

**Breathing Disorders in Sleep.** Walter T McNicholas MD and Eliot A Phillipson MD. London: WB Saunders. 2002. Hard cover, illustrated, 339 pages, \$95.

The processes that control respiration differ substantially across the 3 sleep/awake states (awake, rapid eye movement sleep, and non-rapid-eye-movement sleep). This has important implications for clinicians caring for patients with and without underlying cardiopulmonary disease, because we now recognize an array of sleep-related breathing disorders. Some diseases, such as sleep apnea, are sleep/awake state dependent and only occur during sleep. Other diseases, such as obstructive lung diseases and congestive heart failure, are profoundly affected by the sleep state. Also, many respiratory ailments alter the quality of sleep. Given that the prevalence of obstructive sleep apnea (OSA) is second only to asthma among respiratory diseases, it is essential that clinicians understand respiration during sleep. I congratulate the authors of **Breathing Disorders in Sleep** for meeting their goal of putting together a book that addresses the entire spectrum of sleep-disordered breathing in a fashion that will be of great utility to practicing clinicians who may or may not have special expertise in sleep disorders medicine.

**Breathing Disorders in Sleep** will find a home on the shelves of many different clinicians' libraries. General pulmonologists who have not had specific training in sleep medicine may be the perfect target audience for this book. They are often called upon to consult on patients who have sleep-related breathing complaints. They will find this an excellent overview of the topic and also a suitable reference when looking for help with a specific problem. It will be an excellent resource for those studying to take the qualifying examination of the American Board of Sleep Medicine. Respiratory therapists and sleep technologists will use the text in the classroom and to study for certification examinations. Medical students and internal medicine house staff should read this text during their pulmonary rotations. Primary care clinicians will find it useful as a reference tool but should also use it to

educate themselves about these highly prevalent diseases. Finally, sleep medicine specialists from all backgrounds will find the text to be a concise, state-of-the-art summary of sleep and breathing.

The editors thoughtfully divided the book into appropriate sections and chapters and enlisted the leading scientists in their respective fields to write the individual chapters. The chapters flow together, with very little overlap. Most of the chapters are well written and appropriately referenced. The information is current and factually correct. Though the majority of the text is devoted to the OSA syndromes, the last section of the book discusses the effects of sleep on asthma, chronic obstructive pulmonary disease, interstitial lung diseases, neuromuscular diseases, and central sleep apnea syndromes.

The chapters on epidemiology, morbidity, clinical features of OSA, surgery for OSA, and central sleep apnea syndromes were outstanding. In all cases the authors present data in novel written or graphic formats that are refreshing and enlightening. The epidemiologic data from many studies are very well summarized in the chapters by Drs Young, Peppard, and Redline. They gleaned the critical statistics and placed them into a practical context for nonstatisticians. Drs Flemons and Whitelaw did a superb job with the difficult topic of clinical predictors of OSA. The table summarizing the odds ratios associated with specific clinical signs and the presence of OSA is unique and exceedingly useful. Dr Sher's compilation of the outcomes literature for all of the commonly performed surgical procedures for OSA is by far the best I have seen. The illustrations in his chapter were extremely useful. Finally, Drs McNicholas, Phillipson, and Bradley wrote 2 exceptional chapters on central sleep apnea syndromes. Their clear writing nicely elucidated the complex physiology of disorders that can be difficult even for well-trained pulmonary physicians.

The book has few limitations. The section on sleep apnea in the young and the elderly could have been edited into other sections of the book. Respiratory therapists would enjoy more information about nocturnal ventilation for non-sleep-apnea syndromes as well as more detail about contin-

uous positive airway pressure equipment and interfaces. I think some general discussion about sleep physiology and polysomnography would have made the text a more stand-alone educational tool for clinicians who are not trained in sleep medicine. Finally, a discussion about the clinical approach to patients with nocturnal respiratory symptoms would be useful.

Each chapter includes boxes that summarize key points. Though these boxes were an excellent idea, most of the key points were too vague to be useful as tools to study for examinations. In general I found the illustrations to be of average quality. They were few in number and often too small, making them difficult to read. There were almost no photographs.

I found the book to be a very comfortable size. It could be easily held and read comfortably in a chair rather than at a desk. There were a moderate number of typographical errors, occurring at rate of 1–2 every other chapter. I did not like the font or its size. This, combined with the gloss on the pages, made it somewhat difficult to read in all but perfect lighting.

I congratulate the editors on putting together a superb text on a growing and important topic. It should be recommended reading for any clinician interested in respiration or sleep.

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**Sleep Apnea: Pathogenesis, Diagnosis, and Treatment.** Allan I Pack, editor. (Lung Biology in Health and Disease, Volume 166, Claude Lenfant, executive editor.) New York/Basel: Marcel Dekker. 2002. Hard cover, illustrated, 703 pages, \$195.

**Sleep Apnea: Pathogenesis, Diagnosis, and Treatment** is volume 166 of the Lung Biology in Health and Disease series of monographs, which first examined sleep and breathing with volume 21 in 1984. Volume 166 includes 21 chapters of presentation, analysis, and interpretation of current re-

search findings on pathophysiology, diagnosis, and treatment of sleep apnea.

The intended readership is not plainly stated, but this is clearly not an abridged "how to" pocket manual for the busy clinician. Do not look here to learn how to score sleep studies or fit patients with continuous positive airway pressure (CPAP) equipment. Rather, this book would be worthwhile reading for clinicians who need to more completely understand the phenomenon of sleep apnea, how our diagnostic methods measure up or fail, and how our treatment methods are rationalized. This would include any physician, nurse, nurse practitioner, respiratory therapist, or sleep technologist with the stomach and desire to digest research summaries and analysis. If you are not satisfied with following rote diagnosis and treatment algorithms or blindly accepting consensus statements, but insist on validating such dogma on your own, this book is for you.

Although obstructive sleep apnea (OSA) seems to be the commonest type of sleep apnea, there is no section in this book on the important topic of central sleep apnea. The book's title implies that it would cover all types of sleep apnea, but since it does not cover central sleep apnea, it would have been better to have named the book **Obstructive Sleep Apnea** or to include a discussion about central sleep apnea.

The series editor, Claude Lenfant MD, states the aim of the book as an update in research and clinical application. Dr Pack, the editor of this volume, has done an admirable job of meeting that aim. He has assembled a diverse group of contributors, most of whom are distinguished by substantial research contributions to this field.

The chapters are largely well organized and thoughtfully chosen. Chapter 10, on functional brain imaging, is an exception and seemed a little out of place because it contained only a brief section on brain imaging in sleep apnea. This 40-page chapter is also peculiar in that it has 9 authors listed. Did all 9 really participate in writing it?

The chapters were substantially and refreshingly void of unsupported opinion. Like Sergeant Joe Friday in the television series *Dragnet*, this book says "Just the facts, Ma'am." Chapter 19, on oral appliance therapy (an otherwise excellent chapter) contained an exception to this rule. In the summary portion the authors opine about rigid roles for dentists and physicians in the management of OSA with oral appliances but

provide no supporting evidence. The authors also assert that an "appliance should be used during sleep for life," perhaps unaware that some patients successfully use the appliance as an alternative to CPAP during travel or for camping only, or successfully change back to CPAP after several years using an appliance.

The material in each chapter is presented logically and referenced exhaustively. The contributors appeared to have a free hand to arrive at unvarnished conclusions, and some of these conclusions run counter to much of prevailing conventional wisdom. For instance, Stradling and Davies in Chapter 16, "Simplified Diagnostic Tests for OSA and Its Variants," argue convincingly for their conclusion that conventional "polysomnography cannot, and should not, be regarded as a gold standard as it has never been properly validated as a tool to measure the actual pathological process resulting from reduced upper airway tone with sleep onset." They also point out that polysomnography has not been validated as a predictor for common clinical questions such as (1) What is the relationship between sleep apnea and the patient's symptoms? and (2) Is nasal CPAP or surgical treatment likely to benefit the patient?

Stradling and Davies's careful dissection of diagnostic goals and treatment end points in this chapter warrants expansion into another chapter of its own, as these topics form such controversial and critical elements of sleep medicine practice. Whereas the surgery literature (reviewed in Chapter 20) has been historically saddled with groundless treatment end points such as a reduction in the apnea index by "50% from its preoperative value," the end points of CPAP titration, pharmacotherapy, and oral appliance therapy have been assigned variably and empirically as well. Sanders and Sériès touch on treatment end points in Chapter 17, "New Developments in Positive Pressure Therapy for Sleep Apnea," but the reader would be well served by a discussion of this topic on its own.

In Chapter 2, "Biomechanics of the Upper Airway During Sleep," Smith and Schwartz argue convincingly against conventional wisdom as well. They show that there is little to distinguish the flow-limited respiratory events identified in the "upper airway resistance syndrome" from usual hypopneas and leave the reader to conclude

that there is little to justify a separate classification (apart from OSA syndrome) for these patients.

There is also evidence of thoughtful coordination between chapters. For instance in Chapter 1, "Anatomical Factors: Insights From Imaging Studies," in a brief discussion of genetic influence on upper airway structure, the reader is referred to Chapter 8, "The genetics of the OSA Hypopnea Syndrome," for further reading.

This text has no color illustrations but is otherwise appropriately replete with graphs, tables, diagrams, and illustrations. I was particularly impressed by the elegant axial magnetic resonance images in Chapter 7, which demonstrate thinning of the lateral pharyngeal walls with weight loss. There is an extensive subject index (18 pages) as well as an amazing author index totaling 50 pages—a handy tool if you know whose work you are looking for. If you were looking for JA Fleetham, for instance, you would find 38 citations, each listed by page number. I found the text virtually free of typographical errors.

Bound with a glossy white paper veneer, this stubby (23.5 cm tall) and fat (3.8 cm thick) little book will fit nicely on any bookshelf. I enjoyed the book immensely and learned much.

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**Clinical Management of Chronic Obstructive Pulmonary Disease.** Thomas Similowski MD PhD, William A Whitelaw MD PhD, and Jean-Philippe Derenne MD, editors. (Lung Biology in Health and Disease, Volume 165, Claude Lenfant, executive editor.) New York/Basel: Marcel Dekker. 2002. Hard cover, illustrated, 1,072 pages, \$250.

Chronic obstructive pulmonary disease (COPD) is increasing in frequency in the United States and the world. The incidence, prevalence, and death rate attributed to this disease are rising. COPD is currently the fourth leading cause of mortality in the United States. The increasing burden of this disease has resulted in a major effort by the World Health Organization and the National Institutes of Health, including publication of the *Global Initiative for Chronic Obstruc-*

*tive Lung Disease* document in 2001,<sup>1</sup> which proposes a new system of severity classification of COPD and treatment guidelines emphasizing current knowledge in the field, and highlights subjects of knowledge deficit. It is therefore timely and quite appropriate that a major volume covering clinical treatment of COPD should be published. And a major volume it is. **Clinical Management of Chronic Obstructive Pulmonary Disease** is composed of 45 chapters by 93 authors and has 1,072 pages. The topics range from some rather basic science issues, such as the treatment implications of the genetics of COPD, to very practical chapters such as the one covering the general practitioner and COPD. Regardless of whether a chapter deals with research tools or practical medication suggestions, all of the contributions discuss issues related to COPD treatment.

The book opens with a foreword by Dr Gordon Snider, who is a pioneer and authority in this field. This is a well-written overview that sets the stage well for the rest of the authors. I appreciated this piece because it allows the reader to grasp the depth and breadth of the COPD disease process, which has been recognized but not well understood for several hundred years. The balance of the book is divided into 10 parts, which are logical and clearly related. Sections on diagnosis and follow-up are followed by sections on treatments, such as pharmacologic therapies, treatment and prevention of infections, and treatment of associated conditions. In addition there is a section covering approaches to treatment in a number of countries around the world.

One of the major positives of this book is the quality of the authors. Most of them are authorities in their fields, with international reputations. The authors come from 12 different nations. I believe this is a reflection of the international interest and expertise in this field, and the geographic diversity benefits this text. Overall the quality of the writing is very good. Explanation of the basic science and mechanisms is quite clear, and diagrams, data plots, and photographs are used appropriately. For example, the chapter on COPD imaging nicely demonstrates the wide variety of computed tomography scan findings that are seen with emphysema.

The physical layout of the text is well done. The typeface is easily readable and the size of the pages is pleasing. Although the volume is quite thick, I did not feel over-

whelmed by the quantity of text. Diagrams are easily readable and labeled appropriately. The chapters are of a length that can easily be read at one sitting. The index is complete, although not exhaustive for a text of this size.

References for the individual chapters are quite up-to-date. I believe they are also quite complete. The number of references ranges between 60, for the shorter chapters, and 200, for the longer ones. I carefully reviewed the references of the chapters on subjects with which I am most familiar, and found that the references chosen were important contributions to the field and appropriate.

I have one criticism of the book. With the large number of authors there is some overlap in the more closely related chapters. For example, Figure 1 in Chapter 1 appears again in Chapter 4. There is also some repetition in the text. For instance, in Chapter 10, "The General Practitioner and the COPD Patient," there is a segment on inhaled bronchodilators and steroids, and Chapter 15 provides a complete treatise on inhaled steroids,  $\beta$  agonists, and anticholinergic agents, with some similar data and treatment suggestions. If the book is used as a reference (not read through from cover to cover) this repetition should not present a problem. However, this begs the question of how the book will be used. Dr Lenfant (the editor of the series of which this book is a part and also the Director of the National Heart, Lung, and Blood Institute) states that the book should "attract the attention of practicing physicians." I think the book deserves that attention, but at 1,072 pages I cannot imagine a practicing physician will have the time to read it from beginning to end. It is *no handbook*, for residents, fellows, or even practicing pulmonologists. I do believe, however, that it is a reference that can be used to access the current state of knowledge and best practice in specific areas. For example, for data on oral and inhaled steroids for stable COPD the reader can go to Chapter 16, which gives a complete and accurate assessment of this aspect of COPD management, and which can be easily digested in half an hour. Used that way I see an important role for this book for practicing physicians, nurses, and therapists in the community. As an academic physician who sees numerous COPD patients and is involved in clinical investigation of COPD, I find that this work represents an important synthesis of the field. I

will certainly keep it close at hand in my office. I expect that others will also find it valuable.

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#### REFERENCE

1. Pauwels RA, Buist AS, Calverley PM, Jenkins CR, Hurd SS. Global strategy for the diagnosis, management, and prevention of chronic obstructive pulmonary disease. NHLBI/WHO Global Initiative for Chronic Obstructive Lung Disease (GOLD) Workshop summary. *Am J Respir Crit Care Med* 2001;163(5):1256-1276. *Respir Care* 2001; 46(8):798-825.

**Lung Disorders Sourcebook.** Dawn D Matthews, editor. (Health Reference Series) Detroit: Omnigraphics. 2002. Hard cover, illustrated, 657 pages, \$78.

The **Lung Disorders Sourcebook** is part of the Omnigraphics Health Reference Series. This edition provides basic consumer health information about a variety of common pulmonary disorders, their diagnosis, common treatment modalities, and risk factors. Prevention strategies to avoid the acquisition of lung disorders from environmental exposures to radon, asbestos, formalin, and passive smoke are also highlighted. This book is divided onto 6 parts: Introduction; Types of Lung Disorders; Diagnosis; Treatment; Risks and Prevention; and Additional Help and Information. Each part is broken down into chapters devoted to specific disorders, diagnostic tests, therapies, or health risk/prevention. Also included is a comprehensive glossary and resource directories.

Part 1, "Introduction," is divided into 5 chapters. This section commences with a historical view of the lung and includes chapters on lung structure and function, the environment and lung disease, how lung diseases begin, and who can get respiratory failure. This section is very well written, presenting very complex material in a simple, easily digestible, and detailed manner. The author uses line drawings to illustrate respiration, pulmonary circulation, and in-

terstitial and airway disorders. Although the illustrations are used appropriately, they were of poor quality, generally appearing dark and blurred, which made it difficult to differentiate the characteristics the author was attempting to highlight. There is abundant use of definitions to briefly describe common lung disorders. The definitions are concise, very descriptive, and stated in terms a layman can easily understand.

Part 2, "Types of Lung Disorders," contains 35 chapters, each describing a different pulmonary disease. These chapters lack format consistency and provide information in various degrees of detail. Many chapters are reprinted fact sheets, or contain text from standardized educational materials developed by the American Association of Family Practitioners, the National Heart, Lung, and Blood Institute, the National Jewish Medical and Research Center, and the Centers for Disease Control and Prevention. All referenced or reprinted materials cited are dated, and Web addresses are provided. The chapter on histoplasmosis is the most detailed in this section. The format used in this chapter is similar to those found in medical textbooks, complete with peer-reviewed citations. The frequent use of technical terminology may reduce the readability of this chapter for patients and caregivers. There are chapters pertaining to anthrax, asthma, asthma in older adults, bronchopulmonary dysplasia, chronic obstructive pulmonary disease, cystic fibrosis, histoplasmosis, lymphangioleiomyomatosis, primary pulmonary hypertension, respiratory sleep disorders, sudden infant death syndrome, sleep apnea, and sarcoidosis, and the chapters provide detailed information on diagnosis, exposure risks, diagnostic testing, and treatments. Also included are discussions of prevention, protocols for reporting and investigating exposures, a glossary of terms specific to the disease process, morbidity and mortality data, and sources for additional information. Only limited information is provided in the chapters on  $\alpha$ -1 antitrypsin deficiency, beryllium disease, bronchiectasis, bronchitis, colds, emphysema, inherited emphysema, influenza, idiopathic pulmonary fibrosis, Legionnaire's disease, lung cancer, pneumonia, psittacosis, pulmonary embolism, respiratory distress syndrome, respiratory syncytial virus, silicosis, tuberculosis (TB), drug-resistant TB, pediatric TB, and upper respiratory infections. An overview is provided of the disease process, associated signs and symp-

oms, diagnostic testing, and a few treatment options, with limited or no additional resource information.

The final chapter in Part 2 is a synopsis of lung disorders not covered by the other chapters in this part. The author presents, in a uniform format, general descriptions, signs and symptoms, treatment options, and complications of actinomycosis, atelectasis, black lung/pneumoconiosis, bronchopneumonia, pleurisy, empyema, pneumothorax, and embolism.

Part 3, "Diagnosis," describes invasive and noninvasive tests commonly used to diagnose pulmonary-related disorders. Eighteen chapters compose this part, each dedicated to an individual test or procedure. Seventeen of these chapters are reprinted from the Yale University School of Medicine's *Patient's Guide to Medical Tests*. Seven invasive tests (arterial blood gas, bronchoscopy, mediastinoscopy, needle biopsy, open lung biopsy, thoracentesis, and thoroscopy) and 11 noninvasive tests (bronchial challenge, body plethysmography, chest radiography, chest tonography, lung scan, mouth pressure test, magnetic resonance imaging, oxygen saturation, peak flow measurement, pulmonary exercise test, pulmonary function test) are described in a consistent format. A simplified description (1–2 sentences) of each test's purpose, preparation, and procedure are provided. Information specific to where the test can be performed (physician office, outpatient clinic, hospital), who performs the test, procedure length, pain and discomfort, special equipment, risks and complications are also included.

The final chapter in this section is dedicated to the meaning of a positive TB test. The author wanders beyond the intended scope of this section (description of diagnostic testing) and comments on treatment options and consequences of poor adherence.

Part 4, "Treatment," is an eclectic collection of chapters that cover a broad spectrum of material, ranging from use and care of a nebulizer to the management of the heart-lung transplant recipient. The chapters contained within this part follow no particular format. The author often combines complex medical terminology and oversimplified information within the same chapter. Many of the chapters provide resource citations for additional information.

Part 5, "Risks and Prevention," provides consumer information for many environmental health hazards. The author thoroughly presents information, in a digestible

manner. Citations for additional resources are especially helpful in this section.

Part 6, "Additional Help and Information," provides an extensive list of national organizations that offer assistance to those afflicted with lung disorders. A glossary of related medical terms is also included in this section.

In summary, the **Lung Disorders Sourcebook** provides concise, easy-to-read medical information for the lay health care consumer. Medical professionals may find the contents helpful to complement treatment or procedure-specific patient information.

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**Working in Health Care: What You Need to Know to Succeed.** Michael W Drafke EdD. Philadelphia: FA Davis. 2002. Soft cover, illustrated, 210 pages, \$25.95.

**Working in Health Care: What You Need to Know to Succeed** is a curiously unique book. Though most management texts are directed at individuals seeking to gain management skills or become managers, author Michael Drafke aims his text directly at the converse audience: front-line health care providers who report to managers. Drafke accurately identifies a curricular void in most allied health profession programs—to educate individuals on how to become effective *employees* as well as health care providers. In addressing this void he sets out to accomplish 2 main goals. First, "to produce a book for health care professionals that explains the nontechnical aspects of working," and have "health care workers understand how to work with others and with management." Second, "to get people to read the book," the author chose to write "directly to the reader in a simple, even casual, style." What follows are 13 chapters that address a diverse assortment of topics that emphasize educating health care providers about how the real working world operates, how to get along with co-workers and managers, and identifying and achieving success as an employee.

Because of the diversity of topics addressed in this book the chapters appeared to be randomly organized at first glance, but upon further scrutiny it became apparent that the author intended to progress from gen-

eral to specific and from abstract to concrete. Each chapter begins with a brief outline and a set of clear and thoughtful objectives (which, for the discerning educator, uses various orders of Bloom's taxonomy<sup>1</sup>). The format of many of the chapters is an expanding topic list that builds logically on each chapter's central concepts with supportive content, details, and explanations. Most concepts are backed up with brief examples or vignettes relevant to health care. Abundant figures and tables are present in each chapter and either illustrate or summarize main points, offering both emphasis and a quick reference to important ideas. Each chapter also includes between 2 and 5 workbook-style exercises (called "Building Comprehension Exercises") designed to reinforce the concepts and ideas presented. These exercises also prompt readers to identify and reflect on their personal characteristics, traits, and beliefs.

The first 4 chapters focus on establishing a foundational understanding of work, general interpersonal interaction, and health-care-related economics, with chapters titled "Why People Work," "The Work Environment," "Communication: Verbal and Non-verbal," and "Economics and Health Care." Chapters 5 through 9 emphasize the specific interactions among employees and between employees and management. The chapter titles are "Management: Why It Is Needed; Learning to Live with It," "The Informal Organization," "Performance Evaluations," "Management Decisions: Understanding and Coping with Them," and "Understanding Motivation." Chapters 10 through 13 focus more specifically on employee attributes and their impact on job success. The chapters are "Change," "Job Satisfaction," "Introduction to Stress," and "Becoming Employed."

The chapter titles alone, however, don't begin to describe the quantity of content and variety of topics covered in this book. Several chapters provide a historical context on organizational or managerial theories and concepts. For example, the first chapter's exploration into the reasons why people work leads to an introduction to classical theorists' views on work, including Martin Luther and Abraham Maslow. Likewise, Chapter 9, "Understanding Motivation," provides a biographical profile of both classical motivation theorists such as Max Weber, Frederick Taylor, and Henry Gantt, and behaviorist motivation theorists such as

Mary Parker Follett, Douglass McGregor, and Frederick Herzberg.

Other chapters seek to bridge the gap between theory and concept and the reader's practical understanding of the material. In Chapter 4, "Economics and Health Care," the author introduces the reader to 4 major economic models (market system, command system, macroeconomic model, and indicative planning) and definitions of essential concepts such as scarcity of resources, cost of information, and the law of supply and demand. Managed care and its origin are then succinctly explained, along with related concepts such as defensive medicine, capitated payment, health maintenance organizations, and preferred provider organizations. To ensure a practical understanding of this chapter's material, the Building Comprehension Exercise guides the reader through the development of an annual budget for a managed care organization.

Many chapters simply state the way things are in the real work world. For example, in Chapter 6 Draffe plainly states that informal organizations (social groups and networks) not only exist but hold considerable power in the workplace. He goes on to discuss the difficulties that may be encountered when trying to join an informal organization and the consequences of not becoming a member. Instructions on how to join, or at least get along with, an informal organization are provided. Other chapters cite the inherent unfairness of decisions that are often made in the business world (eg, scenarios from Chapter 8, "Management Decisions: Understanding and Coping with Them," and Chapter 13, "Becoming Employed"). His recommendation for dealing with unfavorable decisions is, "classify the decision, accept it for what it is, and move on."

Despite the wide spectrum of information covered, several consistent themes are present throughout the book. Early on, Draffe introduces the term "managee" to describe the front-line health care worker who is managed by someone else—namely a "manager." Draffe regularly emphasizes that managers and managees represent entirely different roles that are both complementary and dependent on one other. They do not represent a subordinate relationship or hierarchical progression of rank, despite common belief to the contrary. The second consistent theme is the obligation of every employee to speak up and provide management with feedback when asked—even if providing feedback is uncomfortable or un-

popular. The alternative is to potentially lose one's voice in the workplace for good, if managers come to believe that managees have no interest in actively participating in the management process. Finally, regardless of workplace environment, circumstance, or duress, Draffe states that every health care provider must uphold the maxim "patient care comes first."

Judged against the author's stated goals for the book, the final product is very much a success, with solid content. The book also fulfills the goal of casual writing, occasionally employing the first-person voice, which seems to appeal to the more casual reader. This writing style also seems to fit the soft-cover, workbook-exercise approach used for this text.

Based on the way the book is written, the primary audience for this book would be students in schools of allied health professions and allied health employees relatively new to the field of health care. Nursing students and new nurses would also find this book very helpful. That does not mean that experienced health care providers or managers would not benefit from reading this book—there is sufficiently diverse content that all readers will gain new knowledge and insights from it. Experienced health care providers or managers may find that the frequent examples (although well written) can become tedious if one is accustomed to the sparser, textbook approach, but the examples do effectively illustrate the concepts and ensure clarity.

Though the word choice and level of writing is appropriate for the primary audience, overall readability is just average. Grammar and sentence structure is sometimes awkward or wordy and will prompt the reader to re-read some sections or interpret the meaning from context; for example, sentences such as, "The numerous examples of violations of the management law of unity of command are a prime example" (page 160). I found no spelling errors but did find a few grammatical and editing errors.

The text is well documented and references are clearly presented. Some are fairly dated (1970s and early 1980s), but many of these refer to management concepts or theories so their usefulness is not diminished over time. In one instance a dated citation was used and resulted in a reference to "sexual preference"; most current sources have adopted the more accepted term of "sexual orientation."

The index is comprehensive, but not overdone—perfect for looking up a concept or topic among the diverse chapter contents.

One deficiency in this book is the absence of a chapter dedicated to professional and medical ethics. In a business environment that often pressures both managees and managers, particularly those in health care, to achieve conflicting outcomes, a review of ethical theories, concepts, and obligations would seem a worthwhile addition.

**Working in Health Care: What You Need to Know to Succeed** represents an uncommon value among health care management texts. Few textbooks, if any, have compiled such a comprehensive list of management concepts (and common sense) specific to front-line health care providers, and

this book makes it relatively painless reading. This in itself makes the text a good value. Additionally, Draffe has really combined 2 separate books into 1—a textbook and a workbook. Though it is unlikely that anyone would complete every Building Comprehension Exercise in this book, the quantity of exercises (several per chapter) provides choices. Students, teachers, health care providers, or managers can choose exercises appropriate to their needs and incorporate them into individual or group activities. Within the book's content some redundancy and repetition does exist from chapter to chapter, but this allows each chapter to stand on its own. One could just as easily read one chapter, a few chapters, or the entire book, and the information would

still be cohesive. Finally, the text is priced very competitively, which should eliminate any excuse-making from students, employees, or managers that the cost of this information is too high.

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#### REFERENCE

1. Bloom's taxonomy is described at <http://faculty.washington.edu/krumme/guides/bloom.html> and at <http://www.nwlink.com/~donclark/hrd/bloom.html> (accessed 12/10/02).