

Difficult interactions

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Communication skills for difficult interactions

Most of the time when I interact with colleagues, workmates, friends and patients, our interactions go smoothly. We might have differences of opinion and sometimes even struggle to see eye to eye, and yet we are able to work through to some common ground that can resolve the issue. I listen, they listen and we sort it out; but not always. In 30 years and more in health I have certainly had a good number of interactions and conversations that I would label as difficult or challenging, and at times some that have even been downright painful.

It's interesting to think about these and identify what skills we could bring to bear when things "go south". What do we have in our communication toolkit to maintain a relationship and solve the problem? I want to share some strategies that I have found useful when a conversation seems to be failing or an interaction is becoming difficult.

Learning to deal with difficult interactions

I have a number of friends who work in professional roles outside health. Where success in these roles is dependent on an ability to form relationships and interact with others, very specific training in how to deal with difficult interactions is commonly provided. Car rental agents at airports have training in how to deal with clients who are tired after an international long haul flight, who are a little lost and are now going to hear that their

chosen vehicle is not available. You can imagine how challenging that conversation might be.

My daughter worked part-time for an online florist service while she was at university, and she received training on how to manage unreasonable expectations and customer disappointment when an order went amiss. She was taught how to have a conversation with upset clients when the wedding flowers are wrong, the Valentine's Day flowers didn't arrive or, heaven forbid, someone received a wreath instead of a birthday bouquet. My experience in health is that I had to learn these same skills by trial and error or by watching others, with very predictable mixed results.

Difficult interactions, not difficult people

Before I go further, let me clarify that when I'm writing about difficult interactions with colleagues, I'm very specifically avoiding calling them difficult colleagues. There is no doubt that it is easy to initially think the difficulty I am having in an interaction is because of something in the other person, but experience has shown me the challenge may also be a product of my own [bias](#) or due to the environment in the workplace.

When I'm tired, overwhelmed, distracted by something personal, or simply having a bad day, I know my communication skills can fall off, and if I'm having a difficult interaction the 'problem' may well be mine. The pressure of time, resources, competing priorities and other challenges in the workplace might be wholly or partially the cause of an interaction not working well.

My first piece of advice, when we are having a difficult interaction, is to try hard not to place blame or to label our colleagues as difficult. I would encourage you to say to yourself 'this interaction is difficult' NOT 'this person is difficult'. In the negotiation literature, experts call this 'separating the people from the problem'[1]. Reframing the challenge in our minds can help us to tackle the challenge more objectively and encourage us to see the interaction difficulty as a problem we need to work out... together. I am not denying that there may be some colleagues who are disruptive and difficult; rather I am suggesting we shouldn't start with that frame of mind.

So in very practical ways what can we do?

Timing

Firstly consider if this is the right time to deal with the issues at hand. If I am tired, distracted or overwhelmed at the moment, can I postpone this until I am more prepared for a [difficult conversation](#)? Is it the right time for me and for them, considering other priorities at this moment?

Acknowledge the difficulty

Next up, I think most medical professionals are often a little conflict-averse and we probably suffer in silence. If there is an issue or a difficulty, my advice is to acknowledge it and speak openly about it. If we don't, our silence may be interpreted as acceptance or agreement with something that we don't accept or with which we do not agree. A

great piece of advice I received from an excellent leader in health was ‘you should always walk towards trouble, rather than pretend it will simply go away’. We should be able to say calmly to another person ‘I think we have a very real difference of opinion and this is causing some difficulty between us’ or ‘we may see things differently, but when you raise your voice I find it hard to stay focused on us finding a solution to our differences.’

Use active listening during difficult interactions

Active listening is an important communication skill to use in difficult interactions. If you reflect on how you communicate when things get emotional or tense, you may find you are like me when I am under pressure - I tend to listen less and talk more. My style of interaction changes from questioning and clarifying to telling. When we use the skills of active listening, we stop all other activity (such as computers, phones, writing), face the person and listen attentively. We use short summaries of the points they make as well as recognising any emotional content.

It is imperative that the other person feels that we have heard their concerns, and we can show we are paying attention to their perspective through paraphrasing and summarising [2]. Without this, I do not believe difficult interactions can be managed. Even though it can be hard to stay calm and listen, I encourage you to do it. Good active listening shows empathy and establishes the basic human connection with the other person in the interaction which is essential to move forward.

Setting boundaries

While uncommon, some of the people we work with may have trouble maintaining normal boundaries of adult behaviour. As adults, we have learnt there are boundaries to appropriate language, physical contact in the workplace, interacting within work hours, and many others. We generally don't need them to be explicitly outlined. We simply know them to be right.

Some colleagues can cross these boundaries and when they do this can trigger strong emotional responses in us. When it happens to me, my immediate thoughts run to, ‘how could it be possible they cannot see their behaviour as inappropriate?’ and I have a strong desire to tell them to grow up and act like the rest of the adults. While it might be my desire, let me tell you that will not work, and will likely inflame things even more. What we need to do is calmly describe the breach and set a boundary of behaviour.

Portray your actions in their best interest

When calling out behaviour and setting a boundary, try to shape your words to portray the actions you are taking are in their best interests. Rather than ‘John, when you are repeatedly late for the start of the shift, it makes things hard for the rest of us. I'll have to ask you to ensure you are on time every day’, we could say ‘John, when you are repeatedly late for your shifts, I am concerned you are at risk of getting a reputation of being lazy or that you feel your time is more important than others, so for that reason I have to insist that we all start on time.’

‘Colleen, your inappropriate jokes really offend me in the meetings, so I’ll have to ask you to stop’ could become ‘Colleen your inappropriate jokes are starting to look like you don’t respect the other people present. I am concerned that someone will make a formal complaint against you. For that reason I feel you need to stop.’ My inner voice is saying ‘My goodness, this person can’t see they are crossing a boundary that everyone else knows not to cross? I need to help them by setting the boundary, because if they continue this way may be serious consequences for them in the future.’ My actions are with their best interests in mind [3].

Winning rather than proving you are right

The final consideration is that during a difficult interaction with strong differences of opinion, there can be a strong temptation to prove you are right and the other person is wrong. When emotions are high, consider whether it is likely you are going to be able to convince someone they are being unreasonable or rude or whatever? Could we really expect someone to say ‘Oh goodness, you’re right, I am really being rude and obnoxious at the moment, aren’t I? Thanks so much for pointing that out to me.’ As if!

My advice is to consider carefully whether a win at the moment is proving you are right. I would suggest a win is being able to get to some common ground or a solution. Maybe someone being right or wrong can be put aside. ‘Margaret, we certainly see things very differently. Rather than arguing this further, going forward what can we do? How can we move on?’ Being solution-focused rather than right might actually be the best ‘win’ we can get. Negotiators call this focusing on interests, not positions [1].

In summary

Difficult interactions are hopefully uncommon but are a part of life as we interact in healthcare settings with colleagues, patients and families. We need to cultivate extra communication skills, to add to those we use day to day, to help in managing them. We need to walk toward trouble and acknowledge the difficulty, to frame our mind to avoid labelling the person as difficult, and to actively listen and show empathy so that we establish a connection with someone, despite the challenge. These skills take time and practice to cultivate and my last piece of advice is to not only to practice them, but to enquire about opportunities to develop these skills further in a facilitated and supported way.



References

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