

THE MOST APPROPRIATE MUSIC TO BE PLAYED IN AN OPTOMETRIC PRACTICE

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ABSTRACT

Background: This research study examines what is the most appropriate music to play in an optometric reception area. It tries to determine whether music is played based on patient satisfaction, demographics of patient population, optometrist preference or marketing the business. Many studies have been conducted on the effects of music on human behavior and whether or not they increase healing rate, cause relaxation and even increase one's spending of money. *Methods:* A survey was mailed to 150 optometric or optometric/ophthalmologist practices. Seventy-five were sent throughout the state of Indiana and 75 throughout Michigan. *Results:* Based on the surveys returned, there was no specific type of music found to be appropriate for play in a reception area and word of mouth was the best method of marketing. *Conclusions:* The majority of music played in an optometric practice is easy listening music on the radio and chosen by the doctor or head of the practice; however, based on literature review the best type of music to play is something up beat and familiar to the patient. Optometrists in the Midwest believe "word of mouth" is the best way to promote a practice. They also believe music does not influence patient spending.

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Introduction

At some point in a person's life there has been a song or type of music that has affected their emotions. It may make a person sad, bring back a memory or put them in a better mood. Music research has shown that music can affect the human body in a number of ways; by decreasing anxiety, changing one's mood, memory recall and even influencing consumers.

Music has been used to control anxiety in patients and help make medical procedures a more positive and pleasurable experience. A study conducted by Bellan et al. (2002) on cataract surgery patients evaluated whether or not listening to music before or during the surgery had any benefit to reducing the patients' surgical anxiety. [Patients listening to music before the surgery had a statistically significant reduction in anxiety compared to patients trying other relaxation methods. This study also reported that efforts to reduce anxiety about surgery needed to be made upon arrival at the institution or even before. Studies performed with dental patients found similar results and reported that music was useful in making dental treatments more pleasant for the patients.] [1]

Another role of music which has been studied is how music can affect patrons in a retail environment. It has been shown that music can have a powerful connection to people's emotions and therefore may have a powerful connection to what is bought and sold. The atmosphere of a shopping environment can influence customer attitudes and perceptions in relation to the overall quality of the store in terms of the uniqueness of the product and levels of service. [2] A given mood state within a retail environment can increase the chances that a purchase will be made. [3] There is also something to be said for playing specific music to project and image or engage a specific group of potential customers. [By understanding the demographics and psychographics of

its target market, retailers can create an audio environment where their customers feel comfortable, relaxed and happy to spend time and money. The use of carefully selected music creates an immediate distinction for a retail brand by establishing the right mood. Music can motivate the subconscious and create a first and lasting impression.] [4]

Even though there has been in-depth research on the affect of music on the human body there are only a limited number of investigations addressing the influence of music on consumer behavior. Areni and Kim (1993) took a look at how music, more specifically Classical versus Top-Forty music, influenced the behavior of consumers purchasing wine. [This research found that patrons spent more money in a wine store when classical rather than Top-Forty music was played in the background. The findings regarding the impact of background music on total sales and the number of items purchased suggest that, rather than influencing patrons to purchase greater quantities of wine, the classical music induced them to purchase more expensive wines.] [5]

Another interesting study was conducted on the influence music has on a person's spending habits. French and German music was played in a supermarket that carried each of the respective types of wines. [When French music was played, French wine outsold German wine five bottles to one. German wine outsold French wine when German music was played by two bottles to one. The study also reported that shoppers were unaware of the music influencing their decision.] [6]

Research conducted into how the types of popular music influence a student's spending in a cafeteria showed that there was a different mood set by the type of music played. [6] Classical, pop, easy-listening and no music were each played on separate days in the cafeteria. On the classical day it was reported there became a "sophisticated and up-market image," while during

the pop day the mood was "fun and lively." The easy-listening day was described as "rather down-market and 'tacky', while no music had the description of all four classifications combined. [6]

Yalch and Spangenberg (1990) examined the effects of easy-listening versus Top-Forty music on the amount of time customers spent shopping. They reported that customers under 25 years of age spent more time shopping when exposed to easy-listening music and customers over the age of 25 spent more time shopping when exposed to Top-Forty music. [7] Research may indicate that the type of music played may influence not only what patrons purchase when shopping but also how long patrons spend shopping.

When it comes to a setting other than a grocery store, such as an optometric practice, a private practice management consulting firm out of Minneapolis, MN gives advice on how to incorporate music into one's health care practice. [The firm states "playing soothing music in your reception area can help relax clients." The firm also emphasizes that music projects your image. For example, if classical music is played in one's office a different atmosphere is portrayed compared to that of current popular music. Other suggestions include: playing music softly as background music, consider letting clients choose their own music, turning off music periodically to give people a rest and incorporate lighting into your image projection.] [8]

A few studies have been conducted to see how music effects one's perception of passing time. This information may be useful in helping optometrists in the selection of their reception area music. A literature review by McDonnell (2007) suggested that slow, unfamiliar music causes people to perceive time as passing slower, while faster music gives the perception of time speeding up. [9]

To see if any of the research and theories mentioned above applied to patients in an optometry reception area, a survey was sent out to one hundred fifty optometrists in the states of Michigan and Indiana. These areas were chosen because the researchers have future plans to work in one of the two states. The survey concentrated on what type of music was played, whether or not the music correlated with the demographics of the practice, how the type of music was decided upon and if the person or persons responsible for choosing the music felt that it had an influence on patient spending. The ultimate goal of the survey was to find out how many optometry offices currently play music, whether the offices felt that music increases patient satisfaction and if higher satisfaction therefore increases in-office sales.

Methods

One hundred fifty surveys were sent out to the states of Michigan and Indiana. Seventy five surveys were sent to each state addressed to private optometrists chosen at random from the yellow pages. The surveys were sent out in the mail with a self addressed stamped envelope for quick and convenient response. An introduction letter was included which explained the purpose of the survey, that the survey was to be filled out by a knowledgeable employer/employee, that the participant's privacy would be respected, and provided contact information of the surveyors. The surveys were formatted so the recipient could circle the most applicable answer. One open ended question was asked at the end of the survey which inquired as to the best way to promote a private optometry practice. The returned surveys were tallied and the responses were represented as percentages. The response for each question was reported individually and trends

were examined for each state. Differences and similarities were noted between the states of Indiana and Michigan to give a Midwest representation to the information being studied.

Results

Out of the 150 total surveys sent out, 61% were returned between the states of Michigan and Indiana. Sixty-four percent were returned from Michigan and 58% from Indiana. Figures that compare Michigan and Indiana for many of the below statistics are included throughout the paper.

Michigan

The results showed 12.5% of the offices surveyed in Michigan did not play music in the reception area (Fig. 1). Of the offices that did not play music, the reasons for not playing music were equally distributed at 25.0% each. The following reasons given were: preference of owner/manager, no speaker system, music will make area louder, and music does not benefit the patients (Fig. 2).

Figure 1. Percent Playing Music by State

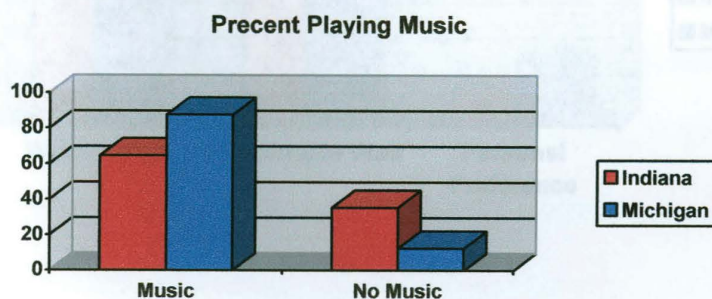
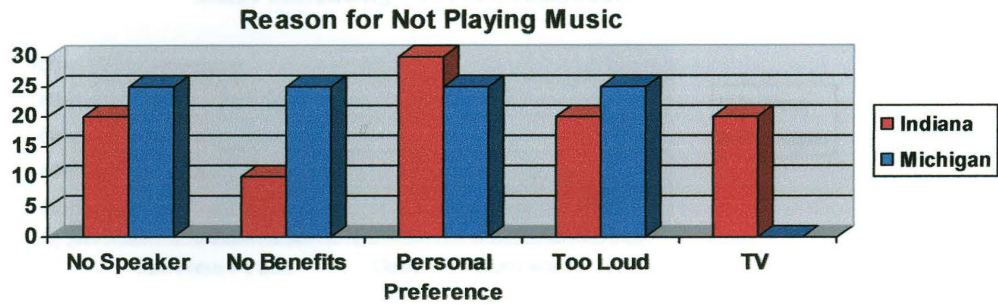


Figure 2. Reasons for Not Playing Music



Of the 87.5% of offices that choose to play music, 50% do so because they believe it makes the reception area more pleasurable, 32.7% believe it makes reception area more welcoming, 17.9% said it was the personal preference of owner/manager (Fig. 3). Seventy-five percent of the offices that play music stated that music increases patient satisfaction (Fig. 4), while 28.6% felt that increasing patient satisfaction would increase in-office sales (Fig. 5).

Figure 3. Reason for Playing Music



Figure 4. Patient Satisfaction

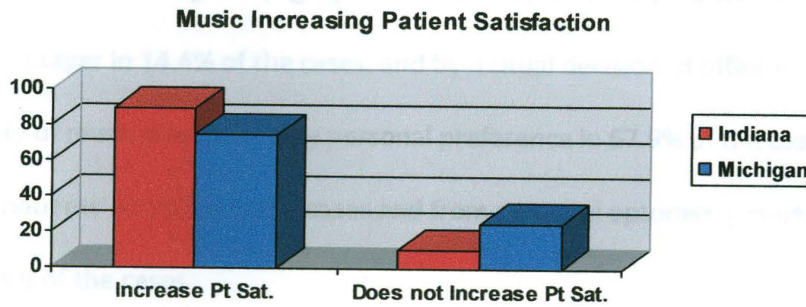
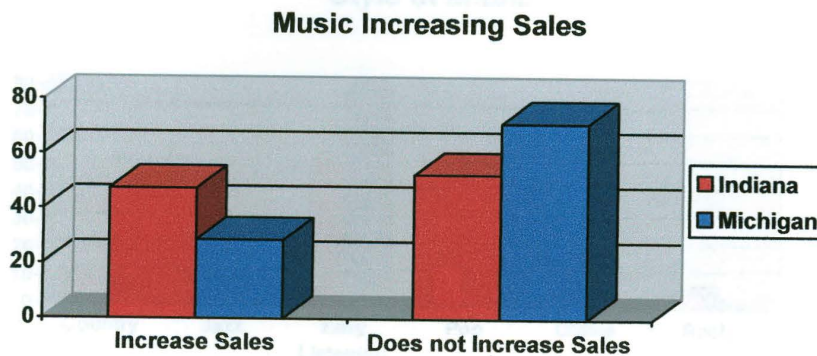


Figure 5. Music and Sales



Music was played only in the dispensary/reception areas in 71.4% of the offices and everywhere including exam rooms in 28.6%. It was reported that a patient's wait time in the reception area was less than 5 minutes in 37.5% of the cases, 5-15 minutes in 59.4% of the cases, and 15-30 minutes in 3.1% of the cases. Sixty-eight percent of the offices reported playing music from the radio, 17.9% from music subscription, and 14.2% from CDs.

The type of music varied from 78.6% easy listening, to 7.1% country, 7.1% contemporary jazz, 3.6% classical, and 3.6% religious (Fig. 6). The music was chosen by owner/doctor in 57.3% of the cases, office manager in 14.4% of the cases, and by mutual decision of office in 28.3% of the cases (Fig. 7). Style of music was chosen by personal preference in 67.9% of the cases, based on demographics of patients' in 14.3% of the cases and from personal optometry marketing experience in 17.8% of the cases.

Figure 6. Style of Music Played

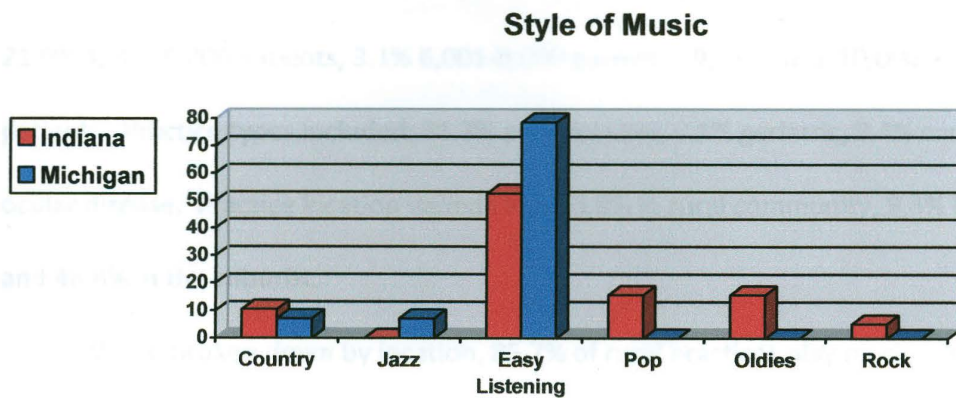
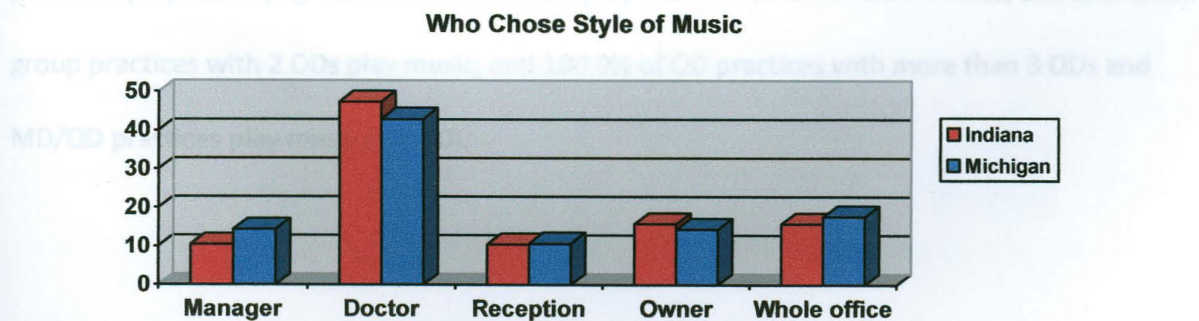


Figure 7. Who Choose Music Style



The most common marketing tools already in use by Michigan offices, both music and non music playing offices, included: pamphlets in 59.4%, recall system in 93.8%, and business cards in 87.5%. Sixty-nine percent of Michigan practitioners reported that the best way to promote a practice was word of mouth, 12.5% by internal advertising, 9.4% by external advertising, 6.3% by providing the best care, and 3.1% by being involved in the community.

Of the Michigan offices surveyed 75.0% were solo practitioners, 21.9% had small group practices with 2 optometrists, and 3.1% had 3 optometrists. Eighty-seven and a half percent of the offices were OD only practices with 12.5% of the offices being MD/OD practices.

Annual patient base included 25.0% 1,00-2,000 patients, 34.3% 2,001-4,000 patients, 21.9% 4,001-6,000 patients, 3.1% 6,001-8,000 patients, 9.4% 8,001-10,000 and 6.3% 10,001+ patients. Practice types included: 81.3% primary care, 3.1% geriatric, 9.4% contact lens, and 6.2% ocular disease. Practice location varied from 43.8% in rural community, 9.4% in urban community, and 46.8% in the suburbs.

When broken down by location, 85.7% of rural practices play music where as 100.0% of urban and 86.7% of suburban practices play music (Fig. 8). Eighty-two and a half percent of primary care offices play music where as 100.0% of geriatric, contact lens and ocular disease practices play music (Fig. 9). Solo practitioners play music in 85.0% of their offices, 85.7% of small group practices with 2 ODs play music, and 100.0% of OD practices with more than 3 ODs and MD/OD practices play music (Fig. 10).

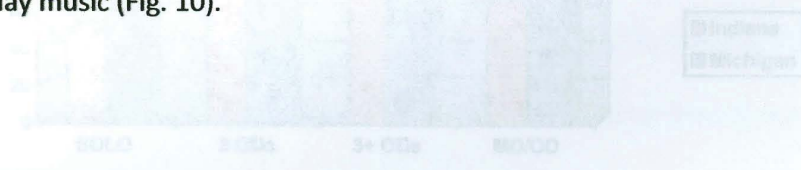


Figure 8. Percent Playing Music by Location

Percent Playing Music by Practice Location

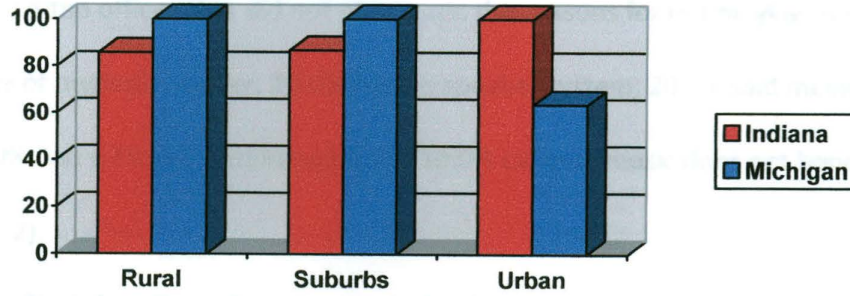


Figure 9. Percent Playing Music by Practice Type

Percent Playing Music by Practice Type

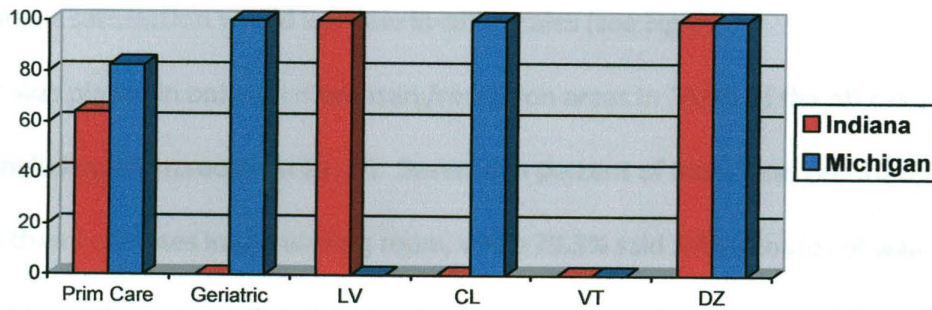
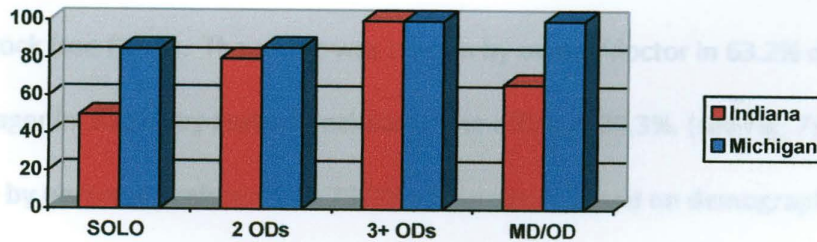


Figure 10. Percent playing music by OD VS MD/OD

Percent Playing Music by OD vs MD/OD Practice Type



Indiana

The results showed that 35.5% of the offices surveyed did not play music in the reception area (see Fig. 1). Of the offices that did not play music the reasons for not playing music included: 30.0% preference of owner/manager, 20.0% had no speaker system, 20.0% said music will make area louder, 20.0% had a TV installed instead, and 10.0% claimed music does not benefit the patients (see Fig. 2).

Of the 65.5% of the offices that play music, 56.6% said it makes the patients' wait more pleasurable, 36.8% stated it makes the reception area more welcoming, and 10.6% said it was the personal preference of owner/manager (see Fig. 3). Eighty-nine and a half percent of the offices playing music reported music increases patient satisfaction (see Fig. 4) and 47.4% of those felt that increasing patient satisfaction would increase in-office sales (see Fig.5).

Music was played in only the dispensary/reception areas in 78.9% of the offices and everywhere including exam rooms in 21.1%. Seventeen percent of the offices reported patients spending less than 5 minutes in the waiting room, while 79.3% said 5-15 minutes of wait time, and 3.5% said 15-30 minutes are spent in the reception area. Seventy-four percent of the offices that played music reported playing it from the radio, while 15.8% played music from a music subscription and 10.5% from CDs.

The type of music varied from 52.6% easy listening, 15.8% pop, 15.8% oldies, 10.5% country, to 5.3% rock (see Fig. 6). The music was chosen by owner/doctor in 63.2% of the offices, by the office manager in 10.5%, by mutual decision of the office in 26.3%. (see Fig. 7). Style of music was chosen by personal preference in 73.9% of the cases, based on demographics of patients in 15.8% and from personal optometry marketing experience in 10.3% of the cases.

The most common marketing tools already in use by Indiana offices, both music and non music playing offices, included: pamphlets, 65.5%; recall system, 79.3%; and business cards, 75.9%. Indiana practitioners reported that the best way to promote a practice was word of mouth, 68.9%; being involved in the community, 13.8%; providing the best care, 10.3%; internal advertising 3.5%; and having good insurance coverage 3.5%.

Of the Indiana offices surveyed 58.6% were solo practitioners, 37.9% had small group practices with 2 optometrists, and 3.5% had 5 or more optometrists. Eighty-three percent of the offices were OD only practices with 17.2% of the offices being MD/OD.

Annual patient base included 27.6% with 1,000-2,000 patients, 44.8% with 2,001-4,000 patients, 17.2% with 4,001-6,000 patients, with 6.8% 6,001-8,000 patients, and 3.4% 10,001+ patients. Practice types included: primary care, 89.5%; low vision, 3.5%; vision therapy, 3.5% and ocular disease, 3.5%. Practice location varied from 44.8% in rural community, 17.2% in urban community, and 38.0% in the suburbs.

When broken down by location 100.0% of rural practices, 63.6% of urban and 100.0% of suburban practices play music (see Fig. 8). Sixty-four percent of primary care offices, 100.0% of low vision, 0.0% of vision therapy, and 100.0% of ocular disease practices play music (see Fig 9). The breakdown of practice type playing music is: solo OD practices, 50.0%; small group practices of 2 ODs, 80.0%; more than 3 ODs, 100.0% and MD/OD, 66.6% (see Fig 10).

Discussion

Similarities

Based on the data obtained from the survey, the majority of practices played music; however, more played music in Michigan compared to Indiana. The most common reason for playing music in both states was that practitioners felt music makes the reception area more pleasurable. It was also thought music increased patient satisfaction; yet, most practitioners felt music did not increase office sales.

Music played from the radio was the most popular way of broadcasting music and most offices played music in the reception and/or dispensary areas only. The most common type of music played was easy listening in all locations (rural, urban, and suburban). The style of music was found to change with location. Country music was only played in rural settings, but there was a mixture of all other types of music in urban/suburban areas.

As far as who chose the type of music, most of the decisions were made by the owner or head doctor of the practice. The majority of practices surveyed were solo-practitioners and most of the practices were primary care offices seeing between 2001-4000 patients each year.

When questioned about the best way to promote a practice and patient spending, most felt "word of mouth" was the most effective. The practices polled are currently using pamphlets, recall systems and business cards as other ways to promote their businesses.

Differences

Despite the many similarities between Michigan and Indiana optometry practices, there were some significant differences. In general, more practices in Michigan play music than in

Indiana. More primary care practices, solo and small group practices from Michigan play music compared to Indiana. More practices located in rural and suburban locations played music in Indiana compared to Michigan, while more urban practices played music in Michigan. Even though more practitioners from Michigan play music, more practitioners from Indiana believed music increased patient satisfaction and therefore increased patient spending.

Optometrists in Indiana also felt strongly about being involved in the community as a way to promote their practice. Michigan recommended external advertising as a way to endorse one's practice where as no one from Indiana suggested that concept.

Conclusion

This survey represented how practitioners perceived music influencing in-office sales and did not represent any actual profit margin reports of offices before and after music was played. While the research performed may be inconclusive to whether music increases patient satisfaction and thus increases in-office sales it did provide interesting trends of some Midwestern optometric offices. Most private optometric practitioners in Indiana and Michigan play music in their offices because they feel that it makes the reception area more pleasurable. Many of these practitioners play easy listening music from the radio. There is scientific research that supports music influencing the spending habits of customers; however, most practitioners said they believe music did not influence patient spending.

Based on the initial literature review, classical music sets a sophisticated mood and may influence people to buy more expensive items. Popular music may make wait time perceived as passing faster and also influence people to spend more time in a shopping setting. Either of these

types of music would be appropriate to play in an optometric office, but it would be up to the decision maker to choose which atmosphere they wanted to create.

The information collected through the surveys indicates that practitioners felt music did not increase sales through patient satisfaction. While music may not be an important factor to optometrists as to how to increase a profit, many practitioners provided information about what they felt was the most effective way to market a practice. The overwhelming majority of practitioners from both states felt the best way to market and thus increase sales in a private practice setting is still the good old method of "word of mouth".

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