
25 Indicators of Ergonomic Progress

Tangible and sustaining improvements are built in three stages.

By [Robert Pater](#) | Jan 01, 2017

Are you planning for or in the midst of an improvement strategy? If so, how do you know if you're moving in the right direction? Or even moving at all? Waiting until you see end "results" takes time. And this approach may make it easier to go astray; it's possible to drive down a road for quite a while, only to find you took the wrong route. Focusing on trailing indicators such as lowered workers' compensation claims or costs may mean you've wasted time or resources. And it's too easy to power drive through to an undesired organizational landing spot and thereby damage internal credibility. In the meanwhile, your initial persistent injury issues remain unresolved. Alternately, setting then noting leading indicators is like reading road markers ("60 miles to Memphis . . . 50 miles to Memphis"), reinforcing that you're moving toward where you actually want to go.

By now, many Safety professionals accept the value of charting leading, rather than just trailing, indicators in Safety. Yet many don't apply this to prevalent ergonomic-related injuries. Unlike acute one-risk-causes-an-injury problems, ergonomic-related issues are typically characterized by cumulative, wear-down exposures, each of which seems invisible or "no big deal" by itself. Close example: soft-tissue injuries—generally strains or sprains to the lower back, neck, shoulders, knees and ankles—predominantly build from numerous below-the-radar/"invisible" exposures such as bending empty-handed, mild twisting, reaching out, lifting or carrying light loads, pushing and pulling, just being stationary too long (sitting, standing, holding a tool in place), bending/kneeling, and more. But these can mount into "straw that broke the camel's back" hampering, disabling, even lasting soft-tissue problems ("sustaining" in the wrong direction).

Because ergonomic risks can be ever present and difficult to individually note, how can you determine whether an intervention is truly moving you toward improved

soft-tissue safety? I suggest selecting from the following sample ergonomic leading indicators. Please bear in mind that this list is general, because I can't customize this to a range of readers I don't even know. To be most useful, you have to apply ergonomic thinking to these by a) tailoring them to your company and b) revisiting and adjusting them as your performance and objectives shift. To determine your best set of leading indicators, I strongly suggest eliciting input from many in your company to decide—Safety professionals, Safety Committees, bargaining unit leadership where applicable, supervisors, Executives, and more. In addition to forming the most useful leading indicators, sincerely asking for input also builds change-driving buy-in.

Distinguish between "implementations" and "actions." Installing a scissors lift is an implementation, an attempted fix aimed at reducing strains and sprains, but is not by itself the best indicator of improved injury reduction; whereas a critical leading action would be whether workers actually use this lift in an effective manner.

The following is by no means an exhaustive list, just a start. Note that you can discern some of these indicators through interview and others by observation; either can generate reportable metrics.

1. Increase in reports and observations of new ergonomic actions attempted and continued—from workers or peers or family members.
2. Managers and workers use more ergonomic language – emphasizing "cumulative" rather than "acute."
3. Managers and workers talk more about "contributed to" than "caused" in Safety investigations and elsewhere.
4. Increase in adjustments made with tools and machines.
5. Workers report greater benefits—more comfort/energy, less fatigue, tasks are "easier," less tension/discomfort at the end of work day.
6. Workers and managers are more receptive to further ergonomic improvements.
7. Fewer workers voluntary quit from difficulty/feeling "worn down" or "worn out."
8. Morale improves ("Company is concerned," "better place to work")/workers report company is concerned about their well-being. Number of helpful recommendations for ergonomic improvements increases.
9. Managers exhibit longer-term perspective.
10. Workers and managers report improvement in ability to appropriately shift ergonomic attention (Wide-Internal, Narrow-Internal, Wide-External, Narrow-

External).

11. Reduction in wear points/spots on work clothing.
12. Fewer expressed negative comments/reactions to machines/tools.
13. Purchasing/Contracting Departments demonstrate better understanding of cumulative issues inherent in buying "cheaper" equipment/tools.
14. Workers indicate they've used ergonomic decisions and actions at home, in personal activities, and in personal purchase decisions.
15. Employees say they've shared ergonomic actions and strategies with family members.
16. Noted reductions in managers/supervisors making excuses for not implementing ergonomic purchases or training or in blaming or shaming workers for reporting "invisible" (soft-tissue) injuries.
17. Increase in useful ergonomic suggestions for improving tools or processes.
18. Safety Committees are trained and exhibit understanding of overall ergonomic principles (design, skill improvement, how to communicate ergonomics more persuasively, etc.).
19. Selected workers train and support their peers to improve ergonomic skills and actions.
20. Safety investigations ask whether injured or close-call workers are left- or right-handed, without implying stigma (and then work toward making needed modifications).
21. Company tries, assesses, adjusts to, and continues ergonomic pilot projects.
22. Different kinds of ergonomic involvement increase—on all levels.
23. Funding for ergonomic projects increases.
24. Workers and managers report they value and apply ergonomic training provided.
25. Ergonomic training is followed up by repeated and varied reinforcement.

Tangible and sustaining improvements are built in three stages: 1. Strong foundation, below the visible surface, of receptivity (people are interested and want to engage toward making things better, 2. Improved actions are taken that are safer and more effective, and 3. Trailing indicators are "harvested" in improved, looking-back statistics.

By developing and agreeing to the best ergonomic leading indicators for your company at this time, you can significantly help drive toward much greater soft-tissue and overall ergonomic safety.

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