



KEY POINT SUMMARY

OBJECTIVES

The purpose of this study, conducted in an outpatient infusion center, was to assess the influence of a non-talking rule on actual sound level and on patient perceptions of anxiety, proximity, crowdedness, and noise, and satisfaction.

The effect of a non-talking rule on the sound level and perception of patients in an outpatient infusion center

Zijlstra, E., Hagedoorn, M., Krijnen, W. P., van der Schans, C. P., Mobach, M. P., 2019 | *PLOS ONE*. Volume 14, Issue 2, Pages 1-15

Key Concepts/Context

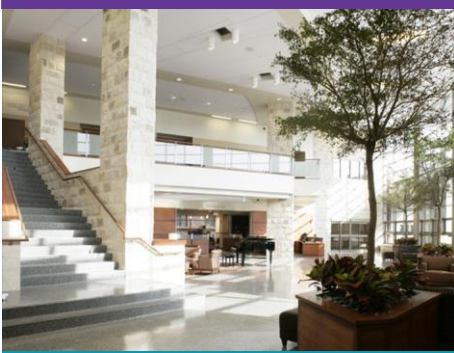
The World Health Organization has recommended that noise in patient care areas be limited to support healing. The authors of this study explore the effect of a behavioral intervention aimed at reducing conversational noise in the context of an outpatient infusion center and its result on patient perceptions.

Methods

In this quasi-randomized trial, sound levels were measured at baseline, during routine operations, and during operations where patients and staff were asked to observe a no-talking rule. The sample included adults who patronized an infusion center in the Netherlands in 2015. After baseline measures were taken for sound, data was collected via survey from patients during normal operations and while the no-talking intervention was in effect.

Findings

While there was a significant difference in the mean sound measures between the talking and non-talking conditions, it is not clear whether there was an appreciable difference. Furthermore, there was no significant difference in patient perceptions of anxiety, proximity, crowdedness, and noise, and satisfaction between the 126 participants who were in the non-talking condition and the 136 participants in the talking condition. The overall conclusion was that mitigating conversation did not influence patient perceptions positively or negatively. While 57% of the participants indicated they preferred to have normal conversation, 36% did not have a preference.



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Limitations

Patients were not provided the opportunity to indicate their preference for a talking or non-talking condition, which may have affected their perception of the environment. Specific sources of treatment center sounds were not measured, such that patients who had been routinely treated at the center may have become habituated to the sounds. Finally, due to the small number of participants who indicated a preference for non-talking conditions, further research is needed to corroborate the findings in this study.

Design Implications

Patients in an outpatient infusion center may benefit from environmental options where they can choose whether to rest in silence or communicate with others during their treatment appointments. Further research is needed to help personalize options offered.

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