

Communication style case study

[Sociology](#), [Communication](#)



Aggressive/ Passive Aggressive

In scenario number one two styles of communication was used. The RN at the psychiatric care group home was very aggressive when she told the aide that his role is to just do what he is told to do and not to think. She used a firm raised voice probably making the aide feel unimportant. Her aggressiveness made him believe that only the RN role is important not his. While this was a team meeting, his part of the team was minimal. He responded to her aggressiveness by being passive by sitting quietly and not responding. He needs his job so he does not want to cause any trouble at work. His position at work was just as important as hers but he kept quiet.

He plotted to get revenge which now made his communication style change to passive aggressive, but the idea of not doing anything without being told is not a positive outcome to this situation. There maybe an emergency where a patient might fall or become aggressive with staff and help is needed and if there is no one around to tell him what to do he might not help out. Gabbey (2013), “ Aggressive behavior is intentional, meaning it’s done on purpose, violates social norms, and causes a breakdown in a relationship” (What is Aggressive Behavior?).

Passive/ Nonassertive

According to “ The College of New Jersey Anti-Violence Initiatives “(n. d.), “ people often chose nonassertive behavior to avoid unpleasant situations, tension, conflict, and confrontation” (Assertive, Nonassertive, and Aggressive Behaviors). Pamela the school nurses acted passive/nonassertive when she decided to do the work herself instead of confronting the volunteer. She

could have saved time and money by placing her trust in the volunteer's work and the accuracy of it. With this type of communication more problems arise. Her concerns and actions not only inconvenienced the students, it showed the volunteer that she did not trust her work.

It caused the school nurse to do more work which caused the school to spend more money. Speaking to the volunteer could have helped avoid the discomfort of this situation. To see if the results the volunteer got were accurate she could have set in on one of the tests. If the volunteer performed the job inaccurately, then she should have re-tested the students. If the volunteer's performance of the test were accurate, the results could have been used faster and the students who needed glasses or hearing aids could have received them quicker. Her choice may have seemed right at the time she made the decision, but the outcome of it made her decision wrong.

Assertive/ Aggressive

In this scenario both assertive and aggressive communication was used. Working in an ambulatory care surgical unit can be a controlled environment and at times an extremely busy one. Team work is essential to good patient outcome. Since Mabel was the granddaughter of the chairman of the board she felt entitled to do what she wanted to do. She used her aggressive behavior to boss her boss around. She felt that she could pick and choose the cases she scrubbed in on and she wasn't going to work on the cases that required extra work.

Her boss Rosa used her assertive behavior to explain that everybody worked as a team in the unit and everyone would use their strengths to make the

work environment enjoyable and bring the best outcome for the patient. Being assertive is the best communication there is. You can effectively get your point across without hurting anyone's feelings. " Because this style of communication addresses the problem in the situation, real problems get solved and stay solved."(Hansten & Jackson, 2009, p. 282). Rosa's assertiveness was a good way to let Mabel know that she was not intimidated by her or her threats of serving her head on a platter.

Aggressive/ Assertive

Working in a busy Trauma/Surgical ICU emergencies happen frequently. Patients are very sick and with the emergency room really busy a lot of patients come to the ICU for resuscitation. I was receiving one of those patients and the emergency room nurse called to give report. In the report she said that the patient was receiving a blood transfusion and had two more units that needed to be given. I asked where the units of blood were, and she said she would bring them with the patient. I then informed her per policy the blood can come with the patient as long as they have been primed and are hanging. She said they didn't have time for that because the doctor really wanted to bring the patient now.

She told the resident who got on the phone and told me that he was bringing the patient now and that I would have to hang the blood when the patient arrived. I told him about the policy and he said he didn't care. The patient arrived with the two units of blood lying on the bed. The attending arrived with the patient and told me to hang the blood. I then informed him about the policy and since I wasn't the nurse to verify the blood I could not hang it. He screamed at me that I had to hang it or go get my charge nurse. One of

my co-workers went to get my charge nurse who he then told that I refused to hang the blood. I told her that we had just had our yearly clinical competencies and that per policy the blood should have been hung before the patient was transferred.

I was not refusing but I was protecting my license. The resident was capable of hanging the blood himself. She then hung the blood for the patient. After the patient was stabilized, my charge nurse went to retrieve the policy. After reading the policy she shared the information with the attending and she apologized to me for the miscommunication. Monegain (2010), “ An estimated 80 percent of serious medical errors involve miscommunication between caregivers when responsibility for patients is transferred or handed-off, according to the Joint Commission’.

If the doctors would not have been so aggressive and communicated better the situation could have been avoided. We could have worked together to hang the blood. I could have shown them how to prime the line or the emergency room nurse could have accompanied the patient to the unit to hang the blood. The patient outcome was good and he eventually was discharged from the hospital.