Of the myriad possible effects of nursing care on patients, what outcomes do I include in my research study? When and how often do I need to measure those outcomes? How nursing-centric do these outcomes need to be? How clinically useful are the instruments employed to measure these outcomes?

The answers to such familiar questions as these can be found in the long-overdue second edition of Diane Doran’s *Nursing Outcomes: The State of the Science*. Eight years have passed since publication of the first edition, and the need for an update has been clear. The settings in which health care is delivered and in which nursing services are provided have shifted from predominantly inpatient hospital settings to a variety of non-traditional acute-care, community or home, and long-term-care settings. With the exponential growth in health outcomes research, there is a need to appraise new studies and take stock of new outcomes, new outcome measurements, and new evidence.

The relevance of nursing outcomes research is still rooted in the imperative to investigate the impact of health human resource utilization and to determine whether nursing care is effective, and for whom, how, and in what context. The standardization of nursing-sensitive outcome concepts will allow for comparability of outcomes and for benchmarking — regionally, nationally, and globally — to identify nursing best practices and to continue with quality-improvement initiatives. Given that nurses now often work within interdisciplinary teams and contexts, nursing-centric outcomes are important for our understanding of how to use nursing resources to best effect. Thus, while the outcomes discussed in this book are not specific to nursing, all outcomes must be responsive and sensitive to nursing’s interventions.

Doran notes that the primary goal of this second edition is to provide an updated, comprehensive, critical analysis of the latest evidence on nursing-sensitive outcomes by reviewing the conceptual and empirical literature, and that the secondary goal is to critically review the various
methods and instruments used to measure the outcomes. This new edition is in effect a compendium of systematic reviews of nursing-centric outcomes conveniently organized into one encyclopedic volume. The 11 chapters are authored by leading Canadian nursing scientists who, in their respective areas of expertise, raise sometimes controversial but always relevant and illuminating issues. Two frameworks guided the selection of variables to be included in this review of the state of the science on nursing-sensitive outcomes. The Nursing Role Effectiveness Model (Irvine, Sidani, & McGillis Hall, 1998) informed the identification of structure, process, and outcome variables, and a measurement framework by Sidani and Irvine (1998) guided the psychometric review of the instruments measuring the outcomes of interest.

All of the authors are similarly transparent in their review methodology. A standardized framework and tables for extracting the data pertinent to each outcome are used to promote a consistent approach throughout the volume. Each chapter begins with a theoretical overview of the particular nursing-sensitive outcome and proposes a conceptual definition. It highlights the specific research issues that are pertinent to the assessment and measurement of the outcome. It then critically examines the empirical evidence linking patient outcomes to nursing inputs or processes. Each chapter discusses and critically reviews the psychometric properties of the instruments available to measure the outcome, thus forming a self-contained, comprehensive synthesis of the state of the science on a specific nursing-sensitive outcome.

The specific nursing-sensitive outcomes discussed in the book are as follows: functional status (chapter 2); self-care (chapter 3); symptom management with an emphasis on fatigue, nausea, vomiting, and dyspnea (chapter 4); pain (chapter 5); adverse patient outcomes or patient safety outcomes that are sensitive to nursing (e.g., medication errors, nosocomial infections, patient falls, pressure ulcers) (chapter 6); psychological distress (chapter 7); patient satisfaction (chapter 8); mortality rates (chapter 9); health-care utilization (chapter 10); and nursing minimum data sets (chapter 11). The chapters on psychological distress, health-care utilization, and mortality constitute the chief distinction between the first and second editions. These three chapters were added to address important gaps identified in the first edition. It should be noted that while there was no explicit criterion to exclude pediatric or adolescent clientele in each author’s search strategy, the scope of the book is overwhelmingly in favour of adult patient outcomes. The value of Nursing Outcomes: The State of the Science for nurses who work primarily with children rests on the extent to which these nurses can extrapolate or adapt the content to their patient population.
This book is a valuable resource for graduate students, researchers, clinicians, and policy-makers and decision-makers. It has immediate utility for researchers and students in the judicious selection of nurse-sensitive outcomes for primary research. It is also valuable for its long-term, broader vision: to build and establish a clinical database that will house nursing-sensitive outcomes in acute, community or home, and long-term-care settings. This edition is systematically structured so there is no time wasted looking for content. Conceptual definitions are consistently provided, thus avoiding the conceptual confusion so often found in the nursing vernacular. *Nursing Outcomes* is also notable for its attention to the Canadian health-care context. For example, chapter 11 situates us internationally, among our nursing counterparts in terms of our progress in developing nursing minimum data sets. In summary, the authors provide an evidence-based understanding of which outcomes have demonstrated sensitivity to nursing care. Future editions using the same format and methodology would be welcome, to chart the state of outcomes research over time.

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