

Professional Communication and Leadership in Healthcare

Name

Affiliate Institution

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Description of Conversation

Three years ago, our class was given an assignment to research on human osteology. The lecturer wanted the work to be done in groups and presented at a later date during class work. I was very nervous at first about engaging in group work because I knew how easy it was for conflict to arise when people are working as a team. Nevertheless, I teamed up with some of my classmates and formed a group. During our first meeting, the team leader whom we appointed proposed that our subsequent meetings should be held after lessons. Some of the team members, including myself, disagreed with this proposal. We were of the opinion that group meetings should be held on another day when there were no nursing classes, preferably on Saturdays.

The team leader at first brushed off our proposal since he had the authority to final decisions on behalf of the group. This infuriated the rest of us who opposed his proposed timing. Soon a subtle exchange of words commenced, but it quickly grew into a heated debate with some offensive words being thrown. At this point, I realized that the leader and I had disagreed with each other and were headed to murky waters of deep conflict. By this point, those who were opposed to the team leader's suggestion had already started referring to me as a team leader, and the group had disintegrated to two opposing sides. We would have worked in our respective opinions, but the minimum number of group members given by the lecturer was eight students. It was therefore impossible for us to form a group of four members each.

When the argument continued, and voices became loud crescendos, I knew it was time to act as tempers began to flare. Something inside me told me that staying there would only lead to worse situations like a fist fight or physical altercations. I stood up and hurriedly walked away from the scene and straight to my room to cool off. Flight was my immediate bioreaction.

because I felt I needed to escape from the situation which felt uncomfortable and threatening. In conclusion, after our group was formed to research human osteology, there rose conflicts and misunderstanding on the most appropriate and suitable date to hold subsequent meetings. Some of the members preferred meeting on Saturday's while others supported the idea of meeting after nursing classes. This led to conflict which led to disagreements, a division of the group and physical retaliation among the members.

Analysis of Conversation

It is clear that I was listening at a sincerity level according to the sincerity meter (Riley, 2015). I was only interested in my personal beliefs and had no regard to what the other people with divergent views were proposing to the group. The team leader was listening on an equal level, solely interested in setting his agenda and not opens to considering the opinion of others. By communicating on this level, our conversation remained at the waste level (Riley, 2015). There was no value added on to it as we kept trading blame. As the argument grew, our tones became harsher and our voices louder. The language shifted from being friendly and charismatic as we used when interacting as peers in class. It was now firmer, more authoritative and ruder. This is evident as when the discussion became heated; voices became loud crescendos.

In retrospect, I think the team leader and I both wanted the same thing which was to set group work at the time most convenient for everyone. He felt by placing it after nursing lessons, students' minds would still be in tune with learning and hence more productive during group work. On the other hand, I thought having group work discussions at that time would be unproductive because we would already be so exhausted from the lessons. We both wanted the most convenient times for us only that our opinions differed at the appropriate time.

Impact of Conversation

Now that I think about it, we would have used the conversation meter to move the conversation from wasteful to valuable communication. I would have taken time to listen to the team leader, and he could have also made time to hear out my proposals. This way, we would have been aware of the reasons the other parties were giving their views in opposition to the others rather than remaining rigid to our opinions. The team leader, since he had the authority, would not have rushed into setting a time for group meetings without engaging the rest of us on our opinions. This would have moved the conversation to the accuracy level based on valid facts of the members (Arnold & Boggs, 2015). After that, we would brainstorm about all the proposals to decide on which was the best one to go by. By doing so, the conversation would have been pushed to the authentic level (Arnold & Boggs, 2015). Using this approach, we would have boosted chances of people agreeing to each other and getting along which is a sharp contrast of the actual events that occurred during the conversation (Riley, 2015).

This incident has been eye-opening on accuracy and authenticity in conversation. In most instances, we remain firmly rooted in the sincerity stage by believing that everything we know or believe is right. We rarely take time to find out why others think or perceive things the way they do. Even though sincerity is a core element of valuable conversation, it is imperative that we be deliberate in moving our conversations to authentic levels (Abdrbo, 2017). This can be achieved by carefully engaging with others and listening to them to figure out find out their reasons for saying, thinking, or doing certain things even they differ from our thoughts and actions (Riley, 2015). This scenario is commonly seen in clinical practice where the healthcare professionals disagree on proposed decisions made about the patient's health condition (Giger, 2016). In some cases, the healthcare professionals such as a nurse, clinician, and surgeon may have different opinions on the primary management of a patient. In such a scenario, they should discuss and

weigh their opinions and choose the best plan that gives the patient the best chance of survival with quality and safe services (Abdrbo, 2017).

Professional Communication

Effective communication is essential in everyday activities as it helps to facilitate our conversations with other people around us both at work, school or different settings (Giger, 2016). In this case, it was evident that for effective communication to take place, the two parties must give each other time and listen keenly to what the other party has to say. Additionally, it is essential that the teams should discuss and brainstorm their suggestions to decide on the best choice to make (Giger, 2016). Finally, a team leader has the overall authority to make the final group decision after careful analysis of the situation with the members. We should all learn to appreciate the input of all members in a group to avoid disagreements.

References

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