Perceived Quality of Care: The Influence of the Waiting Room Environment

Arneill, A., Devlin, A.
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Key Concepts/Context
This study is a pioneering effort linking the physical experience of being in physician waiting rooms with perceptions of quality of care. Researchers found that the design/conditions in doctors’ waiting rooms influenced perceptions of the quality of care delivered by the doctors associated with those spaces.

Methods
Slides of 35 actual doctors’ waiting room areas were shown to 147 college students and 58 senior citizens (ages 59 to 90). As each slide was viewed, study participants answered questions about the care that they felt would be received from the physicians associated with the spaces shown. Participants responded to the statements “quality of care you would imagine to be delivered by the doctor of this waiting room” and “how comfortable you feel in the environment” by placing an X along a 10 cm line with the 0 point on the scale being least preferred and the 10 cm point being most preferred. Participants indicated if they thought the physician associated with the office viewed was male or female. Participants also provided open-ended comments about each space viewed.

Findings
Researchers learned that “perceived quality of care [was] greater for waiting rooms that were nicely furnished, well-lighted, contained artwork, and were warm [welcoming] in appearance versus waiting rooms that had outdated furnishings, were dark, contained no artwork or poor quality reproductions, and were cold in appearance.” Researchers found that, “The waiting rooms of slides perceived to belong to women doctors were similar in that they tended to be highly decorated [curtains, attention to wall coverings and artwork], warm in color (mauve and pink tones) and homey.” Researchers found, in general, a positive association between
perceptions that a waiting room belonged to a female physician and comfort and quality of care. Younger participants felt that the quality of care in the waiting rooms linked to male physicians was higher than senior citizens did, and the seniors ranked the environments associated with female physicians as significantly more comfortable as students did.

Limitations

- The sample sizes were modest.
- The relative weight of various aspects of the physical environment on perception of care could not be determined.
- Aspects of the physical environment (such as “welcoming”) were not fully articulated.