Psychologists and Ergonomists Reports

Dr Ian Coyle, Safetysearch, Gold Coast

To the overall majority of people, Psychology is concerned with the study of behaviour abnormalities. Indeed, the most common observation I have heard over some twenty years of practice, when individuals became aware that I am a Psychologist, is "I hope you're not going to psychoanalyse me". Nothing could be further from the truth. Quite apart from the fact that Psychoanalysis is utterly discredited, the fact is that most Psychologists do not work in Clinical Psychology, and only a small proportion of Psychology is the study of behaviour. For example, Psychologists may well be concerned with the design of interactive software in educational situations, the design of warning signs (Miller et al, 1990), road traffic control signs (Whittaker & Sommer, 1986: Triggs, 1988), aircraft landing aids and the like so that optimum use is made of extant knowledge concerning cognitive processing, visual Physiology and perception.

Ergonomists may well be concerned with exactly the same tasks. What then is the distinction between Ergonomics and Psychology? The short answer is nothing to quite a lot. It may be helpful here to define Ergonomics. Ergonomics is concerned with the matching with physical capabilities as well as cognitive processes to the work and leisure environment without exceeding human capabilities. (Also see Australian Standard 1837, 1976; Grandjean, 1985). The matching of physical capabilities as well as cognitive processes to the work and leisure environment is, in the majority of cases, outside the realm of Psychology's discipline. There are some notable exceptions to this but as a general heuristic, it is a reasonable one. However, as in most areas of science, there is a blurring between the boundaries of various disciplines. For example, an Ergonomist may be involved in evaluating the propensity of a manual handling task to cause injury viz a viz biomechanical loading associated with a specific system of work. An industrial Psychologist may, on the other hand, be involved with advising on instructions and training methodology to maximise the prospects of adopting and following biomechanically acceptable methods of lifting. (For a general overview of some Psychological principles involved in altering "safe" or "unsafe" behaviour see Brown, 1978). Equally, Psychologists have developed comprehensive guidelines as to what is safe to lift. To the laymen, it seems bizarre that Psychologists are involved in this

arcane area of science. Surely this is the domain of Engineers. Well, no. It is however an area where Psychology and Ergonomics, not to mention Physiology, interact. Perhaps the best example in this area is the work of Snook (1978) and Snook and Ciriello (1991). The Snook Guidelines for Lifting Tasks have been adopted since 1983 by the National Health and Medical Research Council in Australia. They are based on a very old branch of Psychology called Psychophysics in which an individual's perceptions of effort are matched with Physiological parameters such as heart rate, oxygen uptake and the like to determine acceptable lifting limits. It may come as a surprise to learn that a branch of Psychology, in this case Psychophysics, is regarded by many Ergonomists as providing the single best criteria for what is acceptable to lift in Industry.

There are a number of other areas where Psychology and Ergonomics overlap to such a degree that it is often meaningless to draw a comparison between the two disciplines. For example, in the assessment of slipping cases it is necessary to consider the static and dynamic coefficient of friction between various types of footwear and flooring surfaces. This might seem to be a straightforward matter of Physics. To some extent it is. However, there are at least some 120 different methodologies for determining the static and dynamic coefficient of friction between various footwear and various flooring surfaces. A moment's reflection would lead to the sober conclusion that this is an area that is fraught with significant potential disagreement between experts of different persuasions using different test methodologies. There is however an obvious way out of this potential difficulty. That is to simply correlate individuals' perceptions of "slipperiness" (which may be fairly considered to be the inverse of the coefficient of friction) with the result of various test methodologies. Studies of this sort are fair game for both Psychologists and Ergonomists (for example, see Harris & Shaw, 1988).

What then should legal practitioners look for in a report prepared by Psychologists or Ergonomists where there is the question of a person's interaction with the work and leisure environment which has resulted in an accident? In brief, an appreciation of the relative strengths and weaknesses of both disciplines and a systematic attempt at integrating observations and conclusions from both a Psychological and Ergonomic perspective.

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Ian R. Coyle – B.A. (Hons), Ph.D., M.A.PsS., M.Erg. Soc.A., M.S.I.A. is Principal Consultant, Safetysearch Pty Ltd, Ph: (07) 5574 0766 fax: (07) 5574 0132.

Dismissal of Dormant Actions

Bill Madden, Blessington Judd, Sydney

An important amendment to NSW District Court Act 1973 - Rule has been gazetted and took effect on and from 6 December 1996.

The amendment, among other things, provides for an additional rule Part 12 Rule 4C relating to the dismissal of dormant actions commenced before January 1997, and significant changes have been made to Part 25 - Evidence Otherwise than at the Trial.

Copies of the Rule are available from Cheryle O'Loan at the Law Society of NSW, phone (02) 9926 0213.

APLA NSW Report

Catherine Henry, MacMahon Drake Balding, Sydney

In the prevailing politico-economic environment of economic rationalism, there are constant threats of erosion to the rights of workers and consumers. In NSW in 1996, we saw this in the area of workers compensation.

In 1997, the scope of the health professional's liability to the victim of his/her negligence is at risk of being substantially narrowed if the irrational scaremongering of the medical profession is accepted by the state Government. It is fortunate that the Review of Legal Liability of Medical Practitioners, which is currently under way in NSW, is operating within the context of a *fault-based* system (unlike its Federal counterpart - the Tito Review). Notwithstanding, it is crucial that the Government gets a strong message from APLA that the capping of future care and future economic loss claims is completely unacceptable. Details of APLA's response to this Review and the work of the Medical Negligence Special Interest Group in NSW is detailed elsewhere in this Update.

The battle to keep intact the common law regime is also exemplified by the proposal to transfer all personal injury actions from the Supreme to the District Court, again a move that is said to be justified on grounds of cost cutting within the portfolio of the Attorney-General's Department. APLA wrote to the Attorney prior to the Christmas break and will be lobbying the Government on the issue in conjunction with other groups who have an interest in seeing the Supreme Court continue to hear and determine major claims involving the seriously injured.

NSW looks likely to break away from the joint Commonwealth/State legal aid agreement. In this state, legal aid has been unavailable for civil proceedings since January 1993. Whilst we deplore the Federal Government's decision to slash more than \$120 million from legal aid spending over the next three years, the shakeup of legal aid funding will provide the legal profession with the opportunity to completely renegotiate the distribution of the legal aid dollar. This is particularly timely given the recent suspension of the NSW Law Foundation's disbursement funding scheme.

There is clearly a lot on the agenda politically for NSW this year. We begin the year with more than double the state membership of the same time last year and a number of new faces with significant