FOCUS GROUPS IN HEALTH AND SAFETY RESEARCH ROGER HASLAM pdf

1: Contributing factors in construction accidents | Roger Haslam - www.enganchecubano.com

Methods: The Working Late research adopts a mixed method research approach of focus groups, interviews, surveys, interventions and the development of a design resource to enhance health and.

Advanced Search Abstract Background and objectives. The prevalence of depression and anxiety has increased in recent years, leading to extensive use of medication. Sampling from a range of occupational sectors, the research explored the impact of medication on working life. The research involved nine focus groups with sufferers of anxiety and depression to investigate the personal experiences of mental ill-health and the impact of psychotropic drugs. A further three focus groups were conducted with staff in human resources, personnel, occupational health, and health and safety departments, to explore the organizational perspectives on psychotropic medication in the workplace. Focus groups were held at Loughborough University and at workplace settings throughout the UK. Results were presented to an expert panel comprising practitioners and researchers in health care and occupational health to consider implications for practice. Physical symptoms associated with anxiety and depression included: Non-compliance was widespread due to side effects, lack of improvement in symptoms or because medication made patients feel worse. Patients did not feel well informed about their medication. People took less than the prescribed amount or stopped taking the medication. Concerns about dependency caused patients to cease medication prematurely. Patients felt ill informed about their medication and would have welcomed more information. Drawing on the results, the authors outline areas for improvement in the care of patients with anxiety and depression. Family Practice ; Introduction As the incidence of psychiatric illness increases, 1 the number of prescriptions for psychotropic medication has increased sharply. A paucity of knowledge exists concerning the effects of prescribed medication on working life. Psychotropic medicines impair performance on a range of laboratory measures, including attention, vigilance, memory, problem solving and motor coordination. However, it is unclear how these effects translate to performance in the workplace. People with depression or anxiety are likely to experience a range of symptoms that would impair performance at work. Anxiety is characterized by worry, restlessness, fatigue, poor concentration, irritability and sleep disturbance. Depression involves depressed mood, sleep disturbance, fatigue, poor concentration, thinking and decision making. Depression often co-exists with anxiety 7 and the symptoms may lead to impaired work performance. This research collected new and in-depth data on anxiety and depression and the use of psychotropic medication among working people. The aim was to improve understanding of how mental health problems and the treatment for these conditions impact on working life. Methods Focus groups were used to collect detailed information on the personal experiences of people with anxiety and depression. The research team used a wide range of recruitment techniques including: Research participants Twelve focus groups were conducted in total. Individuals sampled from a variety of work sectors: Participants in these courses came from a wide range of occupations three focus groups A further three focus groups were conducted with staff having responsibility for human resources, personnel, occupational health, and health and safety. These individuals were drawn from a wide range of occupational sectors. The aim of these groups was to examine organizational policy and practice relating to workers with anxiety and depression. The results from the 12 groups were presented to a panel of nine invited experts. The panel members comprised trades union representatives, practitioners and researchers in the disciplines of general practice, occupational medicine, health and safety, health, and clinical psychology and psychiatry. The results were presented for discussion and comment and to consider the implications of the findings for health policy and practice. Research instruments and analyses Two focus group interview schedules were developed, one for employees and the other for organizational representatives. The schedule for employees covered: The schedule with organizational representatives covered: Both schedules were piloted and refined in the light of pilot studies only slight changes to the wording of some questions were made. The recorded material was fully transcribed. The transcribed data were analysed by the

sorting of verbatim material into emergent themes using the method described by Knodel. The findings are summarized under themes along with illustrative quotes. Table 1 Anxiety management group participant details Group.

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2: Structure of Primary Research Articles

This overview paper draws together findings from previous focus group research and studies of individual construction accidents. Pursuing issues raised by the focus groups, the accident studies collected qualitative information on the.

Contributing factors in construction accidents. Applied Ergonomics, 36 4 , pp. Accepted for publication Publisher: For the full text of this licence, please go to: Pursuing issues raised by the focus groups, the accident studies collected qualitative information on the circumstances of each incident and the causal influences involved. Site based data collection entailed interviews with accident- involved personnel and their supervisor or manager, inspection of the accident location, and review of appropriate documentation. Relevant issues from the site investigations were then followed up with off-site stakeholders, including designers, manufacturers and suppliers. Levels of involvement of key factors in the accidents were: Employing an ergonomics systems approach, a model is proposed, indicating the manner in which originating managerial, design and cultural factors shape the circumstances found in the work place, giving rise to the acts and conditions which, in turn, lead to accidents. It is argued that attention to the originating influences will be necessary for sustained improvement in construction safety to be achieved. Introduction The poor safety performance of the construction industry continues to give international cause for concern. Although the record in Great Britain is reasonable by international standards, the industry still accounts for one third of all work fatalities, with a similar poor performance for injuries and ill health HSC, Other papers in this special issue of Applied Ergonomics eg Hoonakker et al, ; Chi et al, describe the situation in other countries, revealing a similar pattern. Thus, the published statistics are the tip of the iceberg. The safety problem described above has characterised the industry for decades suggesting that lessons 4 from the past have still to be learnt. Accidents in the construction industry represent a substantial ongoing cost to employers, workers and society. Appreciation of the causes of occupational accidents has benefited from research attention over many years Heinrich, Contemporary commentators point to the systemic nature of safety failures and wide reaching contributory factors Kletz, Reason highlighted the pathway from latent, organisational failures eg poor design or planning decisions , to the conditions where active failures workplace errors and violations can occur. Rasmussen presented a review of alternative conceptual approaches to modelling risk, safety and accidents. From this, Rasmussen argued the case for an approach that recognises the complexity of socio-technical work systems, focussing more on the mechanisms generating organisational and individual behaviour in actual, dynamic work contexts, rather than narrow attention to errors in tasks and acts. Modelling of the causal processes of accidents and injuries in the construction industry is less mature, with previous research largely confined to the collection, analysis and interpretation of data derived from regulatory accident reporting schemes eg Hinze and Russell, ; Hunting et al, ; Kisner and Fosbroke, ; and Snashall, This approach is limited by problems with data collection eg under reporting and the broad classifications used for coding. Looking at the data collected by construction companies themselves, previous work by Gyi et al found the 5 quality of the reporting processes to be poor, coupled with a failure to collate and undertake effective analysis of the data that are collected. HSE , used case study procedures to examine fatal accidents and identified causes such as failure to ensure safe systems of work, poor maintenance, use of defective materials, and poor supervision and training. However, the reports concentrated on fatal accidents and it is probable there are differences in the aetiology of non-fatal accidents Saloniemi and Oksanen, Whittington et al is one of the few other studies that has attempted to undertake in-depth analysis of accidents in the industry. Their findings identified a range of headquarter, site and individual factors in accidents examined, approximately in the ratio 1: Whittington et al acknowledged limitations of their work due to the relatively small number of accidents investigated 30 and incomplete information in the accident records. In a UMIST study, examining behaviour modification approaches to improving construction safety, Duff et al developed a safety audit checklist, used to monitor safety performance of construction sites. The UMIST model distinguishes between problems with operator

actions, site conditions and construction practices, and linkage of these with project, contractor and process management influences. In summary, while there is good understanding of the extent and pattern of accidents in the construction industry, there has only been limited investigation regarding the full range of contributory managerial, site and individual factors. With this background, the research presented here sought to describe the wide range of factors involved in construction accidents. Specific aims were to: The sections which follow present details of the research investigations and a summary of descriptive results from studies of individual accidents. A model of causal influences is then proposed summarising the research findings. This is followed by explanation and discussion of the model components, drawing upon information from the focus group and accident study research. Research Investigations The investigation used a combination of focus group reported in detail elsewhere by Hide et al, ; Loughborough University and UMIST, and accident study research. Seven focus groups a form of group interview involving several participants were held at the commencement of the project, with a wide range of stakeholders from the industry, to scope issues for subsequent attention. Each group was asked to consider where safety failure occurs and why accidents still happen in construction. The accident studies then examined the issues raised by the focus groups, through in-depth investigation of accidents, as soon as possible after each incident had occurred. Examination of off-site influences on the accidents was achieved through accident-specific investigation of paths of causality in individual accidents and accident-independent expert opinion on generic issues approaches, where accident-specific investigation was not feasible. Accident Study Sampling One hundred accidents were studied in detail. Access to accidents was obtained through organisations that had already agreed to participate in the research, via companies contacting the project team in response to project publicity, and through approaches to industry contacts known to the researchers. Sampling was on a pragmatic quota basis, with the aim of achieving a spread of accidents across the two high level dimensions of construction build and accident category. These two dimensions were identified as being of primary interest as construction design, processes, management and safety culture vary considerably between Engineering, Civil Engineering, Major Building and Residential construction sectors. Causal mechanisms in accidents differ according to accident type, with manual handling injuries having a different pattern of causation to being struck by a moving vehicle, for example. The sample size was insufficient to allow further stratification by other variables. Accident study procedures Site-based data collection entailed interviews with accident-involved personnel and their supervisor or manager, inspection of the accident site where this still existed , and review of relevant documentation, such as accident notification form, risk assessment and method statements1. A report of the site-based findings was then prepared and reviewed by an expert pairing of a construction and ergonomics human factors specialist from within the research team ie the authors of this paper. The expert pairing suggested areas for further follow-up examination. Where possible, issues identified by the expert pairing were pursued directly with the designers, manufacturers, suppliers and managers relevant to the incident. In many of the studies, however, this proved impossible due to difficulty identifying the appropriate individuals to contact and then securing their cooperation in assisting with the research. In these cases, the issues were discussed with other industry professionals, independent of the accident, but qualified by virtue of their expertise to comment on the circumstances. Method statements, setting out how a construction job or process is to be carried out, are not a legal requirement in Great Britain, but are considered to be good practice. Method statement and risk assessment documentation is often combined. Descriptive results from Accident Studies Table 1 presents the target and achieved sample across four categories of construction build- types, as covered by this study. Many of the main principal contractors operating in Great Britain were represented. Tables 1 and 2 demonstrate that the sample achieved a reasonable spread across the primary dimensions of interest. Deviation from the sampling targets was due to the heavy reliance on cooperation from the industrial collaborators needed to undertake the research and the access to accidents they were able to provide. Tables 1 and 2 about here There was wide variation in the nature of build and organisational details of participating sites, ranging from short contract work to major building projects, being undertaken over a number of years. Sites varied considerably

in size, accommodating between personnel and with build schedules varying between 1 week to more than 10 years. The remaining 4 projects were refurbishment. This information is relevant in terms of placing the study sample in context and demonstrating its representativeness. Each of the variables mentioned affect the nature of the construction workplace, the way in which it is managed and the risks present. Details of the individuals most directly involved in each accident are summarised in table 3. This was either the injured person or, in the case of non-injury incidents, the most immediate witness. Table 3 about here Due to the need to avoid incidents subject to HSE investigation, most of the accidents did not have serious injury outcomes. However, following an analysis of the possible consequences of each accident by the research team Loughborough University and UMIST, , more than a third were judged to have had the potential to result in a fatality, while more than two thirds could have led to a serious injury eg fracture, amputation, penetrating eye injury , figure 1. On this basis, it is argued it is reasonable to generalise the findings of causation from this sample to more serious accidents. It should be borne in mind when interpreting the results of this analysis that it is easier to be confident concerning the involvement of more immediate factors, eg worker actions or site hazards, than less tangible influences, such as safety culture. Table 5 about here 3. Hierarchy of causal influences Drawing together the findings from the focus groups and accident studies, a model is proposed, suggesting a hierarchy of causal influences in construction accidents, Figure 2. The approach taken with the model reflects of the views of those such as Kletz and Svedung and Rasmussen , who have highlighted the inadequacy of deterministic, 12 causal accident models when dealing with highly adaptive socio-technical systems, such as found in construction. The double arrows at the centre of Figure 2 represent multiple two-way interactions. For example, the actions, behaviour, capabilities and communication of the work team are affected by or shaped by their attitudes, motivations, knowledge, skills, supervision, health and fatigue. The workplace is affected by site constraints, work scheduling and housekeeping. Vignettes 1 and 2 illustrate the possible involvement of influences in the model in example accidents from the research. The following sections discuss the elements of the model in further detail. Figure 2 about here Vignettes 1 to 2 about here 13 4. Explanation and Discussion of Model Components 4. Immediate Accident Circumstances and Shaping Factors The causal analysis presented in table 5 demonstrates that, not surprisingly, the actions of individuals and site hazards featured in many of the accidents examined. In these cases, deficiencies with material or equipment design, or their actual condition at the time of the accident, contributed to the failure. In many situations, the safety of those needing to handle the materials or use the equipment appeared to have been given little consideration by those responsible for their design, supply or purchase. The explanations from the accident study interviews and focus groups for construction workers engaging in unsafe acts were three-fold: A distinction should be made between education and training. Education imparts high level knowledge and skills, transferable to different situations. Training is more context specific, dealing with procedures or rules for undertaking particular tasks or activities. Effective education equips individuals with the ability to analyse a situation and respond accordingly. Training, however, provides more directive instruction as to how an act should be performed. A combination of both education and training is desirable. With regard to the training provided at present, the accident studies suggested the effectiveness of this is questionable when it comes to health and safety. Site inductions and tool box talks are examples of situations where this occurs. Little health and safety education appeared to have been provided for those at supervisory, managerial or professional levels, let alone for site operatives. Previous research has identified the important influence front line supervisors have on safety. It has long been argued that the supervisor, or front-line manager, is a key individual in accident prevention, having daily contact with staff and the opportunity to control the unsafe conditions and acts leading to accidents Heinrich et al, ; Chew, ; Simard and Marchand The literature suggests that the important aspects of supervisory behaviour in this respect include: Information from the accident studies suggests that front line supervisors in construction typically undertake very limited safety-related activity. There were few instances of supervisors or operatives under their direction being able to describe examples of supervisory safety activity.

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3: Causal factors in construction accidents - CORE

Anxiety and depression in the workplace: effects on the individual and organisation (a focus group investigation) C Haslam, S Atkinson, SS Brown, RA Haslam Journal of affective disorders 88 (2), ,

A and Gibb A G F, Accidents and fatal accidents â€" some paradoxes. Analysis of construction accidents: Analysis of fatalities recorded by OSHA. Construction Design and Management Regulations Development and validation of a theory of construction accident causation. Effective occupational safety activities: Health and safety performance in the construction industry â€" progress since the February Identification and management of risk in undergraduate construction courses. Identifying the root causes of construction accidents - discussion. Improving health and safety in construction - Phase 1: Improving safety by the modification of behaviour. A safety management approach McGraw-Hill: Injury hazards in the construction industry. One hundred fatal accidents in construction HMSO: Reducing error and influencing behaviour, Revitalising health and safety in construction HSE Books: Safety and health in the construction industry. Strategic Forum for Construction, Surveillance of construction worker injuries through an urban emergency department. The behaviour of first-line supervisors in accident prevention and effectiveness in occupational safety. The focus group kit. The quality of accident and health data in the construction industry:

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Methods: The research involved nine focus groups with sufferers of anxiety and depression to investigate experiences of mental health problems and the impact of psychotropic drugs. Journal Name: Occupational and environmental medicine.

The advent of off-site production OSP has introduced a new challenge for the management of health and safety. This paper is one of a series of papers on health and safety driven research. It will present the theoretical foundation of the development of an accident causation model based on an extension of an existing generic health and safety model created for traditional construction. The Model identifies the correlation between the three primary shaping factors and the type of issues that dominate accident causality in OSP. This paper explains what further measures OSP manufacturers still need to take. A similar situation exists for non-fatal accidents. A number of high profile initiatives have been carried out that address the industries poor health and safety record. The industry continues to survive with a poor record of health and safety performance, inadequate training, and irresponsible contractors who minimize their risk by transferring it back to the employees. Many contractors are embracing the drive toward OSP, which is the manufacture of construction elements, components, modules and complete buildings in a factory environment. The authors propose that the challenge for the management of health and safety in OSP will not succeed unless an environment and culture change toward that of manufacturing takes place. Greenwood, D J Ed. Association of Researchers in Construction Management, Vol. The two questions relate to how do accidents happen and why do accidents happen. Groeneweg realized the complexity of the accident causation process and used the analogy of a marble resting on a rough plateau, with the underlying mechanism causing its movement to be unpredictable. Any attempt at modelling accident causation needs then to fully understand both the why and the how questions, only then can appropriate actions for accident and ill-health prevention be achieved. Heinrich attempted to model accident causation across all industries and developed a number of domino theories. The social and environmental factors, which precede and influence an individual and which may cause human behaviour deficiencies in that individual, may lead to an unsafe act and ultimately an accident and injury. Other attempts at modelling the accident causation process have included the development of a fishbone model after Nishishima , where the related factors of human behaviour, equipment, work practice, and management contribute to generate unsafe conditions. The tripod model, after Reason models the interconnection of accidents, unsafe acts and resident pathogens. Resident pathogens are dormant or concealed failures in technical systems that when combined with a situation or triggering factor such as human error or an equipment fault may give rise to an accident. A sociotechnical pyramid model of accident causation, presented by Bellamy and Geyer consists of five causal factors; engineering reliability, operator reliability, communication and feedback control, organization and management and psychological climate. These can contribute to induce unsafe acts and conditions on the production site. Their simplified accident causation process involved a four step sequence of failure initiation cited as, individual failure, site management failure, project management failure and policy failure. These models are theoretical in nature as opposed to dealing with practical investigation. The model designates two general types of causal factors namely proximal and distal. The proximal factors are those that lead directly to accident causation, for example the use of tools in a manner that is dangerous or causes the production of dust and air pollutants. Distal factors, on the other hand, are those which if no appropriate action is taken by project decision makers may lead to the creation of proximal factors in construction activity and hence to the increased risk of an accident. An example of a distal factor may be the inadequate training and supervision in the use of power tools. The basic premise on which the model is developed stems from the assumption that all participants in the construction activity operate with a number of constraints placed on them. These constraints arise from the project itself or are produced by the behaviour of other project participants. The response to these constraints can generate inappropriate conditions which may give rise to the increased risk of an accident. The model is structured as a pattern of accident

causation that describes the sequential and parallel paths of constraints and responses that are experienced and initiated by all participants within the construction project Suraji et al. The pattern of accident causation is described as three interrelated sections, the first of these is the accident process: The second section of the model deals with the immediate accident event area, the proximal factors. The third section of the model focuses on the distal factors, these are the constraints and responses upstream of the immediate event area that create the situations in which proximal factors are generated. The distal factors and their relationships are developed to show the effect of the client, design team, and the project management team, as well as acknowledging the influence of subcontractors in the construction management process. The complexity of the model results from the fact that it attempts to take account of all the working relationships between construction participants. The model indicates that by classifying causes of accidents into proximal and distal factors, accident causation can be provoked by actions of clients, designers, and contractors as well as operatives. This approach relates to examining the ergonomics of the operatives task, workplace and use of materials and equipment. The work developed a hierarchy of influences to aid understanding and learning opportunities from construction accidents. The immediate accident circumstances are affected by the shaping factors that are in turn affected by originating influences. Immediate accident circumstances include workplace, work team, materials and equipment aspects. Examples of shaping factors include for workplace: An example of an originating influence is economic climate. The model shown in Figure 1 summarizes the influences identified by the research that operate to cause construction accidents. The research reported here is the first stage of an attempt to gain detailed knowledge to provide effective reduction in those causal factors that are most influential in terms of health, safety and accident causation. A model is required to show the ways in which the behaviour of all participants and their environment could lead to accidents and factors that may lead to ill-health. The first stage in the development of the model was to identify those traditional insitu construction process environments that have an OSP alternative. Process comparison between insitu and OSP The typical working breakdown of a construction project called the process environment, ranging for example from site investigation, excavation to structural Accident causal model works was used as the basis to compare insitu activities and hazards to the equivalent OSP alternative. Table 1 presents an excerpt from the complete classification across engineering construction, civil engineering and building sectors. The table indicates that in some instances no OSP option exists or there may be several alternative OSP options for one process environment, for example insitu rotary piles verses pre-cast driven or Vibrated piles. The second stage was to prepare activity lists and associated hazards for all process environments and compare and contrast the hazards with the insitu option to the OSP alternative. An example of an excerpt from the process environment substructure under the category foundations compares rotary bored insitu augured piles to pre-cast driven piles is shown in table 2. It is worth noting that in OSP the risk change is not always toward that of mitigation, very often new hazards arise or the same hazard exists but with a more serious consequence. For example the movement of precast piles to the driving location involves the craneage of large loads with a subsequent more serious hazard. The activities, hazards and risk change code in table 2 have so far been partially validated by focus group discussion with industry. To assist in the management and processing of the data a coding sequence was devised figure 2. This enabled the identification of the pattern of accident and ill-health causation. Thus a hazard identified as occurring within the work team section of the model associated with inadequate operative actions would be coded as 2. This process was continued and the results plotted in matrix form as shown in Table 3. Extract of Generic Health and Safety Model The numbering sequence chosen was purely arbitrary and assisted in the identification of areas of influence within the research and any additional influences not covered. Table 3 Excerpt from data matrix 2 2. The basic generic model needs to be adapted to take account of one of the predominant causes of accidents being that of inappropriate off-site operation. Thus the model will require additional shaping factor categories. An example of some of the additions to the work team section is shown in Figure 3. This includes manufacturing concepts such as the use of safety team leaders and health monitoring systems Fawcett and Wood, The site factor section in the OSP sphere is much reduced,

but still needs inclusion in that during installation of OSP components the site conditions can influence accident and health causation. The layout and space categories are much better controlled in OSP, as are lighting and noise. In installation, local hazards and weather conditions remain important factors. The shaping factors of site constraints and work scheduling have a greater influence on causation due to the fact that they are often out with the control of the installation team. The need for OSP representatives to be on-site during installation is key to reducing adverse affects during the installation of OSP components. The inclusion of ergonomic design both in the installation and materials and equipment factors reflects the need for a manufacturing approach to production process design Fawcett and Wood, Figure 4, illustrates an extract from the full model and summarizes some of the influences identified by this research. The originating influences, which include client requirements and project design consultants have greater potential to influence people in lower positions due to their wider influence on the process. These distal factors show the relative influence of the OSP design and manufacturing processes, in particular the importance of production risk management. Production risk management relates to the effort at all levels to actively identify and control risks as documented in the method statement. This will in turn influence the manufacturing processes concerning the manner in which the OSP component should proceed in the factory. These contribute to the safety culture in the firm and the ability of management to foresee and prevent the opportunity for proximal factors to develop. This is enabled in part by the education McKay, Gibb, Haslam and Pendlebury and training in the safety and health implications of OSP among factory based personnel and construction professionals. A critical in-depth analysis of all factors that will enable OSP manufacturers to embrace the challenges and benefits of OSP will follow this preliminary evaluation. When complete the advice will be used to support recommendations to industry. The causes of accidents can be classed as both proximal and distal, similar to the type of classification used for traditional construction. The distal factors tend to be more important in the OSP sphere, this is due to the fact that greater control can be exercised in the OSP environment but requires manufacturing project management and OSP design control in order to minimize precipitating operative unsafe actions. The final model may be used as a potentially useful basis to construct accident investigation methods and safety audit tools. Currently the model will be implemented as a management tool through the development of a CD, which will be disseminated to the OSP industry. The successful parties in the current OSP industry for construction require to change in order to become successful in the manufacturing environment. The successful parties may attempt to maintain the current OSP practices which are incompatible with those used in the manufacturing sector for years. The authors recommend that other researchers perform research with OSP in construction to verify the validity of manufacturing concepts. Health and Safety Executive Book. Bird, F Management guide to loss control. International Safety Academy, Houston. DETR Rethinking construction: Groeneweg, J Controlling the controllable: The Management of Safety. Leiden University, The Netherlands: Hammer, W Handbook of systems and product safety. HSG 48, Sudbury Suffolk: Nishishima, S Textbook for the group training course in industrial safety and health. Japan International Cooperation Agency.

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5: Research Publications

Get this from a library! Focus groups: supporting effective product development. [Joseph D Langford; Deana McDonagh;] -- The focus group is widely used to as a tool for increasing the understanding of users and their requirements, and identifying potential solutions for these requirements.

In , Contemporary Ergonomics and Human Factors , pp. In 7th international conference of Workingonsafety. Drake, C, Haslam, RA, Haslam, C What age management strategies are employers using regarding the health and safety of their older workers?. Strategies to enhance productive and healthy environments for the older workforce. Lessons from and for public engagement. In , Contemporary Ergonomics In , Contemporary Ergonomics , pp. A systematic review of the literature. How can Ergonomics help? Contmeporary Ergonomics , Cambridge UK, pp. Contemporary Ergonomics , Cambridge UK, pp. Lessons from highway kerbs. Usability Evaluation of Hip Protectors. Reducing the Risk of MSDs. Finding a format for change. Contemporary Ergonomics , London, pp. In Engineering Construction Conference, London, pp. Bentley, TA and Haslam, RA Identification of risk factors and countermeasures for slip, trip and fall accidents during the delivery of mail. Results of Manager and User Surveys. Causal Factors in Construction Industry Accidents. Ergonomics and User Interfaces, Munich, Germany, pp. Applications and Case Studies, Orlando, Florida, pp. Strategies to enhance productive and healthy environments for an older workforce. In The New Dynamics of Ageing, pp. Williams, C and Haslam, R Ergonomics advisors â€" a homogeneous group?. Haslam, RA The occupational well-being of train drivers â€" an overview. In Hecker, Gambatese, Weinstein, ed , , pp. Haslam, RA Applied Ergonomics. Investigation of current practices and guidelines.

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6: Loughborough University Research Publications

"While most texts in product development cater to marketing, political and social science research, this book describes the way focus groups can be applied particularly to ergonomics (human factors) and design-related projects.

The problem During the last few decades, mental disorders such anxiety and depressions have increased sharply. Thus, the intake of medication prescribed to treat such disorders has also increased. However, it has been noted that patients have difficulties complying with the consistent intake of medication and often do not follow up treatment as directed. This study conducted a qualitative research to find what the effects of antidepressant drugs are, the experience of the patients who have taken them, and the implications in the workplace. Through semi-structured interviews, the researchers explored personal experiences of mental-ill health and the impact of psychotropic drugs. In the same way, another three focus groups were interviewed, which belonged to staff in human resources, personnel, occupational health, and health and safety departments. These participants provided organizational perspectives on psychotropic medication in the workplace. Lastly, the results were presented to an expert panel, integrated by practitioners and researchers in health care and occupational health, to evaluate the impacts and implications for practice. This study is a combination of qualitative and quantitative approach, in which the researchers gathered information qualitatively, then organized it and analyzed it quantitatively; as it will be explained further in the next section. Tables The next two tables show the specific criteria in which the focus groups were sampled. Data Analysis The interviews lasted approximately 90 minutes each and were recorded on tape. The tapes were fully transcribed in quantifiable data by the sorting of verbatim material into new themes using the method described by Knodel Haslam et. The reliability of the analysis was ensured throughout careful review of the data by three members of the research team. Results According to the results gathered, most patients are unaware of the side effects of psychotropic medications, which is detrimental for the treatment because it prevents patients for continuing medication intake. In the same way, many patients mentioned the lack of interest, time and important information provided by their GP General Practitioner. These factors greatly affected overall performance in daily activity, including work. As revealed by the research conducted the side effects of medication equals the symptoms of the mental disorders, dizziness, headaches, difficulty to concentrate and nausea. Those side effects and the lack of information about them, prevents patients form continuing with treatment and immensely affect their capability to perform efficiently in the work environment Haslam et. Conclusion It is important to provide patients with sufficient, accurate and detailed information about the first stages of medication intake. Patients must know that the side effects are strong and almost equal to the symptoms experienced under the mental disorders themselves. Taking these measurements will encourage patients to continue with treatment and prevent relapse; and thus, helping them to perform efficiently in daily activities and work environments. Drug leaflets cannot be a mere disclaimer for the drugs companies as it was perceived by many interviewees , but they must offered accurate and detailed information in which patients can fully rely. Limitations It is important to note that the research relied on volunteers and it is logical to assume that patients who had experienced difficulties with medication may be more likely to participate in this study than those who had a successful experience. Importance of the Study This study reveals the flaws of treatment for mental disorders and the lack of knowledge and proper procedure when prescribing drugs. The findings of this research foster progress in this area of study, which in turns benefits the society as a whole by improving the health system. Reference List Haslam, C. Family practice 21 2 Publicado por.

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The death of reality Brentano, C. The story of Honest Casper and Fair Annie. Building a future on the past. Washingtons Spies Intonation of colloquial English Prevention of Fraud in Practice Before Patent Office The Divine Trinity Smart Videoconferencing Emergency navigation Roland tr-09 manual Miracles of Our Saviour, expounded and illustrated The Jesus we knew From Myth to Reason? Giddy Fortunes furious fickle wheel . Political authority and obligation in Aristotle 100 Trains 100 Years Role of export marketing in developing countries Real book of shadows Pedagogy of Dreaming the Possible. Autumn Leaves (Preparing for Winter) List of officers and members of the New York Society No. 14. Much ado about nothing. 1600. Albany chronicles Jack and Jill went up the hill Oxford c.1571 : Rumors Sisterhoods and deaconesses at home and abroad The day the bomb fell on America The apology full text The delights of the muses. What to know about Hajj and Omrah Solving problems through prayer Badger Brain Twisters Antidotes: FactCheck Editor windows rotate Batman 1989 script The Polo Encyclopedia Farewell to cricket Showdown at Dry Gulch Protestantism, secularization, and the welfare state Student weekly progress report template