

Researchers find hospital design has little effect on patient satisfaction

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This is the lobby of the Sheikh Zayed Tower at Johns Hopkins Hospital. Credit: Johns Hopkins Medicine

Contrary to previous reports, a study led by Johns Hopkins researchers found that patients' satisfaction scores only modestly improved based on the newly remodeled design of a hospital.

In one of the largest pre- and post-evaluation studies, published in the March 2015 issue of the *Journal of Hospital Medicine*, Zishan Siddiqui, M.D., assistant professor of medicine at the Johns Hopkins University School of Medicine, Daniel Brotman, M.D., professor of medicine at the Johns Hopkins University School of Medicine, and colleagues analyzed patient satisfaction results to see what role hospital renovations play in patient satisfaction.

"Our team wanted to know how important aesthetics are to a patient's experience with care," says Siddiqui. "So we looked at surveys from patients before and after a move. We then compared those results to satisfaction surveys from patients being cared for on similar units that had not undergone a move to a new facility."

The data came from Hospital Consumer Assessment of Healthcare Providers and Systems and Press Ganey surveys, both long recognized as industry standards for evaluating hospital performance through patient experience.

Siddiqui and his team analyzed 7.5 months of post-move patient satisfaction survey results and 12 months of pre-move patient satisfaction results. A total of 5,663 patients were surveyed from both the baseline and control groups. The data were categorized into facility-related, non-facility-related or overall satisfaction-related domains. Data were also adjusted for age, sex, length of stay, insurance type and illness complexity to ensure results were not affected by those variables. Surveys for both the control group and the baseline group were returned at about the same rate pre- and post-move.

"We originally thought new and pleasing surroundings would improve patient satisfaction scores with physicians, nurses and overall care, but our study showed this is not the case," says Siddiqui. "Although we did see significant improvement in facility-related satisfaction scores, we did not see significant change in satisfaction related to care?or overall satisfaction, for that matter."



This image shows the Sheikh Zayed Tower (left) and the Charlotte R. Bloomberg Children's Center at Johns Hopkins Hospital. Credit: Johns Hopkins Medicine

"Rate hospital" was the only one of four measures of overall patient satisfaction that improved for patients in the pleasing hospital setting (75 percent versus 83.3 percent); the other two measures of overall satisfaction did not improve significantly, in keeping with physician and nurse scores. "This means that patients are able distinguish the quality of care they get from doctors, nurses, housekeeping and other support services from the look and feel of where they are receiving the care," says Siddiqui. This is a concept that was not previously believed.

There is a growing trend toward patient-centered design, which includes incorporating features such as well-lit private suites, sound-reduction paneling, appealing art, healing gardens, water features and sleeping accommodations for family members. In fact, an estimated \$200 billion is being spent on hospital construction and renovation in the United States, and developers anticipate further expenditures. Some hospital leaders have long believed that improving facilities with patient-centered design will automatically improve overall satisfaction.

"Not so," says Siddiqui. "Hospital leaders will have to stop blaming poor patient satisfaction scores on aging buildings and units." As an alternative, Siddiqui and his colleagues propose that priority projects should also include a focus on training providers on personalized care, educating patients and involving families in care decisions.

Although two other similar studies have been done on this topic in the past, they had limitations. In one study, participants were self-selected because they had to pay for the appealing rooms, and the study group was small (177 patients). In the second study, researchers looked at data for a maternity unit, a much different patient population with unique care needs. This study looked at a single academic tertiary care hospital.

The authors suggest that additional research should focus on evaluating satisfaction results from hospitals that have completed patient safety and provider satisfaction initiatives. This includes design features that improve safety, work flow, efficiency, productivity and stress, among other enhancements.

Moreover, further research will have to be done to see what other factors affect patient satisfaction. "We'd like to look at gender, race and readmission rates, and the role each plays in patient satisfaction," says Siddiqui. "We'd also like to look at how we can improve patient health through improving satisfaction. Our study was a great start in discovering the impact of a [hospital](#) setting on [patient satisfaction](#), but there's so much more we can discover in this realm that may improve patient outcomes."

Provided by Johns Hopkins University School of Medicine

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