HEALTH MANAGEMENT SEMINAR:

Work Design Drivers of Organizational Learning about Operational Failures:
A Laboratory Experiment on Medication Administration

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Abstract
Operational failures persist in hospitals, in part because employees work around them rather than attempt to prevent recurrence. Drawing on a process improvement tool—the Andon cord—we examine three work design components that may foster improvement-oriented behaviors: 1) blockages to prevent workarounds; 2) a support person to assist with problem-solving; and 3) education portraying operational failures as "waste" to be removed from the system. Using laboratory experiments, we test each component's impact on whether hospital nurses speak up about medication administration problems and contribute improvement ideas. We find that each component provides its own contribution to organizational performance. Blockages encourage people to suggest improvement ideas, while education sparks improvement suggestions even when there are no blockages. Blockages can backfire, however, if they are difficult to work in a policy-compliant manner and problem-solving support is unavailable. Under these conditions, blockages lead to a risky workaround associated with a 10X overdose of insulin. Risky workarounds can be mitigated with a readily-available support person, whose presence also fosters higher levels of speaking up about operational failures. Our results thus suggest that using all three components in conjunction can increase the learning response to operational failures.

PLEASE RSVP by JANUARY 14th (kristen.oliver@mcgill.ca)
A light lunch will be served