

## Book Review

### ***Quality Work Environments for Nurse and Patient Safety***

Edited by Linda McGillis Hall

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#### **Reviewed by Elizabeth Manias**

This publication funded by the Ontario Ministry of Health and Long-Term Care represents a critical analysis of the literature on indicators associated with nurse staffing and the quality of nursing environments. It brings together authors who have conducted exemplary research on the effects of work environments on nurse and patient safety. The majority of these authors are world renowned, having published extensively on structural variables influencing health-care settings. They include Linda McGillis Hall (the editor and principal investigator of the initiative), Diane Doran, Deborah Tregunno, Amy McCutcheon, Linda O'Brien-Pallas, Joan Tranmer, Ellen Rukholm, Allison Patrick, Peggy White, and Donna Thomson.

The literature review is guided by two frameworks, the Quality of Worklife Issues Framework and the Nursing Role Effectiveness Model. The Quality of Worklife Issues Framework considers external and internal dimensions influencing nurses and their work environments. External dimensions include patient demands on the environment and changes in health-care policy and the labour market, while internal dimensions include nurses' individual needs, decision-making styles, and care delivery, as well as institutional policies. The Nursing Role Effectiveness Model examines the contribution of nursing roles based on the structures, processes, and outcomes of care. Using these frameworks, the authors examine concepts of nurse staffing and quality of the nursing environment. Nurse staffing concepts include proportion of registered nurses to nursing assistants and licensed practical nurses; nursing hours per patient day; ratio of registered nurses to patients; mix of nursing staff; percentage of full-time, part-time, and casual nurses; number of full-time equivalents; and level of education and experience. Concepts around quality of the work environment that are explored include nursing and multidisciplinary teamwork; organizational climate and culture; span of control; workload and productivity; autonomy and decision-making; professional development opportunities; scope of nursing leadership; overtime; and absenteeism. These concepts are covered in 10 chapters;

nurse staffing is examined collectively in one chapter while concepts around quality of the work environment are explored individually in separate chapters.

Although a different author is responsible for each chapter, the material is presented in a logical, systematic, and structured way, which facilitates the flow of arguments and the reader's understanding of complex issues associated with each concept. Introductory and concluding chapters provide good insight into relationships between concepts. Each chapter begins with definitions of the concept under discussion, followed by theoretical underpinnings and influencing factors. The authors make links between the concept and achievement of nurse and patient outcomes. They consider issues associated with empirical assessment of the concept and examine evidence regarding approaches to measuring the concept. Finally, implications and future directions are extensively discussed. I shall highlight particular aspects of each chapter that cover the ways in which the concept under discussion affects nurse and patient outcomes.

In examining the concept of nurse staffing, early studies explored links between various measures of nurse staffing, such as the proportion of registered nurses to nursing assistants and licensed practical nurses, number of full-time equivalents, and the outcome of patient mortality. Research has examined data on hospital-level staffing and the hospital-level patient case mix, which may not accurately depict the effects of nurse staffing at the unit level. For instance, patient acuity scores have been analyzed only at the hospital level, patients with different levels of nursing need have been mixed, and patients from various types of unit have been integrated. Nurse staffing considered at the hospital level presents additional challenges, since all nurses have been included in the analysis regardless of their level of involvement in direct patient care. *Quality Work Environments for Nurse and Patient Safety* shows clearly that future work should focus on (1) predicting the influence of changes in nurse staffing on patient outcomes, and (2) unit-level measures of nurse staffing adjusted for patient acuity.

Teamwork is explored as a composite phenomenon having several dimensions, including communication, coordination, and shared decision-making. Growing concerns about patient safety and the need for a systematic approach to ensuring safe care have focused attention on ways of improving teamwork in order to reduce adverse events. For example, according to the Joint Commission on Accreditation of Healthcare Organizations (in the United States), problems with communication between health professionals are the root cause of some 60% of reported sentinel events (p. 47). A vast array of nursing instruments that measure dimensions of teamwork is presented. Also cited are power relations

among nurses and between physicians and nurses. These may entail differences in gender, effects of working in different practice areas, and management structures. Power relations include those associated with institutional, professional, and historical relations. Through such relations, a physician's dominance is secured by means of institutional arrangements supported by the legal system, the recruitment and training process, and the exclusive "right" to exercise certain powers and skills. At the same time, a physician's authority is commonly surrounded by mystique. The argument concerning factors that influence teamwork would have been complemented by a discussion of these power relations.

Organizational climate and organizational culture are important considerations for the uptake of improved practice. Similarities in and differences between the two concepts are demonstrated from theoretical and research perspectives. Organizational climate refers to the way in which individuals feel, behave, and think in relation to a given situation. It is temporal, is open to manipulation by influential people, and, generally, has been studied using quantitative methods but from a qualitative perspective. Organizational climate concerns the "evolved context in which a situation may be embedded" and how "individual behaviors reflect adherence to group norms" (p. 70).

Span of control is considered in terms of the influence of nurse managers on staff outcomes and on the creation of a positive work environment. The chapter devoted to this concept examines the complexity of the argument that a narrow span of control — a small number of people reporting to a single manager — gives the manager ample time to mentor, monitor, and encourage staff; any additional time will not necessarily be spent with staff members and any additional time spent on interaction will not necessarily be beneficial for staff. Despite these complexities, it is cogently argued that, as the span of control increases, relationships between managers and staff become less positive. The review supports the need for a validated tool that includes the complexity of nursing functions, number of staff assigned to a unit, and unit unpredictability.

Workload and productivity are treated as important management indicators whose utility is highly dependent on the quality of data collected and the rigour of the analytical process. Nursing workload is defined as the amount and type of "nursing resources needed to care for an individual patient on a daily basis" (p. 106). Nursing productivity, as defined by the Canadian Institute for Health Information, is "the relationship between nursing workload units and direct care worked hours" (p. 108). This chapter of the book systematically considers the complexity of currently available nursing measures of workload and productivity and cites gaps in the literature, especially in the areas of

community, long-term, and chronic care. It also points to the urgent need for a gold standard in the measurement of nursing workload, to be used by all health-care institutions to facilitate comparison across environments.

Autonomy is considered in terms of the right to exercise clinical and organizational judgement in decision-making. While *Quality Work Environments* suggests that autonomous practice is likely to enhance patient care and nursing practice, no empirical evidence is available to support this assumption. An extensive analysis is undertaken of available instruments of nurses' autonomy as well as general instruments that include autonomy. Of these instruments, only two, the Revised Nursing Work Index and the Clinical Autonomy Ranked Category Scale, are recommended for testing. The authors point to the need to examine nurse autonomy from a patient-outcomes organizational perspective.

Professional development opportunities are systematically examined from the perspectives of nurses themselves, the workplace, and regulatory bodies. A comprehensive evaluation of professional development opportunities reveals that research has focused mainly on learning (e.g., critical thinking and reflection skills and self-reported responses concerning the usefulness of programs). An interesting argument is raised about whether critical thinking and reflection are outcomes of professional development or processes through which professional development is achieved. The book points to the need for experimental studies that examine the impact of professional development on patient outcomes.

The scope of nursing leadership is an important factor in the work environment: when nurses are encouraged to demonstrate leadership by using their expertise and judgement, increased job satisfaction can result (p. 182). A strength of the chapter on this topic is its examination of the complex factors that influence nursing leadership, including history, education, personal leadership traits, organizational structure and power, organizational redesign, and gender. An extensive appraisal of the literature demonstrates the need for research aligning the concept of nursing leadership with measured leadership behaviours, and ultimately linking those behaviours to quality patient care.

Overtime is a growing concern in nursing, especially because of problems with recruitment and retention. Overtime refers to "any hours that a nurse works beyond those which were originally scheduled whether paid or unpaid, voluntary or involuntary" (p. 224). *Quality Work Environments* features an excellent discussion of economic, legal, and social factors impacting on overtime use, including unpredictable worker demand and supply, limitations of work contracts, nurse shortages, unpredictable environments in terms of cost constraints, wage levels, and lack of information on staffing patterns. Complexities relating to different

types of overtime are comprehensively examined — for example, unpaid involuntary overtime and paid voluntary overtime can produce different effects on both individuals and organizations. The book identifies a critical research gap in relation to the level of overtime that would lead to negative patient outcomes and a loss of productive hours of nursing care.

Absenteeism, the last concept considered, is defined as a nurse's absence from the health-care setting at a time when he or she is expected to be present (p. 231). Individual factors that affect absenteeism are a nurse's demographic profile, physical and mental health, job dissatisfaction, and personality. Organizational factors are job strain, position grade, level of supervisory support, work hours, size and type of organization, unit environment, content of nursing work, and organizational climate and policies. An organizational factor that might have been included is the use in hospitals of agency nurses, or itinerant workers whose employment is controlled by private contractors. The role of agency nurses in the work environment could well be a factor in patient and organizational outcomes.

In summary, this book is a wonderful and comprehensive resource — the first to offer a critical appraisal of the health-care literature on indicators that can be measured in nurses' work environment. *Quality Work Environments for Nurse and Patient Safety* is essential reading for any clinician, manager, academic, researcher, or policy analyst who is committed to identifying and supporting initiatives in nurse staffing and the nursing work environment in order to improve nurse and patient outcomes.

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*Elizabeth Manias, RN, MPharm, PhD, is Associate Professor, School of Nursing, Faculty of Medicine, Dentistry and Health Sciences, University of Melbourne, Victoria, Australia.*