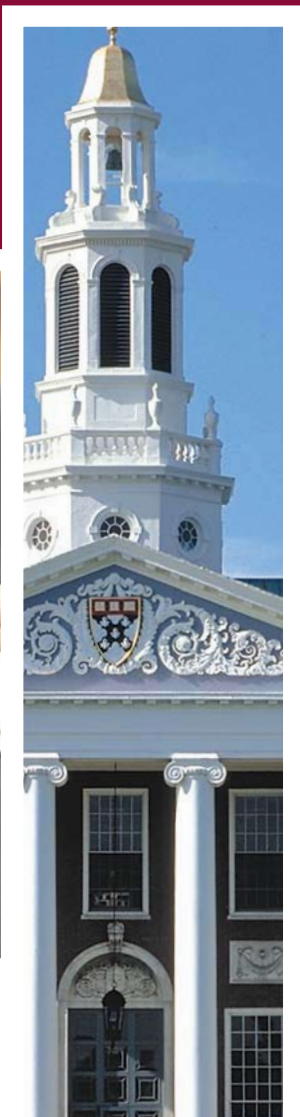


Executive Summary

The Work-Around Culture:
Unintended Consequences of Organizational Heroes

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THE WORK-AROUND CULTURE: UNINTENDED CONSEQUENCES OF ORGANIZATIONAL HEROES

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OVERVIEW

“Work-around cultures” are pervasive in healthcare. Employees tend to work around obstacles, often feeling like a hero in the process, without solve the underlying problems. The reasons for these cultures are manifold, but they are costly in financial and human terms. The solution is an improvement-oriented culture built on manager responsiveness and problem-solving efficacy.

CONTEXT

Professor Tucker shared findings from her research on work-around cultures, informed by studies of nurses in hospitals.

Work-around cultures are pervasive in healthcare.

A “work-around,” per Merriam Webster, is “an improvised method to circumvent an obstacle, but which does not eliminate the obstacle.” Work-around cultures are environments where employees work around obstacles that arise to meet the demands of the moment but never make improvements to prevent the same problems from recurring.

Work-around cultures are common among front-line hospital workers. Out of 700 small problems Professor Tucker observed in studying hospital nurses, only once did a nurse decide against a work-around in favor of a lasting solution.

There are four types of work-arounds.

Work-arounds can be categorized based on characteristics of the obstacle (either an obstacle related to rules/procedures or related to tools/skills) and whether the employee is aware of the obstacle or is not.

The work-arounds that employees are conscious of involve bending the rules (like when nurses administer medications before getting written physician orders) or patch-its (where a nurse might solve a problem by taking equipment from another unit.) Work-arounds that employees are not aware of include unintentional noncompliance and creative solutions. Professor Tucker’s research focuses on patch-it work-arounds.

Frequent work-arounds can be costly and impair organizational effectiveness.

Routinely resorting to patch-it work-arounds can be costly to an organization in multiple ways:

- *Increasing medical error.* Work-arounds lead to interruptions, which in hospitals are associated with errors and accidents. They increase the cumulative workload for nurses; higher workloads are associated with worse patient outcomes.
- *Wasting resources.* Individually, work-arounds don’t appear to waste much time, but studies have shown that required hunting and fetching eat up as much as 36 to 60 minutes per 7.5-hour shift.

- *Promoting employee burnout.* Persistently lacking resources required to do one’s job takes physical and psychological tolls that lead to nurses’ burnout.
- *Creates a work-around culture.* When work-arounds are common, people are less likely to seek system improvements. There’s an insidious aspect to the culture that causes people to dismiss notions of improving things and learn to live with imperfection.

“There’s an insidious culture of ‘That’s just the way it is around here.’”

— Anita Tucker

There are benefits to work-arounds which can be compelling on the individual level.

For individuals facing obstacles, work-arounds are a way to solve the problem. They:

- Enable nurses to meet immediate patient care needs and keep patients happy.
- Don’t require involving managers, which can keep both managers and nurses happy.
- Foster a “hero feeling” on the part of an employee who works around the system for the good of patients.

“Nurses say, ‘This is a badge of honor. If you are so smart and skilled that you can work around the system and give the best care despite all the obstacles, you get promoted.’”

—Anita Tucker

Although work-around cultures impair organizational performance, that’s not to say that work-arounds are always ill advised. For obstacles that rarely reoccur or have low cumulative costs, work-arounds may be the optimal course of action. However, assessing the cost and benefits of work-arounds is difficult.

Organizational policies and managerial behavior create a culture for work-arounds or systemic problem solving.

Because it is usually managers who can address recurrent problems, it is managers who need to know about problems that require work-arounds. Therefore, nurses' willingness to report problems to managers is a key to reducing work-arounds. However, when nurses engage in a work-around, they report the problem just 7% of the time. So the people who know about problems lack the authority to fix them, and the people who can fix problems don't know about them.

Nurses decide whether to bring problems to managers based on their perception of whether the effort is worth their time and trouble. Nurses behavior is driven by the cultural messages communicated by organizational policies and managers' behaviors.

"The person makes a decision: Is it worth my time and effort to say anything or not?"

— Anita Tucker

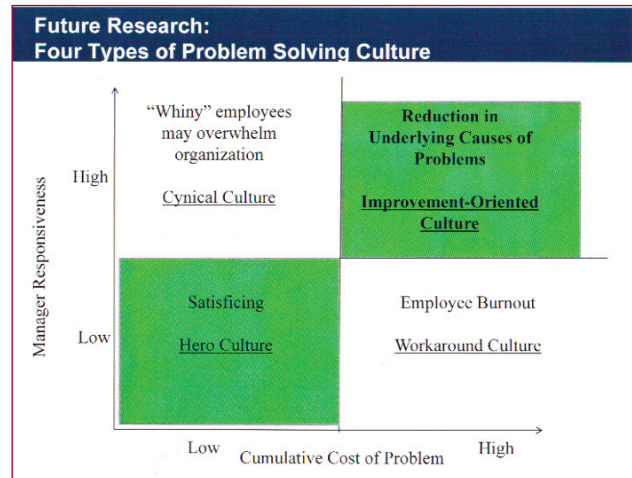
The example of a nurse who had worked in two culturally different hospitals illustrates the influence of culture.

- *At the Mayo Clinic, the nurse would comfortably share problems with her manager.* At Mayo, nurses have support staffs and spend time on high-value-added activities such as patient education. Organizational policies indicate that the organization values nurses' time. A priority is high-quality care at low cost, so managers respond positively when problems are raised and managers work to address these problems. This sends the message to nurses that reporting problems is efficacious, not a waste of time.
- *At another renowned hospital, the same nurse would not be comfortable sharing problems with her manager.* The organizational policies at this hospital send the message that nurses' time is not valued. For example, nurses are required to wring out bath towels to reduce laundry expenses. Nurses have no support staff and managers don't express interest in hearing about problems.

This example demonstrates how the same individual will behave differently based on the culture in which they are immersed.

The solution to work-arounds is an improvement-oriented culture.

Professor Tucker's future research is focused on determining solutions to work-around cultures. She has identified four types of problem-solving cultures. She is exploring the drivers of each and the managerial missteps that can alter which culture prevails.



The cultures and their levers are:

1. *Hero culture.* This is bred by low manager responsiveness and low cumulative costs of problems.
2. *Work-around culture.* This reflects low manager responsiveness and high cumulative costs of problems.

KEY TAKEAWAYS

3. *Cynical culture.* This is when there is high manager responsiveness and low cumulative problem costs. Employees are cynical because high manager responsiveness encourages complaints to be aired but their low-cost to the organizations means they're not addressed.

4. *Improvement-oriented culture.* In this situation—which is the solution to a work-around culture—there is high manager responsiveness and high cumulative problem costs. Communication between front-line employees and managers is encouraged, problems are reported, and their high-cost nature results in solutions that address root causes. Organizational performance is improved.

Common managerial missteps that thwart achievement of an improvement-oriented culture are:

1. Underestimating the cumulative costs of problems.
2. Selecting only big problems for resolution. In healthcare, the Pareto Principle (80/20 rule) doesn't apply. Moreover, smaller changes are often easier and more transformative because they demonstrate responsiveness and progress.
3. Encouraging reporting of problems when there's low capability to solve them.

Professor Tucker's future research will attempt to answer, "How does a work-around culture get transferred?" A field study with Kaiser Permanente's Innovation Consultancy will focus on IDEO-style (radical innovation) improvement. The objective will be to identify and remove problems and the need for work-arounds.

