



KEY POINT SUMMARY

OBJECTIVES

This study investigates the following research question:

Do patients in appealing rooms more favorably evaluate health care providers and services than do patients in typical rooms?

The key hypotheses were:

H1: Patients in appealing rooms will rate their attending physician more favorably than will patients in typical rooms.

H2: Patients in appealing rooms will rate nurses more favorably than will patients in typical rooms.

H3: Patients in appealing rooms will rate the housekeeping staff and food service staff more favorably than will patients in typical rooms.

H4: Patients in appealing rooms will evaluate the food service (overall satisfaction, received what ordered, temperature) more favorably than will patients in typical rooms.

Do Appealing Hospital Rooms Increase Patient Evaluations of Physicians, Nurses, and Hospital Services?

Swan, JE, Richardson, LD, Hutton, JD
 2003 / *Health Care Management Review*
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Key Concepts/Context

There is a trend to move healthcare towards hospitality, and create more appealing and less institutional environments. A key driver, not exclusive to the healthcare industry, is that physical surroundings can influence customer judgments of service performance including customer satisfaction, loyalty, favorable word of mouth, recommendations and service quality perceptions. In the context of healthcare although various studies have addressed the importance of the physical environment with respect to favorable health outcomes, few have established a correlation between physical appeal and perception of service quality. Furthermore the extent to which appealing hospital rooms as a type of physical facilities will positively influence hospital patient evaluations of physicians and nurses and hospital services is not known. In this article author investigate this question by comparing patients' perception of service quality in two types of rooms, a typical room and renovated hotel-type rooms, within the same hospital system.

Methods

The independent variable in the hypotheses was typical hospital rooms and appealing hospital rooms. Dependent variable included patients' evaluation of their primary physician (attending physician), nurses, food and food service, an overall evaluation of the hospital, intentions to reuse the hospital, and intentions regarding word-of-mouth concerning the hospital. This study employed a quasi-experimental design with nonequivalent groups that were as equal as possible with one group of patients from appealing rooms and a second group from typical rooms all in the same hospital building. To obtain groups that were as equivalent as possible two major steps were taken. First, except for type of room, hospital services across the two areas were examined to determine the extent to which



DESIGN IMPLICATIONS

Appealing rooms have a positive effect on the patients' hospital experience.

It is important to deinstitutionalize hospitals and create more visually and physically appealing environments that can have a ripple effect on patient perceptions, during and long after their hospital stay.

patients received equivalent services. Second, patients in the two types of rooms were matched on a number of variables.

To select the two types of room, managers were asked for the best example of an appealing (beautiful, new, fresh, clean and visually appealing) physical setting and unanimously name the Magnolia pavilion where patients paid \$40 extra for the hotel-like rooms. Typical rooms were identified in close proximity to the Magnolia room. Patients in both rooms received same type of medical services from the same providers and physicians. However, the nursing staff on the two rooms was different.

Part of the field experiment design was to compare patients in typical and appealing rooms who were matched on a number of variables that could possibly influence responses to the dependent variables. Patients in the two areas were matched on the case mix, that is types of medical services received (such as gynecology, orthopedic surgery, and so on) by using only those services reported for both areas and by selecting equal numbers of patients in each area using the same service. Other matching variables included type of insurance and gender. The two areas were also matched for length of stay, age, health before and health after treatment, and pain control. For purposes of experimental design it was important the patients in rooms selected as appealing rated their rooms more favorably than patients in typical rooms, which was found to be the case.

Over a period of 6 months questionnaires were mailed to patients in the two units using the "Patient Report Card", a validated instrument that asks patients questions about their recent inpatient visit. The PRC was administered by mail and a telephone version was conducted to verify results. The first set of study patients numbered 2549 and included all patients responding to the questionnaire over the 6 month period. Selecting patients from the two settings, matching them on the variables notes above and eliminating outliers have the final data set of 177 cases (88 typical, 89 appealing). A subset of questions and multiple-item scales from the PRC were used for hypothesis testing.

Findings

1. Patients in appealing rooms rated their attending physician more favorably than did patients in typical rooms.
2. There was no significant difference in how patients rated the nurses in the two rooms although the trend was positive towards the appealing rooms
3. Patients in appealing rooms rated the housekeeping and food service staffs more favorably than patients in typical rooms.
4. Patients in appealing rooms evaluated the food service more positively than patients in typical rooms.



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Overall, patients in appealing rooms did, relative to patients in typical rooms, rate the hospital more favorably, had stronger intentions to use the hospital again, and would recommend the hospital to others.

Limitations

1. Response rates differed between the appealing and control rooms and the experiment was not tightly controlled
2. Patients self-selected the appealing rooms and paid extra \$40 dollars to stay in them which may have biased their perceptions
3. Nursing personnel was different in the two areas which is a confound
4. No data was collected on actual physician time spent on the patient bedside to support the patient perception that more time was spent by the physician in the appealing rooms.

Overall the study is a great resource in looking at how surveys can be conducted, and analyzed, rigorously. There is a need for more rigor on what constitutes an "appealing" room to be able to prioritize design decisions and investments.