Macroergonomics

A few months ago, at our weekly 7:30 AM Thursday morning section-chief meeting, one of my fellow chiefs began complaining about how uncomfortable his workstation was and how he didn't think he'd be able to continue working there, citing health concerns. Not quite yet awake and sans coffee, I nonetheless alertly recognized the levity of the situation and had a nice chuckle. He was serious. I laughed some more. A lengthy discussion on the ergonomics in the workplace ensued for which I listened with mouth agape. I quickly realized that I was in the minority on this topic. Finally, when I couldn't take the whining anymore, I asked our vice chairman if I could put a hammock in the interventional radiology section so I could take naps in between patients. No dice. The discussion continued.

I began to daydream, thinking that this must be what a Yankee team meeting is like after an interleague game. The complaints reminded me of new Yankee baby boss Hank Steinbrenner bemoaning interleague play when one of his pitchers, Chien-Mien Wan injured himself batting in Houston. Actually, he was injured *running*. (In major league baseball, American League teams use the designated hitter rule and pitchers don't hit. In the National League, pitchers bat. In interleague play, teams follow the rules of the home team so American League pitchers bat when they play in a National League park. If you follow baseball, you undoubtedly know this. If not, I'm sure I've confused you beyond clarification.)

Am I [mad] about it? Yes," Steinbrenner steamed. "I've got my pitchers running the bases, and one of them gets hurt. He's going to be out. I don't like that, and it's about time they address it. That was a rule from the 1800s.

A rule from the 1800s? As opposed to the other rules of baseball which were invented when? In the 1980s? Mike Mussina, one of the other Yankee pitchers, backed up his boss, "We don't hit, we don't run the bases. We run in straight lines most of the time. Turning

corners, you just don't do that." Lessons learned: professional athletes should not be required to turn corners and all radiologists need recliners.

Fast forward to a recent *JACR* article on the subject, "repetitive stress symptoms" defined as stiffness, soreness or pain in the extremities, back, or neck. In this study, nearly three out of five diagnostic radiologists reported having repetitive stress symptoms. (I have these symptoms also—although I suspect mine are not occupationally related and more likely attributable to hobbies such as hanging drywall, framing a wall, tiling a floor, or running electrical conduit in my house.) Improvements were reported in 70% of respondents who received "ergonomic chairs," 80% who received "ergonomic workstations," and in 80% who underwent "ergonomic training." Apparently, they didn't have enough money to get everyone ergonomic chairs and workstations—in the current economy, I'm told we are lucky to have chairs at all in my department. And, I have no idea what *ergonomic training* is, but I do know that I'd like to be signed up for the class. Interestingly, two out of five radiologists did not report stress symptoms. I guess these are the radiologic equivalents of the dentists who don't recommend sugarless gum for their patients who chew gum. I doubt the Discovery Channel will be devoting an episode of "World's Toughest Jobs" to radiology (am I the only one who watches these shows at 2 AM?). I can hear the introduction, "In this episode of Dangerous Jobs, we'll go to the University of Chicago Medical Center where brave radiologists sit in front of a PACS workstation all day long (cue the music) in *uncomfortable chairs!*" We will fit right in with the avalanche control officers and cobra venom extractor guys.

Wonder why I feel this way? I guess it is the result of the non-politically correct environment of my childhood when it was OK for father/uncle/teacher/coach to say things like, "Funaki, stop crying or I'll come over there and give you something to cry about." Any extremity injury that did not require amputation was treated with oxygen and ambulation. Everyone was instructed to "give him some air" (as if your teammates

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Update on Dialysis Intervention; Guest Editors, Sidney Regalado, M.D., and Steven M. Zangan, M.D.

Semin Intervent Radiol 2009;26:87–88. Copyright © 2009 by Thieme Medical Publishers, Inc., 333 Seventh Avenue, New York, NY 10001, USA. Tel: +1(212) 584-4662. DOI 10.1055/s-0029-1222450. ISSN 0739-9529.

gathered around you would suck all the air out of the atmosphere making it impossible for you to breath) and you were then told to “walk it off.” Youth sports aren’t like that anymore. Now during baseball games, parents clap when their kids strike out. “Nice swing!” they yell without the slightest hint of sarcasm. *Everyone* is a winner. (Incidentally, this insidious concept can be traced to the popularity of youth soccer, a sport so backward that you could play as well or better without arms. The official rules of youth soccer note that “goals are not recorded to determine who wins as *everyone is a winner*.” I have a good friend, Rick, who is a serious soccer player. I often remind him that he is a loser because he apparently didn’t hear it enough growing up.)

Rather than ergonomic chairs, I think we should have more vacation time for faculty—although in my case, working is invariably less stressful than vacation. I spent my last vacation in Utica (which has more similarities to Attica than name alone). We had our 9th annual family reunion (or “Funaki Festival” as my 4-year-old daughter calls it) at a waterpark resort near Starved Rock State Park. My three siblings have kids similar in age to my own and we try to get together every year with my parents near one of our homes. My mom makes ridiculous T-shirts with our names on them, our kids show the same bad judgment and lack of restraint we did at their ages, and good times are had by most. I spent much of my time during this fest trying to keep the little ones from drowning or chasing older kids down

waterslides. Actually, more the former. On the first day, I climbed up the stairs to the top of the largest waterslide following my oldest child who was oblivious to the danger. The sign above the entrance read, “WARNING. Lights, turns and special effects on this slide may cause epileptic seizures.” This was enough for me to start backing down the steps. Unfortunately, when I turned around, I found three of my nephews staring me down. Ultimately, I was shamed by a bunch of 8 year olds to go spinning through the torture tube. No seizure, thank God. No relaxation either. I’ll take the uncomfortable chairs.

Interventional Radiologists spend days wearing 20 lbs. of lead squinting at fluoroscopy screens and at times contorting ourselves to accomplish a variety of tasks that benefit patients. Although I have attended a few lectures devoted to safety in the IR suite at SIR meetings, this is an often ignored subject. In a broad sense, maybe IRs tend not to gripe as often as our diagnostic brethren (although we likely rant and rave more). Perhaps we *should* complain more. We may get new chairs. Then again, I still like my original idea—but I now realize that I need an *ergonomically* designed hammock.

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