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Managing Service Quality in Ergonomics Programs: A Path to Improved Outcomes

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The service quality of ergonomics programs – and other employee-focused occupational health programs – has an equivalent impact on the prevention of employee injuries.

In 1999, the *Journal of the American Medical Association* published a study titled "Service Quality in Healthcare," which revealed that medical outcomes are not dependent solely on the technical ability of the doctor to diagnose and treat illnesses, but also significantly are impacted by the quality of the end-to-end medical service experienced by the patient. The practice-changing article defined service quality as "the myriad characteristics that shape the experience of care for patients and their loved ones other than the technical quality of diagnostic and therapeutic procedures."

It's not a stretch to see the analogies between the ergonomist-employee relationship and the doctor-patient relationship discussed in the JAMA article. The employee looks to the ergonomist for expertise to improve comfort at work, just as a patient seeking improved health looks to a doctor for guidance. Therefore, it seems logical to assume that an improvement in end-to-end service quality provided by an ergonomics program would increase the effectiveness of its efforts to prevent and manage workplace injuries.

In fact, upon further inspection of the doctor-ergonomist analogy, service quality might have an even greater impact on the employee receiving ergonomic interventions than the patient receiving medical treatment. Imagine that a patient had to call the doctor's office three times to make an appointment, was treated poorly by the receptionist and then was rushed through the appointment by the doctor who diagnosed his illness and provided a curative pill — the pill will cure his ails, regardless of his negative experience.

The ergonomist is all too aware that unlike many aspects of the work doctors do, there rarely is a "curative pill." For the employee experiencing work-related discomfort due to ergonomic issues, or the myriad of other problems that lead to repetitive strain injuries (RSIs), the effectiveness of the recommendations made by the ergonomist almost always is dependent upon the motivation of the employee to implement them. While the authors of the JAMA article are unclear on the mechanics that lead improved service quality to improve medical outcomes, they theorize that it is the result of patients' motivation and willingness to follow through on treatment and fully engage the medical resources that are available to them. From personal experience, this hypothesis makes sense.

Consider Maria, who requests a workstation ergonomic evaluation because of work-related back pain. She doesn't hear back from the ergonomics department for weeks, so she sends another email because the pain is increasing. Finally, a week later, she receives an email response that an appointment is available in 2 weeks.

By the time the ergonomist arrives, Maria already is frustrated by her experience with the ergonomics program. As a result, Maria has diminished trust in the recommendations made, despite the fact that the ergonomist is the most technically

competent member of the team.

The ergonomist suggests that she adjust her sitting position and the placement of her chair — but when Maria still feels pain a few hours after the evaluation, she moves everything back to its original position, because the new setup feels awkward. A month later, she files a workers' compensation claim and ends up on leave.

In this case, Maria had such a poor experience prior to the evaluation that the technical expertise of the ergonomist and the information communicated during the evaluation had no impact on her. The truth is that employees have no insight into how experienced or knowledgeable your staff is in the discipline of ergonomics or other technically laden safety disciplines, as they most likely have little or no familiarity with them. In the absence of their own expertise, they will look to your program and evaluator's timeliness, communications, interpersonal skills and professionalism to form an opinion.

In creating a program focused on delivering high quality service, it all comes down to thinking like an employee. The ergonomics processes within your organization likely have been designed by safety experts with a narrow focus on delivering technical expertise to at-risk employees. This is an inarguably necessary focus of an occupational health program. However, a focus on service quality can ensure that the outcomes of these technical services are not undermined by service quality failures, and even are improved by excellent service.

1 **2** (<http://ehstoday.com/health/ergonomics/path-improved-outcomes-0601/index1.html>) **Next** (<http://ehstoday.com/health/ergonomics/path-improved-outcomes-0601/index1.html>)
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