International Bulletin of Political Psychology

Volume 8 | Issue 19 Article 4

6-2-2000

Trends. Problems in Cultural Transplants: From Aviation to Medicine

IBPP Editor
bloomr@erau.edu

International Bulletin of Political Psychology

Title: Trends. Problems in Cultural Transplants: From Aviation to Medicine
Author: Editor
Volume: 8
Issue: 19
Date: 2000-06-02
Keywords: Aviation, Aviation Safety, Hospitals, Safety, VA, Veterans

The United States (US) Veterans Administration--a system of 172 hospitals for military veterans--is seeking to institute a safety reporting system analogous to that developed by the National Aeronautics and Space Administration for the Federal Aviation Administration. The basis of the system is that errors can be reported without fear of penalty--i.e., without fear of being sued or fired.

The system is to feature anonymous reporting including "close calls" that haven't hurt a patient but might hurt someone else in the future. Doctors or nurses accused of misbehavior or "close calls" will not be viewed as at fault. Anonymous reporters will be interviewed for other details, then identifying information will be stripped from a database so others in the medical bureaucracy will not know who reported what. Next, the various errors will be causally analyzed and preventive safeguards will be recommended and instituted.

Apparently, a pilot's confidentiality has never been compromised for the 24 years in which the aviation version of this system has been operating. The problem is that there may be at least one very significant difference between aviation and medical cultures--pace, to the bridge culture of aviation medicine. Compared to aviation cultures, medical cultures may involve a much higher frequency and amplitude of litigation or its threat. This difference in litigation and its threat may make the many operational vulnerabilities of the system--e.g., (1) what constitutes a "close call " given that there may not be a procedural violation nor a tangible consequence, (2) that the very act of accusation renders the accused as somehow stigmatized, (3) that anonymity can be maintained through reporting, interviewing, and database sanitization, and (4) the omnipresent machinations of any organization in which there are differences in power and power strivings among people--even more problematic. Added to this difference are the many unconscious, irrational, illogical, and instinct-ridden psychological dynamics that permeate bureaucracies and attack operational vulnerabilities--in the context of unconscious meanings that health providers and their patients ascribe to invasive medical techniques, disease, and death that will color perceptions of misbehavior or "close calls."

From a cold, cognitive, logical context, the aviation safety system sounds like a winner in the medical context. When human psychology is considered, however, defeat may be snatched from the jaws of victory. (See Clarke, S. (1999). Perceptions of organizational safety: Implications for the development of safety culture. Journal of Organizational Behavior, 20, 185-198; Green, A. (1998). The primordial mind and the work of the negative. International Journal of Psychoanalysis, 79, 649-665; Hofmann, D. A., & Morgeson, F. P. (1999). Safety-related behavior as a social exchange: The role of perceived organizational support and leader-member exchange. Journal of Applied Psychology, 84, 286-296; Mearns, K. J., & Flin, R. (1999). Assessing the state of organizational safety--Culture or climate? Current Psychology: Developmental, Learning, Personality, Social, 18, 5-17; V.A. plans no-penalty medical error reporting. (May 31, 2000). The New York Times, p. A21.) (Keywords: Aviation, Aviation Safety, Hospitals, Safety, VA, Veterans.)