

Patient satisfaction is biased by renovations to the interior of a primary care office: a pretest-posttest assessment

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Objectives

We assessed the effect of a change of interior design on patient satisfaction in a primary care office. We speculated that renovating the interior would increase patients' overall satisfaction with the quality of medical care.

Methods

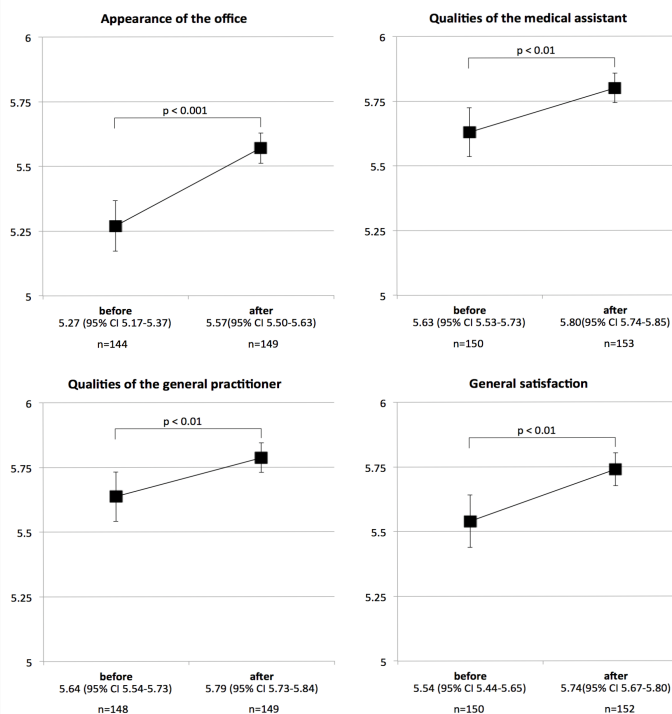
Setting: A newly renovated primary care office in Grenchen, Switzerland.

Participants: Two consecutive samples of patients presenting at the primary care office before (n=153) and after (n=153) interior design renovation in 2014.

Interventions: We distributed a questionnaire before and after renovation and assessed patient satisfaction with a Likert scale from 1 (very poor) to 6 (very good) in four domains, using a total of 12 quality indicators.



Boost in all Quality Domains after Renovation



Domains	Quality Indicators
Appearance of the office	1 Appearance of the facility
	2 Diagnostic equipment
	3 Level of hygiene
	4 Punctuality and dependability
Qualities of the medical assistant	5 Prompt response to patient needs
	6 Dress and grooming of the medical assistants
	7 Friendliness and courtesy of the medical assistants
Qualities of the general practitioner	8 GP is attentive and responsive to patient's needs
	9 GP's level of expertise
General satisfaction	10 GP's level of empathy
	11 Medical performance of the office
	12 Overall satisfaction with the office

Results

Reply rate was 85%. All domains of patient satisfaction improved after office renovation (p<0.01-0.001). We further adjusted for patient age and sex, GP assignment, and duration of assignment. For all domains, results were unchanged after we included these potential confounders in the multivariable model (p<0.01).

Conclusions

Renovating the interior of a primary care office was associated with an overall improvement in patient satisfaction, including domains where nothing had been changed. Physician skills and patient satisfaction are depend greatly on surrounding factors that may bias patient assessment of the quality of medical care. These biases should be factored in when patients are asked to make such assessments.