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FROM INSIGHT TO ACTION

A PRAXISONE PERSPECTIVE

# Protecting the People Who Provide Care

*Why staff safety, burnout, and retention in behavioral health are one problem — and how seeing the conditions changes them.*

## Executive summary

Behavioral healthcare asks more of its workforce than almost any corner of medicine — and loses that workforce faster. It is one of the most dangerous places to work in the country: staff in psychiatric and substance-abuse hospitals suffer workplace-violence injuries at roughly twelve times the rate of general healthcare. Nearly half of all health workers report frequent burnout, and behavioral health has the highest nurse turnover of any specialty — over 22% — with each departure costing more than $60,000 to replace. These are usually treated as separate problems: a safety problem, a wellness problem, a staffing problem. They are not. They are one problem, driven by a shared set of conditions — and conditions can be seen, and changed. This paper argues that protecting the people who provide care is at once the field's clearest moral obligation and its highest-leverage operational and financial move — provided it is done *for* staff, not *to* them.

## 1 One crisis, not two

Most organizations manage staff safety, burnout, and turnover in separate committees, with separate owners and separate budgets. But the forces beneath them are the same: violence and the fear of it, chronic understaffing, incidents that go unaddressed, and strain that no one sees until someone breaks. A unit that is unsafe is also a unit that burns people out and loses them — and every loss makes the unit less safe. Treating these as three problems all but guarantees that none of them is solved.

## 2 The most dangerous place to work in healthcare

Behavioral health staff face physical risk that would be a scandal in almost any other industry.

> **124.9 per 10,000**
>
> workers in psychiatric and substance-abuse hospitals suffered a nonfatal workplace-violence injury in 2018 — roughly twelve times the rate across general healthcare. Health care workers absorbed 73% of all nonfatal workplace-violence injuries.
>
> *U.S. Bureau of Labor Statistics, Workplace Violence in Healthcare, 2018*

Every assault is a human injury first. But it is also a signal — an escalation that, seen and met sooner, might never have reached a staff member. And it is a message to everyone on the unit about whether their safety is being actively managed or merely hoped for.

## 3 The human toll: burnout, harassment, and the exit

Physical danger is only the visible layer. Beneath it is a workforce under sustained psychological strain.

> **45.6%**
>
> of health workers reported feeling burned out often or very often in 2022 — and 44.2% said they were somewhat or very likely to look for a new job. Reported harassment at work more than doubled between 2018 and 2022.
>
> *CDC, Vital Signs (MMWR), 2023*

When nearly half of a workforce is burned out and nearly half is already eyeing the exit, turnover is not a risk to be forecast. It is a plan being made quietly, every day, by the people an organization most needs to keep.

## 4 The turnover spiral

Behavioral health loses its people faster than any other specialty — and the loss compounds.

> **22.5%**
>
> is the behavioral-health nurse turnover rate — the highest of any specialty tracked. Replacing a single staff RN costs an average of $60,090, and the average hospital loses between $4.2 million and $6.2 million a year to RN turnover.
>
> *NSI Nursing Solutions, National Health Care Retention & RN Staffing Report, 2026*

Turnover is self-reinforcing. Each departure thins the team, raises the load and the risk for those who remain, and makes the next departure more likely. And it cannot be hired away: 122 million Americans already live in a designated mental health professional shortage area. In this market, the cheapest and safest clinician is the one you keep.

## 5 The conditions are the lever

Here is the finding that should change the strategy: burnout is not, in the main, a personal weakness to be patched with a wellness app. It is a product of *working conditions* — and the evidence for that is unusually direct.

> **5.83× vs 0.40×**
>
> Health workers who experienced harassment had 5.83 times the odds of burnout. Those who trusted management had 0.40 times the odds; those with supervisor support, 0.26 times. Conditions — not character — drive burnout.
>
> *CDC, Vital Signs (MMWR), 2023*

If conditions drive burnout, then conditions can be seen and changed — and that moves this from a soft "culture" problem to a hard operational one. When an organization can see where load is concentrated, where incidents cluster, where support is thin, and where strain is rising *before* it becomes a resignation, it can act on the causes rather than merely mourn the effects.

## 6 Protecting people, not policing them

This is the line that must not be crossed. Visibility into the conditions staff face has to serve the staff — otherwise it becomes one more source of strain. A responsible approach holds to a few non-negotiables:

- A rising-risk signal on a unit is a **call for backup**, not a performance review.
- Workload and acuity are made visible so **assignments can be fair and safe** — not so individuals can be ranked.
- Incidents are surfaced and **closed**, so staff see that harm is taken seriously rather than filed and forgotten.
- Strain is recognized **early**, so a manager can offer support before someone breaks.
- Every insight sits under **human oversight**, and data about people is handled with the same care as data about patients.

The test is simple: does the system make a frontline worker feel *protected*, or *watched*? Built one way, it earns their trust. Built the other, it accelerates the very exit it was meant to prevent.

## 7 What protecting the workforce looks like

Drawn together, the commitments are few and concrete:

- See the conditions — safety, load, and strain — in real time, not only in the exit interview.
- Act on safety signals early, so escalations are met before they reach a person.
- Distribute load fairly, against real acuity.
- Close the loop on every incident, so staff see follow-through.
- Recognize and support strain before it becomes a resignation.
- Keep all of it for staff, under human oversight — never a tool of surveillance.

## 8 The return

For leaders accountable to a budget as well as a mission, the economics here are unusually aligned with the ethics. Retention is the least expensive safety intervention available: every clinician kept is a replacement cost of $60,000 or more avoided, an experienced pair of hands retained on a unit that needs them, and a safer environment for patients and peers alike.

A workforce that feels protected stays — and a team that stays is, in itself, the strongest safety system a behavioral health organization can have. Protecting the people who provide care is not a cost of doing business. In behavioral health, it may *be* the business.

## About PraxisOne

PraxisOne is the operating intelligence layer for behavioral healthcare. We connect the clinical, operational, and behavioral signals that already exist across an organization's environment, identify what requires attention, and turn intelligence into accountable, auditable action — with human oversight at every step. Our platform, Haleux, is delivered through Haleux Care, which brings governance to the front line of patient care and documentation, and Haleux Assure, which operationalizes QAPI as a continuous, evidence-backed discipline.

To discuss how greater visibility into working conditions could help protect your workforce, visit **praxisoneinc.com** or request a demonstration.

## References

1. U.S. Bureau of Labor Statistics. Workplace Violence in Healthcare, 2018. Fact sheet, April 2020.
2. Centers for Disease Control and Prevention. “Vital Signs: Health Worker–Perceived Working Conditions and Symptoms of Poor Mental Health — Quality of Worklife Survey, United States, 2018–2022.” MMWR, 2023.
3. NSI Nursing Solutions, Inc. 2026 National Health Care Retention & RN Staffing Report.
4. Health Resources & Services Administration (HRSA), Bureau of Health Workforce. State of the U.S. Health Care Workforce, 2024.