Patients’ ability or willingness to disclose personal information is a key factor in health communication. Personal information provided by patients assists physicians in diagnosing illnesses and prescribing suitable treatment. The tendency to self-disclose can be affected by characteristics of both partners and the topic of conversation, but also by the environment in which the conversation takes place.

Environmental research provides evidence for the effects of spatial features of environments on affective experiences and behavior. For instance, Haytko and Baker (2004) showed that spaciousness perceptions are important determinants of shopping pleasure in shopping malls. Addressing determinants of spaciousness perceptions in healthcare settings, Okken, Van Rompay and Pruyn (in press) showed that both architectural variables and interior design variables influence self-disclosure intentions via the experienced spaciousness. However, such spatial manipulations are often hard to implement; architectural dimensions are usually fixed and furniture options are restricted by room size and room layout.

Interestingly, research suggests that atmospheric variables may also influence spaciousness perceptions. For example, Kwallek (1996) showed that wall color can also be used to influence experienced spaciousness in office environments. Also, findings by Gifford (1988) suggest that a brighter environment comes across as more spacious. However, previous research has largely ignored the role of consumer characteristics in accounting for effects of atmospherics. For instance, in healthcare settings patients may experience emotions ranging from joy and relief to anxiety and despair. The central question underlying research presented is “Does this state of mind qualify effects of room atmospherics on patient experiences and behavior?”

To address this question, we investigated the effects of room atmospherics on patients’ affective experiences and intended self-disclosure, and whether these effects vary depending on the patient’s state of mind. To this end, room brightness and the communicated threat were manipulated in a simulated conversation between a patient and a physician in a consultation room, resulting in a 2 (bright vs. dark room) x 2 (positive vs. negative conversation) between subjects design.

In line with expectations, results showed a significant effect of the room’s brightness on both patient affect and intended self-disclosure, with brighter rooms generating more positive affect and higher intentions to self-disclose. More important, an interaction was obtained between room brightness and the communicated threat, suggesting that patients have a need for more spaciousness in particular when in an anxious state of mind. Mediation analyses confirm the mediating role of perceived spaciousness in the relationship between room brightness on the one hand, and patient wellbeing and intended self-disclosure on the other.

References