Current hospital work environments have inefficient work processes, physical designs, technology infrastructure, and organizational cultures that cause inefficiencies and nursing stressors that compromise direct patient care. This article reviewed the evidence relating to nursing work processes, physical space, infrastructure, and patient safety to promote transformational change to the nursing work environment.

**Methods**

A literature review of 35 evidence-based sources relating to nursing work processes, physical space, infrastructure, and patient safety was conducted to determine how to promote transformational change across four work-process categories: (1) documentation, (2) medication administration, (3) communication (care coordination), and (4) supplies and equipment management.

**Findings**

Innovations in hospital design and work processes have the potential to enhance the recruitment and retention of staff, increase efficiency of care delivery, and improve the quality of clinical care and patient safety while avoiding reimbursement penalties. Achieving transformational change in each of these categories will require the integration of new technologies, work processes, and architectural
designs, and the collaboration of key stakeholders across the hospital system. This range in perceptions underscores the fact that the adoption of any new work process requires the direct involvement of care providers and a keen awareness of how the physical space and workflow support or detract from the intended goal to document concurrently.

**Limitations**

Results may not be generalizable due to the narrow focus of the literature review on studies that analyzed small sample sizes.

**Design Implications**

Findings suggest that unit layout can affect nurses’ strategies for obtaining medications, equipment, and supplies as well as affect the number of trips made to assigned patient rooms. Both staff morale and patient satisfaction can be improved through integrated environmental design features such as incorporating patient and family spaces to support family participation in the care process; the design of attractive, pleasant environments; and the use of smaller units with good visual access between staff and patients. Centralized mobile case-carts reduce supply costs and increase caregiver productivity.