



Trading Risk For ROI: The Business Case for Workplace Safety

Research has demonstrated the effectiveness of workplace violence (WPV) prevention strategies. Yet, many healthcare organizations face challenges quantifying the return on investment (ROI) from these initiatives—a gap that often impacts prioritization and funding.

This report provides a framework to help leaders model the potential ROI of investing in workplace safety.



Introduction

There are many advantages of prioritizing a comprehensive workplace safety program.

- Studies document between an 18% and 66% reduction in incidents of violence after interventions are implemented.^{1,2}
- Employee well-being and engagement also increase as a culture of safety increases.³
- Data shows a direct correlation between workplace safety and patient care.^{4,5}

But projecting the ROI associated with desired safety investments may be more difficult, which can cause roadblocks for prioritization and resource allocation. **This report can help.**

By leveraging national data and published research, the CENTEGIX [ROI Calculator](#) and Report offer an evidence-based foundation to calculate the financial value of safety initiatives within your organization.

The following pages explain the assumptions and data used within this ROI Calculator and highlight additional opportunities to increase savings through workplace safety investments.

Leveraging the Data

Below is a list of assumptions and sources utilized in this calculator.

Criteria	Assumption	Source
U.S. Staffed Beds	913,136	AHA's Fast Facts on U.S. Hospitals, 2025
Incidents of Nonfatal WPV (DART, DAFW, DJTR)	41,950	U.S. Bureau of Labor Statistics Workplace Violence Fact Sheet
Average Cost per Workplace Violence Incident	\$22,580	AHA's The Burden of Violence to U.S. Hospitals
Average Cost of Turnover per Registered Nurse	\$61,110	NSI's 2025 National Health Care Retention & RN Staffing Report

Detailed explanations will be provided on subsequent pages.



Estimating Annual Incidents

For organizations without readily available workplace violence data, state and federal benchmarks can provide a useful baseline.

According to the Bureau of Labor Statistics (BLS), the Health Care and Social Assistance sector recorded 41,950 cases* of intentional injury by another person between 2021 and 2022⁶ –the highest of any private industry. When compared to the 913,136 staffed hospital beds⁷ in the U.S., this equates to an average of 0.046 incidents per bed annually.

** Includes DAFW and DJTR cases*

To estimate your organization's incident volume, multiply the number of staffed beds by this ratio. For example, using the method above, a 135-bed hospital could estimate approximately six to seven incidents each year.

While this figure will vary based on geography, patient population, and service mix, it serves as a credible baseline for projecting incident costs and savings from prevention efforts.

Projecting a Reduction in Incidents From Safety Investments

Workplace violence occurs across all care settings and disciplines, making prevention a system-wide priority. Research shows that comprehensive prevention programs combining staff training, environmental controls, and incident response technologies can significantly reduce the rate of violent events.^{8,9}

- A randomized controlled trial found that units implementing customized, staff-informed prevention plans experienced **less than half the violent incidents** at six months post-implementation and **nearly one-third the injuries** compared to control groups at 24 months.⁸
- A study of six emergency departments saw a 50 percent reduction in assaults after thoroughly implementing a unit-specific workplace violence prevention plan.⁹

Based on these findings, **this model uses a conservative 35% reduction in reportable incidents** as a benchmark for achievable progress.

Estimating Cost Per Incident

Due to the significant variation in violent incidents, published data on the average cost per incident is limited. Nevertheless, organizations lacking readily available incident claim data may find valuable insights in a recent report from the American Hospital Association.

Table 1 in The Burden of Violence to U.S. Hospitals Research Report details the total costs that hospitals incur due to violence, both within their facilities and in the neighboring community. Isolating the financial data specific to “workplace” violence will yield a total of \$947.3 million that hospitals absorb.¹⁰

Category	Location	Cost
Work loss costs for workers in the healthcare setting	Workplace	\$79M
Staffing	Community and Workplace	\$541.3M*
Replacement and repair of damaged infrastructure and equipment	Workplace	\$584.8M
Community interface and public relations	Community and Workplace	\$25.6M*

** Note: To calculate “workplace” specific costs for rows that include both “community” and “workplace” costs, we estimate 50 percent of the total spend captured in the cell.*

Dividing this total by the 41,950 documented incidents⁶ yields an average cost of \$22,580 per incident. While this figure will fluctuate based on severity and claim type, it offers a grounded estimate for calculating financial impact.

Additional Considerations

Other incident cost drivers include medical expenses, workers’ compensation, and productivity loss. Include those in your cost per incident if available.

Hospitals with proactive return-to-work programs see faster recoveries and lower overall claim costs. A study conducted by Rand Corp. showed that employees participating in a RTW program returned to full duties an average of 3-4 weeks faster than those who did not.¹¹

Beyond financial savings, these programs demonstrate accountability to staff and insurers, signaling a proactive commitment to workplace violence prevention.

Estimating Annual Turnover Costs

Staff turnover is among the most significant costs of workplace violence in healthcare.

According to the 2025 NSI National Health Care Retention & RN Staffing Report, the average RN turnover rate is 16.4 percent, with each nurse departure costing \$61,110. For an average hospital, this translates to \$3.9–\$5.7 million in annual turnover costs.¹³

Each percent change in turnover equates to roughly \$289,000 in annual cost or savings.¹³

Because nurses are disproportionately impacted by workplace violence, this ROI model focuses on RN turnover. Using the average rate and cost per departure, organizations can estimate potential savings from improved retention. For example, a 190-RN facility with an average turnover rate loses 31 nurses annually. At an average cost of \$61,110 per nurse, this facility would incur \$1.9 million in turnover costs.

Reducing turnover by even a few percentage points through enhanced safety can yield substantial savings.

A 2022 survey found that safety was the top factor nurses consider when deciding to leave their role.¹²

Additional Considerations

Building a culture of safety will impact more than just your registered nurses. Many other roles within a healthcare facility are exposed to WPV.

If you have data available from other roles across your organization, and believe you can also reduce turnover through a strong workplace violence prevention plan in those areas, add that to your estimates.

The Impact of Workplace Violence Prevention on Insurance Premiums

Incidents of workplace violence may significantly influence insurance and workers' compensation costs. Hospitals that invest in workplace violence prevention (WPVP) programs could lower both claim frequency and premium exposure.¹⁴

Alternative Risk Transfer Programs (Deductible/SIR):

- Effective WPVP programs can improve loss projections, reducing premiums under deductible structures.
- A stronger underwriting risk profile also enhances negotiation leverage, potentially leading to improved terms and lower total cost of risk.

Guaranteed Cost Programs (First-Dollar Insurance):

- A lower Experience Modification Rate (EMR) resulting from fewer and less severe incidents directly reduces workers' compensation premiums.
- Insurers may also apply risk-reduction credits for organizations demonstrating proactive safety measures and formal WPVP programs.

Conclusion: Position Safety as a Strategy

Workplace violence prevention is not just a compliance requirement—it is a strategic investment that pays dividends across multiple dimensions: financial performance, workforce stability, patient experience, and organizational reputation. When organizations prioritize safety, they not only mitigate risk but also strengthen the foundation of quality care and operational excellence.

By quantifying the impact of safety initiatives, healthcare leaders can demonstrate a healthy, measurable ROI while fulfilling their duty to protect the workforce.

Technology plays a central role in safety strategies. Wearable duress buttons, like CENTEGIX CrisisAlert™, enable staff to summon help immediately and discreetly, accelerating response times.

In a recent survey, **95%** of CrisisAlert users reported feeling safer, and **92%** said the solution helped them rapidly resolve incidents. [LEARN MORE](#)



Sources

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