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## Overcoming Limiting Safety Leadership Mindsets

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By [Robert Pater](#) | May 01, 2016

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We all know that how you look at a problem strongly influences how you approach it. The downside of any mindset (a predetermined approach going in) is it can become an entrenched bias that limits even considering potentially viable solutions. For example, if you see slips and falls as exclusively "caused" by environmental conditions (slippery or irregular surfaces), it follows you'll then act to prevent slips in totally different ways than if you instead see these injuries also stemming from inattention or poor balance.

Definitions are one type of mindset that determine what a condition is and then implies how to approach solutions. I recently presented at a conference where a worldwide Safety Director referred to workers who had several accidents as "repeat offenders." The assumption springing from this labeling is clear: Those who get hurt repeatedly are akin to Safety criminals, dysfunctional and at sole fault for causing themselves harm. They get injured and bring down a company's safety record, likely with little regard for themselves or others. Stands to reason that adopting this label "logically" leads to disciplinary action (or counseling or termination).

Experience with many companies indeed confirms there are *some* workers who have personal problems or are negative or have unsafe habits or practices that strongly contribute to repeat accidents. But there are also *many more* "frequent fliers" (as another company labels them) who may get hurt due to poor medical management, where they reinjured a weakened body area. Or were provided subpar task training. Or those working in conditions with worn-down equipment or other inadequate protections. And some who were too dedicated or tough to report

a minor injury until it became a severe, ongoing problem. Or others rushing to meet explicit or cultural company production expectations. And many more. (See my article "Breaking Through Repeating Problems" in February 2014 *OH&S*.)

Leaders who think in terms of "repeat offenders" are unlikely to consider contributors other than the ill-intended motivations or habits of those injured. Besides not solving the problem, this approach often backfires. Pointing blame through mindset labeling not only consistently creates worker pushback, it rarely reduces a chain of multiple injuries. Assuming workers messing up *wholly caused* limits attention to other possible responses for actually reducing "accident repetition" (my neutral term to describe the problem without tunnel-vision restricting focus).

The meaning of the word "Ergonomics" is also frequently defined in a self-limiting manner. Most would agree that ergonomic-related problems are cumulative in nature, typically of the numerous-smaller-exposures-wear-down type—often muscular skeletal disorders like strains and sprains to the back, shoulders, knees, or other areas. These problems are distinguished from accidents more related to a specific high-impact event, such as motor vehicle collisions and caught-between or struck-by injuries. Of course, perception of "acute"/*one-force-causes-an-injury* is a completely different mindset than "cumulative"/*many-forces-contribute-to-the-injury*. So if you change mindset to think cumulatively, it stands to reason that, because workers get cumulative exposures off work, too, home "ergonomics" of some type has to be included in any reasonable "solution."

Further, a limiting mindset is applied to a highly pervasive complex problem, that of soft-tissue injuries. Case in point: I recently read a professional web posting that began like numerous others, "Ergonomics is the science of fitting jobs to people." So of course, the "solution" can only be design, redesign, or purchasing of "ergonomic" tools, workstations, and environments. Blindly accepting this "definition" as truth restricts possibilities of even considering other contributing factors and realistic solutions. Let's look at this another way. Literally—look it up—"ergonomics" means work ("ergon") laws ("-nomics," from the Greek "nomos"). There's nothing in this word itself that means or even implies "design" or "adapting the workplace to the worker." Likely this "definition" is just someone's well-intentioned interpretation, perhaps based on their training or assumptions. But it is strategically limiting.

Here's an alternative. After focusing on preventing soft-tissue injuries for over 30 years, I now define ergonomics as "The science and art of improving the fit between workers and their tasks." This isn't just splitting hairs; it's a completely different mindset that now opens up two other strategies for reducing ergonomic-

related injuries. Should you accept my definition, you have three improvement strategies available, rather than just the "standard" one above:

1. Improving fit by bringing work tasks "closer" to workers through adapting job, tool, or task design/redesign.
2. Improving fit by bringing workers closer to their tasks by helping them adapt to their current task, tool, and environmental realities/design, through physical changes in internal musculoskeletal alignment and relative positioning and mental skillsets of mindset and mindfulness.
3. Improving fit by bringing people closer to each other through a combination of strategies 1 and 2 above. Because this third approach combines the strengths of both "external" (number 1) and "internal" (number 2) strategies, it's potentially the most fruitful, in my opinion.

Question "definitions." For the Safety profession to truly think—and be seen—as strong leaders, we should be open to changing paradigms, just as do Science and Medicine. For example, for the longest time, doctors "knew" that stomach ulcers were "caused" by mental/emotional stress, where it is now agreed these illnesses are spurred by hector pylori bacteria. And much more.

Consider, what are some of the "tried and true" Safety mindsets that might actually be limiting your options in advance, and thereby your potential effectiveness? Breakthrough leaders maintain an open mindset and consider all possibilities. They don't limit their options in advance. They avoid trying to apply the same old solutions with the expectation—and ensuing frustration—of different results.

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