Recent advances in cancer care allow more cancer patients to be treated on an ambulatory care basis, whether chemotherapy, radiation therapy or follow-up care. Care can include physical, psychological, and emotional challenges. Ambulatory oncology clinics have the opportunity to create positive treatment experiences for patients. This study examined the effects of environmental changes in a cancer center on aspects of patient satisfaction, ranging from satisfaction with the physical environment and wait times to continuity of care, confidentiality, and trust in providers.

**OBJECTIVES**

This study examined the effects of environmental changes, such as rearranging the seating area, playing soft music, and displaying scenes of nature, on aspects of patient satisfaction, ranging from satisfaction with the physical environment and wait times to continuity of care, confidentiality, and trust in providers.

**Cancer Patients’ Satisfaction With Care in Traditional and Innovative Ambulatory Oncology Clinics**

Groff, S. L., Carlson, L. E., Tsang, K., Potter, B. J  
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**Key Concepts/Context**

Recent advances in cancer care allow more cancer patients to be treated on an ambulatory care basis, whether chemotherapy, radiation therapy or follow-up care. Care can include physical, psychological, and emotional challenges. Ambulatory oncology clinics have the opportunity to create positive treatment experiences for patients. This study examined the effects of environmental changes in a cancer center on aspects of patient satisfaction, ranging from satisfaction with the physical environment and wait times to continuity of care, confidentiality, and trust in providers.

**Methods**

Satisfaction was evaluated for two groups of Canadian patients—patients from an older outpatient oncology clinic (Tom Baker Cancer Centre - TBCC) and patients from a new oncology clinic (Holy Cross Site - HCS). A prospective, nonrandomized pre-post comparative study design was used with patients with lung, head and neck, and gynecological diseases. The lung group was the target group moving to the new clinic, while the other two groups were used as controls, due to demographics, similarity of operating procedures, and their planned stay at the older facility. Patients who voluntarily participated in the were given a questionnaire while waiting for their appointment. No identifying information was collected.

The TBCC had a single waiting area of 25 chairs, a small television set located in the corner of the room, and magazines and pamphlets scattered to the side. The beige colors were described as “hospital like.” Wait times ranged from five minutes to two hours. After waiting in this area and being called by a volunteer, patients were taken to a second waiting area. Access is difficult, due to parking. During the study
SYNOPSIS

DESIGN IMPLICATIONS

According to the authors, this study has implications for cancer centers in other areas, particularly those competing for market share (unlike the Canadian system). This study demonstrated that the physical environment can improve satisfaction. Importantly, the results also suggest non-structural changes could be made to existing centers to improve patient satisfaction. These changes include: incorporating a decor of soft nature-based colors, re-arranging the seating area into smaller groups, incorporating soft music, increasing privacy, and providing pictures featuring scenes of nature.

period, efforts were made to have each patient seen by the same healthcare providers and processes were implemented to reduce wait times. The HCS is located near a park and a river in a quieter environment. Patient volume is significantly lower than the TBCC, and the waiting area is larger containing four different seating sections, each with seven chairs, magazines, and a flat screen TV playing nature scenes. A soothing environment was created through the use of nature-toned colors and soft music playing throughout the clinic waiting area. Operationally, to reduce the wait time of patients, the HCS scheduled more time for appointments, and to enhance privacy, the new clinic used a personal silent vibrating pager system).

The survey instrument used was the Long-Form Patient Satisfaction Questionnaire (PSQ-III), a validated 50-item Likert-scaled tool used to measure patient satisfaction with medical care. The items on the PSQ-III are categorized in seven subscales: general satisfaction, technical quality, interpersonal care, communication, financial aspects, time spent with provider, and access/availability/convenience. In this study, the financial subscales were not included, due to the Canadian universal healthcare system. An additional 17 items were constructed to assess areas of patient satisfaction identified in the literature reviews that were not accounted for by the PSQ-III. These items represented six domains of patient satisfaction: physical environment, wait times, continuity of care, confidentiality of information, trust in providers, and interpersonal care.

Findings

Patients in the new cancer clinic were significantly more satisfied on three subscales after the move: wait time; continuity of care; and trust in care providers. Both groups that stayed at the old site, were significantly more satisfied with wait times. In addition, patients with gynecological disease were significantly less satisfied with the physical environment over time. Before the move, no significant differences were observed on any of the subscales for the physical environment between the three groups of patients. After the move, patients at the new cancer clinic had significantly higher satisfaction scores on the physical environment and wait time subscales than patients at the old site. Taken as a whole, the patients in this study had lower scores on the access/availability/convenience subscale than the normative data. According to the authors, the most striking finding of this study is that it is possible to improve patient satisfaction by changing specific aspects of the environment such as pagers to inform patients of their appointment, soothing music, viewing of nature scenes, warm wall colors, lighting, and dedicated patient parking. While wait times (shown to be a string source of dissatisfaction) were improved through operational changes, patients at the new site had an increase in satisfaction beyond what was observed at the old site.
Limitations

The authors note possible limitations of considering only three types of cancer patients, although this may be minimal due similarities in satisfaction scores relative to the varied disease types and patient demographics. There was not a specific evaluation of which changes to the environment (music, colors, or scenes of nature, enhanced privacy and shorter wait times) had the greatest impact in terms of satisfaction. It is also unclear from the paper whether patients had views of the site’s nearby park and river.