

Customer Satisfaction and Experience: Perceptions of Users of an Infusion Clinic in Minas Gerais and the Impact of this Tool for Management and Decision Making

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Abstract

Objective: To evaluate the perception of users of an immunobiological drug infusion clinic in Belo Horizonte, Minas Gerais, regarding the use of satisfaction survey as a tool for process improvement.

Method: This is a descriptive research with a qualitative approach conducted in an Infusion Clinic located in Belo Horizonte, Minas Gerais. The study participants were twelve patients undergoing treatment at the clinic, 36% female and 64% male, aged 35 to 73 years and with treatment time between 2 days to 5 years. The semi-structured interview with subsequent thematic analysis was used as data collection technique.

Results: It was evidenced that the research participants are aware of the importance of applying tools to evaluate their satisfaction, which is often associated with the quality and safety of health professionals' care. The patient's behavior as an active subject in their care and able to perceive the environment in which they are being treated, make suggestions and complaints about quality and safety, puts them as actors of change in health institutions. We realize the importance of establishing criteria and tools for customer satisfaction and experience assessment, in addition to ensuring an effective form of communication with the user, to be able to generate results and changes in the institutions, since the concern of users is more associated with improvements in care or change actions than in the return of complaints.

Concluding Remarks: More health research is needed to assess clients' perceptions of management tools and their outcomes for quality care and delivery. The involvement and interest of the team, the client's and family's participation in their healing/rehabilitation process contribute significantly to qualified care and the application of quality management tools.

Keywords: Satisfaction; Infusions; Institution; Patients

Introduction

Customer satisfaction assessment was one of the first indicators to be adopted by health organizations involved in quality initiatives, whether by government pressure, professional associations or health authorities. Its use continues to be reinforced by the different models of external quality evaluation. External satisfaction assessment questionnaires provide important subsidies for improving the quality of services provided, both in terms of processes and results [1].

Defining satisfaction has been a difficult task for many authors, many studies have sought to study the relationship between satisfaction and the variables that determine it. However, little is known about the nature or number of factors that influence customer satisfaction [2].

The quality of services or products can be measured through health assessment and its definition permeates a complex relationship between culture organization of the service provider institution and the needs and expectations of users, to which it is intended to be met [3]. This tool is so important that there are studies that show a relationship between customer satisfaction and treatment adhering, as well as improvements in their health status, which can help in the evolution of the patient's treatment. The planning, process review and performance monitoring, as well as constant improvements, have become vital for the positioning of organizations in the market. Quality Systems were adopted in the search for competitiveness, efficiency and effectiveness of processes and high performance indexes with successful results [4].

If satisfaction surveys highlighted the place of patients in health services and systems, the concept of responsiveness strengthened this position, giving it the *status of an individual/citizen*, that is, a subject of universally valid rights. The subject acquired a place, social, political and symbolic, prominent, in the evaluation of health systems and services, be it in the role of patient, user, consumer or client. This place varies according to the context in which each of these roles of the subject is exercised, but any of them, which often depends on how the health system is designed, does not eliminate the fact that everyone can be sheltered by individual and social rights [5].

In this sense, to adapt to these changes and meet the demands of an increasingly demanding clientele, health service managers have taken on new ways that require the increase of the level of quality. Thus, health institutions use satisfaction surveys to improve the aspects that cause patients' discontent [6].

Studies show that even in variables that generate a good index, changes should be analyzed as well as give careful importance to the suggestions and observations made users, in order to improve the quality of the service provided [7]. The search for quality in health services has become a worldwide phenomenon, a consequence of increased awareness that quality is indispensable for the survival of health services [8].

Other interpretations are still derived from the analysis of satisfaction. While economists have been interested in customer satisfaction measurement as a representation of quality assessment, psychologists have cared about customer expectations and perceptions as a background to satisfaction [9].

Research has shown that all hospitals are strongly concerned with increased productivity and patient satisfaction. The high productivity of a service is related to the perception of the client, here called patient, and that this perception is shown in the competencies and motivations of workers, in the organizational efficiency of the institution and in the availability and use of technologies of the index [10].

Currently in the market the most utilized model is the NPS (Net Promise Score) where it is possible to evaluate customer satisfaction, with simple and fast questions. NPS is a metric created by Fred Reichheld (Boston-USA) and presented in a Harvard Business Review article in 2003 (Revista da Universidade de Havard - USA) with the objective of measuring the degree of satisfaction and loyalty of consumers of any type of company [11]. The results obtained by the NPS method allow institutions to classify their clients into 3 types: promoters, neutrals and detractors [12].

Promoters are people who evaluate the company with grades 9 or 10, demonstrating that they are highly satisfied, will make new purchases, and recommend the brand to colleagues, friends and family, the company needs to strive to maintain these customers and outline strategies to attract new promoters. Neutrals give a 7 or 8, are partially satisfied and can switch to the competitor at any time, to turn them into promoters the company needs to improve its services, products and processes [12].

Detractors are people who give note 06 or lower; their level of satisfaction is low, are disappointed, tend not to have a new relationship with the company and will not recommend it to colleagues, friends and family. It is necessary to evaluate the feedback and check what can be done in order for dissatisfaction to be mitigated [12].

Although there are many tools, few perform the qualitative evaluation of the experience and satisfaction of patients.

It is increasingly necessary to carry out studies that discuss and analyze the satisfaction and experience of clients in the health field. In recent years there has been an increase in the manifestations and demands of customers, which can be interpreted as opportunities for improvement for organizations. Therefore, the relevance in the application of instruments that assess customer satisfaction and the monitoring of their results through indicators. With increasing demands, it is necessary to have a care that allows the patient to signal how satisfied he is. In addition, health accreditation processes are increasingly required to monitor and systematically monitor satisfaction, as well as customer experience and complaints/complaints/suggestions and compliments.

For all this, the present study aims to evaluate the perception of users of a clinic of infusions of immunobiological drugs in Belo Horizonte, Minas Gerais, regarding the use of satisfaction research as a tool to improve processes.

It is believed that the perception of satisfaction and the experience of users of the institution of the study will be positive, taking into account the period that the clinic is in the market and the time of treatment of each patient. In addition, the clinic is referred by several physicians who perform only consultations, however, they need to indicate a clinic to patients to carry out treatment.

Methodology

The research presented a qualitative and descriptive approach, aiming to understand satisfaction from the perception of the health user.

Qualitative research is used when the problem in question is not something that should not be quantified, but rather understood. It is a methodology that works with the social sciences, seeking to understand, interpret social questions. It seeks to produce a new knowledge based on the experiences, experiences and actions of the human being in his daily life. Thus, common sense is configured as the "ground" of this research methodology. A qualitative research can be divided into three stages, which are called exploratory phase, fieldwork and analysis and treatment of empirical and documentary material. In these work, the work is developed from a questioning even with a response that culminates in new questions [13].

During the first phase called exploratory, scientifically produced the research project, the definition and delimitation of the object of study. The moment was dedicated to the investment in scientific production and theoretical and methodological development, establishing the instruments of operationalization of the work, the schedule and the space chosen for the sample collection.

The research had as inclusion criteria subjects of both sexes, over 18 years of age, who were attended at the institution surveyed.

Exclusion criteria were patients under 18 years of age, patients with communication barrier, or patient who was interested in participating in the research.

To establish the closing of the study, the discourse saturation technique was used, which is a tool generally used in qualitative investigations in studies developed in the field of Health. Thus, the inclusion of new participants was suspended when redundancy or repetition of the data obtained occurred, in the evaluation of the researchers, and it was no longer relevant to remain data collection, because the information provided no longer contributed, significantly, for the theoretical reflection of the study [14].

The present study was conducted at The Pulsus Inovação em Saúde Ltda., located in Belo Horizonte - M.G, being the first Center of drug infusions in Belo Horizonte and 2nd largest in Minas Gerais, constituted in 2007, in order to perform infusions of immunobiological drugs for

immunomediated diseases outside the hospital environment. Pulsus currently treats autoimmune diseases such as Rheumatoid Arthritis, Psoriatic Arthritis, Crohn's disease, Ankylosing Spondylitis, Multiple Sclerosis, among others.

The visits can be performed through: accredited agreements, private and Programs, in the case of programs, most of the time the patient withdraws the drug by the Health Department, through protocols of Clinical Protocols and Therapeutic Guidelines (PCDT's) of the SUS and the application is funded by the laboratory of the drug, it is a way for the laboratory to monitor and ensure the administration of the medicine, since the SUS makes only the drug available. The clinic already has a customer satisfaction research tool, in which reception, nursing, medical and physical structure are evaluated, with multiple choice questions with grades from 1 to 5, being 1 and 2 bad, 3 regular, 4 Satisfied and 5 Very Satisfied, this model was incorporated in October 2018, being used for improvements throughout the care process.

The second moment of a qualitative research is called Field Work and in this period the exploratory stage of the study will be put into practice [15].

Data collection was initiated with an active search of users who were assisted at the institution during the time of the research. The research was applied to patients who underwent drug infusions in the clinic from July 3, 2019 to July 12, 2019. Data collection was performed through recorded interviews with questions that provided users with discussion about the understanding gained about the customer satisfaction survey. Interviews were conducted with a script containing open questions to guide the researcher during the approach to the research subject. In case of no violation of statements, or exclusion or addition of the statements, these interviews were recorded with the consent of the participants. The answers were recorded and all conversations were kept confidential, and they were transcribed to be analyzed later.

All those invited to carry out the research were informed about the objective of the study, inclusion criteria of the interviewed subjects and about data collection. Invited individuals had the right to refuse participation or not to answer some questions at any time of data collection. Interested parties signed the Free and Informed Consent Form ensuring confidentiality of the information provided and the participant's image during presentations of the results in scientific or educational publications, in addition, they were exempted from expenses and received no payment for participation.

Data collection was finalized when data saturation occurred, thus not having a minimum or maximum number of interviewees.

After completion of data collection, the information was compiled through the transcription of speeches recorded in the Microsoft Word 2013 program and analyzed to ensure that the information obtained was saturated, as well as to verify whether the questions were able to cover the expectation of the research. If not, the methodology would be revised to better meet us.

After approval of the answers, they were classified as common criteria that were identified throughout the reading: By gender, age group, treatment time, schooling.

The research will be submitted to the Ethics and Research Committee of the institution of study, in which it carries out its work from resolution no. 466/2012 and data collection took place only after this approval of the ethics and research committee of the participating institution and the Research Ethics Committee of the Educational Institution.

Results and Discussion

The interviews were conducted on a random level, according to the availability of patients and the flow of the clinic.

12 studies were conducted and the closure occurred according to methodology, that is, with data saturation. 36% of the patients who participated in the data collection were female and 64% male, with age between 35 and 73 years old. Of these 46% have Complete Higher Education, 36% Complete High School and 18% Elementary School, with treatment time between 2 days to 5 years. 45% of the partici-

pants perform the treatment through Health Plans (Supplementary Health) and 55% through programs funded by drug laboratories, in which the medication is made available by the Secretary of Health and the laboratory of the medicine assumes the costs of infusions. The treatments performed by the participants are related to Rheumatoid Arthritis, Cronh's disease, Psoriasis, Vasculitis, Ulcerative Colitis, Eosinophilic Asthma, Polymyositis.

For the confidentiality of the information passed on during the interviews, the patients were given phytic names of precious stones for the identification of the analyses.

From the analyzes after the transcriptions of all recorded interviews, the answers were divided into three categories related to the user's perception of the importance of tools of satisfaction of the client; To Means of communication and feedback methodology and regarding the patient's experience in the institution where the research was applied.

Category 1: User perception of the importance of customer satisfaction tools

It was possible to identify that all interviewees have knowledge about the importance of filling out customer satisfaction tools, although some have never participated in research in other institutions, they believe that the results can and should be used as a management tool for process improvements involving care. The purpose of customer satisfaction is to try to meet their expectations and ensure that the service is planned and delivered in a way that meets all your needs. Thus, if he feels satisfied he is more likely to use the service again, and may even recommend it to other people [16].

"I have done research yes, in other places and I think it is very important because the client can expose satisfaction or dissatisfaction with the clinic, with the place the hospital, I find it very interesting the person, the patient expose his suggestion" (Amethyst - 43 years).

"Yes, because I think it's the only way to improve any downside" (Diamond - 47 years).

"No, I never answered, I think it's important" (Amber- 35 years old).

"Look, it depends on the institution, but if it's going to take, of course it's going to be taken seriously this research, so I think my observation will weigh yes, I'm sure" (Amazonita - 73 years old).

It was verified in the interviews of patients who also use the care of the Unified Health System (SUS), the lack of this culture in responding to satisfaction surveys, although there are already channels of the Ministry of Health, for the contact of users, however, they perceive the need to carry out the research. Thus, satisfaction is understood as the perception and evaluation that the user has about defined dimensions of health services. Satisfaction, thus considered, is an important component of the assessment of the quality of health services [17].

"I think it's very important, but I never did, I usually praise the person, for example, at the health center that I am now being attended near my home, I am super well attended there, never wrote, never put on paper, Defend girls in late of them" (Ágata - 50 years).

The interviewees demonstrated in several statements the concern to praise the team as a form of motivation and to signal how important this dedication is. In recent decades, studies have shown that motivation is an intrinsic factor of the individual's behavior, so praise can become an important ally of motivation at work, because praise is also valuing. Recognition, self-esteem and self-realization are seen as motivators of human beings [18].

"This is important for anyone, every service, if you have a recognition of the person being directed, it improves the attendant's self-esteem, and leads to seeking to attend more carefully" (Citrino-63 years).

“I think the compliment relative to nurses because we are very well attended with great delicacy and promptness” (Coralina - 50 years).

In several answers it was possible to observe that patients understand that complaint situations should be seen by the institution as forms of improvement and not as dissatisfaction. Thus, the opinion obtained from customers, through complaints, it should be used for continuous improvement, which is one of the main objectives of the complaint process in quality management. The process may modify the culture of the company, which should focus on the customer. In addition, it should always apply best practices in the handling of complaints, aiming at the continuous improvement of processes, services and products [19].

“Complaint as to what can be corrected, improved, deficiencies the performances and compliments I think serves to show satisfaction, not only with treatment, whether it is working or not, but with regard to the professional, the logistics of care, I think in this sense” (Diamond - 47years).

Thus, it can be concluded with this category that users have a perception of the importance of applying tools that assess their satisfaction, which is often associated with the quality and safety of health professionals’ care. In addition, they realize that a positive experience has a positive impact on the image of the institution, as it influences the indication of other people, as well as compliments improve the esteem of professionals. The behavior of the patient as an active subject in his care and able to perceive the environment in which he is being attended, to make suggestions and complaints about quality and safety, places him as an actor of change in health institutions.

Category 2: Media and customer feedback methodology

With the advancement of technology, it can be seen that the use of electronic communication means grows every day, regardless of age group. Therefore, it was possible to notice that patients prefer to receive feedback through electronic means, either by e-mail or whatsapp.

WhatsApp today is considered as one of the most widely used forms of communication between individuals and has several features. Its use attracts the attention of its users, such as the double checks that confirm receipt and reading of the messages, the ease of sending and receiving miscellaneous documents through it, among other [20].

“Nowadays has email has WhatsApp, any of these for me there is very good” (Granada - 68 years).

“I think the electronic search is very good, on the tablet and I in particular have no problem with the written part also not, but I think keeping secrecy, equal is always given the possibility of the person identifying or not, because he has this freedom, I always identify myself, but I think always giving the possibility of her identify or not” (Diamond - 47 years).

Although there is a consumer law that recommends deadlines for returning to customers on complaint and critical solutions, it can be seen in the interviews that patients do not care about this return, just wanting improvement for upcoming care and/or for next patients. Therefore, we conclude that the patients surveyed rely on the method of evaluating the complaints of the research. In addition, when the customer perceives the performance of the company as fair and satisfactory, their feelings of loyalty tend to be reinforced [21].

“I don’t see the need for me to get a return, because the important thing is for the organization to understand, together with all employees, understand the patients’ claims” (Citrino-63 years).

The format of the surveys, quick questions or specific questions are in accordance with the understanding profile of each patient. With the advancement of technology, patients are open to new models of satisfaction research, whether online or on paper form. However, these new technologies should not be seen as a meaning for the replacement of methodological capabilities, but as tools to assist this process. The benefits of increased interactivity, integration of tasks and access to media should be performed as well as traditional methods, and even increasing the quality of research [22].

“I would like the way it is done, through questions, because direct manifestation is more difficult, the provoked and well-directed manifestation can greatly assist in formatting the work to be carried out” (Amazonite -73 years).

“The questionnaire is a good time, I find it easier on the tablet” (Ambar - 35 years).

In this category, it is perceived the importance of establishing criteria and tools for satisfaction assessment that, in addition to ensuring an effective form of communication with the user, is capable of generating results and changes in institutions based on complaints and subjecting manifested. It is also perceived that often the concern is associated with improvements in care or change actions in the institution than, properly, the return of complaints.

Category 3: Patient experience in the institution where the interview was applied

The saturation of the interviews was mainly due to the satisfaction of all interviewees. It can be seen that the level of satisfaction is high in the institution evaluated, regardless of the although there has been a suggestion of improvement in the physical structure of the clinic, among other criticisms.

Therefore, we can affirm that quality indicators are specific points used to outline what needs to be improved. In relation to the satisfaction of the clients of the health services, the indicators are related to the issue of care divided into three major groups, they are: structure (encompasses physical and organizational structure, material resources, human and financial), process (related to procedures performed during the service, evaluation of the professional and professional-user relationship) and result (it is the consequence of what was provided to the user encompassing all other points). Another way to measure quality would be to use the ratio of greater benefits, offered to the patient according to available resources, with lower risks [23].

“I think it can improve the appearance, I think the clinic is much more important than appearance, for example, the chairs that are worn, everything is very worn out the clinic I think is a clinic that has a very good name, super known, I have already told everything about the service, I think excellent, so I think I could without major investments, but I think it is necessary to improve the appearance of the clinic” (Amazonita - 73 years old).

“I only really realize with regard to the hours of service that I think can get more streamlined” (Coralina - 70 years).

The patient’s experience regarding the care and care that is given to all is identified regardless of the time of treatment. Relational aspects matter a lot to patients. They care about their experience of care as much as with clinical efficacy and safety, which are linked to functional aspects. They want to feel informed, supported and heard (relational aspects), so that they can make meaningful decisions and choices about their care [24].

“I can only give 10, could even give more, for various reasons, besides of the service of the technical part, of the human part, of the proximity, of the way I am treated, you still did a sensational thing with me, you managed to fit me in so that I was attended, so I was very pleased with it, I saw the personal effort of both the girls in nursing, as well as the doctors, as well as the class that managed to get the medication, in working beyond what would be perhaps the protocol or the requirement to be able to medicate me in getting the medicine for me, in being able to meet me, we stayed until later, the doctors are leaving later, other doctors attended me, so, Just have to thank, the score is 10 could be more without problems, they are all congratulations, team is very good” (Esmeralda - 43 years old).

Some questions in the interview were based on the NPS (NET PROMOTER SCORE) method, where it is possible to identify in the answers, if the patient/client is neutral, detractor or promoter. Thus, it is concluded that in this study all patients were promoters. Thanks to the simplicity of the scale from 0 to 10, companies can quickly measure the feelings and attitudes of their Customers. The second question allows them to know the motivator of this attitude in the words of the clients themselves avoiding distortions imposed by the ready responses of traditional satisfaction surveys [25].

“Yes, by the service, by the way I was received, by the way I am treated, before the consultations always call confirming to know how we are, being well attended, being well treated, as if this health” (Seawater - 40 years old).

“Of course i would indicate, anyone who needs me i’ll point it out” (Granada - 68 years old).

It can be concluded that the description and evaluation of the user experience allows a greater perception of customer satisfaction with the health service, because it allows details often not identified in traditional research tools. Therefore, it is essential to correctly select a methodology and tool for application to the client tied to the institution’s objective and the result it wants to obtain.

Final Considerations

The objective of this study was to identify the perception of patients who perform infusions of immunobiological drugs at the Pulsus Inovação em Saúde Ltda. clinic, regarding the understanding, maturity and knowledge of the use of the customer satisfaction research tool, being performed through the descriptive qualitative methodology.

In view of the aspects observed, it is concluded that regardless of the level of education of patients, if they are attended through laboratory programs or health plans, they know the importance of this tool to improve the processes, with suggestions, criticisms and compliments, in addition, it was also possible to identify that all interviewees make a point of recording the praise for the team as a whole.

Patient care is recognized by everyone, whether at the beginning of treatment with new patients or old patients, zeal and concern have no differentiation and this is perceived in all interviews.

It can also be identified that the clinic has a technical domain for infusions, and this analysis is performed from the perspective of participating patients based on care in other institutions.

Finally, the clinic already has a satisfaction survey, to which all patients submitted to treatments are invited to respond to the survey in order to improve processes and strategic planning.

Therefore, we conclude that the satisfaction survey is a tool of paramount importance to measure the degree of patient satisfaction and serves as a thermometer of the services provided, the option of anonymity allows patients to criticize and suggest improvements. The various research formats allow the institution to be aware of the profile of the patient who attends the clinic, in addition to measuring the score of promoter patients who would indicate the clinic to their families. Finally, it was found how the Pulsus Clinic welcomes its patients with zeal and humanization that allow us to demonstrate to the patient that he is the focus of care.

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