and the other drug compliance. The two final chapters are on quality assurance in biomedical and health services research by Moir and Boucher of the chief scientist’s office of the Scottish Health Department and in medical publication by Stephen Lock.

Quality Assurance in Medical Care provides documentation of quality assurance in health care in the United Kingdom and its chapters have comprehensive reviews of the literature. As in almost all publications of quality assurance in health care, its main weakness is its emphasis on theory and methods; very few examples are given of ways in which quality assurance has actually improved quality of care. In the chapter on quality assurance in general practice, of the 92 references, only eight seem from their titles to be concerned with actual improvement in patient care. In discussing nursing practice the number is only five references. The chapter by Ian Russell and his colleagues explains some of the reasons for this but not all of them.

Anyone interested in quality assurance in health care in the United Kingdom, from a purchaser or provider perspectives, will find this a useful review. It would have been strengthened by contributions from more outsiders, for those working within a system are not necessarily best equipped to identify its weaknesses; thus, those who have seen quality assurance only in health care may often be greatly helped by people who have been responsible for improving quality in other aspects of public service or industry.

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At a small meeting about continuous quality improvement and total quality management at the King’s Fund Centre, London, in 1992, a speaker from the West Pennine Health Authority in the UK closed his talk by stating enthusiastically that “CQI/TQM is about boot strapping the differential.” Time, territory, tradition, and trust have been listed as the main obstacles to increasing physician participation in managing quality, but the barrier of comprehension is surely more fundamental. Although we supposedly share a common language, the linguistic divisions between those immersed in this field in the United States and interested parties in Britain are sufficiently wide as to impair understanding and limit communication.

However, if these obstacles can be overcome the ideas of continuous quality improvement and total quality management in health care are pretty simple. Few people hold an intellectual notion of continuous improvement in health care, or with the idea that such an approach needs to be placed within an organisational culture in which quality improvement is a serious priority which receives top level management support and adequate resources. But beyond the obstacle of language lies a more serious barrier related to the manner in which these ideas are presented. A common complaint is that proponents of total quality management are not engaged in an exercise in convincing the sceptical by scientific argument but are seeking to convert the unbelieving to a movement that has much in common with a proselytising religious sect, characterised by philosophical rules (Deming’s 14 points), tenets, and in appeal to authorities (for example, Juran, Deming, and Shewhart), and an assumption that scepticism equates with opposition.

Any text on total quality management should be judged on the extent to which these major barriers to comprehension are overcome. The Textbook of Total Quality in Healthcare is a mixture of multiauthor chapters on the origins and development of total quality, together with reproductions of previously published papers on the theme. Some of these are valuable contributions, particularly Berwick’s chapter on total quality as an ideal in health care and the article by Laffel and Blumenthal on the case for using industrial quality management science in healthcare organisations. But the original chapters are patchy and repetitious; there are at least three separate explanations of the origins of quality improvement in health care. Overall the language of the text is not too obscure to those who understand the complexity of the United States’ healthcare system. However the greater problem lies in its evangelical tone. Although anecdotal evidence reporting success has been reported from the United States, many healthcare organisations to embrace these concepts, we should perhaps be wary of generalising from these institutions which are inherently atypical as shown by their approach to innovation. The final chapter, a case study from the Veterans Administration, demonstrates the true timescale of the processes of change in more typical organisations. It is anticipated that total quality management will be implemented by the middle of 1996 and it is therefore unlikely that any formal evaluation will take place until well into the next century.

If such positive evidence becomes available, we should expect to hear more evangelism.

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AUDIT TOOLS


Regardless of professional affiliation, a hospital ward is a major source of experiential learning opportunities. This report describes a three year study which developed an audit tool for appraising the quality of the learning climate experienced by students studying for their Diploma in Nursing during their institutional placements.

The study was carried out in two stages using various research methods. The first stage lasted two years and resulted in the identification of six key factors which formed the basis for the ward learning climate indicators: orientation of the placement, the student’s mentor, supernumerary status, theory and practice, progressive assessment, and staff attitudes and behaviour. The second stage adopted an “action research” approach in which ward staff and members of the research team worked in partnership to analyse the learning climates of wards and simultaneously to test and refine the indicators. Furthermore, groups of students, nurse teachers, and hospital staff undertook an assessment of the value and effectiveness of the tool.

The results showed that the research participants believed the audit tool to be a valid and reliable instrument for assessing the ward learning climate. It also held the promise of being a catalyst for the promotion of better working relationships between teachers, managers, and practising staff.

The report’s final chapter is particularly interesting in that it raises issues that have a detrimental effect on the quality of the learning environment but over which individual teachers, students, or practitioners, have little jurisdiction. These include having responsibility without control, the lack of role clarity, and the pace of change. The resolution of these issues lies with the system rather than with staff. Readers with a knowledge of the principles of continuous quality improvement will recognise the problem and its possible solutions.

In conclusion, the appeal of this report is that it provides readers with an audit instrument that can be used to assess the quality of the ward learning environment. The bonus is that not only is the tool research based but it has also been validated in practice settings. If I have a concern it relates to the restricted scope of the research data, which focus almost exclusively on nursing within the South East region. Nonetheless this work makes a valuable contribution to the growing literature on the evaluation of learning environments.

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