

SIGNIFICANT & SUSTAINING SOFT-TISSUE SAFETY Leading People & Changing Culture

By Robert Pater

Effective leaders are change agents, especially safety leaders. Not just repositories of information, harborers of “I’ve-seen-it” experiences, or detailed filers of required paperwork—all important—but, first and foremost, leaders who are dedicated to and capable of helping others do better.

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A prime question is, how do we help people improve, become safer and upgrade their performance overall? This is especially crucial now that we live in a different viral world, where uncertainty rules, fears are rampant, market forces seem haphazard, there are too many jobs for too few takers. Where companies report some almost-employees quit even before they’ve been fully onboarded, and many are dispersed or working virtually. Where safety and health concerns zoom from yo-yoing infectious mutations.

These upheavals have spurred the attention of many safety leaders and general managers who have become more actively concerned with maintaining at-work-and-able-to-efficiently-perform levels of staffing, perhaps more than just cutting workers’ compensation costs. Leaders who have pondered how they can encourage and support employee safety and health along with “I’m aboard” discretionary performance during these distracting, often fear-driven times.

Specifically, safety leaders I’ve spoken with have expressed several concerns:

- How can we efficiently and effectively reach people who are predominantly focused on what’s in it for them, rather than our company’s expectations?
- How can we influence workers we have little connection with: those remote, dispersed or just disconnected?
- How can we retain current workers and attract new ones who might stay for a while?
- How can we elevate safety while still spurring peak work performance?
- How can we accommodate seemingly burgeoning and conflicting safety and health concerns while still accomplishing other ongoing requirements?
- How do we support younger OSH professionals to elevate their credibility with the older or more experienced workers they’re supposed to influence (but who are skeptical of those who have not worked their jobs or only have “book learning”)?
- How do we support already pressured executives and managers to see tangible value in and commit resources to elevating safety performance and culture?

Seeing & Climbing Out of the Continuing Musculoskeletal Disorder Quagmire

These concerns doubly apply to soft-tissue strains and sprains, likely because they’re the leading cause of disabling injuries in many companies and can erode overall performance. It’s clear that in this arena, whatever we have been doing as safety professionals has only worked to a certain point. Just look

at any of the flat statistics over the long term. To many leaders, staying the course has generated still troubling or unacceptable results. And now add in a tectonically shifting reality, as if many are living in an unsettling world where the gravity they assumed held them in place no longer anchors.

Consider the defaults. Historically, most musculoskeletal disorder prevention interventions have relied on some combination of:

1. “Ergonomically” eliminating or reducing exposures. Even though it is not possible to eliminate or even cost effective to modify all such risks, especially in uncontrollable environments such as older facilities, loading docks, parking lots, on clients’ turf or at home where cumulative trauma can build.

2. Attempting to convince others to change their behavior. Many of us live in a world where we’re barraged with others seeking or demanding control of our attention, pushing and telling us what to do (often with diametrically opposed advice), and claiming to know more about what’s best for us than we do. This often proves frustrating, both for workers receiving the advice and for safety leaders (“Why won’t they listen? Why won’t they do what’s best for them and their own safety?”).

While each has merit, statistics reveal that these two strategies have only reaped plateaued results. For example, admonishing someone about what to do five times may not change what they do more than explaining just once (and it may backfire into pushback); three scissor lifts placed in the same area are unlikely to help cut injuries any more than one. Plus, even one of these or other supports or aids must be both used and employed correctly.

It reminds me of that old story where a freshman college student goes to the university bookstore just after registering. The clerk, upon inquiring what courses the student is enrolled in, comes back with a book, saying, “This will cut your coursework in half.” And the student smiles and says, “Great! I’ll take two.” Similarly, some musculoskeletal disorder interventions reap diminishing returns.

Safety Is Simple, Right?

Sure, safety is simple (or so I’ve been told). Just have experts formulate precise sets of rules and procedures. Read the research, plan out all the “right” things, write a set of policies and procedures, then roll those out, tell others what to do and expect they’ll comply. (If they don’t, just “hold them accountable,” whatever that entails.)

Scanning around, this basic approach has been, and continues to be, overly tried, but not so true. H.L. Mencken observed, “For every complex problem, there is a solution that is clear, simple and wrong.” That is, coming up with answers is simple. Coming up with actual solutions that appreciably move toward real and lasting safety improvements, not so.

One thing I know and have consistently seen is if it’s not working, try something else (or, as I tell my children ad nauseum, “Try to make a different mistake next time”).

To be most effective, it’s important to tailor a strategy to what’s actually going on. That’s why mechanics must look at an engine’s dysfunction (through electronic monitoring combined with visual and aural inspection) before applying most-needed repairs, and surgeons often do exploratory procedures prior to committing to selecting an operation (sometimes even after several imaging studies).

Eight Potent Principles for Greater Soft-Tissue Safety

So, how do you make it more likely for people to change, especially toward greater soft-tissue safety? Here are eight interconnected strategies and principles found from more than 3 decades of crafting and implementing systems for preventing soft-tissue injuries, which have gotten eye-popping results, both statistically and culturally, that you can apply.

It’s a Combination of Tools, Tasks, People & Culture

It’s a question of balancing the objectives of tools, tasks, people and culture. Where possible and cost-effective, tools and task design are a critical first step to reducing forces entering the body so they don’t cumulatively mount. But after that, soft-tissue injury prevention is also about culture and people: upgrading their beliefs, perceptions, decision-making, skills and actions; reinforcing this structurally and other ways; creating a culture of prevention that transcends the workplace into home and personal activities.

After designing an environment and tools to be as safe as possible, there are three functions needed for attaining and sustaining significant improvements in a soft-tissue injury prevention and higher-awareness culture:

- Initially providing people with improved mental and physical methods for preventing injuries.
- Coaching workers in a personal manner, often one-on-one and even informally to reduce objections, answer questions and concerns, and remind them to apply what they have been shown in all tasks.
- Reinforcing changes in beliefs, decision-making and safer actions on an organization-wide-and-deep level, so these become more intertwined into a company’s culture. This must be compelling and energizing to take hold.

Saturate, Don’t Just Concentrate

There are many medications that require building up drug blood level (“plasma drug concentrations”)

for a range of drugs to work (ScienceDirect, n.d.; Testing.com, 2021). According to the University of California San Francisco (UCSF Health, 2019), “With most medicines, you need a certain level of the drug in your blood to get the proper effect.” Such include cardiac drugs, antibiotics, antiepileptics, bronchodilators, immunosuppressants, anticancer drugs, psychiatric drugs and others.

Similarly, we’ve found that saturation, raising the “organizational blood level,” is also necessary for changing culture. Alternately, messages dissipate or evaporate when too few in an organization believe in or are committed to tangible safety, even when the too-few proponents are C-level drivers. Potential changes are sieved out, often disregarded, or worse, mocked. Without saturation of belief, organizations just have an underlay of giving lip service or “cover your rear” when workers think they’re being observed. The culture then devolves into a veneer of slogans about valuing and practicing safety; I’ve seen this occur too many times.

But the most powerful safety cultures we’ve seen are those where safety becomes internalized both within as many individuals as possible and also, concentrically, throughout multiple organizational levels.

This can begin with a cadre of truly committed safety advocates, a “critical mass” seeded through the company, who then spread safety value and methods to their peers, often informally, by conversing, not just observing. Most importantly, they spread this message by living it.

For example, for soft-tissue safety, we’ve found that a powerful way to build saturation is by:

- Getting buy-in from top-down, where senior leaders invest minimal time to plan for and communicate their commitment and support for soft-tissue safety. (Remember that everyone, including executives themselves, can become prone to strains and sprains. This type of injury is, in essence, an equalizer.)
- Developing initiators: training and supporting a select group of organizational members as “trainers” to initially impart a first pass at upgraded and more effective techniques in decision-making and actions for better materials handling (including safer personal protection even when not moving heavy loads).
- Preparing on-site or in-place reinforcement specialists to remind and tune coworkers on how to apply mental and physical methods for accomplishing tasks better and safer.

Go Beyond Just the Physical

Strains and sprains have complex antecedents, often with numerous contributing factors accumulating over time. Perhaps this is one reason many companies have found it so difficult to considerably reduce these in a lasting way. Complex problems are rarely “solved” by one-shot “simple” interventions; problems that emerge from multifactorial contributors require a broader prevention approach.

Further, soft-tissue injuries can be particularly difficult to address because many seemingly build invisibly: think “the straw that broke the camel’s back.” Plus, unlike compound fractures and other



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“obvious” injuries, soft-tissue limitations and pain can seem more subjective.

Yet, many leaders default toward predominantly or only addressing physical contributing forces in soft-tissue injuries. However, a recent review, “Musculoskeletal Disorders: Association With Psychosocial Risk Factors at Work,” European Agency for Safety and Health at Work (EU-OSHA, 2021) overviewed 53 published studies on the firm links between soft-tissue injuries and psychosocial risk factors. This indicates the importance of accounting for and redirecting these forces for leaders who are intent on preventing tenacious soft-tissue injuries. That, on the other hand, ignoring or giving merely short shrift to these contributors to strains and sprains may considerably reduce prevention results. [See my June 2022 *Professional Safety* article, “Minding the Gap: Overcoming the Strains (and Sprains) of Psychosocial Contributors.”]

Stress narrows attention (often toward “tunnel vision”) where people literally don’t know what their nondominant hand is doing, or how much tension is building in their lower back or neck until they shift their focus away from what they were previously working on or thinking about. And then they feel the hurt or the impingement.

Specifically, the EU-OSHA (2021) study consistently points to the importance of participatory ergonomics in reducing musculoskeletal disorders. (Effective participatory ergonomics, in my experience, goes way beyond just volunteering and pressuring people to talk or respond to other forced involvement.)

We’ve found that attention control is a critical soft skill for preventing soft-tissue injuries. That the most injury-averting kind of observation is self-observation and self-monitoring. And that this, like other skills, is transferrable and readily learned.

Influence, Don’t Attempt to Control Others’ Beliefs & Actions

Take it from Shunryū Suzuki, acclaimed Zen master: “Even though you try to put people under control, it is impossible. You cannot do it. The best way to control people is to encourage them to be mischievous. Then they will be in control in a wider sense.” I assume that, by “mischievous,” Suzuki means willing and ready to explore and question, rather than just taking advice at face value.

Real safety is much more than intellectual. If just logic and “sense” actually ruled, many more people would likely reduce risks and act “safer.” (Similarly, showing multitudes of data on how visceral fat build-up highly correlates with increased cardiovascular disease and early mortality doesn’t seem to move many to lose excess weight. What’s that line? “I’ll do anything to lose weight, other than exercise or diet.”)

Despite this, many leaders resort to trying to convince others to work safer by appealing to reason, or persuade by pressuring via guilt or shame, not to mention forcing through intimidation or threats—all varied attempts at controlling. Explaining why it makes most expert sense to operate certain ways, again, rarely makes appreciable lasting

improvements with many people. I recall a safety professional at a large manufacturing facility who called me into his office after our implementation of a soft-tissue safety system, closed the door and complained that he had been telling people to bend their knees before they lifted and no one listened to him (i.e., complied with his prescribed methods). Yet, after our intervention, they almost universally changed for the safer. Why? He lectured and tried to control but we offered possibilities and choices and led them through trying it out for themselves to make their own best decisions. (There was more to it than that, but that was a main difference in approach.)

Strongest leadership both in safety and all other arenas is never just intellectual. Too often, all the talk, pleading, threats or dangled rewards in the world don’t move the needle to higher-level performance. It’s critical to help people internalize, to change their own beliefs for them to then recalibrate their actions.

Michele Solis’ (2020) article, “We Learn Faster When We Aren’t Told What Choices to Make,” highlights a study that examines this tendency. This research revealed that when people are afforded the ability to make choices (“choice confirmation”), rather than being told what to do, this led to more effective and lasting learning and change. The research team found that:

Choice-confirmation bias offered an advantage: It produced stabler learning over a wide range of simulated conditions than unbiased learning did. . . . In the long run, choice-confirmation bias may sensitize the brain to learn from the outcomes of chosen actions—which likely represent what is most important to a given person. (Solis, 2020)

To corroborate this, Solis quotes Philip Corlett of the Yale University Department of Psychiatry and Neuroscience, who says, “Feeling as though you are the architect of the outcomes you experience is powerful and certainly would lead you to strengthen beliefs about those contingencies much more strongly.” In other words, actively engaging in one’s own decision-making anchors beliefs, which then cascades into altered actions.

Create Opportunities for People to Convince Themselves

Don’t try to convince; this can stimulate push-back, either by being shunned, written off, ignored or by eliciting anger. Instead create and offer ways for others to convince themselves (this also leads to self-reinforcement). Self-convincing requires in-person contact for someone to try something out and see how it works for themselves. Personal experience is first the best convincer.

Rather than just logically transferring content and facts (à la “back school”), it is critical to energize soft-tissue safety. Energizing is a critical ingredient in catalyzing “self-convincing.” (See any of my *Professional Safety* articles on energizing safety.) One way we’ve found to do this, both with line workers and senior managers, is to ask about their favorite sports and hob-

bies, then show how soft-tissue safety methods can simultaneously help them become better at what's already important to them as well as preventing potentially nagging discomforts that can hamper how well they do.

Guided Discovery Is Most Effective in Helping Transfer Physical Safety Skills

Our consistent finding is that discovery is essential to help re-form mindsets and enhance subsequent actions. The critical role of choice in the aforementioned study suggests that the sense of control in a situation influences how, or even if, people learn from what they experience. Remember, because many strains and sprains are cumulative in nature, they likely have off-work as well as at-work contributors—in other words, when people are doing activities that are out of sight. So, again, highest-level soft-tissue safety is founded on each individual making better personal decisions and using most effective techniques and methods even when they know that no one is watching.

To help others get to this point, the most efficient and powerful use of discovery is when it's guided, with several options offered for participants to try out, then asking them to determine which of these works best for them. This approach reduces haphazard fumbling for methods and is safer during the learning process. Guided discovery is another powerful safety culture energizer.

Soft-tissue safety requires developing and applying higher-level kinesthetic skills. This requires a hands-on approach, at least in part. For example, it would be difficult to convey the feeling of backing out a misaligned screw by applying a combination of forward and backward pressure, yet this is much easier to learn by trial than to show on a screen or in an instructional guide. And because we know that deepening balance, both static and moving, is essential for soft-tissue safety, methods for improving this can most readily be conveyed through guided practice, not so by video or virtually.

Address "Small" Things

The leadership domain is replete with advice to continue to perform the right small actions to achieve big results over time. Of course, this cuts both ways. Even small amounts of tension and force can build in the most vulnerable body areas, erupting into "it-came-from-out-of-nowhere" disabling strains or sprains. In fact, how many times have you heard about (or experienced) a strain or sprain that emerged after an action that was insignificant and that the person did thousands of times before?

On the upside, the right seemingly little adjustments (e.g., getting just a few inches closer to a load before lifting) can be protecting, averting tension buildup. Internal martial arts masters well understand and practice "moving ever smaller" to save energy and augment their power considerably—ultimately to best protect themselves.

So, help people throughout the company develop a small-changes mindset, acknowledging and perceiving the importance of "for want of a nail, the war was lost" process, and understanding that small actions over time can build toward injury. And that the right or protective small motions can help avert damage or pain.

We've found that critical self-monitoring skills for detecting tension buildup early (in order to then make adjustments for unloading these before they disable) can be more challenging with the right approach during times of heightened stress, fears and distraction. Here, leaders can help people sharpen their skills in directing attention. (See some of my articles.)

Interweave Live With Virtual

When it comes down to implementation, safety leaders are often concerned with the sometimes-divergent objectives of cutting injuries while doing so as cost efficiently as possible. Clearly the least expensive approach to addressing strain and sprain reduction would be to hand out information, on paper or virtually. Regrettably, this by itself has been tried and found wanting. It doesn't work to make a tangible and sustaining difference.

But wise strategists understand that every tool or approach has advantages and limitations; saws are effective for cutting materials, but not so good at driving or pulling nails. Best leaders seek to maximize the strengths and minimize the weaknesses of every intervention.

We've found that virtual (web-, computer-based) interventions are useful for reinforcing what people have already learned. These can be time-shifted for convenience. And can efficiently display a range of applications, as well as patiently remind people of what they've already experienced, at least to a degree.

Bear in mind that virtual approaches also have downsides. We've heard this from numerous workers (and managers). Virtual approaches will always be limited at developing engagement beyond the most passive kind of responding to fixed choice questions. They can't readily promote discovery or experiential kinesthetic learning ("trying it on for size," "developing a feeling" for safer ways to do a task). For example, it's unlikely that, without getting on and pedaling, anyone will be able to learn to ride a bicycle by watching videos or getting web instructions from experts or reading about the mechanics of maintaining balance while riding and turning on two wheels and on various surfaces.

Best leaders aim for the best of both worlds. So, they employ both efficient live exposures to techniques to develop kinesthetic sense of self-monitoring force transfers in their body with different methods, combined with virtual reminders and reinforcement.

What Can Leaders Do to Stimulate & Sustain Soft-Tissue Safety?

Specifically, the ultimate name of the game in high-level safety leadership is changing people's mindsets and skill sets towards greater:

- monitoring and upgrading their belief in the importance of safety
- embracing their own control over their own safety, health and lives
- noting current and potential risks, both in the task environment as well as within themselves (weak spots from overuse or minor injury, current limitations to appropriately directing attention)

- maintaining an open mind to learning new information and methods for accomplishing tasks safer and more effectively
- encouraging and supporting others with whom they interact—peers, friends, family—to see the importance and relevance of safety to them
- making ever-improving perceptions and decisions, and taking better actions to protect themselves, rather than lapsing into the complacency of “it’s never happened to me before” or “there’s nothing I can do”

For people to change, especially their long-standing ways, they have to want the results of the change, have to believe it’s possible for them, have to have access to easily learned methods, have to practice, then be reinforced (at least occasionally).

Overall, leaders can promote a culture of high-level soft-tissue safety by blending the necessary ingredients of significantly upgrading individual skills, mindset and motivation with embedding cultural support for lasting improvement.

- Energizing and exciting enthusiasm for safety, instead of repeating the same old messages in the same old ways that typically lead to boredom. Going beyond generic or only semi-interactive delivery that doesn’t allow hands-on discovery and transfer to people’s actual tasks and lives, experiencing individual discovery and trying out new methods, practice and adjusting.

- Encompassing and engaging. Reaching a wide swath of people, from workers performing even those tasks the leader has never done, to getting the attention of overwhelmed supervisors, to activating staff managers and senior executives’ actual commitment to and support for safety.

- Exemplifying: Embracing their continuous learning and improving their own personal safety and leadership skills, with minimal defensiveness and maximum gusto. Safety leaders experience soft-tissue issues too.

Conclusion

Actual cultural change requires permeating: dispersing and saturating the number of those who believe and understand what and how to do. While soft-tissue injuries are often persistent, costly and frustrating, many companies have achieved significant and sustaining improvements, statistically and culturally. By applying some of these principles and methods, you and your company can reap many of the same sterling results and move toward the upper echelon of safety performance and culture. **PSJ**

References

- European Agency for Safety and Health at Work (EU-OSHA). (2021, Nov. 17). Musculoskeletal disorders: Association with psychosocial risk factors at work. <https://bit.ly/3dAv3ln>
- Mathur, A. & Pater, R. (2019, May). Safety leadership during uncertain times. *Professional Safety*, 64(5), 20-23.
- Miller, A. & Pater, R. (2022, April). Creating lasting change beyond silver safety bullets. *Professional Safety*, 67(4), 13-18.
- Pater, R. (2001, Jan.). Attention control for safety and productivity. *Professional Safety*, 46(1), 33.
- Pater, R. (2002, Sept. 30). Solving the problem of strains and sprains. *Industrial Safety and Hygiene News*. <https://bit.ly/3pynmz3>

Pater, R. (2003). Movement safety: A strategic approach for breaking through the strains and sprains plateau. *World Safety Journal*, 11(1), 21-23.

Pater, R. (2007, Dec. 1). Engaging ergonomics. *Industrial Safety and Hygiene News*. <https://bit.ly/3R6zQtw>

Pater, R. (2008, Oct. 1). Advancing ergonomic culture. *Occupational Health and Safety*. <https://bit.ly/3AxRCQP>

Pater, R. (2008, June 1). Six mental skills for strengthening soft-tissue safety. *Occupational Health and Safety*. <https://bit.ly/3dIcNqv>

Pater, R. (2010, Jan. 1). Executive ergonomics. *Occupational Health and Safety*. <https://bit.ly/3dH32sB>

Pater, R. (2012, Nov.). Leading a concentric ergonomic culture. *Professional Safety*, 57(11), 23-26.

Pater, R. (2013, June). Synchronizing safety leadership: Preventing hand injuries and strains/sprains. *Professional Safety*, 58(6), 44-46.

Pater, R. (2013, Oct. 1). Overcoming “soft” complacency. *Occupational Health and Safety*. <https://bit.ly/3dIq9mo>

Pater, R. (2016, Jan. 1). No strain safety. *Occupational Health and Safety*. <https://bit.ly/3CimpCG>

Pater, R. (2016, Aug. 1). Preventing strained communications. *Occupational Health and Safety*. <https://bit.ly/3c6GEIF>

Pater, R. (2016, June). Overcoming seven ergonomic leadership mistakes. *Professional Safety*, 61(6), 40-44.

Pater, R. (2017, March). Use leading indicators to derail ergonomic injuries, part 1: Preparation strategies. *Professional Safety*, 62(3), 22-24.

Pater, R. (2017, April 1). 3 B’s for preventing soft-tissue injuries. *Occupational Health and Safety*. <https://bit.ly/3QApVwn>

Pater, R. (2017, April). Use leading indicators to derail ergonomic injuries, part 2: Set up and apply early indicators of success. *Professional Safety*, 62(4), 21-23.

Pater, R. (2017, Nov.). Ramping up safety energy: Assessing then acting. *Professional Safety*, 62(11), 15-17.

Pater, R. (2017, Sept.). Energizing safety and culture through quantum leadership. *Professional Safety*, 62(9), 30-31.

Pater, R. (2018, Apr. 1). Moving from ergonomic objections to objectives. *Occupational Health and Safety*. <https://bit.ly/3CiGokC>

Pater, R. (2018, Nov.). Internalizing safety. *Professional Safety*, 63(11), 20-23.

Pater, R. (2019, Nov.). Smart moves: Movement training reduces soft-tissue, slip/trip/fall and hand injuries. *Professional Safety*, 64(11), 16-20.

Pater, R. (2020, Oct.). How to actually change actions: Five critical steps. *Professional Safety*, 65(10), 19-23.

Pater, R. (2022, June). Minding the gap: Overcoming the strains (and sprains) of psychosocial contributors. *Professional Safety*, 67(6), 14-19.

Pater, R. & Bowles, R. (2007, April 30). 9 keys for directing attention to safety. *EHS Today*. <https://bit.ly/3A81PSB>

ScienceDirect. (n.d.). Drug blood level. <https://bit.ly/3A6OQjZ>

Solis, M. (2020, Oct. 1). We learn faster when we aren’t told what choices to make. *Scientific American*. <https://bit.ly/3c49sBI>

Suzuki, S. (1970). *Zen mind, beginner’s mind: Informal talks on Zen meditation and practices*. Weatherhill.

Testing.com. (2021, Nov. 9). Therapeutic drug monitoring. <https://bit.ly/3dvmJ TZ>

University of California San Francisco (UCSF) Health. (2019, April 29). Therapeutic drug levels. <https://bit.ly/3dw63f4>

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