Abstract: Workarounds in service organizations are creative actions by employees to circumvent blocked tasks so customers can receive service. As such, workarounds may be beneficial because they enable service. An alternate view is that workarounds consume employees’ time that could otherwise be spent providing service. In particular, on hospital nursing units, workarounds may negatively impact quality of care because they keep nurses from patients’ bedsides where they would perform their key roles of vigilance and treatment. Surprisingly, there has been scant large-scale empirical research quantifying the relationship between workarounds and quality of care. To fill this gap, we develop a survey to measure workaround behaviors on medical / surgical units. In March 2015, we gather data from over 4,500 nurses from a random sample of 62 hospitals throughout the U.S. We match this data with quarterly, pressure-ulcer audit data from July 2014 through June 2015 on over 7000 patients from 106 nursing units in 24 survey hospitals. We find support for our hypothesis that patients cared for on units where nurses engage in a higher frequency of workarounds acquire more pressure ulcers. More specifically, a patient who is treated on a nursing unit with a 1-point higher workaround average on a 5-point scale is expected to have a higher rate of ulcer counts by a factor of 3.22, holding all other variables in the model constant. Furthermore, the negative impact of workarounds is exacerbated on units where nurses provide a high level of comprehensive care for patients. These results provide evidence for workarounds having a negative—rather than a positive—impact on service quality for time-sensitive tasks.