ABSTRACT
Hospital providers often use workarounds to circumvent tasks that were blocked by operational failures so that patients can receive care. Workarounds enable care to continue and therefore may be indicative of workers’ commitment. On the other hand, workarounds in the absence of operational failures may signal an ineffective culture associated with lower quality of care and worse patient outcomes. Working closely with healthcare providers, we developed a survey to measure workaround behaviors and operational failures on medical / surgical units. In March 2015, we surveyed over 4,000 nurses from 63 hospitals throughout the U.S. We matched this data with audit data on the incidence of pressure injuries among over 21,000 patients on 262 nursing units in 56 survey hospitals. Hospital-acquired pressure injuries are a significant risk to patient health and hospital costs. We do not find support for our hypothesis that workarounds are associated with a higher rate of hospital-acquired pressure injuries. However, when we take into account the moderating role of operational failures on the relationship between workarounds and pressure injuries, we find significant results. When nursing units have lower levels of operational failures, workarounds are associated with higher rates of hospital-acquired pressure injuries. Conversely, when there are higher levels of operational failures, workarounds are associated with lower rates of pressure injuries. Our results provide evidence that workarounds can be helpful in the short-term when responding to high levels of operational failures, but may be associated with negative patient outcomes if they stem from a process-avoiding culture. The best results can be achieved by reducing operational failures and workarounds via instilling a process-focused culture.