



KEY POINT SUMMARY

OBJECTIVES

The objectives of the study examine the tangible attributes of ambulatory care (the physical environment; operations and systems; time; and contact with employees) associated with satisfaction comparable to the literature available for satisfaction with physicians and inpatient hospital settings. These are categorized as six factors: access characteristics; facility characteristics; process/system variables; communication variables; instrumental care variables; and affective care variables.

Attribute Correlates of Hospital Outpatient Satisfaction

Krueckeberg, H. F., Hubbert, A.
 1995 | *Journal of Ambulatory Care Marketing*
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Key Concepts/Context

Patient satisfaction with hospital outpatient or ambulatory services is an important factor in influencing patient patronage and loyalty. With the increasing growth of revenue associated with outpatient procedures, this area of practice has important opportunities for market-share development through employee behavior and the influence of management and marketing strategies. This study examines the attributes of the ambulatory care experience which were significantly associated with the level of satisfaction resulting from the most recent hospital ambulatory visit.

Methods

A mailed survey instrument composed of 75 attributes, satisfaction appraisal and demographic information included multiple choice questions, Likert scale questions, and semantic differential scales. The sample consisted of 996 patients who had recently visited one of three outpatient services (radiology, lab, cardio-respiratory therapy) within a hospital. There were 415 usable questionnaires returned (41.7 percent response rate). Stepwise regression was used to evaluate the significance of all 75 predictor attributes and six demographic attributes to the dependent variable "satisfaction."

Findings

The aggregate level of satisfaction was determined by self-expressed satisfaction on a 5-point Likert scale (4.37), as well as a mathematical calculation of satisfaction using the 75 predictor attributes (also on a 5-point Likert scale, averaging 4.29). The two methods were not significantly different. Means of the six hypothesized categories of were also calculated according to the 75 attributes with the following results:



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1. affective care (4.43)
2. communication (4.29)
3. instrumental care (4.23)
4. facility (4.18)
5. process/system (4.14)
6. access (4.09)

Access satisfaction and process/system satisfaction were significantly lower than the overall satisfaction average and affective care (perceived caring and compassion) was significantly higher than the overall average. Within access, convenient parking was identified as a satisfier. There was neither a facility variable nor process/system variable that emerged as satisfier with the last visit; however, several attributes emerged as "distractive" satisfiers. For the facility component, this included comfort of the treatment waiting area; difficulty in finding; facilities were attractive; adequacy of lighting level; use of modern equipment. Process/system distractors included: waiting time between check-in and treatment; availability of computerized information; needed supplies were unavailable.

Twenty-six of the 75 variable emerged as significant predictors, with variables related to the built environment including cleanliness, attractiveness, and comfort.

Limitations

While 26 of the 75 variable emerged as significant predictors, the R squared value of the regression was less than 10 percent, indicating a weak explanatory value. The authors note the complexity of outpatient services and indicate that as a result, no single variable is broad enough to serve as a determining factor of satisfaction. While the authors used extensive multivariate analysis, factor analysis may have been a useful analytic addition to determine similarity between the numerous variables. This may have also identified other ways to construct a regression model with a higher explanatory R squared value.

Design Implications

The authors note recommendations for physical facilities including:

7. A separate outpatient entrance
8. Providing the impression of spaciousness
9. The development of visual clues to assist outpatients

From a staff perspective, the authors note the need to minimize visible socializing among staff and to streamline procedures for check-in and waiting.

Based upon the survey analysis, design team should choose cleanable and durable materials; select comfortable, ergonomic furniture; create an esthetically pleasing environment; provide adequate storage; ensure adequate lighting for ambient and task conditions; and offer easy and convenient access to parking.