment. Michael recalls learning about moral distress (which occurs when we're expected to do something that's in conflict with what we believe to be right) in his master's program and realizes that this is what he's experiencing, along with many of his coworkers. Moral distress is a leading cause of burnout in nurses and other healthcare professionals, resulting in high rates of attrition and negative work cultures that may ultimately affect the quality and safety of patient care. Using the SA process, here are some questions Michael should ask:

**What are the issues?** Poor results of current onboarding program, low morale among preceptors, a disruptive employee (Trudy), resistance to change, incivility, and ineffective leadership (Doris).

**Who are the key players?** Michael, the preceptors, Trudy, Doris, and new hires.

**Which provisions of the Code of Ethics for Nurses (The Code) are involved?** Michael realizes that this situation involves all eight provisions of The Code.

**What distractions can be eliminated?** Gossip and emotional reactions.

After Michael answers these questions for himself, he needs to gather some facts, including hiring/attrition history, orientation/onboarding evaluations, documentation from preceptors, personal documentation of disruptive behaviors, hospital policy on incivility, ANA's Code of Ethics for Nurses with Interpretive Statements, organizational mission and vision, and recent publications on best practices in onboarding/orientation. He also needs to explore the resources provided within his own institution, including from the ethics committee, quality-improvement committee, evidence-based practice committee, and new-employee orientation leadership.

Only after Michael has taken all of these steps can he develop a plan of action.

texts of particular interest to you or your team. For instance, altering a case study set in an academic setting to a clinical setting relevant to you can enhance your understanding of SA.

ANA's website offers case studies to demonstrate the use of The Code in decision-making. These practical clinical applications, Part I (available at goo.gl/tcaAR5) and Part II (available at goo.gl/Kc7L8p), are provided free of charge. As you work through the case studies, use the three phases of the SA process (stop, think, act) to guide you. Also, refer to The Code to help you identify the relevant provisional statements.

## Enhancing decision-making

SA can enhance nurses' ethical decision-making process and improve team performance. It's a simple and effective way to identify specific provisions related to ethical dilemmas and evaluate the interpretive statements provided within The Code to develop an appropriate response. ★

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### Selected references

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**ONLINE**

### SA case study 2

Julie is a recent RN-to-BSN graduate working in the emergency department of a small, community-based hospital. She begins her nightly shift by taking report and reviewing her patients' histories and medication orders.

One patient, a 75-year-old man, has been admitted and is waiting for a bed assignment. He recently had surgery and is experiencing postoperative complications. Julie notes that he has multiple drug allergies, and she's unfamiliar with one of his prescribed pain medications. She uses her cell phone to access a drug database and check for any interactions or contraindications.

As Julie is reviewing this information, the nurse manager enters the room and demands that she put her cell phone away. Julie explains what she's doing and expresses her concern over the prescribed medications. The supervising nurse tells Julie that it's not her responsibility to look up medications nor is it her job to question a doctor's orders. She tells Julie that it's against hospital policy for nurses to use a cell phone during work hours.

### SA case study 3

David recently graduated with a master's degree in nursing administration and accepted a new position as a nurse leader in a large teaching hospital. One of the issues he'd like to focus on is increasing the number of nurses with a bachelor's degree in nursing (BSN) within the organization. He prepares a proposal that includes recent evidence highlighting improved patient outcomes, reduced mortality and morbidity rates, and increased job satisfaction for nurses when institutions commit to providing a workforce of BSN-prepared professionals.

David meets with the chief nursing officer (CNO) who immediately tells him to "forget it"; because the institution is seeking to cut costs, there's no money to support hiring more nurses, and there are no resources available for tuition reimbursement. David attempts to explain the evidence behind his proposal, but the CNO quickly ends the discussion by saying, "I know this is what you've been taught, but idealism doesn't work in the real world."