

Workplace Violence Prevention Training for PMMC Nurses



AT A GLANCE

Providence Medford Medical Center piloted a Nonviolent “compassionate” Communication intervention to reduce workplace conflict and improve patient and caregiver experience. The plan included cohort training, practice groups, and mediation, plus embedding a related development goal for participants. Training was delivered broadly, but practice and mediation components were used sparingly, and several 10% improvement targets were only partially met.

CHALLENGES

Nurses reported rising workplace violence, declining scores on speaking up and discussing errors, and concerns about interprofessional communication. Local incident reports increased to 54 in 2022, contributing to stress and lower morale. Staff also described limited confidence and inconsistent approaches when navigating escalating or confrontational situations, signaling the need for clearer tools and shared communication practices.

SOLUTIONS

PMMC implemented an evidence-based communication framework using Nonviolent Communication (NVC), PMMC rolled out NVC (cohorts, practice groups, mediation) with a quarterly development goal.



Foundational
NVC Training



Peer Practice
Groups



On-Demand
Mediation



Performance
Goals

Workplace Well-Being and Safety Infrastructure

Key Outcomes

Results were mixed: patient experience rose but stayed under the 10% goal (Top Box 68→73); nurse-experience beat 10% on two items and improved on one. All attendees had an NVC-aligned development goal; training expanded (12 sessions).



19%

Increase in staff feeling comfortable to speak up



6%

More staff feel equipped to handle stress

RESULTS

Participants rated the course highly (overall 4.84/5; relevance to daily work 4.69; recommend 4.86). Interim check-ins indicated growing awareness and some real-world application, though adoption varied across units. Implementation ultimately concentrated on training delivery, 12 sessions completed, with limited uptake of practice groups (2) and one mediation session. A small budget overage was covered by the Foundation. Participation was constrained by workload and scheduling demands, limiting broader reach and reducing uptake of the practice and mediation components.



We learned that the content works, but without protected time participation will always be limited.