The art of conversation

Research in progress reveals how practitioners can structure safety conversations to overcome resistance.

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Influencing skills

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There is no doubt that the role of the safety and health practitioner is a challenging one; often rewarding, very often enjoyable, but demanding and sometimes eye-wateringly frustrating.

When the problem is a technical one, we can apply our training, our underpinning knowledge, and cold logic to design the solution. Our technical knowledge helps define us as a profession and it is why our professional qualifications are so important.

Probably most frustrating, though, is when some people just don’t get it. Why, when we use our most eloquent arguments, delivered with verve and sincerity, do they not listen?

Moreover, how do we improve our effectiveness to the point where those we seek to influence don’t just reward us with grudging compliance, but with willing, if not enthusiastic, support?

On track

The safety conversation is at the heart of excellent OSH management; it is the means by which we convey our commitment, our concern, our knowledge and our passion to others. Safety programmes are made or broken by the effectiveness of safety conversations. Behavioural change is difficult: it is not enough for us to persuade people to comply grudgingly; we need to win them over and then support them in their efforts to change. The safety conversation is key to this initial engagement.
Safety conversations have been the focus of research undertaken by a team at Loughborough University. Professor Elizabeth Stokoe uses a method of studying conversations to identify what works and what doesn’t and turn the research findings into evidence-based communication training. This approach is called the conversation analytic role-play method, (CARM). One of Stokoe’s team, Dr Emily Hofstetter, used CARM to study video-recorded safety and health conversations.

The principle is that, if you study enough conversations about the same activity in detail, you can identify patterns in the exchanges and routes to success or failure.

Stokoe uses the analogy of a racetrack to think about how every type of conversational encounter has its own geography.

In the course of the conversation, we complete various “projects”; we anticipate and avoid hurdles or we run into obstacles that can interfere with the interaction, causing our message to be resisted.

Each conversation provides the researchers with a naturally occurring experiment. They can evaluate immediately whether the tactic or word deployed was effective by the response of the other party involved.

By examining conversations on a millisecond-by-millisecond basis, they begin to see what works and what doesn’t and then build into training the effective exchanges that clear the hurdles.

**CARMing effect**

The CARM technique has been applied in situations from police negotiations with people threatening to kill themselves to counsellors providing mediation to couples in difficulty, and from patients calling doctors’ receptionists to people on first dates. The research shows that a single word can have a tremendous impact on trajectory and outcome of conversations.

Dr Hofstetter recorded and examined the conversations of safety advisers in a number of universities in various settings and her findings could provide a basis for safety and health practitioners to improve their effectiveness.

> People often cite their colleagues as the stumbling block to less risky practice: ‘The staff simply won’t do that’

There is still much to do to model the typical path of safety conversations and the best strategies for a successful outcome, but some key challenges have already emerged.

The first is practitioners’ use of praise. Used effectively, praise can motivate people and positively influence them to modify their behaviour. The research identified that practitioners offer praise only sparingly. This is partly because they do not want their visits to work areas to be seen as assessments or evaluations, and so try to avoid overt criticism. But, in doing so, they unintentionally neglect to praise good practice.

Even when praise is given, it is limited and often low-grade – using words and phrases such as “cool” or “that’s okay”. When this happens, the praise becomes merely a nudge to move on to the next topic of conversation, indicating that the discussion on that particular issue has finished. This has little or no motivational value. The conversations the researchers analysed suggest practitioners commonly focus on what needs to change, and seldom make reference to good practice or positive change which could be used to recognise the effort of the individual and provide specific motivational praise.

The second challenge is how to convey criticism or concern without overly dwelling on the fact that a person is or people are at fault.

The third is showing a sincere concern for staff. Almost all safety professionals care about what they do and express their concern for the individual’s safety or health. It can sound insincere if this concern is conveyed badly, as though the professional is running through some kind of prepared script, and can be open to challenge for
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perceived inauthenticity.

The final challenge identified by the researchers is dealing with resistance. Practitioners are almost always confronted with resistance when a change is suggested and it starts to fall into predictable patterns. People often cite their colleagues as the stumbling block to less risky practice: “The staff simply won’t do that”; or “The lab manager will never agree to it”.

Another common form of resistance is to minimise or normalise the hazard. Responses such as “We’ve done it that way for years and no one has been hurt”, or “It’s part of normal life” are customary.

Safety professionals can prepare for these patterns of resistance.

The extract in the box below illustrates the analysis of two conversations and how the outcome can differ. In the first, by trying to elicit more than grudging compliance, the practitioner gives the individual an opportunity to revise their position and entirely loses the opportunity to secure an improvement. In the second extract, the practitioner stops when a marginal gain has been achieved. This is where the expertise of the researchers adds value because this reflects a lesson that was learned when trying to influence those who are about to attempt suicide. If the negotiator (or in our case the practitioner) goes too far too quickly, the individual will not accept the change but, in continuing to talk and gaining acceptance to small, manageable steps, the individual can be influenced to change their behaviour fundamentally.

The analysis is continuing but, by the middle of this year, the researchers will have identified the most common patterns in safety conversations and the strategies that are most effective. More importantly, they will be able to use their findings to train practitioners to deal with common challenges. This could be a game-changer given that CARM training often overturns what people think they know about safety conversations.

The lessons from the research so far are that practitioners should:

- think about how to give praise sincerely. Notice improvements and practices that do not need to change and give genuine and sincere praise. Also be aware that using praise as a topic closer will reinforce the idea that staff are being assessed or audited
- evaluate the common forms of resistance – passing on the responsibility for compliance to others, minimising risk and how you would deal with them
- gauge when to stop driving for further commitment; judge at what point this might tip people into resistance and when it would be wise to take a small gain and run
- consider tactics for raising concerns, perhaps by using a prompt list, an audit checklist or referring to good practice examples elsewhere to broach a particular topic
- give thought to how you express your genuine concern for individuals so that it is convincing.

The observation and analysis so far give a tantalising glimpse of what is possible with this kind of technique and what is to come. By the summer the researchers should have more data to help the industry make the most of important conversations.

Talking points

These extracts are from a real conversation during a building inspection. The health and safety officer (Matt) has suggested to an academic (John) that he use a desktop computer instead of a laptop to improve his posture and reduce occupational hazards such as back strain and carpal tunnel syndrome. The extract shows some of the notation used to transcribe the conversation faithfully.

The excerpts in square brackets indicate when the speech overlaps words by the other speaker. A hyphen indicates a word or phrase is unfinished and use of a degree symbol (°) shows John is speaking quietly.

The academic responds to the suggestion of a desktop computer:

6 Joh: If you want to provide me that, °that’s- that’s−
7 Mat: °Well we shoul− we should=
8 Joh: °That’s fine. That’s°°that’s−
In lines nine and ten, Matt asks whether the academic would be likely to use a desktop computer. This accomplishes two things:

1. Matt’s turn shows that he has noticed John’s lack of interest
2. gives John a further opportunity to resist having a desktop.

This prompts the following from John:

After a 1.2 second silence at line 11, John sighs before beginning to reject the desktop idea. Matt finishes John’s thought in line 13, confirming the rejection with his “no” and reassuring him with “that’s okay”.

As is typical in the recordings, Matt has lost opportunities to implement a change turn by turn. At lines nine and ten, Matt could have taken John’s acceptance at face value. Or, at line 13, Matt could have made other suggestions.

It is possible that, detecting the academic’s reluctance in lines six to eight, health and safety officers may not wish to pay for a desktop computer that may be unused. However, Matt could have taken that opportunity to suggest at least trialling a desktop machine, or any number of other possibilities, and this can initiate momentum towards effecting change. Our analysis can identify the opportunities for those starting points, so OSH practitioners can use them effectively.

By contrast, in the next extract the health and safety manager pushes for a minimum availability of personal protective equipment (PPE).

The head of department has taken on health and safety management, and is encouraging Dave, a technician, to add lab coats and safety glasses to one of the rooms that he monitors. Dave resists this idea on lines three and four, saying it is the responsibility of the users (students and academics) to wear the gear. He implies that they will not wear the PPE so there is no point in making it available.

The head pushes back against the resistance. He initially agrees, with “yeah” (line seven), but then suggests that the kit could at least be available. This response persuades Dave to agree to install the safety gear. In this way, the head builds turn-by-turn momentum towards a better health and safety implementation.