Research Article

Coding ATC Incident Data Using HFACS: Intercoder Consensus

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Reliability studies for coding contributing factors of incident reports in high hazard industries are rarely conducted and reported. Although the Human Factors Analysis and Classification System (HFACS) appears to have a larger number of such studies completed than most other systems doubt exists as the accuracy and comparability of results between studies due to aspects of methodology and reporting. This paper reports on a trial conducted on HFACS to determine its reliability in the context of military air traffic control (ATC). Two groups participated in the trial: one group comprised of specialists in the field of human factors, and the other group comprised air traffic controllers. All participants were given standardized training via a self-paced workbook and then read 14 incident reports and coded the associated findings. The results show similarly low consensus for both groups of participants. Several reasons for the results are proposed associated with the HFACS model, the context within which incident reporting occurs in real organizations and the conduct of the studies.

1. Introduction

There are numerous techniques available for the classification of incident and accident contributing factors into codes that are fundamental to trend analyses and the mitigation of human error (e.g., TRACEr, [1]; SECAS, [2]; HFACS, [3]). Many of these techniques are in the form of taxonomies, containing separate categories and codes from which coders select and then apply to incident contributing factors. However, few taxonomies have been subject to independent reliability studies to provide evidence that the classification system can provide consistent coding over time and consensus amongst different coders. Such evidence is important because contributions to trend analysis are made via incident reports investigated by different safety investigators or analysts, often from different departments within the one organisation. The accuracy of the resultant analyses, which are key to the development of accident prevention measures, is therefore dependent on the ability of those contributors to achieve consensus on their classification decisions across all contributing factors highlighted in the reports [4].

Ross et al. [5] drew attention to the fact that reliability studies of taxonomies can be overlooked, use inappropriate methods, and be reported ambiguously. These faults are indeed prevalent in the relatively few reliability studies conducted on incident classification systems. For example, there is often inadequate reporting of the methodology in cited reliability studies and the studies frequently lack the scrutiny of independent peer review, instead being unpublished university reports and dissertations. Furthermore, many reliability studies lack independence from the developers’ influence, casting doubt on whether the system being tested can produce similar results when the developers are not part of the study methodology (e.g., instruction in the technique, analysis of results, oversight of discussion groups) or analysis of the results. For example, publications of studies into the use of HFACS in medicine [6] and ATC [7, 8] include at least one of the developers as coauthors, though the extent of their involvement in the research is not detailed.
The use of sometimes inappropriate and inconsistent methodology in the conduct and analysis of reliability studies also raises questions about the accuracy and comparability of published data. In the first instance, it is important that studies are conducted as much as is possible using representative real-world scenarios. For example, Wiegmann and Shappell [3] state that HFACS is designed for use by practitioners in the field of aviation safety (pages xii-xiii), and, as pilots have been used in a number of their papers for classifying reports for trend analyses (including [9–11]), presumably pilots and other line workers are encompassed within their definition of “practitioner.” However, no published reliability studies could be sourced using pilots, the majority of their reliability studies having been conducted using graduate students or one or more specialists in human factors or aviation psychology. Considering the employment of behavioral, cognitive, and information processing models as the basis of many classification systems, it is possible that the use of HF specialists rather than pilot practitioners may skew the results of reliability trials. It is likely that these concepts are better understood by HF specialists than by pilots, line controllers, and maintainers although there appears to be no evidence to verify this suggestion.

In the second instance, analysis using frequency as a test of consensus (i.e., where the percentage of people that agreed on codes rather than the percentage of agreement between people choosing codes is used) has been criticised as an inappropriate method of analysis for reliability studies of taxonomies [2, 12]. Similarly, correcting for “chance” agreement, as in Cohen’s [13], Kappa statistic has also been argued as flawed [4, 14–16]. The Kappa statistic was developed based on the argument that coders who are coding randomly will agree by chance some of the time and that this should be deducted from the agreement that is not achieved by chance. However, in incident classification systems where taxonomic coding is done decisively, coders do not start from an independent position and randomly assign codes but rather an informed point of view which they use to make their coding decisions, and therefore agreements are not chance events but rather the aim of what the coders are trying to do [4]. Refer to Stanton and Steverage [17] and Wallén-Warner and Sandin [18], for examples of using frequencies as a test of consensus. Wiegmann and Shappell [3]; Shappell and Wiegmann [19]; and Li and Harris [20] provide examples of correcting for chance in reliability studies.

A final point of confusion occurs when consistency is confused with consensus and the term reliability begins to be used interchangeably between the two. Classically, reliability referred to the consistency with which coders chose the same codes for a data set [21]. However, this definition is flawed when used in taxonomic coding as it is necessary to differentiate between the choices for each code and not the set as a whole. Therefore, reliability should properly refer to the ability of coders to agree on the code applied to individual factors or events [21] and not just apply on average the same range or number of codes across the entire data set. For example, if individual coders applied a selected code 4 out of 10 times across the data set, this alone would not constitute a reliable result unless they had applied those 4 codes to the exact same 4 events out of the total of 10 events.

Martin and Bateson [22] and Ross et al. [5] state that the correct method for calculating intercoder consensus is to calculate the index of concordance by applying the formula A/(A + D), where A is the total number of agreements and D is the total number of disagreements.

This method has several benefits:

1. it avoids the above criticisms by not correcting for “chance” agreement;
2. the agreement for each code is considered individually rather than agreement on the set of codes;
3. it is not sensitive to prevalence (methods subject to prevalence, like kappa, vary with the distribution of cases to be coded and therefore are rarely able to be compared across different studies);
4. disagreement is limited to the instance where one coder chooses a code and another does not (rather than when a code is not chosen at all).

This paper reports a study into the reliability of an incident classification technique—the Human Factors Analysis and Classification System (HFACS)—which is widely used but has been questioned in terms of reliability [23, 24]. The next section outlines HFACS and then briefly summarizes the previous reliability studies conducted on the technique.

2. The Human Factors Analysis and Classification System (HFACS)

The Human Factors Analysis and Classification System (HFACS) is a taxonomic incident coding system developed for the US Marine Corps aviation sector and for application by practitioners to aid in investigating and analysing the role of human factors in accidents and incidents [3]. HFACS comprises four taxonomies: “unsafe acts,” “preconditions of unsafe acts,” “unsafe supervision,” and “organisational influences.” The structure of these taxonomies is based on Reason’s [25] “Mark 1” Swiss Cheese Model, with elements of Bird [26] loss causation model. The taxonomies contain 17 categories among them which are used for coding contributing factors. Examples of these categories include “skill-based error,” “violation-routine,” “adverse mental state,” and “inadequate supervision.”

HFACS’s development has been consistently documented in publications, including the publication of error trends from aviation incident reports using the HFACS coding methodology and a wide ranging number of reliability studies. Many studies have reported a successful level of reliability for HFACS with “success” ranging from a percentage agreement (or Cohen’s Kappa in many instances) of 60% to 85%. However, many of these studies are based on unpublished graduate research data and are reported using potentially inappropriate statistics for taxonomic reliability studies. Unpublished studies are not subject to the same level of scrutiny as published studies and may not be as detailed and accurate in their reporting. Furthermore, they are less
HFACS-ADF and HFACS-C are among a long list of derivatives that have been born from the HFACS produced by Wiegmann and Shappell [3]. HFACS versions are now used in maintenance (HFACS-ME, [30]), mining (HFACS-MI, [31]), railway operations (HFACS-RR, [32, 33]), surgery [6], air traffic control (HFACS-ATC, [8]), and shipping [34]. With the exception of the HFACS-ADF reliability study noted above only one other such study has been published on a derivative of HFACS. O’Connor [23] conducted a study of the interrater reliability of HFACS-DoD (Department of Defense), which in addition to the standard categories contained in most versions of HFACS, including the original version, also contains a set of “descriptors” for each category. Using the within-group interrater reliability coefficient [35], reliability ranged from 0.06 to 0.94 at the category level (average 0.38) and from 0 to 0.99 at the descriptor level (average 0.67).

It appears that derivatives of HFACS that include the additional level of “descriptors” have not been successful. Additionally, studies at the category level of HFACS’ derivatives also suggest a lack of consensus. Olsen and Shorrock [24] stated that the reasons for the unreliability of HFACS-ADF could be in the structure and description of the categories and descriptors but suggested that this may not be limited to the derivative versions and may extend to the original HFACS technique as well. Certainly while studies of the original version of HFACS appear to produce a greater level of consensus than the derivatives, the shortage of published results, lack of independence from the developers, possibly inappropriate and incomparable methodologies, and the lack of emphasis on conducting testing within the environment that the system is to be used also bring into question the reliability of the technique.

Following on from the concerns raised in Olsen and Shorrock [24], this paper presents a study testing HFACS (original version) using both independent air traffic control and HF specialist coders, with standardized instruction. The study aimed to determine if HFACS can be used reliably to code actual incident reports in the environment it is designed to be used, using typical organization practitioners with a level of training achievable with small organization resources. Additionally, the study investigated whether HF specialists coded more or less reliably than air traffic control officers occupying a safety officer position.

3. Trial

3.1. Method

3.1.1. Design. The trial employed a within- and between-groups design. The first group comprised active air traffic controllers from military ATC units in Australia who are practitioners in incident investigation within the military units. The second group comprised human factors specialists employed in civil ATC organizations.

3.1.2. Participants. Group one was a convenience sample of 4 air traffic controllers (ATCOs) from three Royal Australian Air Force ATC sections. These participants were selected due
3.1.3. Materials. A training workbook was provided in a
distance-learning, self-paced format. The workbook included
definitions of all the terms used in the HFACS taxonomy
(see [24]). Although formal instruction on
HFACS-ADF had never been provided, participants had
experience using the taxonomy ranging from 4 to 7 (average
5) years use.

Group two was a convenience sample of 3 human factors
specialists working in ATC organizations in Europe. None of
the HF specialists had experience using HFACS. They had
held HF specialist positions ranging from 10 to 40 (average
21) years and had had experience in other incident coding
systems including TRACeR [1] and HERA [36].

The participants were only divided into two groups for
the purpose of analyzing the results. All participants partici-
pared in the training and coding portions of the trial
individually.

3.1.4. Procedure. Participants completed the training work-
book and then the trial paper. Participants could use the
information in their coding workbook to aid them in com-
pleting the trial paper but were instructed to not use any
other person or source. For the trial paper, participants
read each report and then provided one code only to each
of the preidentified findings using the categories from the
HFACS taxonomy. All returned papers were usable and were
included in the data set.

3.1.5. Method of Analysis. The “index of concordance” de-
scribed in Ross et al. [37] was used to analyze the data
set. Results were tabulated for comparison of agreement
between participants in each group at the category level and
then again at the higher taxonomy level (which comprised
four codes—unsafe acts, preconditions to unsafe acts, unsafe
supervision and organizational influences). An overall cal-
culation of agreement was completed for all participants
combined, within each group, and the standard criterion of
70% agreement was adopted as a reasonable minimum level
of agreement between coders as proposed by Wallace and
Ross [4].

3.2. Results. The percentage agreement for each of the groups
at the category level and the taxonomy level are tabulated in
Table 1 below and for each category individually in Table 2
below. Percentage agreement at the category level was 36.1%
for the ATCO group and 34.5% for the HF specialist group.
At the taxonomy level, the results indicate a percentage
agreement of 64.8% for the ATCO group and 56.4% for the
HF specialist group. None of the results for either group,
whether at the category level or the taxonomy level, reach the
70% criterion, suggesting inadequate intercoder consensus.
The overall percentage agreement for all participants over
all reports was 35.6% at the category level and 62% at the
taxonomy level.

Table 1 shows the percentage agreement for each category
when the category was chosen at least once for a finding.
All categories were chosen at least once by the ATCO
group; however, only 16 of the 19 categories were selected
once by the HF specialist group. This was calculated by
determining the number of times there was an agreement
for a particular category compared with the number of total
possible agreements that could have occurred provided the
category was selected once. Low agreement was found in all
categories with at least a third of the categories resulting in
no agreement at all.

4. Discussion

The percentage agreement achieved by both ATCOs and HF
specialists using HFACS categories was very low and well
below the recommended criterion of 70% agreement as a
reasonable level of reliability. For both groups, agreement
also did not reach the 70% criterion even using four simple
supercategories representing the elements of the HFACS
model, corresponding to the “Mark I” Swiss cheese model
[25].

An analysis of results shows there was some confusion
over when to use similar categories. For example, confusion
arose between “Physical/Mental States” and “Adverse Phys-
iological States” and “Adverse Mental States.” Confusion also
arose between “Technological Environment” and “Physical
Environment.”

Another area of confusion resulted from the use of
“Technological Environment” and “Resource Management.”
Some participants decided that the lack of provision of an
Table 2: Percentage agreement for each category.

| Category                              | ATCO group | HF specialist group |
|---------------------------------------|------------|---------------------|
| Decision error                        | 34.6%      | 13.6%               |
| Skill based error                     | 31.1%      | 31.7%               |
| Perception error                      | 0%         | 0%                  |
| Violation-exception                   | 6.3%       | 29.4%               |
| Violation-routine                     | 0%         | 0%                  |
| Physical environment                  | 28.6%      | 100%                |
| Technological environment             | 20%        | 29.4%               |
| Adverse mental states                 | 41.2%      | 29.7%               |
| Adverse physiological states          | 0%         | Not Selected        |
| Physical/mental limitations           | 30.8%      | 11.1%               |
| CRM                                   | 22.7%      | 23.8%               |
| Personal readiness                    | 0%         | Not Selected        |
| Inadequate supervision                | 9%         | 33.3%               |
| Planned inappropriate actions          | 0%         | 14.3%               |
| Failed to correct a problem           | 0%         | Not Selected        |
| Supervisory violations                | 0%         | 0%                  |
| Resource management                   | 14.3%      | 25%                 |
| Organizational climate                | 0%         | 0%                  |
| Organizational processes              | 0%         | 7.7%                |

item of equipment, or the fact that it was outdated, should be coded as “Technological Environment” because an error resulting from this precondition was an environmental condition. However, other participants believed that it should be coded as “Resource Management” because equipment was not allocated or maintained properly. The definitions alone did not appear to be sufficient to ensure mutual exclusivity.

One air traffic control participant stated that he experienced some confusion as to whether an error committed by a supervisor should be considered as an unsafe act by that person or a supervisory error when the error was committed by a controller who was occupying the supervisory position at the time. An example of this is when a controller fulfilling the role of supervisor instructs a subordinate tower controller to clear an aircraft to land without being aware that a runway separation standard does not exist. This may be considered an unsafe act committed by the supervisor (as well as the tower controller) or a supervisory violation, or both.

The trial’s evaluation of differences in agreement between ATCOs and HF specialists reveals no differences between the two groups. The ATCO group produced a slightly higher agreement than the HF specialist group of 2% at category level and 8% at the taxonomy level. This could be explained by the ATCO’s previous experience with the HFACS-ADF version.

Reasons for the low agreement may be associated with the HFACS model itself. Discussions with participants suggest that the reliability of the model may be affected by (1) where errors can be considered from two different points of view (as in the supervisor and resource management examples above); (2) where errors are a result of mental perception (the model only provides a category for errors in perception that arise from physical phenomena). Development of the definitions may reduce confusion and has been done in several studies. Pounds et al. [8] tested HFACS in the US FAA ATC and developed a derivative known as HFACS-ATC. The resultant changes were largely confined to renaming the taxonomies, categories, and providing new examples.

The results do not compare with those published studies that have reported a high percentage agreement when using the HFACS model [20, 28]. In such cases reliability at the category level was between 65% and 100%; however, in both publications, all categories were calculated separately and an overall result was not reported.

Taking such an approach in this trial resulted in agreement that varied from 0% to 100% (median 16.5%) for each category separately. Only 4 category achieved the 70% criterion out of a total of 35 categories selected (19 selected by ATCOs and 16 selected by the HF specialists).

One comparable independent study [23], using the derivative HFACS-DoD (US Department of Defense), found insufficient reliability at the category level. Similarly this author’s previous study [24] reported a percentage agreement overall of 39.9% at the category level when testing HFACS-ADF. The results for trials conducted on derivatives of HFACS mirror the present results. It is suggested therefore that the slight changes to the category levels of HFACS-DoD and HFACS-ADF do not account for the reduced reliability results alone.

Although several other published and unpublished studies have been conducted, some demonstrating high reliability, the way that the studies have been conducted, and reported casts doubt over the results. In a number of papers, the studies are not completed independently of the developers, and this may lead to the results being skewed either because the developers have an advanced understanding of the system or due to unintentional bias. Similarly in the case where students have published results of trials (e.g., [27]), potential biases are possible due to lack of independence. Furthermore, many studies may report skewed results due to the use of Kappa. Correcting for chance skewed either because the developers have an advanced understanding of the system or due to unintentional bias. Similarly in the case where students have published results of trials (e.g., [27]), potential biases are possible due to lack of independence. Furthermore, many studies may report skewed results due to the use of Kappa. Correcting for chance is still highly debated, and the use of it in one particular study invalidated the results to the degree that the results indicated it was more likely the participants randomly coded findings rather than make informed decisions about the codes in order to reach agreement (e.g., the negative figures quoted in [29]). Lastly, participants are often selected from specialist or academic areas—aviation psychologists, human factors specialists, graduate students, and aviation or human factors university lecturers [20, 28]. These are not representative of the target audience for HFACS. Such decisions may lead results to be more favorable or unfavorable than accurate.

The evidence from this study and some previous studies suggests that it is doubtful whether the model itself and models built on similar taxonomies are suitable for real-world environments. Therefore, it is worth considering at this point whether improvements can be made to HFACS. HFACS was developed after analysing the causal factors of hundreds of incident reports and fitting them into a framework based on the Reason [25] Swiss Cheese Model. While this method appears comprehensive and systematic, Beaubien and Baker [38] questioned whether HFACS is
suitably comprehensive and organised to provide clues for remedial action or separate causes from effects. The lack of high consensus in studies suggests that the structure, terminology, and/or available categories may be deficient. While changes to the terminology or the way the taxonomies are used by clients may increase the consensus a little, the taxonomy format itself is still likely to contain ambiguity for users, particularly as attempts to ensure mutual exclusivity of categories and even at the model level in this study (comprising only 4 codes) appear to be largely unsuccessful. It would be worthwhile reviewing reliability results from a number of systems using taxonomies for coding in hazardous industries.

Like similar reliability studies on HFACS, this study design has had several limitations that may have affected the results; however, attempts have been made to eliminate some of those limitations that have affected previous studies. These attempts have included preidentifying the findings or contributing factors associated with the incident reports in order so that participants were not required to both attempt to identify factors and then also provide a code. Wallace et al. [2] suggest that this method of preidentifying the factors to be coded may increase the reliability by as much as 20%. However, by providing participants with the factors preidentified, their ability to code the factors reliably, rather than their ability to identify factors from an incident report text, was tested. Furthermore, the method ensured that participants could not identify an unequal number of codes, which would be calculated as a disagreement and lower the reliability according to the index of concordance methodology.

Additionally, this study attempted to ensure that participants had standardized training and similar experience with the HFACS system prior to conducting the coding exercises. This however created other limitations that could have affected the results. A “distance-learning” workbook format was employed for this trial due to the international locations and shift-work patterns of the participants. Although in most small organizations it would be preferred that coders attend a course, this is unrealistic for some organizations due to schedules, manning and distance, and cost of travel. The workbook method is an alternative for such organizations to produce consistent and flexible training and coupled with a closed-book exam or online tutorials would be an effective training system. It is possible that working at different paces and with varying attention to detail in completing the workbook, participants were not all completely understanding of HFACS prior to commencing the coding exercises. While this may have affected the results, this method of training is representative of the real world context of use of HFACS in small organizations and the training that those organizations could provide.

Similarly representative of the use of the real world context of small organizations is the limitation in the number of suitably experienced and qualified personnel available who may occupy positions in which incident investigation and coding tasks are completed. This study was aimed at practitioners with training officer/Supervisor experience who had aviation safety officer experience and HF specialists with at least several years of professional HF employment. With these prerequisites, the additional limitation of finding personnel who had the time to complete the study in an increasingly understaffed industry and the time permitted for study completion resulted in only seven participants in the study. This number, however, is typical of similar studies where practitioners and/or specialists have been used (e.g., [9, 20, 28, 39]). While possibly a greater number of participants could add confidence to the robustness of the results, it is unlikely to have changed the result of low consensus in this study.

These shortcomings are actually representative of the real environment, and the results are considered valid. Indeed, they concur with Olsen and Shorrock [24] and O’Connor [23] where air traffic controllers, pilots, and unit level HF specialists (aviation safety officers) were used to determine the reliability of HFACS derivatives in real world environments. Certainly, the HFACS developers suggest that the system is intended to be used in similar real world scenarios having published a number of articles using pilots, and actual reports to determine trends using HFACS [9–11]. Therefore, the use of line controllers and unit HF specialists is considered a valid representation of the practitioners for which this particular system has been designed for use. It is important to remember therefore that systems designed for use in real world environments, including HFACS, need to be designed in such a way that reasonable reliability can be achieved despite the limitations of those environments (i.e., limitations in training time and resources or position and experience of personnel conducting coding). Furthermore, the importance of conducting reliability studies should not be overlooked. Neither should the importance of conducting reliability studies in such a way that their results are comparable between studies, that they emulate real-world environments as much as is possible, and that the intended users of the system, not the developers, specialists, or students, are used to provide an accurate and valid assessment of the system’s reliability.

5. Conclusions

As a result of the research doubt exists as to the reliability of HFACS by human factors specialists and ATCOs using real incident reports and standardized instruction. If coders cannot agree, without group discussion, on what codes to assign to the same or similar findings across an organization then the codes are ineffective. It is suggested that HFACS itself may not be suitable for reliable coding in a real-world, small organization environment. If HFACS cannot be used reliably for real-world operations, then this has significant implications on trend analyses, and the resultant remedial action which, if based on unreliable coding, may well be misguided. Considering the prevalence of HFACS around the world in multiple industries and organizations, this is an issue that merits further attention.

HFACS proved to be a useful taxonomy for classifying the causal factors associated with operational errors. A greater percentage was classified as skill-based errors as compared to decision errors. In addition, our results demonstrated
that the “causal factors” listed in the current operational error reporting system is lacking in information concerning organizational factors, unsafe supervisory acts, and the preconditions of unsafe acts. It is recommended that greater attention be placed on developing a more comprehensive human factors assessment of operational error causes across all levels.

As with any study, when interpreting these results, one should consider the quantity and quality of the operational error data available. Any post hoc analysis depends on the comprehensiveness and accuracy of the data. In this study, we did not distinguish between facility types, that is, Air Traffic Control Towers (ATCTs), Terminal Radar Approach Control facilities (TRACONs), or Air Route Traffic Control Centers (ARTCCs). Also, we did not examine the causal factors based on who was deemed to be primarily responsible for the operational error versus who played a contributing role. We also used only a subset of the data from the 7210-3.

Since the nature of this study was to identify a candidate taxonomy or model and then to test the strongest candidate using operational error data, the above limitations do not weaken the conclusion that HFACS, or some variation of it, could profitably be incorporated into the operational error reporting process. However, for those who wish to draw additional conclusions from the material presented, the above limitations should be considered.

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