



By considering the history, evolution and spread of HFE, we hope to enhance translation into healthcare lessons from industries such as aviation, oil and gas, the nuclear sector, defence and rail transport, which make up the rich heritage of research and practice in HFE over the course of the last 50 or so years” Waterson and Catchpole (2016).

Introduction:

Calls to integrate human factors and ergonomics (HFE) within healthcare and patient safety have become increasingly frequent in the last few years.¹ Judging by the number of recent articles in BMJ Quality and Safety that focus on HFE,²⁻⁴ we seem to be a step closer to achieving this goal. Within the USA and UK, groups such as the Human Factors and Ergonomics Society (HFES), the Chartered Institute of Human Factors and Ergonomics (CIEHF) and the Clinical Human Factors Group (CHFG) are also making significant progress in working with clinicians, healthcare managers and patients. Developments such as the UK NHS Concordat on Human Factors and Healthcare⁵ and increasing interest from the US Food and Drug Administration (FDA) attest to this progress. These are welcome developments; however, there is still some way to go. This editorial aims not to undo these nascent HFE integration efforts within patient safety, but to build on previous articles describing some of the misconceptions and misunderstandings that sometimes surround HFE.^{6,7} Many of these are not unique to patient safety, and some have acted as a barrier impeding efforts to

integrate the discipline within other industries.⁷ There is a risk of repeating history and, in the worst case, revisiting past debates and discussions within HFE. By considering the history, evolution and spread of HFE, we hope to enhance translation into healthcare lessons from industries such as aviation, oil and gas, the nuclear sector, defence and rail transport, which make up the rich heritage of research and practice in HFE over the course of the last 50 or so years.

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Reference:

Waterson, P. and Catchpole, K. (2016) Human factors in healthcare: welcome progress, but still scratching the surface. *BMJ Quality & Safety*. 25, p.480-484.

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