

Online Journal of Health Ethics

Volume 6 | Issue 2

Article 5

Less Talk; More Action: SBAR as an Interactive Approach for Ethical Decision- Making

Francine Mancuso Parker EdD, RN, CNE
Auburn University School of Nursing, parkefm@auburn.edu

Libba Reed McMillan PhD, RN
Auburn University School of Nursing, Libba_mcmillan@auburn.edu

Follow this and additional works at: <http://aquila.usm.edu/ojhe>

Recommended Citation

Parker, F. M., & McMillan, L. R. (2010). Less Talk; More Action: SBAR as an Interactive Approach for Ethical Decision- Making. *Online Journal of Health Ethics*, 6(2). <http://dx.doi.org/10.18785/ojhe.0602.05>

This Article is brought to you for free and open access by The Aquila Digital Community. It has been accepted for inclusion in Online Journal of Health Ethics by an authorized administrator of The Aquila Digital Community. For more information, please contact Joshua.Cromwell@usm.edu.

Less Talk; More Action: SBAR as an Interactive Approach for Ethical Decision- Making

Francine Mancuso Parker, EdD, RN, CNE
Associate Professor
Auburn University School of Nursing

Libba Reed McMillan, PhD, RN
Assistant Professor
Auburn University School of Nursing

Abstract

Oftentimes as educators, instructors approach ethics education as if students have all the time in the world to pontificate. This article provides an alternative teaching strategy where there is less 'talk', and more action as the SBAR model is utilized in the ethical decision making process. A case study depicting a difficult patient care situation provides the backdrop for a discussion of ethical decision making as a skill which can be developed when sound reasoning and principles are applied by the nursing student or novice nurse. By assuring that students have a working understanding of the concept of advocacy from an ethical perspective, educators can promote nurses' voices at the multidisciplinary table. Nurses need a practical, relevant approach or tool such as SBAR, which can be universally applied to various practice areas and patient care situations.

Key Words: nursing education, SBAR, ethical decision making, interdisciplinary, communication

Less Talk; More Action: SBAR as an Interactive Approach for Ethical Decision-Making

Miranda, a recent nursing baccalaureate graduate, is completing the second month of a critical care nurse residency program in a 1000 bed medical center. As a novice nurse participating on a multidisciplinary health care team, Miranda finds care delivery for patients with complex medical conditions invigorating and challenging. She is discovering that orienting to the role of professional nurse and acclimating to 'real world' nursing practice aligns with concepts presented in nursing school classrooms and clinical experiences.

On this particular day, Miranda finds herself in the midst of what she appropriately recalls from nursing school as an ethical dilemma. A patient, Mr. Smith, is a 74-year-old retired engineer with numerous complex medical conditions compounded by a recent onset of acute respiratory distress syndrome culminating in ventilator dependency. Prior to a respiratory arrest episode and mechanical ventilation, Mr. Smith had several conversations with Miranda expressing his wishes not to have extraordinary means sustain his life under any circumstances. He currently does not have Advanced Directives as he believes completing them would upset his wife. However, on two occasions, he made a request to Miranda to make the phone call to an attorney on his behalf. Miranda documented the conversations in the chart and communicated Mr. Smith's wishes to her nursing peers. But, she did not have the opportunity to discuss the situation with the attending physician prior to Mr. Smith's respiratory arrest and subsequent mechanical ventilation. Miranda overheard the physician assuring Mr. Smith's wife and two adult children that mechanical ventilation "is the right thing to do".

Miranda recognized this situation to be an ethical dilemma as there was not just one 'right' or 'good' option at this time and she was quite confounded as to whether or not to discuss Mr. Smith's conversations with the physician. One choice Miranda had would be to

not verbalize Mr. Smith's request to the physician. Alternately, Miranda could communicate Mr. Smith's request to the physician and/or Mrs. Smith. Neither option was an ideal choice, but Miranda realized she was morally and ethically obligated to act as Mr. Smith's advocate. Miranda pondered, where would I begin to delineate my concerns regarding Mr. Smith's wishes specifically, succinctly and clearly? Should I use the same approach in conversing with the physician as I was taught in nursing school? Miranda recalled learning about ethical decision making and frameworks that supported a structured approach within a theoretical framework. Although she had been exposed to ethical decision making models in class, Miranda wondered if the SBAR (Situation, Background, Approach, Recommendation) tool utilized in clinical for learning effective hand-off communication had applicability with this ethical dilemma. She knew she had to be succinct, relay the relevant facts, and state her position in a timely manner. She braced herself, collected her thoughts, and planned to apply SBAR, in person, with the physician on morning rounds.

Ethical Decision- Making

Ethical decision making is a skill, not an elusive abstract concept reserved for the scholarly academician and philosopher. It is a skill that can be developed and internalized to facilitate reaching the best possible outcome for a given ethical dilemma. Heartfelt humanistic values of caring and compassion underscore nursing practice in general and Miranda's patient care situation specifically, yet it is important to make decisions based on sound ethical theory and principles—in other words, make decisions with the “head”, not just the “heart”. The purpose of this article is to explore the practical utility of nursing educators' use of an interactive communication model to facilitate the nurse's ability to address ethical dilemmas.

Sound ethical decision making is a process that evolves and will not occur with just one exposure to a difficult patient care situation or workforce- related situation. Ethical decision making models have been reported in nursing literature with applicability for

dementia care in nursing homes (Bolmsjo, Edberg & Sandman, 2006); ethical caring (Cameron, 2000), and ethical principles, such as beneficence and nonmaleficence (Beauchamp and Childress, 2001). Exposing students to various decision making models and communication instruments will facilitate internalization of philosophical tools for addressing ethical dilemmas. Beyond learning theory and select ethical decision making models, nurse educators must be diligent in providing opportunity for consistent and feasible application of a model. For example, presenting a scenario such as Miranda's provides the opportunity for faculty direction and student application. The scenario can be presented and discussed in a variety of class or online venues. Active learning could occur with a simple role play of the scenario in a simulated environment.

Cameron, Schaffer and Park (2001) studied the ethical decision making of 73 senior nursing students. The authors found that 85% reported using an ethical decision making model was helpful in addressing an ethical problem encountered in a clinical experience. As nurses enter the workforce, managers and advanced practice nurses can facilitate the utilization of an ethical decision making models appropriate for the accompanying dilemmas of the patient population. Instituting round-table discussion of ethical dilemmas is one way nurses can promote ethical reflection and ensure an effective ethical decision making process. A deliberate process of decision making as opposed to 'knee-jerk' reaction to ethical dilemmas will result in nurses who are much better prepared for the next dilemma as well as more confident in their input. With continued application of a systematic approach to ethical situations, it is likely the process will be internalized resulting in a change in behavior, and ultimately, a transformed culture reflective of an ethical environment. Nurse educators who create, facilitate, and sustain a culture where students are encouraged and supported in their ethical decision making are laying the foundation for ethical practice and the creation of workplace ethical environments.

As primary care givers, advocates and often the patients' voice to interdisciplinary team members; nurses have a moral responsibility to be ethically competent in order to navigate through the complex waters of ethical dilemmas to reach the 'best' decision among health care options (Andrews, 2004). In the case study presented, would this mean that Miranda must be the decision-maker for her patient's situation, i.e. whether to discontinue mechanical ventilation? No, but it does indicate that she should be challenged to 'speak-up' and if necessary, begin the conversation regarding what she views as a dilemma. Mylott refers to such behavior as 'casting off obedient silence'. For too many years, nurses have maintained a stance of passivity and resignation with regard to patient care decision making (2005). Miranda is emotionally moved by the plight of Mr. Smith and is driven by a sense of professional responsibility to address what she interprets as a dilemma.

Preparing Nurses to sit at the Head of the Table

Today's healthcare environment is multicultural, comprised of a patient population and multidisciplinary workforce who have diverse religious, social, cultural beliefs and value systems, which can complicate a decision making process. In a patient-centered ethical dilemma, whose best interest is truly being represented? The patient? family member? nurse? physician? healthcare facility? Can the patient's best interest be heard above organizational policies and procedures which may be in conflict? By assuring that students have a working understanding of the concept of advocacy from an ethical perspective, nurse educators can help to promote their voice at the table. Miranda represents a valuable resource of health care information for the physician and family. In the role of advocate, Miranda provides unbiased, non-judgmental support for a patient's wishes regarding health care interventions, or refusal thereof. Additionally, health care teams often paternalistically make health care decisions for a patient in which case the nurse as advocate, vicariously expresses the requests of the

patient. Uhrenfeldt and Hall (2007) describe ethical discernment in decision making on behalf of patient care needs as ‘thinking-in-action’.

Nurse educators have a duty to enhance the decision-making skills of the nursing students by promoting the ability to communicate effectively with physicians and other members of the interdisciplinary team. When this ability is established, then opportunities to participate on ethics committees, round table discussions, or other forums whereby ethical situations, dilemmas and concerns are addressed, will advance nursing practice and credibility. To have ongoing education regarding ethical issues is a reasonable expectation for a nurse to have of the organization’s ethics committee (Holmes & Meehan, 1998).

A New Dawn of Ethical Decision Making Teaching Strategies

Nurses, like Miranda, need a practical approach to ethics which has relevance and applicability to their practice area. Resolving ethical dilemmas begins in nursing school as students are exposed to ethical principles, decision- making and communication models. As with any other skill, deliberate utilization will increase the nurses’ confidence and expertise in approaching situations presenting an ethical challenge. To facilitate ethical decision making, a practical, reasonable solution may be utilization of a communication tool, such as SBAR (Situation, Background, Assessment, and Recommendation). Nurse educators excel in teaching scientific principles, but now it is equally important to provide students with a skill base to move beyond theory into practical precepts. With high patient-care loads, nurses must synthesize and communicate the information in a manner that resonates with other healthcare professionals. While in nursing school students are afforded the opportunity to express their concerns. In clinical practice, this may not be as realistically feasible, nor facilitated as multiple demands are placed upon staff.

SBAR is a shared mental model designed to improve communication between clinicians (Haig, Sutton & Whittington, 2006). Haig et al, (2006) detail differences in

communication styles of members of the healthcare team. Nurses tend to be very descriptive and detailed in their communication, and physicians tend to speak in “bullet-form” which summarizes events. Other variables influencing communication styles and preferences include age, gender, culture, ethnicity, personality and life experiences (Rosenstein & O’Daniel, 2008).

Miranda’s Dilemma Revisited with SBAR Approach

Many sub-concepts are represented in this case study that suggest SBAR would have utility in enhancing the verbal communication necessary to move toward solving this ethical dilemma. These sub-concepts include Miranda as a novice nurse, having a sense of ‘team’ participation and her familiarity with ethical decision making models as well as recall of SBAR as a clinical tool from nursing school. As a student nurse the onus of decision making regarding the ethical dilemma would probably not be her primary concern, given Mr. Smith’s physical condition. A clinical experience would allow for post-conference debriefing to include reflections on patient care situations such as Mr. Smith’s. Discussions of an ethical nature were probably secondary to the physiological precepts, and legal aspects, such as power of attorney for patient representation. Communications of her ethical issues concerns were probably tertiary, especially given the confinement of contact during clinical rotations. Given this potential, Miranda would virtually have no exposure to garnering experience in communication of her ethical concerns for this patient. Training and education that includes attention to communication styles and preferences could dramatically improve resolve of ethical patient situations, such as Mr. Smith’s case.

In describing the first step of the SBAR model, Miranda needs to articulate the **situation** clearly and succinctly to the physician. Her main concern is the information shared by Mr. Smith prior to the respiratory arrest event that he did not wish to be on mechanical ventilation. The situation is potentially compounded with logistical realities such as timing

issues of Miranda's work schedule, beliefs of other staff members, the attending physician's philosophy and viewpoints, and whether Mr. Smith would desire to be extubated at this time given his previous Advance Directive request. As with most ethical dilemmas, defining the situation is fraught with multiple options and variables. For a recent nursing graduate, such as Miranda, there may be lack of experience in "seeing the situation through" passed the next shift.

Following articulation of the situation, Miranda would provide **background**, the next step of the SBAR model. Circumstances leading up to the current situation are poignant, as Mr. Smith shared with her his health care desires. There are ethical concerns in establishing the background due to the progression of the patient's condition into a life-saving modality of being intubated and mechanically ventilated. The third step of the model, obtaining an **assessment**, would include Miranda's subjective and objective assessment findings. These include vital sign changes, ventilation patterns and response to treatments. Assessment may also include psychosocial observations among family members.

The final step in SBAR is formulating and articulating the best **recommendation** to the attending physician. Based on sound ethical reasoning, Miranda is committed to patient advocacy and believes Mr. Smith's explicit wishes should be relayed to the physician. This model provides structure to prevent emphasis on emotional and subjective data. Additionally, the model serves to provide an organized communication pattern to distill the multiplicity of the patient situation to garner physician support to meet the needs of Mr. Smith.

Practice Implications

Commitment by nurse educators can assure graduates have a working application to facilitate resolution of ethical dilemmas which most assuredly abound in any health care environment. Ultimately, preparation of nursing students who think, act, and communicate

ethically will be the foundation for a healthy work environment. In regards to ethical decision making, nursing students occupying a pivotal “seat at the table” with other members of the intra-disciplinary team begins with two competencies honed by astute nursing educators: creative teaching strategies and communication teaching and evaluation.

Nurse educators have an obligation to develop and integrate creative teaching strategies into curricula that are realistic and effective. Perhaps Miranda would have benefitted in didactic ethics content had she been exposed to SBAR as an application strategy in addressing dilemmas. It is likely that she was exposed to the SBAR model, but in a clinical template non-inclusive of ethical precepts.

Nurse educators can lay a foundation of SBAR utilization through incorporating practical examples such as case study simulations, mock hospital scenarios and virtual hospital. The operative focus is an interactive framework that moves the student from mere discussion and pontification, to assuming active roles and practicing articulation of patient concerns to team members. Interdisciplinary communication in an acute care setting is fundamentally different from the comforts of the hallowed halls of a classroom. The student must demonstrate competency to communicate ethical concerns transcending from the academic milieu, where there is open dialogue, protection from visible patient and family reactions and lack of time restraints. Often students have flawed perceptions, or over-estimate their ability to effectively communicate when placed in stressful and emotional patient care situations.

Pedagogy evaluation of ethical concepts is poised for exciting reformations, given current trends in curricular restructuring. The current practice of case study discussions, such as Miranda’s, in the classroom need to be researched and evaluated as to whether students are provided with the necessary tools to move from theory into practice. Nurse educators need to

shift existing paradigms to reach the diverse needs represented in current student populations, which as the song goes, “a little less talk; a lot more action”.

Editorial Note: The opinions expressed by authors represent those of the authors and do not reflect the opinions of the editorial staff of The Online Journal of Health Ethics.

References

- Andrews, D. R. (2004). Fostering ethical competency: An ongoing staff development process that encourages professional growth and staff satisfaction. *Journal of Continuing Education, 35*(1), 27 - 33.
- Beauchamp, T. & Childress, J. (2001). *Principles of biomedical ethics* (5th ed.). New York: Oxford University Press.
- Bolmsjo, I., Edberg, A., & Sandman, L. (2006). Everyday ethical problems in dementia care: A teleological model. *Nursing Ethics, 13*(4), 340 – 359.
- Cameron, M. (2000). Value, be, do: Guidelines for resolving ethical conflict. *Journal of Nursing Law, 6*(4), 15 – 24.
- Cameron, M., Schaffer, M. & Hyeoun-Ae, P. (2001). Nursing students' experience of ethical problems and use of ethical decision-making models. *Nursing Ethics, 8*(5), 432 – 447.
- Haig, K., Sutton, S. & Whittington, J. (2006). SBAR: A shared mental model for improving communication between clinicians. *Journal on Quality and Patient Safety, 32*(3), 167 – 175.
- Holmes, P. A. & Meehan, M. J. Ethical awareness and healthcare professionals. *Journal of Pastoral Care, 52*(1), 33 - 40.
- Mylott, L. (2005). The ethical dimension of the nurse's role in practice. *Journal of Hospice and Palliative Nursing, 7*(2), 113 - 18.
- Rosenstein, A. H. & O'Daniel, M. (2008). Managing disruptive physician behavior. *Neurology, 70* (17), 1564-1570.

Sorlie, V., Kihlgren A., & Kihlgren, M. (2004). Meeting ethical challenges in acute care work.

Nursing Ethics, 11(2), 179 – 188.

Uhrenfeldt L. & Hall, E. (2007). Clinical wisdom among proficient nurses. *Nursing Ethics,*

14(3), 387- 98.