



DE-ESCALATE TENSE TALK

Five Simple Strategies To Help Keep Things Cool

By ANN M. GARRIDO, DMin

The tensions of the wider world all too frequently erupt in our nation's emergency rooms in the form of gunshot wounds and domestic battery, gang brawls and road rage accidents. As health care professionals, you generally are called into action *after* things have taken a turn toward violence. Even as you suture and bandage and console frightened family members, I imagine you sigh: "Why did things have to go this far?"

We know that tension doesn't need to lead to the kind of violence we see in our hospitals and clinics. There are other ways of solving problems, other ways of handling differences, other ways of dealing with our anger. But, we also know it's tough. In our own conflicts with co-workers and managers, family members and friends, we know how difficult it is not to act on our fury — and how easy it is to let bitterness fester.

As part of the healing ministry of Jesus Christ, those called to work in Catholic health care are challenged not only to minister to those who have been injured by violence, but also to model ways of handling tension that can keep it from escalating to violence in the first place. Healing in the broader Christian tradition involves the healing of relationships, not just of bodies. How we handle contract disputes and staffing shortages, conversations with irate guardians and overtaxed associates, are all part of the witness we offer a world that seems hard-pressed to identify effective, peaceful paths to managing disagreements.

Here are five things every person can do to de-escalate conflict in their own environment. They may not seem big or earth-shattering. Indeed, at first glance they appear embarrassingly simple. But if practiced routinely as part of one's commitment to integrate a broader spirituality of heal-

ing in the workplace, they can make a profound difference.

1 Sidestep the triangle. One of the greatest temptations, when we are upset about something, is to tell everyone but the person with whom we are upset. The pattern of getting others involved in our conflicts is referred to as triangulation — what was between two parties has now spread to include a third.

Triangulation has many faces. It includes behaviors like venting to a co-worker about another co-worker, or asking the manager to confront a patient who is wearing you down with demands, rather than doing it yourself. Research indicates that triangulation flourishes in contexts where people feel as if they have little power to influence the outcome of a situation.¹ As such, health care systems can be particularly susceptible. They often are complicated and bureaucratic, with long-standing hierarchies of power, and it is hard for individuals to figure out how to constructively influence decisions, even decisions that significantly impact their own lives. But resorting to triangulation can have a toxic effect on what is supposed to be a healing environment. As a co-worker said to me once, "You want your anger to be like a coursing stream and not a finely diffused mist."

Difficult though it may be, try talking to the person with whom you have a problem before letting others know about it. Let the person know directly what you find challenging. Give the person a chance to explain himself or herself to you privately.

Keeping the conversation limited to those involved can help maintain a sense of dignity and lessen defensiveness. If the initial effort is unsuccessful, and you feel the conflict requires bringing in a supervisor, do so — but be present personally in any conversations in order to voice your impressions and perspective yourself. Don't expect someone to do for you the difficult work of bringing up sensitive topics.

2 Listen to learn why we see it differently.

The authors of the book *Difficult Conversations: How to Discuss What Matters Most* note that in times of tension, our brains seem wired to ask, "Who's right in this scenario? Who's wrong?" and the answer is always the same: "Right? Me. Wrong? You."²

When we enter into a conversation from that angle, we end up spending our time trying to persuade each other of all the reasons *why* we are right and *why* they are wrong. We emphasize the strengths of our conclusions, and we point out the weaknesses in theirs. Rarely does this lead to a fruitful resolution.

Rather than enter a conversation determined to figure out who is right and who is wrong, we can start with another question: "Why do we see this differently?"

It turns out that each of us arrives at conclusions based on different data and different ways of interpreting that data — based on our own life experiences, personalities, professional training, families of origin, etc. You can be convinced that Dr. X's position doesn't make any sense, but that's not the way Dr. X sees it. So the first step to transforming a difficult situation into a learning conversation is to ask questions in order to understand why Dr. X believes what she does. What data is she looking at that has led her to this conclusion?

3 Untangle intent from impact. One of the most common characteristics of a tense situation is that the parties involved begin to conflate intent and impact. Each of us knows the good intentions

that undergird our behavior as health professionals: We want people to feel treated with dignity and respect. We make decisions with the common good in mind. We bend over backwards to accommodate their special needs. And it is hurtful when others can't see that; when they complain; when they ask to speak to the nurse supervisor; when they give low scores on employee engagement surveys. We think that our good intent should have a good impact on others.

On the flip side, we all can think of times when we've been hurt, offended, left out, stung. And when we think about why other people affected us this way, our first reactions are, "They don't care. They were thoughtless, irresponsible, inattentive to detail." When someone does something that has a negative impact on us, we suspect it is because the other person is morally flawed.

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In reality, even when we have the best of intentions, it is possible for any of us to do something that negatively affects other people's lives — just as actions that have the worst impact on us could be the fruit of someone's good intentions.

When talking to others with whom you are upset or who are upset with you, be careful to untangle intent from impact. For example, in dealing with a patient's family member who is advocating aggressively for his or her loved one, you can say, "I know what my intentions were when I suggested your mother be moved into a double-occupancy room, but it sounds like you were really angered by what happened. Can you tell me more about how this impacted you and your mom?" or, "I know I was really exasperated by the repeated questioning of my recommendation, but I'm guessing your intent was not to exasperate me. What was motivating you? What were you afraid might happen if we moved your mom?"

4 Allow space for feelings. We've likely all been in tense situations where someone has suggested, "We should just leave feelings aside here and try to figure this out based on reason."



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That would be fine and good — if it were possible. For better or worse, we are embodied beings, not disembodied minds. We couldn't turn off feelings if we wanted to, and if we didn't have feelings, we wouldn't find the situation challenging in the first place. Rather than trying to eliminate feelings from the conversation, managing the feelings effectively will permit them to serve as a source of wisdom and enlightenment about what is really going on for each party.

Although it sounds counterintuitive, the best way to manage feelings is to get them out onto the table. Name the array of feelings you have about the situation: “When I think about how last week's ethics consult with the patient's family went, I feel both grateful for the effort and also really frustrated by the outcome and maybe a bit angry that I wasn't part of the planning process.”

Naming emotions is not the same thing as getting emotional. One can name anger without yelling. Invite the other person to name what he or she is feeling. If the result is the person beginning to vent, or turn red, or throw accusations in your direction, you can help him or her find words to express the feelings: “It seems like you were really frustrated by what happened,” or “I'm picking up a lot of anger in what you are saying. I could be wrong, but could you say more about what you are feeling?”

The feelings involved often illumine what is at stake for both parties.

5 Pursue interests rather than positions.

Too often, when we disagree over the best path forward in a situation, we trade proposed solutions: “I think we should keep to 8-hour nursing shifts.”

“No, I think 12-hour shifts make more sense.”

The temptation is to make it a contest of wills — you get what you want, or I get what I want. Or we cut short the discussion by moving to a quick compromise: “Maybe we should go to 10-hour shifts.”

But before debating positions or looking for compromises, spend some time discussing interests. Why is the 8-hour shift important to you? What does the 12-hour shift offer? What is at stake for each of us here? What would be lost?

Once we know each other's interests, it might be possible to create other options that would meet many of them. We might find that we don't need our position to prevail in order for our interests still to be honored.³

CONCLUSION

In his Second Letter to the Corinthians, the apostle Paul writes that we have been entrusted by God with both the “message” and the “ministry” of reconciliation (2 Corinthians 5:18-19). Hence, as persons whose work is a participation in the healing ministry of Jesus, we are not supposed to merely theorize about prayer, we are expected to pray. We don't just get to talk about acts of mercy, we must do them. And we don't get to only preach about God having healed the hurt of the world through Christ; the world expects to see some examples of how it is done.

Conflict may be perennial. It may be built into the fabric of every human civilization. But that doesn't mean conflict can't be redeemed. Indeed — done well — conflict can lead to deeper relationships and stronger communities rather than fragmented and wounded ones. Through even simple practices, we can set a different tone within our healing institutions and show the world another way forward.

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NOTES

1. Ted Dunn, “Triangulation and the Misuse of Power,” *Human Development* 27, no. 1 (Spring 2006): 18-26.
2. Douglas Stone, Bruce Patton and Sheila Heen, *Difficult Conversations: How to Discuss What Matters Most* (New York: Penguin, 2010).
3. For more information on interest-based problem solving, see: Roger Fisher, William Ury and Bruce Patton, *Getting to Yes: Negotiating Agreement Without Giving In*, 2nd ed. (New York: Penguin, 1991).

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