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A PERCEPÇÃO DA QUALIDADE DO SERVIÇO E A SATISFAÇÃO DOS USUÁRIOS DAS UNIDADES BÁSICAS DE SAÚDE DE CARAGUATATUBA/SP

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ABSTRACT

A percepção do cliente da qualidade do serviço e sua satisfação com o resultado recebido é fonte de informações importantes na busca pela melhoria dos processos. O objetivo deste estudo foi identificar a percepção da qualidade e a satisfação dos usuários com relação aos serviços de saúde oferecidos pelas unidades básicas de saúde de Caraguatatuba/SP. A pesquisa possui abordagem quantitativa e foi realizada com 300 usuários das unidades básicas de saúde, selecionados por aceitação e conveniência dos pesquisados e utilizou como instrumento de coleta de dados um questionário baseado no modelo servqual. A análise dos dados foi realizada a partir da estatística descritiva, sendo avaliada a percepção de qualidade do serviço e o nível de satisfação dos usuários com os serviços oferecidos pela rede municipal. Os resultados demonstraram que os pacientes não estão satisfeitos com o atendimento oferecido nas unidades. A percepção da qualidade dos serviços oferecidos é baixa, como consequência da falta de confiança e segurança nos funcionários somada às instalações e equipamentos antiquados, além de alto índice de estresse percebido no ambiente e distanciamento nas relações com os médicos.

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INTRODUCTION

The exploration for quality in services, as a factor of competitive advantage between the companies, is growing. Besides private companies, public companies also show concern about the quality of services offered. Health services have unique characteristics, such as a high degree of difficulty in the perception of quality by the user, as well as being subject to weighty differences between consumer expectations and service delivery effectively. The Basic Health Unit (BHU) in Portuguese means "Unidade Básica de Saúde (UBS)" and it is the priority place for the provision of public health services, which leaves it always closer to the daily life of people, which are fundamental pieces of study to achieve the desired level of quality. The Unified Health System was instituted by Law 8,080 of September 19th, 1990, to warrant health as a fundamental human right and the State must provide the essential. Since then, several policies have been developed to achieve satisfactory results in serving the population. The city of Caraguatatuba/SP invested in 2015 the total of 25.93% of all municipal collection in health actions and services, according to the data available to the Ministry of Health through the Public Health Budget Information System, the equivalent of just over R\$67 million. (SIOPS, 2015).

This percentage is higher than that determined for application by Complementary Law 141, of January 13th, 2012, which provides for the mandatory minimum of 15%. A question arises: What is the perception of the user about the services quality and the crowding in the Basic Health Units of Caraguatatuba City? This document has as justification the deficiency of the efforts practiced by the government that often are not felt by the population in the face of the constant increase of the demand for the public health services. Understanding the user's perception of services quality provided in Basic Health Units and measuring the level of satisfaction of these users can provide important information so that the investments are directed to meet the needs of the population. Thus, this research has as general objective to identify the perception of quality and crowding in the care and satisfaction of patients in relation to the health services offered by the Basic Health Units in the city of Caraguatatuba, São Paulo and as specific objectives, to analyze the perception of quality and crowding in the service environment, as well as evaluate user satisfaction with the services offered. The study is structured in five sections, the first being the introductory part, followed by the theoretical approach. The third section is the methodological procedures developed, the fourth one consists of the analysis and discussions of the data collected and, finally, the final considerations.

Theoretical Framework: This section explains concepts about perception of quality in services and the perception of crowding.

Perception of Quality of Services: One of the first indicators developed specifically to measure the quality of a service is the scale known as "SERVQUAL". If on the one hand the quality of the product can be measured in a practical way, observing, for example, aspects such as durability and absence of defects, on the other hand the service does not have such characteristics and measuring its quality becomes more feasible by the judgment that customers make of this service (PARASURAMAN, ZEITHAML and BERRY, 1994; ZEITHAML, BITNER and GREMLER, 2014). Thus, with the results achieved with the help of "SERVQUAL", it is possible to obtain the perception of the clients in relation to the quality of the service provided, so that the collected records provide notes where it is possible to evaluate the performance of the company. Performance notes that show that the service is of poor quality, otherwise, performance scores that are higher than expectations score a good quality service (LOVELOCK and WRIGHT, 2001). With the data collected based on the "SERVQUAL" scale it is possible to show the average score of the gap between customer expectations and their perceptions of the service received in each attribute of the service, as well as to measure the service quality of a company and compare its performance to that of competing companies, evaluate the relationship between customer expectation and perception over a long period of time and thus analyze segments with significant disparity, or compare the performance of departments of the same company with the objective of measuring the quality of internal service. The characteristics of the scale must be weighed before use of the instrument and its application requires caution in all circumstances. In addition to services, both the cultural environment and the markets differ, making it necessary to adjust the original set with the addition or decrease of aspects to the existing determinants and attributes. The management view of the service provides important concepts for the beginning of the description of the service provided, however, the adjustment of the scale must occur carefully for each particular situation (GRÖNROOS, 2009). The set of situational stimulusfactors with customer expectations will serve as a basis for evaluation, since the relationship between the perception of the service provided and the expectation of the client compose the level of customer satisfaction.

Perception of crowding: The perception of crowding means the emotional result caused by the objective measure of the environment that is nothing more than density, either human or spatial. Several researches on crowding are relevant in the academy and present negative results to the perceptions of crowding, such as, for example, cognitive discomfort with the acquisition experience, decreased levels of satisfaction and less time spent in the environment, but not always the evaluations are negative (HUI and BATESON, 1991; MACHLEIT et al., 2000; EROGLU et al., 2005). The process by which physical sensations such as images, sounds, and odors are selected, organized, and interpreted is called perception, and generates meaning according to the final interpretation of a stimulus. Nowadays the issue of sensory experiences has become top priority in the choice of a service or product (SOLOMON, 2011). As a psychological and experiential state originated when the environmental reality is not enough on the consumer's demand in relation to space, the perception of crowding is composed of two dimensions. In the case of the perception of crowding by the dimension of human density, the customer finds a lot of consumers and this results difficulty or even prevents social interaction in this environment, in the perception by the spatial dimension the customer is faced with the excess elements the environment to which it is inserted. When there is interference or restriction of activities due to density, feelings of crowding are experienced which can lead to frustration of objectives and adversely affect customer satisfaction (MACHLEIT, KELLALIS and EROGLU, 1994; MACHLEIT and EROGLU, 2000; ROMPAY et al., 2008; QUEZADO et al., 2012). Situational factors arouse emotions in the customers that can interfere with satisfaction positively or negatively. The concept of emotion has numerous genealogies and is understood by the comprehension of

feelings and changes of thoughts or behavior. They are variations in the way of relating to the environment and psychological changes not caused by physical conditions; uncontrolled and involuntary conduct; the manifestation or constancy of beliefs. These events usually derive from external facts, and may occur in response to thoughts or even the actions of the person himself. Exposure to events involving emotions can affect the customer by triggering changes in the body, so that the feelings of these reactions make up the emotional experience. (BAGOZZI, GOPINATH and NYER, 1999; FRIJDA, 2000; FINEMAN, 2001). Emotion is composed of feelings that represent pain or pleasure, evaluated in good or bad from stimuli. They are mental processes of which feelings, moods and probably attitudes are part, that is, it is a mental state of readiness that is externalized in the gestures, postures and facial expressions, and can also be derived in peculiar actions to assure or confront the posture of the person who experience. The subjective evaluation of the stimulus in the conjuncture of the singular needs and the coping potential achieved by the individual motivates the emotional response (BAGOZZI, GOPINATH and NYER, 1999; FRIJDA, 2000 apud AVILA and MAYER, 2010).

Methodological Procedures

In order to meet the general goal proposed in this study, which is to identify the user's perception of the medical services provided by BHU (UBS), this study was based on 15 questions related to medical and diagnostic interaction, adapted from the work carried out by Urdan (2001), then the perception of service quality was measured through the "SERVQUAL" scale, proposed by Parasuraman, A., Zeithaml, V.A., Berry, L.L. (1985). The variables that identified the perception of crowding were the emotion and stress construct used in the scale generated by Santos et al. (2015). The approach is predominantly quantitative (MALHOTRA, 2012) with non-probabilistic sampling (HAIR JÚNIOR et al., 2009) and the sample was for convenience. According to a sample calculation, for a population of approximately 100,000 inhabitants, with a 6% inferential error and a 95% confidence level, 267 people would be required to compose the sample. This survey obtained a total of 300 surveys answered. The survey had 53 questions, 30 opened structured questions, allowing the respondent to express their opinions and motivations. In addition to 5 multiple choice statements, defined as questions where the interviewed selects one or more answer options among the alternatives submitted (MALHOTRA, 2012). Other 45 affirmations were structured in a concordance scale of the Likert type of seven points. (GIL, 1999; CUNHA, 2007). And finally questions about demographics and socioeconomic profile. The pre-test of this research was performed in BHU (UBS) Downtown, on the first day of collection, with the application of 10 questionnaires to ensure that the objectives of this document were achieved. After the application, the only change required in the questionnaire was the insertion of the phrase "answer an option for each line" in question 38 concerning the emotions, because there was confusion among the interviewees so that they understood that there was only one option to answer for the question. Once the change was made, no other abnormalities derived from the questions were identified, and then the interviews were continued. For the treatment of the collected answers, the Microsoft Excel was used, where each variable was analyzed by means of the calculation of the average of the answers obtained from the interviewees in order to generate the percentage data, which were separated and analyzed for the consequent discussion of the data.

DATA ANALYSIS AND DISCUSSION

Of the 300 questionnaires collected, 75% were answered by women and 25% by men. According to the economic classification criteria of Abep (2014), 56% of the interviewees are of class C, 39% of class B and 5% of class D. Class A presented only one interviewee. According to schooling of the head of the family, 43% of the sample was composed of people with complete High School or incomplete Higher, 36% with complete Secondary Education or incomplete High School, 16% with complete Higher and 5% with complete Primary School or incomplete Secondary Education.

Table 1. Ranking of SERVQUAL scale variables

Item	Dimension	Analyzed Variable	Percentage
1	Confidence	Exams are delivered on time combined	32%
2	Confidence	BHU (UBS) performs the service well from the first call.	37%
3	Tangibility	The signaling of offices and rooms is sufficient.	39%
4	Trust	The services offered by BHU (UBS) are carried out in the expected time.	41%
5	Tangibility	BHU (UBS) has modern and up-to-date equipment.	43%
6	Security	The services offered by BHU (UBS) are reliable.	43%
7	Promptness	BHU (UBS) employees are always free to attend to my requests.	44%
8	Accuracy	BHU (UBS) employees bring exactly the information you requested.	46%
9	Accuracy	Employees solve my problems.	46%
10	Empathy	BHU (UBS) employees understand my specific needs.	46%
11	Empathy	BHU (UBS) has employees who give you personal attention.	47%
12	Trust	When you have a problem, employees show an interest in solving it.	48%
13	Accuracy	Employees are willing to help you if you have problems or questions.	48%
14	Tangibility	BHU (UBS)'s physical facilities have a good appearance.	49%
15	Empathy	BHU (UBS) has employees in the quantity and quality necessary to give personal attention to patients.	51%
16	Security	BHU (UBS) employees demonstrate security and mastery.	53%
17	Trust	In their perception the employees are well instructed to serve you.	54%
18	Empathy	BHU (UBS) is committed to the interests I manifest.	54%
19	Security	Staff members demonstrate courtesy.	57%
20	Security	The BHU (UBS) you use offers quality service.	57%
21	Security	Staffs are prepared to answer my questions.	58%
22	Empathy	BHU (UBS) has convenient hours for everyone.	59%
23	Tangibility	You are satisfied with the BHU (UBS) cleaning service.	64%
24	Tangibility	The staffs are well dressed and look good.	68%

Table 2. Percentages of the variable Emotions

Emotions			
Variables analyzed			
How do you feel when being treated at BHU (UBS)?	Unhappy 56%	Neutral 29%	Happy 15%
	Irritated 68%	Neutral 17%	Pleasure 15%
	Dissatisfied 64%	Neutral 18%	Satisfied 19%
	Melancholic 55%	Neutral 28%	Content 18%
	Desperate 48%	Hopeful 28%	Neutral 24%
	Bored 60%	Neutral 31%	Relaxed 9%
General theory average Emotions	58%	25%	17%

Table 3. Stress measurement averages

Stress	
Variables analyzed	Average evaluation
When I go to UBS I feel nervous.	65%
When I go to UBS I feel tense.	64%
When I go to UBS I feel agitated.	55%
When I go to UBS I feel terrified.	65%
When I go to UBS I feel rushed.	69%
Overall theory average Stress	64%

Source: Based on survey data (2016).

Table 4. Measurement means of the dimension

Medical and Diagnostic Interaction		
Physician Interactions and Diagnosis		
Item	Variables analyzed	Average rating
1	The doctor will personally explain the tests I will have to do, instead of leaving the explanation for the receptionists and / or nurses.	40%
2	The doctor examines me carefully before completing my problem.	50%
3	The doctor explains to me the reasons for the tests that I have to do.	50%
4	The doctor inspires complete confidence.	51%
5	The doctor has real interest in me.	51%
6	The doctor hears what I have to say.	52%
7	The doctor usually gives me enough information about my health.	53%
8	The doctor has a sincere interest in me.	54%
9	The doctor gives me full attention when I'm with him.	55%
10	The doctor is very thorough in my care.	57%
11	The doctor dedicates the necessary time in my care.	57%
12	The doctor speaks clearly, he uses words that I understand.	57%
13	The doctor is careful to explain to me what I have to do.	58%
14	The doctor always explains the health problems I have.	58%
15	The doctor treats me with respect.	59%
General average of the theory Physician Interactions and Diagnosis		53%

Source: Based on survey data (2016).

About respondent's schooling was concerned, a majority with a complete Secondary Education was observed, 56% of those interviewees had complete or incomplete High School Education, compared to 37% with complete Secondary School or incomplete High School and only 7% with complete High School Education. About age, there was a homogeneous sample, predominantly among adults aged between 31 and 40 years, corresponding to 34% of the interviewees, followed by the elderly population, over 50 years old, with 32% of the interviewees. The population aged between 18 and 30 years comprised 19% of the total and people aged between 41 and 50 years accounted for 15% of interviewees. The average age was 42.8 years. It was observed that 38% of interviewees go to the Basic Health Unit (UBS) twice a year, 25% only once a year, 15% of interviewees go to BHU (UBS) three times a year, 12% attend four times a year and only 10% attend more than four times a year. The application of the "SERVQUAL" scale with the five dimensions, pointed out that the users of the BHU's (UBS's) of Caraguatatuba City are dissatisfied with the aspects of the scale. The research carried out allowed us to identify which aspects covered by the "SERVQUAL" scale require greater involvement so that users perceive the quality of the services offered in the BHU's (UBS's). From the organization of the variables in ranking, it can be seen that the two variables with worse performance are the trust dimension, according to Lovelock and Wright (2001) the ability to provide service as promised over time and, according to Zeithaml, Bitner and Gremler (2014) the main of five dimensions of quality. The ranking of the variables analyzed in the "SERVQUAL" scale exposed in Table 1, allows to observe which aspects must undergo initial intervention to reach improvements, considering that the interference in some items can cause positive reflexes also in others later. In the data obtained in the research regarding the perception of crowding in the BHU's (UBS's), involving the emotions and the stress, it can be verified that the patients are stressed and expressing negative emotions. The average of the variable emotions remained at 58% for the options representing the negative emotions as summarized data in Table 2:

In the percentages obtained in the stress dimension, it is observed that the environments of the BHU's leave the patients mostly nervous, tense, agitated, scared, and hurried, in order words, the dissatisfaction measured in the evaluation of the quality of the services provided is strongly influenced by the stress faced by the patients. The overall mean evaluation of the stress construct was 64%, that is, patients are actually stressed, mostly stressed, as can be seen in Table 3: Perception of results happens most often based on the impressions and details that are made available throughout the procedure. In the evaluation of the health services are valued both the technical quality as the credibility, safety, technical ability, besides the process by the functional qualities, such as comfort, hygiene, promptness and care. From the data collected in the research it was verified that the dimension of medical interaction and diagnosis was evaluated positively, with an overall mean of 53%. Table 4 summarizes in an orderly way the average percentages of each analyzed variable: The medical service is the main service offered by the BHU's (UBS's), ranging from inhalations, injections, curatives, vaccines, collection of laboratory tests to dental treatments, referrals to specialties and supply of basic medication, so they deserve special attention and can be improved through more effective explanations regarding the patient's state of health and the procedures that will be performed to address any problems.

Conclusion

The objective of this research was to identify the perception of the quality of care and the satisfaction of the patients in relation to the health services offered by the Basic Health Units (BHU's - UBS's) in the city of Caraguatatuba/Brazil. For this, the perception of quality and crowding in the service environment was analyzed, as well as the satisfaction of the user with the services offered. By analyzing the dimensions of the "SERVQUAL" scale the research revealed that the users of the BHU's (UBS's) aren't satisfied with the services provided.

The perception of the quality of services was low in the evaluation, 49%, which shows that the services received are not even reaching the expectations of the patients, causing dissatisfaction and also affecting the patients' confidence, since the data demonstrate that 32% of the employees were considered as omitted and little effort in the search for solutions of patient problems, with 48% in the average evaluation. In view of this, it is suggested that the BHU's identify the limitations in the procedures related to the delivery of the exams to eliminate possible bottlenecks in the process and thus can meet the stipulated deadlines. The image of the services offered is strongly influenced by the tangibles that compose them. It was verified that the equipment and facilities of the Units aren't seen as modern and updated, with 43% and patients consider the signage of offices and rooms insufficient, with 39%. Caraguatatuba City joined the Qualis-BHU (UBS) program of the state government that aims to qualify the Basic Health Units in the offer of services, improving the infrastructure and ambience. The project involves building renovation, expansion of rooms and offices to the acquisition of new modern and up-to-date equipment, furniture and instruments. Based on these observations, the BHU (UBS) can reconcile the project's efforts with the assessment of the tangible aspects of the services provided. In order to improve the low rate of evaluation of clinic signaling, it is suggested to place identification plates in the rooms and offices in a visible way, as well as the signaling of accesses along aisles. It is suggested that an evaluation be carried out before and after the implementation of the developments, in order to analyze which improvements have actually been installed.

The collected data allowed to observe that the patient care is deficient by the employees. The negative assessment of responsiveness demonstrated that patients felt ignored, and observed disagreement in the attention given by employees, with a general average of 49%. It is recommended, the training and the training of the staff, in the same way, it is suggested to the BHU's (UBS's) that they identify the reasons for the lack of availability for the service, which can mean insufficient number of employees. The patient seeks services that inspire safety, especially when it comes to health services, the survey revealed that the users of the Basic Health Units felt safe with the services offered, but the evaluation was regular, with an average evaluation of 54%, and therefore BHU's (UBS's) is advised to investigate which services did not generate trust and thus seek to improve the indexes. Although the reception of the BHU's (UBS's) is carried out by micro areas and the teams also divided in this way for greater comprehensiveness and specificity, it was identified that the patients are not satisfied with the empathy of the employees in the attendance, with 51% of average of evaluation. The majority of the patients considered the care performed in a generalized way and evaluated negatively not only the attention to them, but also the attendance of the specific needs. It is advised, therefore, that the BHU's (UBS's) intervene with the employees and investigate the causes of this form of service. Health services involve psychological conditions that contribute to the formation of negative emotions during care, and these factors added to the aspects already addressed with negative evaluations, caused the evaluation with a high level of unfavorable feelings. The results also demonstrated that the BHU (UBS) environment favored the patient's stress, negative emotions averaged 58%. The high level of stress is certainly related to these same aspects, such as dissatisfaction with deadlines and lack of individualized care, so improving the indexes related to these dimensions can generate results in the medium and long term. To achieve these improvements, the improvement of processes and the dissemination of the total quality culture in the BHU's (UBS's) are suggested, so that the positive emotions are intrinsically linked to the health services and the assertiveness of the processes culminates in a more relaxed environment. The medical service is the main service offered by the BHU's (UBS's) and, therefore, deserve special attention. An average of 53% was obtained and it is important for the Basic Health Units not only to promote actions to strengthen the bonds between patients and physicians, but also to encourage dialogue between the parties. It is suggested to the BHU's (UBS's) the incentive to the professionals to transmit the information in a clear way and, in the same way, to guide the users to question and to listen

in a receptive way the orientations received. In this way, this project has brought academic contributions adapted to the environment of Basic Health Units, regarding the studies of the perception of the quality of services and customer satisfaction. As Grönroos (2009) pointed out, the management vision of the service provides important concepts for the characterization of the service provided. Given Hoffman and Bateson's (2003) observation that customer satisfaction is a transaction-specific assessment, measured in the short term, as the quality of service comes from the overall assessment of a long-term performance, new research will be carried out for future research after the improvements of the conditions of the BHU's (UBS's), as well as in other activities offered by the institution to evaluate the quality of the service offered.

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