For a culture of peace in the operating room: nonviolent communication as an ally for safe care

Por uma cultura de paz no centro cirúrgico: a comunicação não violenta como aliada do cuidado seguro

Por una cultura de paz en el quirófano: la comunicación no violenta como aliada del cuidado seguro

Liliane de Lourdes Teixeira Silva[1]*

The surgical center is a highly complex environment sustained by the interaction of diverse professional categories, specialized expertise, and care technologies. Although surgical outcomes depend on multiple factors, they are strongly influenced by the quality of interpersonal relationships and the collaborative synergy among team members, with communication playing a central role in this process[1]. Nevertheless, disrespectful and disruptive behaviors, such as verbal aggression, peer denigration, and psychological violence, remain common in this setting, further intensifying the stress of an already demanding environment and compromising both the mental health of professionals and the safety and quality of care delivered[2].

According to Marshall Rosenberg, an American psychologist, language has the potential to either build bridges or erect barriers in both interpersonal and institutional contexts. He identifies communication as one of the key factors contributing to violence in relationships and as a critical element in creating stressful environments within surgical units. To address conflicts, he proposed nonviolent communication (NVC), a model designed to promote mutual understanding and empathetic dialogue[3].

NVC extends beyond a technique; it represents a daily practice that shapes how individuals relate to themselves and others. It fosters recognition of what is internally experienced, facilitates understanding of the causes of disproportionate reactions, and encourages more respectful approaches to conflict resolution[3]. Its essence lies in empathy, the capacity to create a safe space in which feelings and needs can be expressed and acknowledged. While it does not replace technical standards or institutional protocols, it can support the restoration of communication and respectful listening following critical moments. This model is structured in four steps, as outlined below:

1. Observation: This step involves describing a situation objectively, without introducing personal interpretations such as judgments, labels, or accusations. The goal is to prevent the other person from adopting a defensive posture, which can obstruct dialogue and diminish their capacity to listen. Neutral observation promotes openness and mutual understanding. For instance, instead of stating, "You're a terrible colleague and manager; you don't listen to anyone," one might say, "At the last meeting, three people tried to share their opinions on the new work process, but you didn't respond." Facts are not open to dispute.
2. Feelings: By expressing how I feel, I create a bridge for the other person to understand my needs. What did I feel in response to what was observed? What did that situation awaken in me? For example: when you don't give me space to speak, I feel uncomfortable and discouraged.

[1]Universidade Federal de São João del-Rei – São João del-Rei (MG), Brazil.
Corresponding author: lilanets@ufsj.edu.br
Received: 08/07/2025. Approved: 08/08/2025.
https://doi.org/10.5327/Z1414-44251067

3. Needs: In challenging situations, it is possible to either clearly identify and express one's needs or respond reactively and aggressively in an attempt to fulfill them. According to Marshall Rosenberg, "All violence is a tragic expression of an unmet need." Communicating from the perspective of needs fosters understanding and reduces perceived threat. For example: I need an environment where team participation is valued.
4. Requests: This step involves specifying what is needed to have one's needs met. Requests should be communicated objectively, using positive and precise language that fosters dialogue rather than resistance. For example: Would you consider providing space for everyone to contribute in future discussions? It is important to note that a request is not a demand and can be declined. In this example, due to factors such as time constraints, priorities, or institutional context, the request to speak may be denied; this should not be perceived as an affront, but rather as an opportunity to recognize that other needs are also at play.

In healthcare settings, NVC can enhance interpersonal relationships, address challenging situations such as bullying, contribute to a healthier organizational climate, strengthen empathetic leadership, and facilitate the transformation of negative attitudes, while also reducing risks associated with aggression. When adopted by managers, NVC demonstrates a genuine interest in acknowledging team needs, fostering appreciation, belonging, and collaboration, and promoting effective conflict resolution[4]. Additionally, although primarily studied in students, evidence indicates that structured NVC programs can increase empathy and improve the quality of interpersonal relationships, supporting its potential applicability in everyday professional practice[5].

The implementation of listening training and workshops provides a means to simulate the application of NVC, facilitating its integration into the daily routine of healthcare services[4]. This approach can enhance organizational efficiency and climate, directly influencing professional retention, team performance, and the safety and quality of patient care, particularly in surgical settings.

Given the complexity and the technical and emotional demands of the surgical center, investing in NVC represents a strategy to enhance the quality of care. Although developed in the 1960s, NVC remains underexplored in the Brazilian healthcare context, with no published studies evaluating its application in surgical centers. This area warrants further investigation and development by nurses, managers, and researchers.

REFERENCES

1. Pasquer A, Ducarroz S, Lifante JC, Skinner S, Poncet G, Duclos A, et al. Operating room organization and surgical performance: a systematic review. Patient Safe Surg. 2024;18(1):5. https://doi.org/10.1186/s13037-023-00388-3
2. Sabino AS, Teixeira E, Oliveira RM, Santos AABP, Monteiro WF, Silva FO, et al. Comportamentos destrutivos entre profissionais em centro cirúrgico: revisão integrativa da literatura. Enferm Foco. 2022;13(spe1):e-202248ESP1. https://doi.org/10.21675/2357-707X.2022.v13.e-202248ESP1
3. Rosenberg M. Nonviolent communication: a language of life. Encinitas: Puddle Dancer Press; 2015.
4. Adriani PA, Hino P, Taminato M, Okuno MFP, Santos OV, Fernandes H. Non-violent communication as a technology in interpersonal relationships in health work: a scoping review. BMC Health Serv Res. 2024;24(1):289. https://doi.org/10.1186/s12913-024-10753-2
5. Park JH, Jung H, Lee YH, Choi YC, Youn KH. Effects of a nonviolent communication education program on empathy, interpersonal relationships, stress, and resilience among korean nursing students. Iran J Public Health. 2025;54(3):578-88. https://doi.org/10.18502/ijph.v54i3.18250