

# Humanizing Health Care

**Creating Cultures of Compassion  
With Nonviolent Communication**

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# Chapter 1



## *A Crisis in Health Care*

**B**y many indications, all is not well in the emotional lives of health care workers. Studies show that the suicide rate for male doctors is about 1.4 times the general population, and female doctors commit suicide more than twice as often as women in the general population.<sup>1</sup> Health care practitioners and technicians have a depression rate of 9.6 percent per year. This is 2.6 percent higher than the average for full-time workers.<sup>2</sup> Why are doctors and health care workers so unhappy?

A 1996 *Lancet* study indicated that doctors and other health care workers commonly struggle with emotional exhaustion, depersonalization (treating people in an impersonal, unfeeling way), low estimation of personal accomplishment, work overload, and poor management and resources. Dealing with the suffering of patients and their distressed, angry, or blaming relatives on a daily basis is extremely taxing.

The doctors in the *Lancet* study reported their primary sources of job satisfaction were good relationships with patients, relatives, and staff, and having professional status and esteem. They said being understood by management contributed to their happiness, as did enjoying a high degree of autonomy, and performing a variety of tasks.

Significantly, only 45 percent of the doctors in the study thought they had received adequate training in communication skills, while all believed they had received adequate training in the treatment of disease and management of symptoms. As the report reaffirms, “The mental

health of (doctors) may nevertheless be protected by maintaining or enhancing their job satisfaction...through giving them autonomy and variety in their work, as well as providing effective training in communication and management skills.”<sup>3</sup>

It seems that at least some of the missing pieces in the wellness of health care professionals relate to the personal, human dimensions of their work rather than the technical dimensions: less than half feel adequately prepared to communicate effectively with others, which means less than half feel skilled at connecting in meaningful and effective ways with the people around them. Doctors are also terrified of giving empathy to a patient for fear that it will take too much time. That absence of meaningful connection is surely a contributor to the kind of alienation and depression that underlies the grim suicide statistics.

Health care institutions also feel the costs of these missing pieces. Low job satisfaction and high turnover are extraordinarily costly for hospitals, which shoulder an average cost of \$60,000 for every employee turnover. No wonder many hospitals are looking for ways to increase retention and lower recruitment costs!

## Some Hopeful Interventions

The evidence shows that health care institutions can successfully reduce retention and recruitment costs by millions of dollars by improving employee satisfaction, and that better communication is a key success factor. In particular, a communication model called Nonviolent Communication (NVC) has been implemented in several health care settings, with powerful results. Some examples include:

- Mercy Hospital in Baltimore implemented NVC into several high-volume outpatient departments. They were so excited with the results that they hired a full-time NVC trainer to train the hospital’s entire management team and work force. Since doing this, they have found statistically significant improvement in patient satisfaction, reductions in employee turnover, and improved worker performance.

- Carla Corwith, RN-BA, MBA, and Donna Riemer, RN-BC, Certified Traumatologist, developed a program that included NVC onto the medium security forensic unit at Mendota Mental Health Institute in Wisconsin. Because of this, Seclusion and Restraints (S/R) incidents were reduced from 33 in 2003 to 6 in 2006. S/R hours were reduced from 92.57 hours in 2003 to 6.4 hours in 2006. Time loss from work due to serious staff injuries was reduced from several months to zero. The need for 1:1 staffing—costing tens of thousands of dollars each year—was eliminated.

<b>IMPACT OF NVC ON THE FORENSIC UNIT OF MENDOTA MENTAL HEALTH INSTITUTE</b>		
	<b>2003 (before NVC)</b>	<b>2006 (after NVC)</b>
Seclusion and Restraints incidents	33	6
Seclusion and Restraint hours	92.57	6.4
Time loss due to staff injuries	Several months lost	0
1:1 staffing costs	>\$10,000 per year	\$0

- In 2008, Donna Riemer went on to develop a similar program that included NVC and integrated it onto the maximum security forensic unit at Mendota, the final stop for the most violent forensic and civil patients in the state of Wisconsin. The results of this strategy were astounding. Staff and patients became partners in recovery. Patients learned how to empathize with staff and staff learned the same. Everyone attended NVC classes every week, and the NVC tools were used daily among staff and patients. The results were a drastic decrease in violence and a change from a violent culture to one of healing. Statistically, there was a 55 percent reduction in the use of the Emergency Intervention Team. This team is called to subdue patients who are acting in violent

and destructive ways. The unit has now become safe for both patients and staff.

So, what is NVC? And why is it so effective in improving patient and staff satisfaction, reducing the costs of providing care, and creating cultures of healing?

Notes: \_\_\_\_\_

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2. "Depression Among Adults Employed Full-time by Occupational Category," Office of Applied Studies in the U.S. Department of Health and Human Services.  
[www.oas.samhsa.gov/2k7/depression/occupation.cfm](http://www.oas.samhsa.gov/2k7/depression/occupation.cfm)
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