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Creating a Healing Environment: The Importance of the Service Setting in the New Consumer-Oriented Healthcare System

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EXECUTIVE SUMMARY

Over the last ten years, the healthcare industry has recognized that the physical environment is a valuable resource that can and does affect all of its customers. Although most service organizations give some thought to setting, its importance to the service experience has been most thoroughly understood by those who view and treat their customers as guests, that is, the guest service industry. An excellent healing environment will reinforce excellent clinical quality, but an inferior environment can detract from fine clinical care. One of the most important principles learned by the guest service industry is to provide the setting customers expect. Another is to create an environment that meets or exceeds customer needs for safety, security, support, competence, physical comfort, and psychological comfort. This article provides a detailed discussion of how such an environment can be created in healthcare facilities drawing from the experience of the best guest service organizations.

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ealthcare organizations are learning important strategies from the guest services industry about how to provide the type of environment customers expect. They are learning that a setting that meets or exceeds customers' expectations positively affects customer and employee moods. Further, a clean, safe, and easy-to-use environment can significantly improve patient satisfaction and the quality of the healthcare experience. Some healthcare providers may believe that because very few patients want to have a medical procedure, the environmental setting in which they receive this service is not important. Research shows, however, that the service setting is one of the more important determinants of perceived quality and customer satisfaction, which leads to sustainable competitive advantage (Taylor 1994).

Bitner (1992) suggests that the "servicescape," that is, the environment in which service is experienced, is one of the key components in achieving guest satisfaction. Several studies of satisfaction among hospital patients support this idea by identifying dimensions related to a hospital's physical facilities as contributing to patients' perceptions of the quality of care received (Hall and Dornan 1988; Health Policy Advisory Unit 1989; Press Ganey Satisfaction Measurement 1995). These studies conclude that there are specific aspects of the environment, such as comfort of resting areas, overall cleanliness, decor, and cheerfulness of facilities, that are positively related to patient satisfaction.

Successful retailers have learned to structure their internal environments to create a positive customer experience through a variety of strategies that include decor, displays, customer amenities, and customer services. These organizations know that to fulfill the primary economic transaction is not enough; customers also expect an environment that anticipates and fulfills their other basic desires for comfort, convenience, safety, entertainment, and information. These environmental factors, termed "atmospherics," were defined by Kotler (1973) and describe the physical and controllable environmental components that can affect the buyer's "purchasing propensity" to consummate a marketing exchange.

Other researchers have proposed and found that atmospherics lead to consumer satisfaction, patronage, word-of-mouth advertising, and an improved image for the organization (Bitner 1990; 1992; Grossbart 1990). These researchers have noted that the physical environment is the least studied but perhaps one of the most important and controllable dimensions of patient satisfaction.

For example, focus group interviews with healthcare executives, physicians, and patients have found all three groups considered "tangibles" (which includes the service setting) as a major determinant of perceived health service quality (Jun, Peterson, and Zsidisin 1998). The service setting represents a major part of what the customer is paying for and seeking from the healthcare experience.

This article will examine why the healthcare environment is important in determining patient satisfaction, promoting patient healing and wellbeing, improving employee attitudes, and enhancing competitive advantage. It will draw from guest service experiences as well as from the emerging services marketing and healthcare service literature.

This is the first paper that examines all aspects of healthcare service settings in depth while at the same time providing case examples and specific strategies that can be used to enhance the healing process in healthcare settings.

WHY IS THE SERVICE SETTING IMPORTANT?

The service setting is important to health service executives for several reasons. First, it provides an excellent opportunity to meet or exceed customer expectations in the overall service experience. Second, it can create and enhance the moods of both customers and employees. Third, the setting may be part of the service itself and help create a memorable experience. Fourth, the setting may contribute to the creation of a "healing environment." Taken as a whole the quality of the healthcare setting can positively influence customer satisfaction, intention to return, and intention to recommend to others.

Meeting Customer Expectations

Until about ten years ago, the primary objective of most healthcare organizations was to focus exclusively on the medical needs of patients. However, as organizations began to conduct patient satisfaction surveys, they learned that the environment constitutes an important part of the total healthcare experience. This is consistent with

research from other service industry organizations that shows that the customer's perception of service quality results from a comparison of expectations and actual service performance (Parasuraman, Zeithaml, and Berry 1988). As a result, healthcare executives are beginning to use these findings to design their environments to meet customers' expectations. The term "customer" will be used in this article to refer to patients, patient families, and employees.

The environment provides a first impression of the healthcare experience and influences the customer's expectations even before the service is experienced. The customer's evaluation of services is often based on that first impression. Hutton and Richardson (1995) conclude that the exterior environment delivers a message about the organization, its services, and its quality long before the actual encounter takes place. Other researchers have suggested that physical appearance is a significant factor in overall service rating in healthcare organizations (Reidenbach and Sandifer-Smallwood 1990; Woodside, Frey, and Daly 1989). In addition, convenient locations, modern equipment, and clean facilities are important expectations held by patients.

Singh (1990) studied several aspects of patient satisfaction in a hospital and found that satisfaction with the hospitals' physical appearance had the lowest average satisfaction score of all factors rated. This dissatisfaction led to patient behavioral intentions to switch healthcare providers. Moreover, physical features of the environment were

mentioned more frequently than any other determinant of patient satisfaction and service quality among hospital patients in focus groups reported by Bowers, Swan, and Koehler (1994).

Creating and Enhancing Customer and Employee Mood

The environment also sets and maintains the mood of the customer. Once the patient-customer enters the facility, the entire focus is on establishing and maintaining a positive, memorable experience by maintaining consistency between what the patient expects and what the patient actually gets. Disneyland and Disney World, as well as other benchmark guest service organizations, use their physical structures and settings to make sure the proper mood is defined and structured for their guests (Ford and Heaton 2000).

Similarly, healthcare organizations that use family-friendly, patient-focused, homelike designs maintain the consistency between what the patient expects and what the patient actually receives. These designs all help to create environments that support healing and that address the stress in the lives of patients and families. Architects and providers increasingly recognize the value of providing an experience wherein patients and families feel that their medical, psychological, and social needs have been met (Hair 1998).

For example, in a nursing home that healthcare architect Lloyd Landow designed, the effect of the depressing long halls was ameliorated by the creation of small alcoves where room entrances are located. The result is an

environment that "feels" like a front porch where patients and visitors can sit and watch what's going on without being lined up along a corridor. With these "porches" the hall is like a suburban street—a technique Landow calls "neighborhooding." This design allows residents to feel like they are a part of the community in their facility (Montague 1995).

Patient-focused designs allow for maximum opportunities for family interaction and personalization of service. Such a design incorporates the family-centered concept that is often used in children's and women's care because it is therapeutic. In addition, this design provides the kind of satisfaction and comfort customers expect in children's and women's acute care.

Homelike settings are used because they are less stressful. "Homelike" means a setting has the comfort and surroundings similar to those that would be found in a home. Sutter Maternity and Surgery Center in Santa Cruz, California is a prime example. The center has 12 birthing suites with window seats, French doors, and private terraces. The suites host patients during labor, delivery, and postpartum recovery. Custom-finished cabinetry hides medical equipment. Specialty services are provided that make patients and their families feel more at ease. High-quality food service is available 24 hours a day and the cafeteria and pharmacy are accessible by a central public corridor (Hagland, Luchs, and Quayle 1996).

The service setting also has an effect on those who work in it. No one wants to work in a dangerous, dirty,

and depressing environment. Employees (professional and nonprofessional staff) want an environment that is clean, organized, pleasant smelling, and comfortable. Creating a pleasant work environment allows employees to concentrate on the task at hand and shows them that management is interested in their well-being and that the organization is committed to quality.

Creating a Memorable Healing Experience

The environment may serve as a negative or neutral background for some service experiences. But for others, the environment is so significant to the service experience that the setting becomes a part of the service itself and constitutes a positive factor in attracting and retaining customers. Because the service setting frequently represents a major part of what the customer expects from the healthcare experience, the quality of the healing environment must be managed carefully to ensure that the customer is satisfied with the health provider's overall quality.

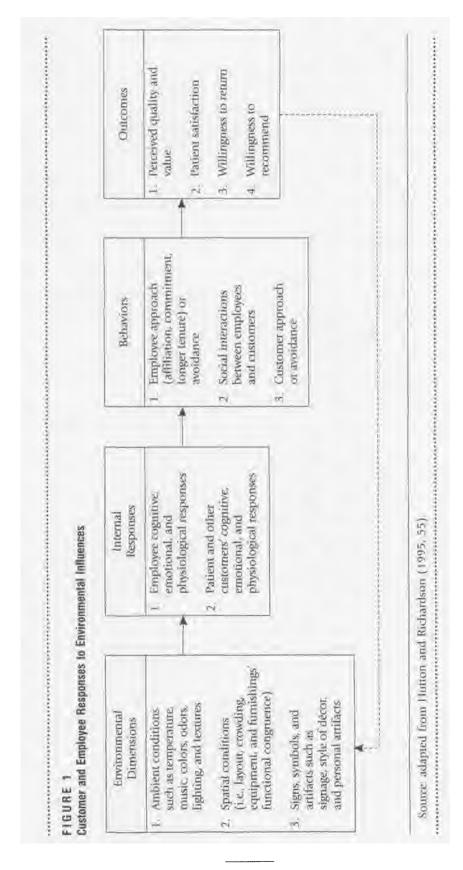
The way in which a room is laid out, the colors on the wall, and the room temperature can all be integral components of the healthcare experience. The setting may also enhance customers' feelings of comfort, competence, and security. It should allow customers to easily and safely enter, experience, and leave without getting lost, hurt, or disoriented.

Moreover, the service setting can be an important part of the healing experience. A Swedish architect who designed a unique healing center in Sweden became convinced that the experience of architecture could be an important part of the healing process. For patients who are out of balance and whose life energies are weakened by illness, the facility can provide a sense of living order. The facility should provide evidence of thoughtful concern for human needs and should be experienced as nurturing, responsive, and alive. It should be a place where the healing community is made visible and effective (Weber 1995).

HOW THE HEALING ENVIRONMENT CONTRIBUTES TO POSITIVE CUSTOMER OUTCOMES

In no service setting is service quality and interaction between customers and employees of greater importance than in the healing environment. Yet the physical complexity and customeremployee interaction levels present in health services are among the most challenging. For example, hospitals provide lodging, have restaurants, and deliver room service in ways similar to upscale hotels. Often large office complexes, laundry services, ambulatory services, and drug stores are located in a medical complex. Service can be literally a matter of life and death in many instances.

Figure 1 provides an overall model of how the environment contributes to a variety of positive outcomes (Hutton and Richardson 1995). Given the importance of healthcare services to the customer, healthcare executives should make every effort to address, shape, and reshape the healing environment to realize the desired outcomes of perceived quality and value, patient



satisfaction, willingness to return, and willingness to recommend.

Three environmental components comprise the service setting as perceived by customers: ambient conditions; spatial conditions; and signs, symbols, and artifacts. Ambient conditions are temperature, humidity, air quality, smells, sounds, physical comfort, and light. Spatial use refers to how the equipment and furnishings are arranged in the service setting, the size and shape of those objects, their accessibility to customers, and the spatial relationships among them. Depending on how the waiting space is designed, waiting time can seem extremely long and wasteful or short and beneficial. The spatial layout should give people a sense of orientation so they know where they are at all times, and should keep the walking required between services to a minimum.

Functional congruence under spatial conditions refers to how well something with a functional purpose fits into the environment in which it serves its purpose. The functioning of equipment, layout of the physical landscape, and the entire design of the service environment must be congruent with what the customer expects to find in that environment. The functional congruence of environmental elements is given great consideration in a welldesigned service environment so that whatever physical or environmental element the customer requires for maximum enjoyment of the experience is provided when needed.

Signs, symbols, and artifacts communicate information to the customer. Sewell and Brown (1990) state that signs serve one or more of only three purposes: to name the business, to describe the product or service, and to give direction. Signs must be easy to read, clear, and located in obvious places where they can direct and teach people how to use the service easily. Signs convey their messages through the use of symbols, which are often in the form of written language or some representational icons that can replace any specific words. Artifacts are physical objects that represent something beyond their functional use. As such, they are a type of symbol. Children's hospitals often use artifacts to create a friendlier setting. A little red wagon is a toy, but for recovering one- to threeyear olds in a hospital, it represents freedom to move about.

The above environmental dimensions create mood states and environmental dispositions on the part of patients, employees, and other customers. These mood states, in turn, create internal responses and behaviors.

Customer Responses and Behaviors

Because each customer perceives different environmental elements in different ways, each customer's servicescape is a little different from that of other customers. Making it even more challenging for the healthcare provider is the fact that each customer's reaction to the perceived servicescape is affected or "moderated" by the customer's mood, personality, expectations, and demographic characteristics.

The customer is going to respond to the environment in one or perhaps some combination of three ways: physiologically, emotionally, and cognitively. Physiological responses are not only the body's reaction to heat, cold, and other sensory effects, but also refer to the mind's limitation in processing information. This latter concern results primarily from the environment's effects on the customer's ability to process information (i.e, the limitations that cause customers to become frustrated, confused, lost, or overwhelmed with too much information or too many options). Some environments can be made so rich with information that customers are unable to process it. Because customers must make decisions about where they are and how to deal with where they are, the setting should be kept relatively simple and familiar.

Cognitive responses include expectations of the environment based on the prior experiences of the customer and nonverbal communication evoked by the physical cues in the environment. The human tendency is to seek points of similarity between what we have done, seen, or experienced before and the new situation. If customers expect to see a clean, well-decorated waiting room with current magazines and coffee, then they will not look closely at the fact there is no television. The more familiar the organization can make the experience, the less confusion, frustration, and unhappiness that customer will experience.

Physical cues tap into the previous knowledge that formed the beliefs of the customer about what the experience should be like. Like all other aspects of the experience, physical cues must be carefully constructed and managed to be consistent with the expected experience.

Finally, the customer may react emotionally to the environment. The emotional response the healthcare organization wants is primarily the type that promotes patient healing and satisfaction. Those experiences that create displeasure are viewed negatively, and those that create pleasure are viewed positively. For example, cheerful Christmas music may create a positive emotional response on the part of customers during the holiday season.

Employees' Internal Responses and Behavior

Employees are environmentally important even before they deliver the anticipated service as noted in Figure 1. A healthcare organization that employs well-dressed, well-groomed people will have an atmosphere that is better than those settings where everyone is wearing unclean, ragged attire. The dress and appearance code of most healthcare organizations is structured and specific. Appropriately attired employees indicates respect for customers.

Employee attitudes and behavior affect customer satisfaction and perception of service quality (Weisman and Nathanson 1985). To the extent that the healthcare environment affects employees' attitudes (and therefore customer attitudes) it is vitally important to ensure that employees have pleasant and comfortable work environments. Employee and customer responses to the environment as well as employee reactions to customers influence customers' willingness to approach or avoid future service encounters.

For example, employees in some public hospitals are often reported for rude behavior toward customers. In many of these facilities, the physical environment is old, dark, and depressing. Because public funding supports these facilities, very little is spent on improving the physical or ambient conditions. In fact, some hospitals are so old and dilapidated, the air conditioning is practically nonexistent on some floors. Often employees operate in an inefficiently laid out, noisy, and crowded atmosphere surrounded by tattered furnishings and old equipment. In addition, these facilities are often located in inner-city areas that may have once been considered safe, but are now perceived as dangerous and unsafe by patients and staff alike because of high crime rates and the personal experiences of staff.

Even though the quality of care at these hospitals may meet or exceed care provided by suburban hospitals, the quality has been perceived as being lower than other facilities because of an inferior "healing environment." At one large public teaching hospital in Atlanta, a poor public image remains in spite of significant renovations and physical improvements. Although the poor public image and negative attitudes of taxpayors is still being felt today because of historical conditions, the reputation and customer perception of the service quality has recently increased substantially as a result of renovations. The results are a reduction in customer complaints and the formation of alliances with business to provide outpatient care.

Although other people are a part of the environment, they sometimes seem like a part of the service itself. If you go to a hospital or to a teambuilding experience in the wilderness, other people are a necessary part of the experience and may even participate in or coproduce that experience. However, even though the other customers may be an important part or even necessary part of the healthcare experience, their presence is rarely the reason the customer sought the experience. Therefore, other people are usually best thought of as part of the environment within which the service is delivered, rather than as part of the service itself, though the distinction is not always clear.

Certainly, no individual will synthesize every aspect of an environment as large and complex as a healthcare facility. However, they will consciously or subconsciously select and combine all they see and experience at the physiological, cognitive, and emotional levels to create an overall perception. Based on those perceptions, customers and employees will approach or avoid various settings. Environmental perceptions can encourage the customer to come again or to go away and stay away. Healthcare organizations must work hard to create environments that encourage repeat visits that result in increased revenues.

Ultimately the organization is trying to motivate employees, patients, and other customers to approach the organization (rather than avoid it) because of higher levels of affiliation, commitment, tenure, and social interaction between employees and customers. Such positive behaviors

should lead to improved organizational outcomes such as higher levels of perceived quality and value, patient satisfaction, willingness to return, and willingness to recommend. The dotted line at the bottom of Figure 1 indicates that the outcomes (positive or negative) influence environmental dimensions as healthcare executives attempt to improve their future outcomes.

AN ACTION FRAMEWORK

Both theory and research indicate that a well-designed setting can influence patient satisfaction, employee performance, and positive clinical outcomes. Figure 2 provides an action framework with two major goals, a set of seven related objectives, and corresponding action steps necessary to build a healing environment. Each objective represents a critical stage in building a healing environment and is listed with the specific actions necessary to achieve each of the objectives. Achieving these clear objectives and actions will determine an organization's success in creating a healing environment. The healing environment is a holistic entity and not merely a set of separate components. A positive first impression, easily navigable hallways, feeling welcome, feeling physical comfort, feeling psychological comfort, feeling competent, and feeling secure are all attainable and mutually reinforcing objectives.

Meeting Customer Needs for Safety, Security, and Support

The customer relies on the organization to create an environment that is easy to use, easy to understand, and safe. Environmental features are designed

so that the customer can easily and safely enter, experience, and then leave without getting lost, hurt, or disoriented. Customers should perceive the service setting as having a high level of safety and security. Good lighting, open space, smiling employees who make eye contact with customers, and cleanliness make customers feel secure. Well-lit parking lots and pathways, low-cut hedges, and the presence of uniformed employees are other important signals of a safe environment.

Healthcare organizations could also use a variety of tactics including decor, displays, signage, customer amenities, and customer service systems to create an environment that is comfortable, convenient, safe, entertaining, and informative. Several healthcare organizations have incorporated this principle. Derby, Connecticut's Griffin Hospital inpatient facility and critical care nursing unit won the annual competitive design award sponsored by Modern Healthcare and the American Institute of Architects' Academy of Architecture for Health. The facility has community resource centers that connect satellite centers on each floor. These centers invite patients, families, and friends to learn more about medical conditions by providing patient education materials and other healthcare information. Instead of the typical central nursing station per unit, satellite stations each serve four patients. To avoid traffic problems and ease the tension for nurses and doctors, a u-shaped corridor was created around the critical care unit and separate corridors were designated for staff and for visitors. Each room has two doors, allowing

FIGURE 2
An Action Framework for Creating a Healing Environment

| Meeting Customer Needs for Safety, Security, and Support | |
|---|--|
| Goals and Objectives | Actions |
| The facility creates a positive first im- pression when the customer arrives at the facility. | Create a clean, beautifully landscaped exterior campus with an entryway that has an abundance of greenery, artwork, and natural lighting. |
| The customer finds the facility easy to use and understand. | Provide signage that is easy to read, clear, and located in obvious places that direct and teach people how to use the service easily Spatial layout should be designed so people know where they are. |
| 3. The customer feels secure and safe. | Provide bright, open space, smiling employees who make eye contact with customers, and well-lit parking facilities and pathways with uniformed staff placed appropriately. |
| Service workers make customers feel welcomed and valued. | Make sure employees are properly groomed and trained in customer rela- tions. Provide workers an environment that creates a positive mood. |
| Meeting Customer Needs for Competent Car | e, Physical Comfort, and Psychological Comfort |
| 5. The customer feels that the clinical service experience was excellent. | 5. Humanize high-tech spaces where clinical care is provided. Design work stations that are convenient and that allow for the caregiver to be in the direct vision of the patient. |
| The customer feels physical comfort when service is received in one or more units in the facility. | Provide a clean, organized, pleasant- smelling environment with appropriate comfortable temperature, humidity, and furniture. |
| The customer feels psychological com- fort when service is received in one or more units in the facility. | Provide a soothing décor in all rooms, with wall colors and floor colors that are stress reducing and that create posi- tive reactions from all senses. |

easy access to the separate corridors; a TV; a bed that doubles as a scale; and windows that filter in a lot of natural light (Pinto 1996).

For easy access, the High Desert Medical Center in Lancaster, California, a comprehensive medical center scheduled for completion in June 2000, is designed to offer inpatient, outpatient, and health education to an expanding community. The complex is designed to include five buildings: the main hospital, outpatient services, administration, general services, and the central plant. The buildings are separate structures, each with its own identity and access, but connected by bridges or breezeways. Decentralized nursing stations and select clinical support functions are included on inpatient floors. Rows of eucalyptus trees act not only as a shield from the wind, but also as an identifier between areas. The unique use of courtyards and the entry are pleasing additions to the entire complex. The arrangements of elements and corridor placement allow for easy patient and visitor wayfinding. This well-organized scheme integrates buildings, courtyards, and parking while maintaining the campus character (Weber 1995).

Meeting Customer Needs for Competent Care, Physical Comfort, and Psychological Comfort

A healing environment can be designed to meet the customer's need for competent care, physical comfort, and psychological comfort. Natural light, noise control, appropriate temperature and humidity, attractive décor, and the design of the facility can all enhance the customer's experience. The facility's

design, in particular, can help to meet the customer's need for competence.

Fallon/St. Vincent Medical Center in Fallon, Massachusetts, uses a patientfocused design. This patient-focused design means many once-centralized support services have been decentralized to the nursing units. The orthopedic section, for example, has its own rehabilitation and imaging components for the convenience of patients and staff. The Fallon/St. Vincent model calls for the integration of physicians' offices and ambulatory care facilities with the hospital to create a single consolidated healthcare campus (Weber 1995). This facility design allows continual monitoring of patients, which enhances responsiveness to patient needs.

Healthcare organizations should seek to create memorable experiences for customers while still maintaining the high-quality clinical services that meet patient needs. An experience occurs when an organization intentionally engages customers in ways that create memorable events (Pines and Gilmore 1998). Memorable events can be produced in several ways, but the most interesting possibility for healthcare organizations is to use "theming," which is reinforced by design elements, staged events, and activities. For example, a hospital could create a feeling of calm for a postoperative unit through the use of thick carpets, soft colors, and soft music. Alternatively, a feeling of stimulation could be created in a geriatric unit through the use of brighter colors, fast-paced music, and visual stimulation cues.

Brookwood Hospital in Birmingham, Alabama, for example, operates a patient-focused separate (but connected) wing for women's health services. Within this wing, maternity patients are provided suites (instead of single rooms) that provide sofa beds for family members and other guests and feature wallpaper, lamps with soft lights, comfortable chairs, and other "homelike" features. Nurses pass out pink and blue bubblegum cigars, the baby is kept in a crib within the suite, and visitors sign a "guest" book to provide a keepsake for the family.

As healthcare services continue to move out of the hospital to outpatient centers, designing ambulatory settings that provide a healing environment is one of the most challenging issues facing healthcare executives. As stated previously, healing environments are designed to reduce stress for patients, staff, and visitors. A sense of control, access to social support, and access to positive distractions can all help reduce this stress.

These factors are evident in the Palo Alto, California Medical Foundation outpatient center comprehensive cancer setting design, where patients may spend up to 18 hours undergoing chemotherapy. Because the technology used for treatment is located in the clinic's basement, daylight was brought into the space to make the treatment less depressing. Similarly, a day lounge for patients scheduled for micrographic surgery for skin cancer, which may take up to eight hours, is located along an outside wall to afford the patients windows and a view. The clinic will include beds for patients who need to recover from surgery for up to 23 hours. The Foundation has contracted with Recovery Inns for limited nursing, plastic surgery, suturing, cast changing, and wound dressing services for patients with longer observation or recuperation needs (Weber 1995).

AtlanticCare Medical Center in Lynn, Massachusetts is also integrating healthcare and hospitality services by providing patients the convenience of a hotel stay. By adopting room service, patients can order food from the menu and have it delivered immediately. This amenity meant slimming down the hospital's old menu to 15 entrees that can be prepared in 15 minutes or less. Dietary workers, not nurses, deliver the trays. The old system required patients to order their meals a day in advance, but for short lengths of stay, patients often did not have an opportunity to order and thus did not get a choice. Even when the system worked, patients were not happy with it, and a third of the meals were rejected and wasted. Room service will therefore save \$30,000 to \$50,000 a year. More than that, after room service was adopted 97 percent of patients surveyed said they would gladly come back for future health service. This is compared to a 1990 survey that indicated that only 71 percent of patients would not choose a return visit to the hospital (Hudson 1998).

SUMMARY AND IMPLICATIONS

Healthcare organizations are learning important strategies from the hospitality industry that are vital in providing the setting customers expect. Some examples of how improvements in the service setting are currently being implemented in the healthcare industry have been provided. In addition, a framework for evaluating the effects

FIGURE 3 Steps in Providing a Healing Environment

- Evaluate the current environment.
- Analyze your service setting using the framework provided in this article.
- Seek input from customers (i.e., patients, patient families, etc.) concerning ambient conditions, spatial use, signs and symbols, employees, and other customers through interviews and focus groups
- Take action to improve and upgrade all deficient aspects of the service setting.
- Measure customer reaction to service setting and take action to improve deficient areas on a continual basis.
- Provide a welcoming environment.
- Train "front-line service" personnel in customer relations and encourage them to display a pleasing physical demeanor through clean uniforms and proper grooming.
- Provide a high level of customer safety and security welllit parking lots and pathways, low-cut hedges, and the presence of uniformed employees.
- Make it easy for customers to go where they want to and to know where they are.
- 3. Design the "healthscape."
- Develop a well-defined theme that is reinforced by all the design elements, including decor, displays, signage, customer amenities, and staged events.
- · Use warmer colors and comfortable furniture.
- Identify colors and style that customers find both reassuring and comforting (plush carpeting, well-appointed furniture, pastel colors, and color-coordinated fabrics).
- Use technologies such as interactive games, the Internet. chat rooms, multiplayer games, motion-based simulation, and virtual reality to allow interactive experiences to engage customers in learning about their own health
- Greate à healing environment.
- Create an environment of comfort, convenience, safety, entertainment, and information.
- Review and upgrade signs and symbols used to orient customers to their location within or between facilities.
- Study dispositions and preferences of all customers (i.e., patients, families, insurance companies, employees) before environmental changes are made
- Keep health environments clean, organized, pleasantsmelling, accessible to light, and quiet, with appropriate temperature and humidity.

of the service setting on customers and employees based on Hutton and Richardson's (1995) model is provided. Various environmental components affect internal responses and behaviors of both internal and external customers. These, in turn, affect various organizational outcomes. Various goals and objectives related to the creation of a healing environment were identified together with related action steps and healthcare examples. This is the first paper that provides specific information concerning how to create a healing environment in healthcare facilities.

Figure 3 provides a series of steps that might be taken by healthcare executives to create a healing environment. First, the current environment needs to be evaluated to identify deficient areas. Second, a welcoming environment needs to be provided. Third, "healthscapes" need to be designed to create the customer internal responses and behaviors discussed above. Fourth, a healing environment needs to be created. These guidelines should help healthcare executives increase their competitive advantage in an increasingly challenging market.

More research is needed to determine what environmental investments will provide the highest returns in terms of the patients' overall satisfaction, perceptions of quality, and intentions to return. Undoubtedly, the answer is content specific. A potential problem is measurement of patient cognitive, emotional, and physiological states because actual or potential improvements are difficult to verbalize, recall, and measure. This suggests that healthcare executives should work

with researchers to develop and test a valid tool to evaluate the healthcare environment and customer responses to it. Focus groups rather than questionnaires should be used to determine employee and customer perceptions of the internal environment.

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References

- Bitner, M. J. 1990. "Evaluating Service Encounters: The Effects of Physical Surroundings and Employee Responses." Journal of Marketing 54 (April): 69–82.
- Bitner, M. J. 1992. "Servicescapes: The Impact of Physical Surroundings on Customers and Employees." *Journal of Marketing* 56 (April): 57–71.
- Bowers, M. R., J. E. Swan, and W. F. Koehler. 1994. "What Attributes Determine Quality and Satisfaction with Health Care Delivery?" Health Care Management Review 19 (4): 49–55.
- Ford, R. E., and C. P. Heaton. 2000. Managing the Guest Experience in Hospitality Organizations. Albany, NY: Delmar.
- Grossbart, S. 1990. "Environmental Dispositions and Customer Response to Store Atmospherics." *Journal of Business Research* 21 (3): 225–41.
- Hagland, M., K. Luchs, and C. Quayle 1996. "Design and Construction. Building Blocks." *Hospital & Health Networks* 70 (5): 27–29.
- Hair, L. P. 1998. "Satisfaction by Design." Marketing Health Services 6 (Fall): 5-8.
- Hall, J., and M. Dornan. 1988. "What Patients Like About Their Medical Care." Social Science and Medicine 27 (4): 935–39.

- Hartley, R. F. 1997. Management Mistakes and Successes. New York: John Wiley & Sons.
- Health Policy Advisory Unit. 1989. *The Patient Satisfaction Questionnaire*. Sheffield: HPAU, Sheffield University.
- Hudson, T. 1998. "Service Means Business." Hospital & Health Networks 72 (5): 30–32.
- Hutton, J. D., and L. D. Richardson. 1995. "Healthscapes: The Role of the Facility and Physical Environment on Consumer Attitude, Satisfaction, Quality Assessments, and Behaviors." Health Care Management Review 20 (2): 48–61.
- Jun, M., R. T. Peterson, and G. A. Zsidisin. 1998. "The Identification and Measurement of Quality Dimensions in Health Care: Focus Group Interview Results." Health Care Management Review 23 (4): 81-96.
- Kotler, P. 1973. "Atmospherics as a Marketing Tool." *Journal of Retailing* 49 (4): 48–64.
- Montague, J. 1995. "Family Designs." Hospital & Health Networks 69 (11): 94.
- Parasuraman, A., V. A. Zeithaml, and L. L. Berry. 1988. "SERVQUAL: A Mutiple Item Scale for Measuring Customer Perceptions of Service Quality." *Journal of Retailing* 64 (Spring): 12–37.
- Pines, B. J., and J. H. Gilmore. 1998. "Welcome to Experience Economy." *Harvard Business Review* 76 (4): 97-105.
- Pinto, C. 1996. "Going Natural by Design." Modern Healthcare 26 (45): 39-48.

- Press Ganey Satisfaction Measurement. 1995. *The Satisfaction Report.* South Bend, IN:
 Press Ganey.
- Reidenbach, E. R., and B. Sandifer-Smallwood. 1990. "Exploring Perceptions of Hospital Operations by a Modified SERVQUAL Scale." Journal of Health Care Marketing 10 (Dec.): 47–55.
- Sewell, C., and P. B. Brown. 1990. *Customers* for Life. New York: Pocket Books.
- Singh, J. 1990. "A Multifacet Typology of Patient Satisfaction with a Hospital Stay." Journal of Health Care Marketing 10 (Dec.): 8-21.
- Taylor, S. A. 1994. "Distinguishing Service Quality from Patient Satisfaction in Developing Health Marketing Strategies." Hospital and Health Services Administration 39 (2): 221–36.
- Weber, D. 1995. "Life Enhancing Design." Healthcare Forum Journal 38 (2): 39–49.
- Weisman, C. W., and W. G. Nathanson. 1985. "Professional Satisfaction and Client Outcomes: A Comparative Organizational Analysis." *Medical Care* 23 (10): 1175–92.
- Woodside, A. G., L. L. Frey, and R. T. Daly. 1989. "Linking Service Quality, Customer Satisfaction, and Behavioral Intention." Journal of Health Care Marketing 9 (4): 5– 17.

PRACTITIONER APPLICATION

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n this study on the importance of the service setting in the new customer-oriented healthcare system, the authors have aptly demonstrated a cause-and-effect relationship between the physical comforts of the healthcare delivery system and improving patients' sense of comfort and well-being and ultimately improving the healing process. This link is important to healthcare providers from many perspectives, including its effect on patient outcomes, competition and marketing strategies, and the viability of the delivery system.

As executive vice president and chief operating officer of a public safety net facility that recently completed a major renovation and expansion project, I do not question the value of the esthetic improvements in improved morale of patients