

Engendering Ergo and Safety Mindsets

Bemoaning what's happened is a waste of energy, but what's even worse is continuing to stay stuck in mindsets that have topped out.

By [Robert Pater](#) | Jul 01, 2013

Making eye-popping reductions in personal injuries (strains/sprains, slips/trips/falls, hand injuries) is readily possible in pretty much any population and with those performing all kinds of tasks. I know this from more than two decades of experience.

I've also seen how the opposite can happen -- that too many companies squander precious time, resources, and ever-diminishing credibility by rehashing tried-and-blue, minimally effective approaches. Like attempting to overpower and force people to "pay attention," follow to the letter increasingly minute rules and policies, holding swords of accountability over workers' heads, assuming that telling and telling and telling the same things over and over again will somehow result in safety enlightenment, or being quick to eclipse carrots with sticks in order to "motivate" safety compliance.

So what does work? The Big 3 are the keys to realizing significant change:

1. *Outlook* -- the mindset of individuals or of the organization overall, how they think about safety, how they approach controlling risk.
2. *Activity* -- what the company or people actually do, the actions they take even when no one else is watching.
3. *Structure* -- the reporting, reinforcements, and scheduling set into place to make it likely that positive changes are promoted and continued.

Of these three, Outlook is the most important. After all, what a person decides to do determines the actions she then takes; Outlook also influences what she selects as structures to support and reinforce these actions.

Outlook indeed dominates. Someone said that if a person wants to do something, he finds a way; if someone doesn't want to do something, he finds an excuse. A person's outlook decides how he approaches tasks and decision-making. Everything begins with an intention, even something as specific as reaching out to grasp a tool. The brain then sends electrical impulses through the nervous system so eyes are directed toward the object and to the muscles that move the arm toward the tool.

Then, the best skills are important. After all, intention without action doesn't accomplish anything. No question, there are critical physical skills for safe and effective performance. For example, to prevent soft-tissue injuries, these include methods that safely transfer forces away from vulnerable body areas, those that increase usable strength through internal leverage, eye-hand sequencing to elevate range of motion and reactions, balance-improving methods for reducing baseline cumulative tensions, resetting natural alignment, and more.

While outlook/approach ultimately drives the methods and techniques people recall and apply, experience shows that many organizational cultures and members seem stuck in dysfunctional mindsets, often settled into ruts such as, "we've always done things that way," or "we've tried that and screwed up," or "that's the way it is around here." Or just taking part in complaining or blaming rather than actively working toward change. Bemoaning what's happened is a waste of energy, but what's even worse is continuing to stay stuck in mindsets that have topped out.

But outlook can be changed with the strategic leadership approach of promoting five ergonomic and safety "thinking" mindsets:

1. *Personal Thinking* includes two elements: a) identifying how safety methods apply to personal activities, and b) accepting individual contributors to safe actions/embracing an "internal locus of control" rather than blaming outside forces. For example, Personal Thinking incorporates both internal and external elements in ergonomics. The External side of the coin involves design and purchasing of tools and workflow. The Internal side emphasizes workers' actions that allow them to better adapt to changing tasks or environments.
2. *Simultaneous Thinking* entails planning to accomplish multiple objectives with one considered action. One example would be applying Safest Motion Paths both to work efficiently and comfortably (with minimal cumulative tension buildup).
3. *Cumulative Thinking* involves understanding that soft-tissue injuries often occur by doing small things that become "the straw that broke the camel's back." Thinking cumulatively, rather than just acutely, results in reducing small and seemingly inconsequential movements that might otherwise build into potential problems, for

example, taking an extra step closer to turn off a light rather than overreaching toward the switch. (Watch how often this occurs.)

4. *Forward Thinking* means being able to foresee potential outcomes before an injury occurs, then acting to head off the accident "at the pass"-- such as noticing that an adjacent car is weaving or drifting in its lane, then taking action to move away from that driver before something adverse might occur.

5. *Sequential Thinking* means ordering where one places his attention. For a driver delivering a package in an urban environment, he might: a) look at the item to determine the most efficient way to grasp it, b) scan the surface he'll be traversing before stepping toward it, c) monitor traffic prior to stepping out of his vehicle, d) spot supportive handholds, e) notice surface conditions before stepping out, f) re-scan for traffic, etc. This attention-shifting process happens much more quickly and smoothly than writing or talking about it. The point to sequential thinking is it's important to direct attention in the safest order. Organizationally, sequential thinking includes making sure obstacles to implementing a new process are noticed and taken care of in advance. Even with transferring dramatic physical skills for injury prevention, developing the best ergonomic and safety outlook/mindset is the first key to significant and lasting results in safe performance.

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