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The role of the reception area in health care

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The role of the reception area in health care

Abstract
Background: Many recommendations are made in the journals by practitioners and consultants regarding what patients desire in the reception area. However, the literature does not reflect the views of patients. Our research targeted the opinions of patients, and the discoveries reveal what doctors and designers do not. This research surveyed the Portland/Vancouver metropolitan area evaluating the importance of specific comfort factors, and opinions applicable to the role of the reception area in the office of a health care professional.

Methods: Three hundred forty participant responses were tabulated to determine the level of importance of certain amenities in a health care provider’s reception area. The thirty-four factors were ranked in order of importance.

Results: Forty-six percent of the sample claim that the reception area does play a role in their choice of health care provider, and twenty-nine percent state they would be willing to pay more to have these factors provided.

Conclusion: Our findings reveal that patients rank clean restrooms, immediate access to the receptionist, controlled temperature and comfortable furniture as top priorities. Least important factors according to our sample include aquariums, refreshments and television.

Degree Type
Thesis

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THE ROLE OF THE RECEPTION AREA IN HEALTH CARE

By

LISA BURSETT
KHANH NGUYEN

A thesis submitted to the faculty of the
College of Optometry
Pacific University
Forest Grove, Oregon
for the degree of
Doctor of Optometry
November, 1996

Advisor:
Willard B. Bleything, O.D., M.S.
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BIOGRAPHY

Lisa Bursett holds a B.A. in fine art from The University of Washington, and an A.A. in Visual Communication from The Art Institute of Seattle. She will graduate from Pacific University College of Optometry with an O.D. degree, May, 1997. Born and raised in Seattle, Washington, Lisa plans to return to Seattle to join her father in his private optometric practice. Eventually, she intends to expand and update the existing practice, utilizing this thesis project's results for direction.

Khanh Nguyen holds a B.S. in Visual Science from Pacific University and anticipates graduation from PUCO with an O.D. degree in May, 1997. Originally from Vietnam, Khanh immigrated to the United States at the age of six with her family. Currently Khanh and her husband, Thong Nguyen, reside in the Portland metropolitan area.

ACKNOWLEDGMENTS

Khanh and Lisa give special thanks to Dr. Wid Bleything for his contribution of wisdom, direction and enthusiasm to this thesis project. The authors would also like to acknowledge the survey participants, as this study could not have been completed without their opinions.
ABSTRACT

**Background:** Many recommendations are made in the journals by practitioners and consultants regarding what patients desire in the reception area. However, the literature does not reflect the views of patients. Our research targeted the opinions of patients, and the discoveries reveal what doctors and designers do not. This research surveyed the Portland/Vancouver metropolitan area evaluating the importance of specific comfort factors, and opinions applicable to the role of the reception area in the office of a health care professional.

**Methods:** Three hundred forty participant responses were tabulated to determine the level of importance of certain amenities in a health care provider's reception area. The thirty-four factors were ranked in order of importance.

**Results:** Forty-six percent of the sample claim that the reception area does play a role in their choice of health care provider, and twenty-nine percent state they would be willing to pay more to have these factors provided.

**Conclusion:** Our findings reveal that patients rank clean restrooms, immediate access to the receptionist, controlled temperature and comfortable furniture as top priorities. Least important factors according to our sample include aquariums, refreshments and television.
INTRODUCTION

The decision to design or update the reception area of a health care practitioner's office is not one to be taken lightly. Considerable time, expense and energy go into making renovative changes or planning the design of a reception area altogether. Consequently, many articles are published regarding office design and how one should go about it. This vast body of literature offers a variety of opinions by professional designers and practitioners themselves. Yager believes the goal is to create a comfortable, modern, yet memorable office that will make patients want to return to the practice. Chase states that patients have only a few ways to measure your competence; office design is one of them. She claims if your design is dated, your carpeting is worn, your wall-coverings dingy or your furniture faded, your patients will assume the doctor is out of date, too. According to D'Addono, the rule for redesigning your office is, form follows function. In other words, your office should be functional and practical. As the population ages, the needs of senior citizens must be considered, too. Most chairs should have arms, comments D'Addono, a feature important to disabled and elderly patients. However, include a few armless chairs to accommodate heavy-set individuals. Miner says, you don't want to go with the cheapest chair possible, because it won't hold up. Expect to pay between $125 and $300 for durable attractive waiting room chairs. Stoltzfus and Andrews, two optometrists who converted an old brick home into a practice in New Holland, Pennsylvania, suggest to capitalize on homey features. They kept the original fireplace in one room, creating a cozy patient holding area. They also recommend to keep colors, paint and carpeting fresh. By changing them every four to five years, an office looks more up-to-date, and staff and patients really enjoy the change. Griffen, a designer who specializes in vision care offices, advises removing as many walls as possible in order to eliminate hallways and visual barriers. As far as furnishings are concerned, she feels that while Americans are not comfortable sitting close to people they don't know, they do prefer to sit together with family members. Griffen suggests that seats should face one another, and to allow eight feet between the seats so patients feel they have enough private space. Lee makes a point that, as a health care provider, you offer public accommodations, and these must be accessible to everyone, regardless of disability. If your existing building has architectural and communication barriers, they must be redesigned or eliminated. New office buildings must be "readily accessible". Berg believes a "kid's pit", which is really just a 3-foot-by-3-foot carpeted depression in the corner of the welcome area, is the ideal way to keep energetic youngsters entertained and out of harm's way. Koetting advises to buy the richest, deepest padded, most elegant carpet available for the room in which the bill is presented. He feels that no one will ever complain about a bill when he's up to his knees in carpet. In contrast, Hanks, in his office redesign strived to convey a message of "caring about quality", while trying not to support any perception of being "very expensive". Persico makes a strong statement that the reception area comprises your patients' first and last impressions of your office. He feels it's worthwhile to make sure those impressions are good ones.

However valid these recommendations may be, the voice of one group is underrepresented-- that of the patients. After all, who knows better what is desired in an office reception area, also known as "the waiting room", than the one who sits and waits? Our research targeted the opinions of patients, and the
discoveries reveal what designers and consultants do not. The aim of this project was simply to determine what amenities patients view as important in a reception area when they find themselves waiting to see their practitioner.

The research instrument surveyed a diverse population in an attempt to gather information that would be valuable to practitioners in all aspects of health care. Questions were carefully phrased to rule out participants that do not regularly seek professional health care. The scope of this research is applicable to all health care professionals who share one common link--the desire to make their patients as comfortable as possible when they are waiting to be seen. Three hundred forty participants offered their opinions regarding what they consider important factors in a reception area. Our research clearly reveals where the investment should be made when designing or renovating a reception area, if patient satisfaction is the goal.
METHODS

The survey instrument was designed to examine logical factors in the reception area of a health care practitioner's office. Based on a scale of relative importance, thirty-four factors were evaluated, including items such as ambiance, music, plants and lighting. Space was provided for a listing of the participant's three most important factors, giving them the option of choosing from those mentioned or generating their own. Specific questions were designed to determine if the participant's opinions were applicable to the project. For data analysis, a demographic patient profile was also included. Much of the census design was taken from the Luce thesis, a previous study with similar methods, conducted in 1990.

The survey instrument was distributed to willing participants throughout the Portland metropolitan area. The majority of the participants were Portland residents, while a small percentage resided in other states and countries. Two attempts were made for data collection. Half of the surveys were gathered on a parade route in downtown Portland, Oregon, during the Portland Thanksgiving Parade of November, 1995. This method was chosen with the intention of finding a population diverse in gender, age, ethnic background, education, occupation and socioeconomic level. The second collection surveyed people at the Portland International Airport in February, 1996. Again the goal was to seek a diverse section of the Portland city population. Surveys were distributed on clipboards to people waiting at the parade or the airport. They were encouraged to participate in a university thesis project and then left in privacy to give their opinions. Three hundred forty surveys were completed and entered into the Filemaker data base program for statistical analysis. Based on a one-to-four point scale of relative importance, a ranking of the thirty-four factors was generated.
RESULTS

Characteristics of Sample:

The survey instrument examined three hundred forty people. The sample gender mix is as follows: 53% female, 47% male. In comparison, the United States gender mix is 51% female, 49% male. (See figure 1.)

**Figure 1: Sample Gender Mix**

The sample age mix contained ten percent in the 15-20 age range; sixteen percent in the 21-30 age range; thirty percent in the 31-40 age range; twenty-six percent in the 41-50 age range; nine percent in the 51-60 age range; six percent in the 61-70 age range; and two percent of the sample 70 years of age and older. The U.S. age mix represents five percent in the age range of 15-20; eight percent age 21-30; nine percent age 31-40; sixty-six percent age 41-50; five percent age 51-60; four percent age 61-70; and four percent age 70 and beyond. (See figure 2.)

**Figure 2: Sample Age Mix**

The sample education mix is as follows: two percent of the sample represent junior high school graduates; eight percent of the sample attended high school; eighteen percent graduated from high school; thirty percent attended college; thirty-five percent graduated from college; seven percent of the sample report other education than that previously mentioned. The U.S. education mix is as follows: nine percent of the population schooled less than ninth grade; fifteen percent attended high school but
received no diploma; thirty percent graduated high school; twenty-one percent attended college;
eighteen percent graduated college; six percent are categorized as "other". (See figure 3.)

Figure 3: Education Mix

The sample occupation mix is as follows: seven percent clerical; no representation of farmers; eight
percent homemakers; seven percent laborers; eight percent management; thirty-one percent
professional; five percent retired; eight percent sales people; three percent in the service field; nine
percent students; five percent involved in trades and crafts; and ten percent of the sample categorized
themselves as "other". (See figure 4.)

Figure 4: Sample Occupation Mix
The sample ethnic background is as follows: four percent African American; two percent American Indian; three percent Asian American; eighty-five percent Caucasian; two percent Hispanic; one percent Pacific Islander; two percent foreign/international participants; three percent other. (See figure 5.)

**Figure 5: Sample Ethnic Background Mix**

![Graph showing the sample ethnic background mix with the following categories: Other, Foreign/International, Pacific Islander, Hispanic, Caucasian, Asian American, American Indian, African American. The percentage of each category is shown on the x-axis ranging from 0% to 100%.](image-url)
In comparison, the Portland, OR/Vancouver, WA metropolitan area classifies their sample into five categories of ethnic background: three percent African American; one percent American Indian; four percent Asian or Pacific Islander; ninety-one percent Caucasian; and one percent "other". (See figure 6.)

**Figure 6: Portland / Vancouver Ethnic Background Mix**

![Bar chart showing the percentage of the sample by ethnic background.

The sample as to number of children is as follows: those participants with no children comprised thirty-three percent of the sample; those with one child made up eleven percent; those with two children made up twenty-seven percent; those with three children made up seventeen percent; those with four children made up eight percent; participants with more than four children made up four percent of the sample. (See figure 7.)

**Figure 7: Sample Number of Children**

![Bar chart showing the percentage of the sample by number of children.

11
Eighty-three percent of the sample live in the northwest states, (Washington, Oregon and Idaho); seven percent live in other states; one percent live in Canada; nine percent did not report their zip code. (See figure 8.)

**Figure 8: Sample profile by zip code**

<table>
<thead>
<tr>
<th>Section</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northwest</td>
<td>83%</td>
</tr>
<tr>
<td>Other states</td>
<td>7%</td>
</tr>
<tr>
<td>Canada</td>
<td>9%</td>
</tr>
<tr>
<td>No Zip</td>
<td>1%</td>
</tr>
</tbody>
</table>

**Ranking of Reception Room Factors:**

Based on a relative scale of importance, thirty-four factors were evaluated by our sample. The factors were ranked "high", "medium", "low", or of "no" importance. High importance received four points for our calculations, medium received three points, low received two points and one point was assigned to those ranked of no importance. The thirty-four factors were tabulated and present in figure 9.
Clean restrooms ranked first with a total score of 1325 points, while an E-mail station was of least importance to patients receiving only 578 points. An enlargement of the top ten factors in rank order is shown in figure 10.
Broken down on the basis of age and gender, the top ten factors follow.

1. **Clean restrooms** were of importance to twenty-four percent male and eighty-eight percent female ages 15-20; eighty-six percent male and ninety-two percent female ages 21-30; ninety-one percent male and ninety-eight percent female ages 31-40; seventy-five percent male and ninety-eight percent female ages 41-50; ninety-two percent male and one hundred percent female ages 51-60; and for ages sixty-one and older all males and females felt clean restrooms were of high importance. (See figure 11.)

![Figure 11: Clean Restrooms](image)

2. **Immediate access to the receptionist** was important to fifty-nine percent male and seventy-five percent female ages 15-20; eighty-two percent male and eighty-one percent female ages 21-30; seventy-three percent male and seventy-seven percent female ages 31-40; seventy-eight percent male and eighty-four percent female ages 41-50; sixty-seven percent male and eighty-eight percent female ages 51-60; eighty percent male and eighty-eight percent female ages 61-70; and for both male and female over the age of seventy, one hundred percent felt immediate access to the receptionist was important. (See figure 12.)

![Figure 12: Immediate Access to Receptionist](image)
3. **Controlled temperature** was important to fifty-nine percent male and fifty-six percent female ages 15-20; sixty-four percent male and sixty-two percent female ages 21-30; fifty-five percent male and sixty-eight percent female ages 31-40; forty-seven percent male and sixty-two percent female ages 41-50; forty-two percent male and fifty-nine percent female ages 51-60; seventy percent male and seventy-five percent female ages 61-70; and sixty percent male and zero percent female beyond age seventy felt controlled temperature was important. (See figure 13.)

![Figure 13: Controlled Temperature](image)

4. **Comfortable furniture** was important to fifty-three percent male and sixty-three percent female ages 15-20; sixty-eight percent male and fifty-eight percent female ages 21-30; forty-five percent male and sixty-one percent female age 31-40; forty-two percent male and sixty-four percent female ages 41-50; fifty-eight percent male and seventy-one percent female ages 51-60; forty percent male and eighty-eight percent female ages 61-70; and forty percent male and zero percent females beyond age seventy felt comfortable furniture is an important amenity in a reception area. (See figure 14.)

![Figure 14: Comfortable Furniture](image)
5. **Disabled access** was important to fifty-three percent male and eighty-one percent female ages 15-20; sixty-four percent male and sixty-five percent female ages 21-30; fifty-seven percent male and seventy-nine percent female ages 31-40; forty-seven percent male and seventy-eight percent female ages 41-50; fifty-eight percent male and fifty-nine percent female ages 51-60; sixty percent male and thirty-eight percent female ages 61-70; and forty percent male and zero percent female age seventy and beyond felt that disabled access was an important feature for an office. (See figure 15.)

![Figure 15: Disabled Access](image)

6. A **phone available** for patient use was important to fifty-three percent male and seventy-five percent female ages 15-20; fifty-four percent male and fifty percent female ages 21-30; thirty-six percent male and fifty percent female ages 31-40; thirty-three percent male and sixty percent female ages 41-50; thirty-three percent male and thirty-five percent female ages 51-60; forty percent male and seventy-five percent female ages 61-70; and sixty percent male and zero percent female ages seventy and beyond. (See figure 16.)

![Figure 16: Phone Available](image)
7. A private place to pay was important to thirty-five percent male and sixty-nine percent female ages 15-20; thirty-nine percent male and fifty-eight percent female ages 21-30; twenty-seven percent and fifty-seven percent female ages 31-40; forty-four percent male and sixty percent female ages 41-50; forty-two percent male and fifty-nine percent female ages 51-60; twenty percent male and fifty percent female ages 61-70; and twenty percent male and zero percent female ages seventy and over felt a private place to pay was important. (See figure 17.)

Figure 17: Private Place for Payment

8. Natural light from windows was ranked eight of ten in importance to fifty-nine percent male and sixty-three percent female ages 15-20; fifty percent male and fifty-four percent female ages 21-30; thirty-two percent male and thirty-nine percent female ages 31-40; thirty-three percent male and fifty-one percent female ages 41-50; twenty-five percent male and seventy-one percent female ages 51-60; forty percent male and sixty-three percent female ages 61-70; and forty percent male and one hundred percent female ages seventy and beyond. (See figure 18.)

Figure 18: Windows / Natural Light
9. Children's area was important to forty-one percent male and sixty-nine percent female ages 15-20; forty-three percent male and forty-six percent female ages 21-30; thirty-four percent male and sixty-one percent female ages 31-40; twenty-five percent male and fifty-three percent female ages 41-50; twenty-five percent male and forty-one percent female ages 51-60; thirty percent male and thirty-eight percent female ages 61-70; and to twenty percent male and zero percent female beyond age seventy, a children's area was a critical amenity for the reception area. (See figure 19.)

Figure 19: Children's Area

10. Kleenex was important to forty-one percent male and eighty-one percent female ages 15-20; thirty-two percent male and forty-six percent female ages 21-30; twenty-three percent male and sixty-three percent female ages 31-40; twenty-two percent male and fifty-six percent female ages 41-50; twenty-five percent male and forty-one percent female ages 51-60; twenty percent male and fifty percent female ages 61-70; and to twenty percent male and zero percent female age seventy and older, Kleenex was an important feature in a health care practitioner's reception area. (See figure 20.)

Figure 20: Kleenex
Lastly, magazine preferences based on gender reveal the following results, (there was no limit as to how many magazine choices a participant could select): thirty-six percent male and fifty-nine percent female chose light entertainment; fifty-two percent male and forty percent female chose news; forty-one percent male and female chose travel; twenty percent male and fifty-five percent female chose home, garden and cooking; forty-nine percent male and twenty-one percent female chose sports; eight percent male and thirty-nine percent female chose age and gender specific; and twenty-one percent male and nineteen percent female chose literary. (See figure 21.)

**Figure 21: Magazine Preference**
Following the ranking of these factors, the sample was encouraged to list their three most important amenities, taken from the list already presented or to generate their own factors. Figure 22 represents the top ten factors most often listed by our sample in this portion of the survey. The order from most important to least important is as follows: clean, current magazines, comfortable chairs, access to receptionist, friendly staff, comfortable area, lighting, minimal waiting, clean restrooms, and quiet area.

Figure 22: Sample’s Most Important Factors

When asked if these factors play a role in the sample’s choice of health care practitioner, forty-six percent claim these factors do play a role in their decision, while fifty-four percent said they do not. (See figure 23.)

Figure 23: The role factors play in sample choice of practitioner

- Does not play a role
  - 54%
- Does play a role
  - 46%
For those forty-six percent who responded that the factors do play a role, the breakdown by age and gender is as follows: five percent male and eight female ages 15-20; eight percent male and ten percent female ages 21-30; fifteen percent male and seventeen percent female ages 31-40; ten percent male and fourteen percent female ages 41-50; one percent male and three percent female ages 51-60; three percent male and two percent female ages 61-70; and one percent male and zero percent female age 70 and beyond. (See figure 24.)

**Figure 24: Factors play a role**

The participants were then asked if they are willing to pay more for these factors. Seventy-one percent said they would not be willing to pay more, twenty-nine said they would be willing to pay more. Of the twenty-nine percent who are willing to pay more for these factors, the breakdown again by age and gender is as follows: nine percent male and eight percent female ages 15-20; eight percent male and six percent female ages 21-30; eleven percent male and zero percent female ages 31-40; eleven percent male and fifteen percent female ages 41-50; three percent male and female ages 51-60; two percent male and three percent female ages 61-70; and finally three percent male and one percent female age 70 and beyond. (See figure 25.)

**Figure 25: Sample willingness to pay for factors**
Lastly, the sample was asked if they make regular visits to health care providers. Forty-three percent reported they regularly see a physician, thirty-nine percent frequent the dentist, fifteen percent see their optometrist on a regular basis, and three percent seek the service of a chiropractor. (See figure 26.)

Figure 26: Sample visits to health care providers

- Physicn: 43%
- Dentist: 39%
- Optometrist: 15%
- Chiropractor: 3%
DISCUSSION

One participant in the study commented that, "One's choice of a health care professional seldom can be given over to such frivolous issues as the waiting room." However, our research shows that nearly half of the sample claim that the reception area does play a role in their choice of health care provider, and surprisingly, a third state they would be willing to pay more to have their needs in the reception area met.

What are the top factors ranked by our sample? In order of importance they are as follows:

1. Clean restrooms
2. Immediate access to the receptionist
3. Controlled temperature
4. Comfortable furniture
5. Disabled access
6. Phone available
7. Private place to pay
8. Windows
9. Children's area
10. Kleenex

According to marketing experts, seventy-two percent of health care decision making in the American household is made by the mother. Our research reveals that almost half of women ages 21 - 50 do take the reception area into account when choosing a health care provider for their family. Our sample's representation of female participants in this age range is heavy, further supporting the importance of our study. The marketing experts say, "Listen and cater to this segment of the population." Based on participant's comments, it was clearly established that a friendly staff and minimal waiting are also critical components. We concluded that a comfortable reception area will make no difference to patients, if the staff is grouchy or the wait excessive.

Weaknesses are found in all studies and ours is no exception. Figures 11 - 20 may be misleading; the numbers of participants limit complete representation of all segments, and consequently some age and gender shares are lacking. With less than ten participants in a cell, the effects on graphs are profound; a weak or a strong showing may be portrayed, when in truth, only a single or a few participants have contributed opinions. For instance, women ages seventy and beyond were illustrated by only one participant. In this case, a zero or one hundred percent response will erroneously depict the opinion for this entire group.

A representation of rural America is not included, as the sample does not represent any farmers (see figure 4). The study reflects a more mobile, metropolitan region and for this segment of the population this study is very suitable. Reflecting this population, the sample education mix is slanted toward participants with college degrees, twice as many statistically as that of the United States (see figure 3). This higher education bias supports the sample occupation mix, which too, is skewed toward working professionals (see figure 4). No attempt was made to replicate the diverse ethnic background of the United States, (see figure 6), but instead the study caters to the profile of the Portland/Vancouver metropolitan area. Our sample closely parallels the ethnic profile for this urban area, and as a result few minorities are present; the vast majority of the sample is composed of Caucasians (see figure 5). Future research suggestions include repeating the same survey to other segments of the population in an
attempt to measure a more typical profile of the United States population, as well as the inclusion of proper representation for all ages and genders.

Other important points echoed by the comments of our participants include issues of disabled access and the study's relevance due to managed care trends. Handicapped access, which ranked fifth among the thirty-four factors, may have been an irrelevant option; the Americans with Disabilities Act requires access whether or not popular opinion requests it. We did pleasantly discover though, the majority of our participants are concerned with meeting the access needs of persons with impairments. We felt this find justified the question. Another comment made by one participant suggests that the entire study may be irrelevant given managed care profiteering. Patients must go to their designated providers for prepaid care whether they find the reception area inviting and/or they are willing to pay for certain amenities. However, in defense of the study's relevance, there is still a strong internal competition between preferred providers, possibly making the study even more relevant than before managed care.

Perhaps the best method for deciding where to spend the money in the reception area, is to first determine where it should not be spent. Although a popular item according to many practitioners and consultants, our research found that tropical aquariums are not of importance to patients. We recommend investing the aquarium dollars and associated tank maintenance in routine janitorial service. A sparkling restroom ranked first on our list of thirty-four factors, whereas an aquarium ranked thirty-second. Refreshments are another amenity commonly provided by offices that surprisingly, ranked close to the bottom of our list. Beverages and snacks cost the practice time in preparation, service and clean-up, not to mention the continual expense for providing these goodies. Instead, we recommend investing these dollars in maintaining the heating and cooling systems of your office. Controlled temperature ranked third on our list of factors, while refreshments, however tasty, came in at number twenty-nine. Ranked number twenty-seven by our poll, television viewing wasn't selected as a critical amenity in a reception area. Instead, patients desire a comfortable place to sit if they must wait to see their practitioner. Place your investment into comfortable, durable chairs, making the process of sitting and waiting as pleasant as it can be for your patients.

The most unpleasant portion of this entire study, moreso than survey collection or statistical crunching, was reviewing the critical comments made by participants. One person writes, "Health care practitioners make so much profit it is a crime." Another charges that, "Health care costs are too high as it is. Money for the reception area should be taken from the high profit that the public already pays." Many in the sample felt that, "There should be no additional cost for providing basic necessities in a waiting room." In short, many of the participants believe these proposed factors are expectations, and should be paid for by the exorbitant profits generated by doctors. Some patients fail to recognize the vast expenses required to operate a health care provider's practice. In their minds, as one participant writes, the point is simple: "Doctors are paid too much."

Apart from services rendered, in an optometric practice the dispensary is where income is generated. Consequently, the optometric literature focuses on the dispensary with minimal emphasis given to the reception area. However, don't overlook the reception area. Remember that nearly half of
the sample claim they take the reception area into account when choosing a health care provider, and a third of the sample state they are willing to pay more to have the amenities provided. Afterall, the reception area comprises your patient's very first and last impressions of your office. Isn't it worthwhile to make sure those impressions are good ones?23
CONCLUSIONS

• **Clean up your act:** Invest in janitorial service nightly and monitor the restrooms throughout the day. A clean restroom was the single most requested item by our sample.

• **Musical chairs:** Rearrange the furniture to provide immediate access to the receptionist, while meeting legal requirements for disabled access.

• **Too hot, too cold, or just right:** Control the temperature in your reception area.

• **Comfortable furniture is critical:** A factor upon which all designers, consultants and patients agreed. This is the place to make the monetary investment when designing or renovating the reception area of a practice.

• **Phone available for patient use:** Allow patients to make good use of their time when they are kept waiting by providing a phone for their use.

• **Give patients their privacy:** A private place to make payment was often requested by our sample; it is unpleasant for the one paying and for those listening if a discrepancy occurs over a bill.

• **Let there be light:** Open the blinds and wash windows regularly. Invest in a window service if you or your staff, “Don’t do windows”.

• **Children’s Area:** A place for little ones to play is appreciated by those patients who have children, as well as by those who do not. Many parents feel that toys, however, encourage the spread of germs.

• **Achooo!** Our research discovered that the minimal cost incurred for a box of Kleenex will please many patients.
REFERENCES

25. Claris Filemaker Pro 2.1, Published by Claris, 1994.
Health care providers are always striving to better meet the needs of their patients. We are aware that the reception area makes the first impression on a patient when they enter a practitioner’s office. Please help us with your opinions. Mark any factors you consider important in the reception area of a health care provider’s office:

<table>
<thead>
<tr>
<th>Level of Importance</th>
<th>None</th>
<th>Low</th>
<th>Med</th>
<th>High</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Ambiance (Color scheme, lighting, etc.)
- Artwork
- Carpeted floors
- Children’s video
- Clean restrooms
- Coat rack
- Comfortable furniture
- Controlled temperature
- Daily newspaper
- Disabled access
- E-mail computer available
- Fish tank
- Flowers
- Free pamphlets on services and products
- Hardwood floors
- Health education material
- Immediate access to the receptionist
- Kids’ area
- Kleenex
- Large spacious reception area
- Music
- Magazines: Please specify preference(s)
  - Age/Gender Specific e.g. Working Woman
  - Home/Garden/Cooking e.g. House Beautiful
  - Light Entertainment e.g. People
  - Literary e.g. New Yorker
  - News e.g. Time
  - Sports e.g. Sports Illustrated
  - Travel e.g. National Geographic Traveler
- Plants
- Private place to discuss payment
- Phone available
- Purified water dispenser
- Refreshments
- Small cozy reception area

OVER PLEASE
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<th>Level of Importance</th>
<th>None</th>
<th>Low</th>
<th>Med</th>
<th>High</th>
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- Scent-free environment
- Television
- Toys available
- Updated office design
- Work area (desk and modem hookup)
- Windows (natural light)

List the 3 most important factors of a reception area to you:

#1: _______________________________________________
#2: _______________________________________________
#3: _______________________________________________

Would you be willing to pay more for these factors above? ☐ Yes ☐ No

Do these factors play a role in your choice of health care provider? ☐ Yes ☐ No

Do you regularly visit a: ☐ Physician ☐ Optometrist ☐ Other: ________________
☐ Dentist ☐ Chiropractor ☐ Other: ________________

Additional Comments: ____________________________________________________________________
__________________________________________________________________________________