



# DIRECTOR'S CORNER



A recent article published in **Science** quoted a Nobel Prize-winning member of the board investigating the space shuttle Columbia disaster, "He fears NASA may be doomed to suffer more tragedies unless it changes the culture that has led to flawed decision-making." According to Dr. Douglas Osheroff, the "same faulty reasoning" that led to the 1986 Challenger incident also led to the Columbia disaster.

Perhaps we should pay more attention to safety culture. One school of thought is that safety culture even though a very important issue is not a specific problem of process safety. However, it seems there is a special set of problems that go along with extreme events and the associated risks. Before the event there is great confidence that such a thing could never happen. Afterward there is denial and no cultural change occurs. This may be true of NASA and some process companies as well.

What are the attributes of a good safety culture? How do organizations accomplish a good safety culture and maintain it over the life of the organization? How can the safety culture survive through changing leaderships, turnovers, budget pressures, early retirements and other changes? How can we get organizations that do not have a good safety culture make the necessary changes to move towards a good safety culture? These are questions that should be answered.

During one incident I had investigated everyone involved felt that they had done everything they were supposed to do and the incident was just something that was beyond anyone's control. In fact, a few people in the organization even claimed that if the same set of circumstances were to happen again, the same incident would happen again, possibly with the same consequences. Now, that is a safety culture that needs major overhaul.

While a good safety culture varies according to the mission and activities of the organization, it is my opinion that one of the attributes of a good safety culture that is a "must" is "learning from incidents." I think there is no excuse when "lessons learned" from incidents are ignored or not implemented, particularly "lessons learned" from incidents that have occurred in one's own organization or incidents that are widely publicized.

There are a number of other attributes of a good safety culture. In the Director's Corner of the Spring 2003 issue of *Centerline*, I had commented on some of those attributes. What might be useful is to have a public dialogue to move towards a consensus of what represents a "good safety culture" and more importantly what mechanisms might be useful in encouraging organizations to establish a "good safety culture."

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