

# Key Learnings From the CHPPM Ergonomics Program's Exploratory Focus Groups Among Certain US Army Installation Personnel

This summarizes the key learnings from focus groups conducted among certain US Army personnel at six installations from 15 July 2002 through 10 September 2002.

While these learnings cannot, and are not intended to, replace the findings of a more global quantitative research effort, they do provide insights that will be helpful in identifying comprehensive operations and communications strategies for the CHPPM Ergonomics Program.

## **OBJECTIVES**

The objectives for these focus groups were:

1. To understand the accepted beliefs, needs, expectations, and insights which underlie target customers' perceptions regarding ergonomics, ergonomic programs, and the ergonomics products and services that are currently available.
2. To identify any roadblocks that might impede the establishment and maintenance of installation ergonomics programs.
3. To observe the language target customers use in describing ergonomic issues, and needs.

## **TARGET CUSTOMERS**

For this research, we recruited focus groups among four target groups at six US Army installations in Virginia and Maryland, specifically: Aberdeen Proving Grounds, Fort Belvoir, Fort Eustice, Fort Lee, Fort Meade and Walter Reade. At each installation, we interviewed the Garrison Commander (six officers), Safety Personnel (40 civilians), Industrial Hygienists (36 civilians), and supervisors from various departments (a mix of 30 civilian and military personnel).

It should be noted that the Safety and Industrial Hygiene personnel (collectively referred to as **S&IH Personnel**) were often interviewed together due to scheduling constraints at the installations. Accordingly, the learnings from these two groups have been reported jointly and no attempt to further differentiate them is possible. Further, during the course of the interviews, the interviewer did not observe any opinions or comments which could be attributed uniquely to either group.

## **A CAVEAT**

The key learnings cited below are based on the perceptions of the respondents who participated in these focus groups. Accordingly, a few words of caution are in order:

- The key learnings were generated from a small sample of respondents in a relatively small geographic area of the country. As such, they should be regarded as suggestive rather than definitive or quantifiable.
- The insights gleaned from the reactions of the four target groups who participated may not be indicative of the opinions, feelings and emotions of others who do not fit the same profiles.

## **KEY LEARNINGS FROM SAFETY AND INDUSTRIAL HYGIENE PERSONNEL**

**1. Most S&IH Personnel associate ergonomic issues primarily with the civilian office environment.** Ergonomics-related injuries are perceived to be primarily a civilian problem. It is widely believed that civilian employees suffer these problems more frequently because, on average, they are older, less physically fit, and generally do not get the regular exercise that is a mandatory part of military life. Military personnel also rotate jobs more frequently and this is believed to reduce the duration of any particular repetitive motion trauma. Carpal tunnel syndrome was the most frequently cited injury in the office workplace. While other injuries and work environments were mentioned, ergonomic related injuries are perceived by this group to be primarily associated with the office workstation.

**2. Ergonomic issues are considered to be a low priority at most installations.** S&IH Personnel reported that *ergonomic issues are rarely made a priority unless they are referred* due to an employee complaint or FECA claim. As a whole, ergonomics is considered to be just one of many injury abatement programs. Proactive, preventative ergonomics program management is generally not practiced. S&IH Personnel cite a number of reasons why ergonomic issues are not prioritized more highly:

- Staffing levels are low and prioritization falls on identifying and abating the types of hazards that present an immediate injury risk.
- Funding does not exist to implement the ergonomic solutions recommended.
- No regulation exists to mandate that ergonomic standards be met.
- S&IH Personnel perceive that many supervisors do not view ergonomically correct workstations to be important or needed.
- Ergonomics problems do not create an emergency situation.
- Ergonomics crosses the lines between safety and health and sometimes gets lost there.
- OSHA has been "wishy-washy" on the subject so it is not clear how important it really is.

**3. Due to the low priority assigned to them, ergonomics efforts at the installations are sporadic, inconsistent and, in some cases, unstructured.** While approximately half of the S&IH Personnel we interviewed have received some ergonomics training, the degree of ergonomics program development varies greatly from installation to installation. Most of the installations we visited had an Installation Ergonomic Officer (IEO) assigned to either the safety or industrial hygiene departments. However at some installations, this position was only nominally filled by someone who had multiple higher priority responsibilities. As a result, no clear-cut line of **accountability exists for ergonomic issues at some installations.** Similarly, an **Ergonomic Committee has been nominally established at many installations, but these committees seldom meet.** Several installations have integrated their ergonomics effort into the safety department. The safety department has the ability to require the resolution of problems, but they do not have

enough time or staff to run a stand-alone ergonomics program. Other installations believe that the Occupational Health department should take the lead because it has immediate access to information at the hospitals that the Safety personnel do not see. The Occupational Health department is also effective at tracking cases, obtaining injury stats and providing them to the command. However, regardless of organizational structure, no proactive, systematic ergonomic program management process exists at most of the installations we visited. As a result, site visits and other ergonomic activities are complaint or claim driven.

**4. Most S&IH Personnel believe that Ergonomics programs can be effective if given proper support.** The lack of progress in ergonomics program development at the installations we visited should not be attributed to a lack of interest. Many of those we spoke to demonstrated a level of expertise and interest that indicate a willingness to develop their ergonomics programs. However, several are simply reluctant to spend time doing so in an environment where their efforts would have limited impact due to the lack of funding and support needed to follow through on their recommendations. Some of these S&IH Personnel feel frustrated regarding their inability to affect change in ergonomic matters.

**5. If funding is obtained, it should be allocated exclusively for ergonomics programs.** S&IH Personnel unanimously agree that if funding can be obtained to support ergonomic programs at the installations, it should be specifically allocated for only that purpose. If the funds are not restricted, they will likely be diverted to other programs that are considered to be a higher priority.

#### **6. Model Ergonomics Program**

Most S&IH Personnel at the installations agree that, in order to be successful, an ergonomics program must contain the following elements:

- **Command Support** – Focus and attention from the top of the chain of command was cited as the single most important element in any ergonomics program. This support was thought to be especially critical in the absence of a regulation mandating the adherence to ergonomic standards.
- **Funding** – Without the adequate funds to implement the ergonomic solutions, much time and energy will be wasted.
- **A Mandate** – Most S&IH Personnel agreed that a regulation and set of guidelines would help to set a clear direction, establish roles and responsibilities and standardize the processes and practices needed to build and maintain an ergonomics program.
- **A Team Approach** – All respondents agreed that the ideal ergonomics program would incorporate team accountability from supervisors, safety personnel, industrial hygiene personnel, occupational health personnel and others including CHPPM. An ergonomics committee would be formed and meet periodically to ensure that ergonomics issues were being identified and resolved. One respondent recommended making this committee a subcommittee of the command safety council in order to ensure that it gets visibility at the command level.
- **Training** – It was widely believed that, in addition to S&IH Personnel, all employees, supervisors, and commanders should receive some form of ergonomics training.
- **Training Tools** – Posters, pamphlets, videos, checklists, white papers and training manuals were recommended.
- **Routine Site Evaluations** – S&IH Personnel recommend a site evaluation once per year to each workstation at the installation in order to identify new hazards and to ensure that old hazards have been abated.
- **A General Awareness Campaign** – S&IH Personnel recommend that an effort should be made to keep ergonomics top of mind for commanders and supervisors.

Other items that were mentioned by one or more respondents included:

- **Database Support** – A database could be utilized to track site evaluation reports, generate follow-up reminders, and list contact information for vendors who sell ergonomically approved furniture and equipment.
- **Specific Accountability** – Controls and requirements were recommended at the supervisor level.
- **Monthly Newsletters** – Updates on best practices, industry trends, furniture/workstation designs, vendor equipment, etc. were recommended.
- **Model Solutions** – Workstation exhibits and other demonstration tools were recommended.
- **Measurement Criteria** – Some S&IH Personnel would like access to statistics that would help the to monitor the progress of the ergonomics program.

#### 7. Benefits of Ergonomics Programs

S&IH Personnel were aware of the potential benefits that a structured ergonomics program could provide, including:

- Increased productivity
- Fewer injuries
- Fewer FECA claims
- Lower administrative and health care costs
- Lower absenteeism
- Increase in morale
- Increase in ergonomics awareness

#### 8. Several roadblocks were identified that could impede the establishment of an installation ergonomics program. S&IH Personnel cited several potential roadblocks to success:

- Lack of command support - A few of the S&IH Personnel believe that some commanders do not place much emphasis on ergonomics because they don't want to stir up an issue that hasn't surfaced much to date.
- Lack of funding
- Lack of staff support or training.
- Lack of a staffing standard that is enforceable at the installations.
- Lack of support from some supervisors who think that ergonomics is a soft science.
- Unclear accountability – who should own the ergonomics program?
- Infighting or lack of cooperation
- Unclear lines of communication

9. S&IH Personnel are generally unaware of any ergonomic statistics or measures for their installations. Very few respondents were aware of any reporting that exists for ergonomic / repetitive injuries. Most believed that it was difficult to differentiate injuries with ergonomic causes versus those without. Some respondents speculated that some information could probably be extrapolated from the FECA claim and cost reports.

10. Awareness of what the CHPPM Ergonomics Program could do for the installation was low. Most (but not all) of the S&IH Personnel were aware that CHPPM had an Ergonomics Program. Many also knew that the CHPPM Ergonomics Program provided training and educational materials that could be ordered by the installation. Fewer were aware that CHPPM Ergonomics personnel acted as subject matter experts who were available as a resource for the installations.

**11. S&IH Personnel have had little contact with CHPPM Ergonomics Program personnel since their initial training.** Approximately 50% of the S&IH Personnel we spoke with had taken CHPPM's 40-hour ergonomics training course. Those who had taken the course described it as a positive experience, albeit a bit too long. Approximately half of those who had not taken the 40-hour course were unaware that it was available. The other half was aware, but unable to attend due to budgetary or staffing constraints. Very few of the S&IH Personnel we interviewed recalled having any other contact with the CHPPM Ergonomic Program personnel. Of those who did, they reported initiating contact in order to order educational materials or to ask a technical question. None of the S&IH Personnel recalled receiving a phone call or other contact initiated by CHPPM Ergonomics Program personnel. When asked, all respondents indicated an openness to being contacted by CHPPM Ergonomics Program Personnel. Most expressed an interest in being contacted quarterly or when something new or newsworthy came up.

**12. Current CHPPM ergonomics training and educational materials were thought to be adequate if not a bit long.** A sample of CHPPM Ergonomics Program training and educational materials were exposed to each group. Approximately half of the S&IH Personnel had seen one or more of the items before. The materials were thought by most to be insightful and well written, but too long. The Ergonomics Site Survey was deemed by most to be too long and cumbersome to use on site visits. Several of the S&IH Personnel wondered if a set of shorter, simpler materials could be developed for use with installation supervisors and their employees.

### **13. S&IH Personnel Use Competitive Alternatives to CHPPM's Products and Services**

Below is a partial list of organizations that have been used:

- NIOSH – National Institute for Occupational Safety and Health
- CAL / OSHA Consulting Service
- The National Safety Conference
- Crammes Communication

**14. Awareness of the CHPPM Ergonomics Program website was low.** Few people were aware that the ergonomics group had its own website. Even fewer had visited the website. Of those who had, several found it difficult to find the website and difficult to navigate the website to find the things they were looking for.

### **15. CHPPM Ergonomics Program Wish List**

When asked, S&IH Personnel listed a series of products and services that they would find valuable. It is interesting to note that some of the items on this list are available from CHPPM, but installation personnel are unaware of that they exist.

- A collection of lessons learned and best practices from other installations
- Funding for training
- Statistical data – items that are easy to show to supervisors and commanders.
- Promotional materials – posters, video tapes, cd roms, hazard identification guides.
- Updates from professional associations
- An electronic bulletin board - installations could post learnings that could be useful to others.
- An ergonomics tool kit
- Displays at safety stand down days
- More information on how to set up an ergonomics program
- More help with establishing roles and responsibilities
- A template for what should be done on the job by ergonomics evaluators.
- Educational materials that are simpler and targeted to individual employees.
- An annual report with statistics
- Recommended/approved equipment and furniture solutions

- Downloadable teaching aids
- Assistance in making purchasing decisions
- Influence over space planning and workstation design for new buildings or remodeling projects.
- Contact via email, CPIZ
- Ergonomic materials for child care / elder care caregivers – ie: how to lift a person or handle people with disabilities.
- Ergonomic guides for people at home.
- Command training for new commanders
- Physical factors included in job descriptions.
- Share info / best practices from other installations
- Can CAP (Computer/electronic Accommodations Program) be utilized?

## **16. Publications**

When asked which publications they read on a regular basis, S&IH Personnel cited the following list:

- Countermeasures – a safety center publication
- NIOSH – National Institute for Occupational Safety and Health
- Installation Newspapers
- CPIZ listserver
- CHPPM Today
- Metro DC safety and Occupational Health Publications / website

## **KEY LEARNINGS FROM GARRISON COMMANDERS**

**IMPORTANT NOTE TO THE READER:** The key learnings described in this section were gleaned from brief (1/2 hour) interviews with six Garrison Commanders. Accordingly, these findings should be relied upon with caution and understood to be merely indicative of the views that could be held by a broader cross-section of Garrison Commanders.

**1. The Garrison Commanders we interviewed had infrequent experience with ergonomics issues.** These Garrison Commanders engage the ergonomic issues that are significant enough to be brought to their attention. Most of the Garrison Commanders we interviewed recalled dealing with ergonomic issues only once or twice per year. Each of these Garrison Commanders relied on their staffs to maintain their installation's ergonomics program and had little knowledge of how to establish and manage an ergonomics program. They associated most ergonomics issues with the office workstation environment. One Garrison Commander noted, however, that health problems that occur among military personnel may be caused in the field while not manifesting themselves until later in life when the person is typically at a desk job.

**2. Most of these Garrison Commanders do not prioritize ergonomics issues very highly.** These Garrison Commanders tended to view ergonomics as part of the larger installation safety process. Because the number of ergonomic issues brought to their attention is small, these Garrison Commanders seem satisfied for the moment with the ergonomics programs at their installations. Accordingly, the installation ergonomics programs are not a high priority for these Garrison Commanders.

**3. These Garrison Commanders speculated that there are benefits to maintaining an ergonomics program for the installation.** The Garrison Commanders identified several potential benefits that a structured ergonomics program could provide, including:

- Increased productivity
- Fewer injuries
- Fewer FECA claims
- Decreased absenteeism

These Garrison Commanders seemed to be confident that these benefits were theoretically probable, but they had never seen a study that demonstrated the benefits with hard data. A few Garrison Commanders maintained an "Information Dashboard" which tracked key statistics, but had not seen any ergonomics metrics. Accordingly, while these Garrison Commanders expressed support for the installation's current ergonomics efforts, the interviewer perceived that these Garrison Commanders would want to see an analytical rationale before investing further financial or human resources in an ergonomics program. One Garrison Commander summed it up: "Show me what your program can do for the installation and I'll support it."

**4. Awareness of what the CHPPM Ergonomics Program could do for the installation was low.** Most (but not all) of the Garrison Commanders were aware that CHPPM operated an Ergonomics Program. Many also knew that the CHPPM Ergonomics Program provided training and educational materials that could be ordered by the installation. Current training materials were not thought to be brief enough to be of interest to Garrison Commanders. They are looking for short succinct summaries on topics of importance or interest. Very few of these Garrison Commanders were aware that CHPPM Ergonomics personnel acted as subject matter experts who were available as resources for the installations.

**5. These Garrison Commanders would welcome more contact with the CHPPM Ergonomics Program.** Brief quarterly bulletins would be welcome if there were noteworthy developments that the Garrison Commanders would want to be kept abreast of. They also recommended the following outlets for reaching out to Garrison Commanders:

- Installation Management Agency
- Army Knowledge Management
- Government Executive
- Conferences / Seminars / Symposiums – there are none at the commander level which cover ergonomics.

## **KEY LEARNINGS FROM DEPARTMENT SUPERVISORS**

**1. Many (though not all) of the Department Supervisors had heard of Ergonomics.** Those that had heard of ergonomics associated the field with a wider variety of work environments than the S&IH Personnel or Garrison Commanders. They also cited a broader range of injuries that could be attributed to ergonomic causes including: fatigue, numbness, back pain, carpal tunnel syndrome, eye strain and general muscle tension. One supervisor noted that a shortage of personnel encourages supervisors to task understaffed crews with jobs that are physically too demanding - for example to move heavy furniture or equipment with too few individuals.

**2. Supervisors who had not heard of ergonomics were skeptical.** Most of these supervisors did not have confidence that ergonomically correct solutions really made a difference. They wanted to be convinced that the benefits were real. Some believed that many reported injuries were caused by bad practices at home. Some thought that ergonomics was just a fad that would go away after a while.

**3. For those who believed, they identified several benefits that ergonomic solutions could provide.** The list of potential benefits that ergonomically correct solutions could provide, included:

- Increased productivity
- Fewer injuries
- Fewer FECA claims
- Lower absenteeism

**4. Regardless of their awareness level, most supervisors placed a low priority on ergonomics.** Most supervisors had resigned themselves to the fact that no funding existed to create ergonomically correct workspaces, so they spent little or no time thinking about the subject - unless one of their employees complained or was injured. Some acknowledged that ergonomic problems had been diagnosed in their employees' workspaces but there was no funding to correct them. Their employees devised makeshift solutions.

**5. Awareness of the CHPPM Ergonomics Program was very low.** Very few of the supervisors had heard of the CHPPM Ergonomics Program and none of them reported having any contact with or training from its personnel. Some recognized the posters and other educational materials that were displayed. The pamphlets and posters were thought to be interesting but other training materials were thought to be too long and involved. No one reported that they had visited the CHPPM Ergonomics Program website.

**6. Supervisors agreed that if funding for ergonomics was obtained, it would be spent on higher priority projects unless allocated exclusively for ergonomics programs.** Supervisors unanimously agreed that if funding was obtained to support ergonomic programs at the installations, it would have to be specifically allocated for only that purpose. If the funds are not restricted, they will likely be diverted to other programs that are considered to be a higher priority.

**7. Consensus on other issues was difficult to ascertain from this group.** More than either of the other target groups, the opinions and attitudes of the department supervisors was colored by the current challenges faced at their specific installation. Three distinct attitudinal trends began to appear, however further research at several other installations is recommended to gain a more representative understanding of this group as a whole.

**Attitudinal Trend 1: "Favoritism Governs"**

Some supervisors seemed to resent the fact that some departments were given new furniture while others were left behind. Among this group, there was a feeling that management does not value the "worker bees" enough to provide the right solutions.

**Attitudinal Trend 2: "Ergonomics is Frivolous"**

Some supervisors thought it was frivolous to spend money replacing furniture and other equipment while there were people in danger of losing their jobs to a reduction in force (RIF). One supervisor commented, "I've been working in this furniture for years, why does anyone need anything different." There was also a belief among this group that ergonomic injuries were not something that could be prevented.

**Attitudinal Trend 3: "Military Employees Are Not Affected"**

Some of the military supervisors were not convinced that ergonomics-related health problems were real. Some believe that these injuries are imagined or are contrived to make a claim or to get time off work. These supervisors carried a sense of bravado bordering on arrogance regarding their civilian counterparts who are older and less physically fit.