



## marketing minute

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**Room for Comfort** Waiting will seem less burdensome for your patients if your waiting area is an interesting, relaxing, and reassuring place. Take time to create a good design, then maintain it well.

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BY JULIE K. SILVER, MD



My office is run-down, cramped, and dingy. There is not enough parking, too few chairs are in the waiting room, and we need more exam rooms. The paint is peeling, carpet is coming unglued, and the furniture and decor are outdated.

It wasn't always this way. Just a little over five years ago, the office opened with a flourish. Everything was new and in perfect working order. But five years is a long time and there has been a lot of foot traffic during those years. On average, we see 1200 patients each month. If

half of the people we treat bring a child or other companion with them, this means more than 100,000 people have visited our waiting room over the past five years. No wonder it is in disrepair!

To remedy this situation, we have just signed a lease on a new building. Well, not new really, but new to us. The building will be gutted and we can do anything we want with the floor plan and design. So, I have been

thinking: What would the perfect doctor's waiting room look like?

Since this is a patient's introduction to our practice, it should reflect the messages we want to convey. In effect, the reception area should market our practice. It should tell patients that we are efficient and we respect their privacy. It should also convey to patients that we are compassionate, competent, and concerned.

With these thoughts, I am

on a quest to discover how to design the perfect waiting room.

Jain Malkin has a lot of experience designing waiting rooms. As the president of Jain Malkin Inc., a San Diego interior design and space planning firm specializing in health-care facilities, she has designed more than 300 medical and dental offices around the nation. Moreover, Jain teaches a medical space planning course at Harvard University in the Graduate School of Design and is the author of *Medical and Dental Space Planning for the 1990s*. She is the perfect consultant to help me with my design mission.

Jain immediately suggests "a research-based approach

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to design.” She informs me that there are five main bodies of research that all have a common goal—to reduce patient stress. Apparently, this has been studied in great detail. Eager to learn more, I ask Jain to educate me.

### Five elements

First, she says, there needs to be a “connection to nature.” Perhaps the classic waiting room connection to nature is an aquarium filled with exotic fish. However, there are simpler solutions. This can be an attractive view out the window or a beautiful painting or photograph. The painting should be “realistic,” as opposed to abstract. Water (but not turbulent water) is also relaxing. There are many inexpensive water and rock displays that are calming and natural.

The second body of research focuses on “options and choice.” It is important for patients to have choices of places to sit, reading materials, and things to do. “You have to have a variety of seating,” Jain advises. “In a waiting room of 20 chairs, you have to have at least three different seats, so that people can find a seat that is comfortable for them.”

For reading materials, Jain suggests using some creativity. “Provide good reading material that is current and covers a variety of interests. That shows a lot of respect for patients,” she says. Both uniqueness and quality count here. For example, instead of purchasing a subscription to *Field & Stream* (with a circulation of close to 2,000,000 chances are that people have a subscription at home or have seen this magazine in other waiting rooms), try the less popular but equally interesting *The Fisherman* (circulation 100,000) or *Salt Water Sportsman Magazine* (circulation 150,000). Or try some sports

magazines that have an unusual angle such as *Inside Kung-Fu—The Ultimate* in Marital Arts Coverage! The editor of this magazine describes it as a monthly magazine for those with “traditional, modern athletic, and intellectual tastes.” As we gear up for the Olympics in Salt Lake City, many of our patients might instead choose to read *Olympian Magazine* or *International Gymnast*. Getting away from sports, consider subscribing to *Weekend Woodcrafts*, *Ceramics Monthly*, or *Ristorante*. Magazines that purely entertain such as *Funny Times* or *New Humor Magazine* may be a good bet, too.

Third is “social support.” Providing social support in the waiting room is a little more difficult. However, this may be done through literature that educates patients about their condition(s). A bulletin board that attractively displays support group information and educational information will relax and reassure some patients. In the future, computers may have a role in waiting rooms whereby someone can sit down at the terminal and be directly linked to different health sites or find out about support groups for a particular medical condition.

The fourth set of stress reducers is “pleasant diversions.” This has to do with getting people’s minds momentarily away from their worries and pain. Aside from magazines, unusual objects can attract attention. You can search through catalogs and specialty stores in your local mall to find objects that add interest in waiting rooms—sculptures, interesting artwork, books with beautiful photographs, puzzles, or nature displays. Some of these are sure to fit in with your waiting room decor and ambience.

Another pleasant diversion can be food and drinks. Jain reminds me that

food provides comfort and patients especially like to be treated to something to eat—even if it is just hard candy in a bowl.

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The fifth and final thing to consider is “elimination of environmental stressors.” This includes making sure that there is good air quality. Acoustics are also important as privacy is a major issue—people are very uncomfortable when they can overhear conversations, particularly discussions at the front desk that involve patients. People are also uncomfortable if they can see others’ charts or information on a computer.

### Keep it up

I am pleased with Jain’s advice. I now realize that, although it seems straightforward, the current waiting room in my office is a stress pit. Things must change. However, I suspect there is more to a good waiting room than just setting it up comfortably. Jain confirms my suspicions.

“Filthy waiting rooms are endemic. Physicians do not walk through their waiting rooms,” she says. Dusty baseboards, old coffee cups, and used tissues can leave the guests with a lasting negative impression. Carpets need to be steam extracted every six months.

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Upholstered chairs should also be routinely cleaned. Dead plants should be tossed out. After all, patients want to be assured that they are going to do much better in your care. A poorly maintained waiting room sends the message that the doctors are too busy to keep up.

Another enemy, clutter, creates a terrible impression to patients who are checking in and waiting to be seen. "The physician has to have the courage to take on the front office staff to clean up the clutter on their desks. All the way from nine photos to ceramic squirrels and trolls on top of the computer and emergency numbers taped to the monitor," Jain says.

Jain has one final recommendation. Patients expect to wait for a reasonable period of time to see the doctor. However, a wait that stretches out without any acknowledgment from the staff makes patients anxious and creates anger and even hostility. In order to facilitate a relaxed atmosphere, it is important to see patients in a timely manner and if there is a delay, to be sure that the front desk staff reassuringly tells waiting patients what to expect.

As I have mulled over Jain's advice, I realize I have my work cut out for me. One of my main goals as a physician is to provide comfort and care—to put people at ease who are suffering. It just makes sense to start that process the moment they step into my office. ■

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*Dr. Silver edited *The Business of Medicine* (Hanley & Belfus) and wrote *Post-Polio Syndrome—A Guide for Polio Survivors and Their Families* (Yale University Press), released in April.*