

## SPOTLIGHT ON:

### ERGO COACH PROJECT, GEZOND & ZEKER NETHERLANDS



In the Netherlands the patient handling movement started in 1989 with nursing homes and home care as an initiative on the part of nurses and physical therapists. This was a purely bottom-up approach that focused on avoiding manual handling above safe limits identified as low as 12 kg. Later, unions and employers joined in and offered their commitment and a limited amount of financial support resulting in the first quarterly magazine and regional training courses on this subject area. They named the joint effort the ErgoCoach Project. The project focused mainly at the very practical level of nurses working in teams in the field of ergonomics. The word *ergocoach* was reserved for these nurses, although no formal indication of their level of qualification was defined other than “a field of attention on ergonomics.” Membership was free and resulted in the enrollment of 3,000 members. Two years later, the Dutch government accelerated the development of the project because of European directives that focused on guidance to protect workers from the occupational health risks associated with the manual handling of patients (1993). At that time, the safe limit for manual handling was set at the NIOSH limit of 23 kg (35lb).

#### Vision

The vision of the ErgoCoach Project is to offer safe physical working conditions for all healthcare workers and maximum mobilization of all patients in health care. The criteria for safe and unsafe working conditions are listed in the Guidelines for Practice, signed by all parties: unions, employers, nursing organizations, government, and inspectorate. They comprise not only dynamic loads such as patient handling, lifting, pushing, and pulling (eg, beds, carts, lifters, anti-embolism stockings), but also the static loads that occur during prolonged bending and stooping over a patient (eg, washing, dressing, wound care, surgery, neonatal care). The project's rather wide scope came about after research showed that static loads pose a major risk factor in health care and should be part of any injury prevention policy.

#### Membership

The ErgoCoach Project is a nonprofit organization currently funded by government money. All ergocoaches can become

a member for free. Currently there are over 19,000 registered members, which means 1 in every 35 nurses. Ergocoaches are nurses working as such but with an extra special field of attention on back pain prevention and ergonomics. They have received additional training to implement our national Guidelines for Practice (see ISO TR 12296 for an English version) and have an average of 1 hour a week dedicated to support their colleagues in this endeavor. The focus of the ErgoCoach Project is more on participation of nurses and less on membership of the more specialized professionals such as ergonomists or physical therapists. Although they are welcome to become a member, they make up about only 4% of the membership. This underlines that the members are by no means ergonomic “specialists” but rather “coaches,” which is a deliberate choice and a difference with other countries. Ergocoaches can rely on the content specialists such as physical therapists and ergonomists. A business case demonstrated that this is an efficient and cost-effective model.

Currently, members receive a free special magazine published 4 times a year. The focus of this magazine is very practical and includes example experiences from colleagues, new ideas, product reviews, and tips and tricks. The magazine is combined with a biweekly newsletter sent by email. The magazine and the newsletter are linked closely to the project websites. The development of e-learning modules is sometimes sponsored, but access is always free and the content noncommercial, neutral, and in line with the Guidelines for Practice. Most of the modules are accredited by the Dutch professional organization for nurses (V&VN).

There is also a lot of information available on paper, mostly free or at minimal cost. For example, members may receive a special pocketbook, the ErgoCoach Handbook with all the essential information a nurse ergocoach might need.

Once a year, we have ergocoach days, now called the Gezond & Zeker days. For a small fee (ie, 75 euros or 100 dollars) nurses can participate in 4 workshops of their choice out of an offering of 45 workshops in 2 days. Nearly 2,000 ergocoaches participate and there remains a waiting list. Commercial companies sponsor the conference in part and



exhibit their equipment. Apart from this annual conference, multiple regional offers are organized in close association with the regional healthcare facilities and nursing schools.

The Guidelines for Practice still form the basis of the whole approach. They are supported by all parties—unions, employers, nursing organizations, government, and inspectorate—and are updated regularly, depending on developments in research or new products.

Recent developments include the combining of another line parallel to the ergonomic line. “Aggression and violence” is the second line of the project and also a major occupational health risk for nurses. This also implied a change of name from purely *ergocoaches* toward *gezondzeker*, which refers to health of nurses in general and not only to ergonomic risk factors. Both major occupational risk factors for nurses seem to combine well so far. They appear to reinforce each other.

There appears to be limited interest in having a separate organization for trainers, physical therapists, and similar roles as in other countries. Attempts to establish other organizations have been unsuccessful, as there seems to be no added value on top of the already present professional certification for these professions. First, this is considered to be too much bureaucracy. Additionally, a separate organization devoted to ergonomics would hamper the integration of guidelines in day-to-day nursing practice. Indeed, it can now be seen that the ergonomic guidelines are integrated systematically in the guidelines for pressure ulcer prevention. Conversely, updates of the ergonomic guidelines existing in other nursing guidelines are taken more readily into account. The professional nursing organization sees this integration as a responsibility now, a major achievement in itself.

To offer this group of specialists a more informal opportunity to meet, a separate line of workshops and a meeting on the annual ergocoach days was created and includes recent research results, in-depth training, and an exchange of information. Clearly, there exists a platform, but it is far more informal than in some other countries.

## Achievements

Results of the ErgoCoach Project reported in recent monitoring<sup>1</sup> indicate positive developments regarding the degree of guideline implementation and reduction of back pain prevalence. However, there are also clear indications of an increase in exposure to physical load due to an increased workload for nurses, relatively more dependent patients, and an average increase in age of the nursing population. The results of this regular monitoring are used by social parties to tailor their policy.

## The Future

For the future, the mission is to reduce the dependency of healthcare facilities on ergocoaches. The reduction looks to not only cut costs but also achieve long-term compliance with the Guidelines for Practice. It seems that the newer generations of nurses are intrinsically motivated to use equipment, as they are not trained in the more traditional manual handling techniques.

The magazine, website, and national days will remain the basis of support for the future “lean and mean” ergocoaches.

From a minor bottom-up approach initiated by nurses and physical therapists, we now have a large and stable support structure for the nearly 20,000 ergocoaches. This will no doubt help to prepare for the challenges and pressures facing health care in the Netherlands.

**Websites:** [www.gezondzeker.nl](http://www.gezondzeker.nl), [www.ergocoaches.nl](http://www.ergocoaches.nl), [www.goedgebruik.nl](http://www.goedgebruik.nl), [www.free-learning.nl](http://www.free-learning.nl)

**Twitter:** @gezondzekerzorg

## References:

1. Knibbe JJ, NE Knibbe, Vijfde Monitoring Fysieke Belastings in Verpleeg- en Verzorgingshuizen, Thuiszorg en Kraamzorg 2015 (in Dutch). Fifth national monitor physical load in the CARE sector, (nursing homes, homes for the elderly, home care and mother and child care) 2015. A+OVVT: The Hague; 2015.