Nur 707 discussion

Nur 707 discussion January 03, Nur 707 discussion Communication and building trust I am a good communicator and can build trusting collaborative relationships in my work environment. My communication skills are outstanding in writing, speaking, and resolving conflicts. In writing and speaking, I often communicate observations that are likely to be significant to work output and seek clarification from peer. I also ensure consistency among my messages and my actions for effective long-term communication. In conflict resolution, I am always accommodative to views of the other party with the aim of winning the party's confidence and facilitating understanding of factors to involved conflict. When resolving a conflict as a third party, I assume a neutral ground and only propose possible solutions and soften parties' positions. Objectiveness and communication skills are the foundations of my ability to build trusting collaborative relationships with stakeholders. I however need to improve my decision-making potential and I hope that the class will equip me in this area.

Situation involving undiscusables

A recent situation involving undiscussables was a situation in which a nurse diagnosed a patient based on symptoms alone, and not on laboratory tests, a short cut that Maxfield, Grenny, Lavandero and Groah (n. d.) identify as undiscussable and that led to misdiagnosis. Work overload was the key factor and has lead to many similar cases of diagnosis without laboratory testing. The short cut strategy occasionally leads to poor diagnosis and low quality of health. It however often leads to correct diagnosis and this motivates its use by practitioners, especially because of work overload.

Thoughts after reading the memo

Based on the readings, I perceive persistence in the identified problems

because even though concerns into the problems are identified, mere

recommendations instead of regulatory measures are offered (Grenny, 2009;

American Association of Critical-Care Nurses, n. d.). With the existence of an

association, I noted possibility of developing professional codes that would

have moral motivation into resolving the problems that threaten quality of

care.

References

Maxfield, D., Grenny, J., Lavandero, R., and Groah, L. (n. d.). The silent

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eliminating disruptive behavior. Critical Care Nursing Quarterly, 32(1), 58-61.

American Association of Critical-Care Nurses. (n. d.). AACN's healthy work

environments initiative. American Association of Critical-Care Nurses.

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