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Season 2, Episode 3: Working Smarter not Harder: The Value of Ergonomics in Healthcare

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LG: Welcome back to the Healthier You Podcast. My name is Lydia Gardner, and I am the senior communications specialist at Health & Wellness. Joining me today is Wilma Traughber, our ergonomics program manager at the Occupational Health Clinic. Wilma, thanks so much for joining me today.

WT: Thank you for inviting me.

LG: Yeah, I'm glad to have you here. So, I thought first it might be helpful just for our listeners if you could share with us a brief explanation of what you do and what even is ergonomics?

WT: Okay, so I'll tell you a little bit about what is ergonomics. So, it's really the science work. So, it's not just about someone's posture, even though we do some trainings with employees about how to have great posture, but when we do consultations with employees, we observe the employee in the work environment, and what we're trying to do is get an idea of the work tasks, the physical and mental demands that are encountered in the work environment, also any risk factors in the work environment that might be a potential for work-related injury. So, some people think it's about office evaluations, but it's more than that. It's more than just evaluating the office. We evaluate and we troubleshoot

the work process, and that's for all types of jobs at VUMC, such as the operating rooms, laboratory, procedural areas, nutrition services, environmental services, pharmacy, animal care, you name it. The list goes on and on, you know. So, here at VUMC, we have a whole entire ergonomics program that tracks musculoskeletal injury, and that's what we look at, and then we look at the injury trends, especially among the higher risk departments, and we also empower employees to work smarter and not harder. So, that's that education awareness piece, because we want employees to be work-conscious, work-aware, so that they can kind of see how they work and how they can prevent themselves from overworking or developing overuse injuries. So, that's it. So, basically, you know, the other part is, and then I don't know if you know this or not, but we have an ergonomics committee for VUMC that meets quarterly.

LG: Okay, I actually did not know that. So, can you tell us a little bit about that? It's a group of people across VUMC then?

WT: It's across the enterprise. Okay, so, the committee meets quarterly, and so it's comprised of frontline workers and managers, and so what we do is we troubleshoot the work process, our issues around the work process, our work barriers. In that meeting, we also provide injury data from the Occupational Health Clinic or different groups. So, if we see a trend like, for instance, in environmental services, we will talk about those trends in that meeting.

LG: Okay.

WT: Yes.

LG: Yeah, that's so interesting.

WT: Yes.

LG: I remember a couple times just in passing when we would talk about your role and the work that you're doing, I remember two specific things that you had told me about. One was how you would go into surgeries, too, and watch surgeons and help them get the correct-sized tools for their hand specifically, which I thought was really unique. I had no idea that was even an option for people.

WT: Yeah. So, I have been in the ORs and in some of the procedure areas, such as endoscopy, and most of the tools are kind of designed for men, so when you have a female who has petite hands, sometimes it can be somewhat bothersome. So, you know, we'll investigate, and we have contacted vendors to see if there is like a smaller instrument, but the part that I would like to impart uponn workers and individuals is that we can drive industry. If there's an instrument that does not suit your size, this is a good time to talk to the vendor and say, "You know, we have surgeons that have smaller hands, you know, and maybe can you develop the instrument in a smaller size?", or what not. Yeah, so to empower the worker is really important.

LG: Okay, so for your job, you're relying on that feedback and relying on people to kind of stand up and say hey, this doesn't work well for me.

WT: Right, right. But we have worked with our procurement folks to see if they find instruments for some of the surgeons that would work better, especially in laparoscopic procedures and what not?

LG: hat is so interesting.

WT: Yeah.

LG: I remember one last thing that you told me that has always just stuck with me is another thing from an ergonomic perspective is when people are wearing AirPods or the little headphones all the time that maybe someone else can't see that they're wearing headphones, and then they're getting injured because they can't hear when they have their headphones going while they're working or things like that.

WT: Right, so, you know, that's self-awareness in the work environment. So, part of it is kind of safety, but yeah, you definitely want to make sure that you are aware in the work environment, so if you're wearing ear-cancelling headphones or what not, and you know you're in a high traffic area like on the loading docks or places like that, you definitely don't want to do that, because you don't know if someone is coming with a cart or what not. Yeah, so being that self-aware in the work environment is so important.

LG: So, kind of along those same lines, can you tell us what is the most interesting thing or the craziest thing that you've seen from an ergonomics perspective at VUMC in your time here? Because you've been here awhile, so you've seen some things!

WT: I have been here for awhile, and yeah, I would say over the years, I have seen many interesting jobs. And, you know, that's justified, because we have so many talented individuals that work over at the medical center who really enjoy their jobs, and they take pride in the work that they do. So, I could probably list a bunch of jobs that have kind of grasped my interest, but it would probably take the whole evening. But, did you know that we have a lab on campus that processes over 14,000 DNA samples in a month?

LG: Oh my gosh. That's crazy.

WT: Right, right? And they use to combat some of that repetitiveness in processing those labs, they use robotic pipette machines.

## LG: Okay.

WT: Yeah, and did you know that a pathologist can review up to 80 or more slides a day through a microscope?

LG: Okay, and I would imagine that looking through a microscope, that would be really hard on your neck, right?

WT: If your neck is not in the right position, it can definitely be an issue or could cause an issue. So, like I said, there's many jobs, and so, when I approach individuals when we do our consultations, we do observation, and so we look for high-risk activities. But, when we interview the employee, because I don't do their job, so I'm asking all the questions like all the steps of how they do their job and how do they arrive at the outcome.

LG: Wow.

WT: So, it makes the job interesting because I don't do their job.

LG: Right.

WT: You know? And there's several steps, you know, we see the finished product of most people's job. It's like, okay, I get a lab done, right? But the person who is the med tech has all of these processes, and sometimes it can be up to 15 processes for one specimen.

LG: So you also might know the most about all of the different jobs at VUMC because you kind of have to evaluate and know each one when they come to you for their ergonomic consultations? So, that's pretty crazy.

WT: Yeah, it's our research, but the employee is my source, sort of. So, it's an opportunity, you know, and so we enjoy that opportunity.

LG: Yeah. Is there a group or population that you would say tends to experience the most ergonomic injuries or, you know, maybe a group of people or a certain job category that tends to experience injuries in their line of work?

WT: So, when we do the injury analysis, just looking at the department or the most musculoskeletal injuries, they really vary from quarter to quarter. When we do the analysis, some departments may be at higher risk than others. We typically see more strains in those departments who perform more manual labor or high-activity labor. And, you know, those are those frontline workers that reallydo a lot of lifting, a lot of pushing, pulling. So, of course, we also, I guess you could say our nursing group is our largest group of employees who encounter musculoskeletal injuries. And so, about 20 years ago, they developed a whole patient handling program dedicated to the nursing group, and the medical center invested in patient handling equipment for the nursing group, yeah.

LG: I would imagine that keeps them more safe and then also patients more safe, too, because if you're having to lift a lot of patients?

WT: Correct, correct. Right.

LG: Are there current trends that you have noticed in ergonomics these days? You know, even just in the last couple of months or years, just different things that you've seen?

WT: So, I would say that, and of course, this has been pretty much the standard over the last few years, that there's a growing population of older adults who are working longer.

LG: Yes.

WT: Yeah.

LG: It does seem like people are working longer for sure.

WT: Right, right. And of course, staying active keeps us younger and keeps our mind active, so, yeah. And then, too, there's increasing technology in healthcare, which makes healthcare more complex.

WT: So several of the areas that I have visited, you know, they've got all of this high-tech imagery equipment, and then it takes a little bit more tech to manage that equipment, and then learning how to manage the equipment.

LG: Yeah.

WT: Yeah, yeah. And then, of course, being user aware that if you're using this new equipment and then you encounter some kind of musculoskeletal injury, is it the design of the equipment or is it the way that we're handling the equipment?

LG: Interesting.

WT: So, it's just real important to, you know, hey, don't be afraid. Hey, ask for a consultation. We can look at it. We can dissect what's going on. And then, of course, with the increasing demand of healthcare accessibility, thus causing an increase in patient volume and demand, so that's for procedures, lab tests. So, of course, our workers are working a little bit harder because we have this increasing demand. Yeah, so, you know, we're actually all connected. You know, there's a cause and effect. There's hardly one thing you can't do without it affecting something else. So, we have increasing volume, we're going to have increasing workload. And, of course, then we say okay, we don't have, we may not have enough individuals, but we might be able to increase the tech to account for some of those things, so.

LG: Right.

WT: Yeah.

LG: Okay. So, increasing workload, and then sometimes increase in ergonomic injury if they're not ...

WT: If you have increase in volume, increased workload, there's the potential for injury, not necessarily, because again, you have the effect of working smarter not harder in that, and so, I can't say, in reality, because someone may have high volume in an area that they're going to get injured, because also, job satisfaction plays a big part in that. If you're happy in the work you do, then sometimes, the work is not as hard.

LG: Yeah, that makes sense. It's not as straining.

WT: It's not as straining.

LG: Sure.

WT: But, you're also kind of aware and you're working smarter not harder. So, I work the job, the job does not work me.

LG: I love that! That's a great quote! That's great! Yes, and important to remember.

WT: Right, it's important to remember. We have to be self-aware. Yeah.

LG: Yeah, and know when to reach out for help and when something's not working.

WT: Yeah, and if you're not self-aware, call me, I'll look at what you do.

LG: Yes! You'll help them be self-aware. Well, Wilma, thank you so much for joining us today on the podcast. I appreciate you being here.

WT: Thank you for inviting me.

Thanks for tuning in to Healthier You by Vanderbilt Health & Wellness. Stay tuned for future episodes.