ABSTRACT
Design Thinking and Organizational Ergonomics are complementary approaches that can be collaboratively applied to improve the efficiency and quality of work within an organization. In the context of healthcare, where issues such as long waits, lack of personalized care, and easy access to information are common, the combination of Design Thinking and Organizational Ergonomics can bring significant benefits. These approaches enable the identification of improvement points in the patient journey and offer more assertive solutions. In a study conducted at a medical office in Balneário Camboriú, Santa Catarina, Brazil; qualitative and exploratory-experimental methods were used to identify problems and possible macroergonomic interventions. Interviews and direct observations were conducted, combined with the Design Thinking tool known as the Experience Compelling Map. This approach allowed for insights into the customer experience and evaluation of the sociotechnical system characteristics of the organization. The study focuses on the early stages of a macroergonomic project, namely inspiration and ideation, without addressing the implementation of the proposed solutions. The final delivery of the article is based on the four elements of a work system project: network, layout, technology, and work.

Keywords: Design thinking; organizational ergonomics; user experience; microenterprise; healthcare sector.
RESUMO
O Design Thinking e a Ergonomia Organizacional são abordagens complementares que podem ser aplicadas colaborativamente para melhorar a eficiência e qualidade do trabalho em uma organização. No contexto da área da saúde, onde problemas como longas esperas, falta de personalização no atendimento e de acesso fácil às informações são comuns, a combinação do Design Thinking e da Ergonomia Organizacional pode trazer benefícios significativos. Essas abordagens permitem identificar pontos de melhoria na jornada do paciente e oferecer soluções mais assertivas. No estudo realizado em um consultório médico em Balneário Camboriú, Santa Catarina, Brasil; foram utilizados métodos qualitativos e exploratórios-experimentais para identificar problemas e possíveis intervenções macroergonômicas. Foram realizadas entrevistas e observações diretas, combinadas com a ferramenta do Design Thinking conhecida como Experience Compelling Map. Essa abordagem permitiu obter insights sobre a experiência do cliente e avaliar características do sistema sociotécnico da organização. O estudo concentra-se nas primeiras etapas de um projeto macroergonômico, ou seja, na inspiração e na ideação, não abordando a implementação das soluções propostas. A entrega final do artigo baseia-se nos quatro elementos de um projeto do sistema de trabalho: rede, layout, tecnologia e trabalho.

Palavras-chave: Design thinking; ergonomia organizacional; experiência do usuário; microempresa; área da saúde.

RESUMEN
El Design Thinking y la Ergonomía Organizacional son enfoques complementarios que pueden aplicarse de manera colaborativa para mejorar la eficiencia y la calidad del trabajo dentro de una organización. En el contexto de la atención médica, donde problemas como largas esperas, falta de atención personalizada y acceso fácil a la información son comunes, la combinación de Design Thinking y Ergonomía Organizacional puede aportar beneficios significativos. Estos enfoques permiten identificar puntos de mejora en el recorrido del paciente y ofrecer soluciones más assertivas. En un estudio realizado en una consulta médica en Balneário Camboriú, Santa Catarina, se utilizaron métodos cualitativos y exploratorios-experimentales para identificar problemas y posibles intervenciones macroergonómicas. Se realizaron entrevistas y observaciones directas, combinadas con la herramienta de Design Thinking conocida como Experience Compelling Map. Este enfoque permitió obtener ideas sobre la experiencia del cliente y evaluar las características del sistema sociotécnico de la organización. El estudio se centra en las primeras etapas de un proyecto macroergonómico, es decir, la inspiración y la ideación, sin abordar la implementación de las soluciones propuestas. La entrega final del artículo se basa en los cuatro elementos de un proyecto del sistema de trabajo: red, distribución, tecnología y trabajo.

Palabras clave: Design thinking; ergonomía organizacional; experiencia del usuario; microempresa; sector de la salud.

1. Introduction

Design Thinking and Organizational Ergonomics are two complementary approaches that can be synergistically applied to enhance efficiency and quality...
of work within an organization. While they are distinct concepts, they share elements that can be integrated to drive more favorable outcomes for both the company and its stakeholders. The synergy between these approaches enables a holistic approach, promoting a broad and collaborative vision in the pursuit of solutions that meet the needs of all involved.

Design Thinking, as a methodology, plays a crucial role in shaping the customer experience. By fostering a user-centered approach that puts the customer at the forefront of the entire process, it enables the creation of solutions that address the real needs, desires, and expectations of people. By mapping the customer or patient journey from the moment they schedule an appointment to post-visit interactions, Design Thinking identifies all touchpoints and interactions along this path, detecting opportunities for improvement and enhancement of service, bottlenecks, and moments of frustration or confusion (Brown, 2010).

Organizational Ergonomics, or Macroergonomics, on the other hand, focuses on adapting work, environment, and organizational systems to the characteristics, capabilities, and needs of workers; aiming to optimize the interaction between people and the work environment. When combined, Design Thinking and Organizational Ergonomics can collaborate in improving working conditions and increasing efficiency, as well as in the satisfaction and well-being of customers and employees (Hendrick, 1995; Hendrick, 2006; Iida, 2005).

Healthcare companies, such as medical offices, can benefit from the combination of these two methodological approaches, especially concerning the customer experience. These work environments present various issues, such as long waits, lack of personalization in service, lack of easy access to information, lack of post-consultation follow-up, disorganized and unwelcoming environments, and lack of payment options. Technology can also be a challenge. Some medical offices may not be up to date with efficient electronic scheduling systems, electronic medical records, or other tools that could improve efficiency and convenience for patients (Kim, 2023).

Problems and challenges like these can be addressed through a deep understanding of the processes and parties involved, and while many companies in the sector, such as hospitals, already have a coordinated vision through Design
DESIGN THINKING AS SUPPORT FOR CUSTOMER EXPERIENCE MANAGEMENT: A MACROERGONOMIC STUDY IN A HEALTHCARE MICROENTERPRISE

and Macroergonomics, it is observed that micro-enterprises still do not have easy access or knowledge to incorporate these methodologies into their processes. In order to report on the benefits of the intersection of approaches in micro-enterprises in the healthcare sector, particularly regarding the customer experience, this article presents a macroergonomic study in a medical office located on the coast of Santa Catarina, in the city of Balneário Camboriú.

The office, of an economic and private nature (without agreements), has been operating in the city since 2004, with five employees and still maintains the same spatial configuration and furniture as its inauguration. It is a private organization, with a linear (hierarchical) and formal organizational structure, with two professionals (doctors) and three employees (nurses, secretaries); classified by SEBRAE as a micro-enterprise (ME), since the classification provides for up to 9 (nine) employees for commerce and services, including healthcare.

For the investigation, which is qualitative and exploratory-experimental in nature, the methods of Direct Observation and Mapping through Interview were selected, methods of Organizational Ergonomics that, through semi-structured interviews and observation of space, its relationships, flows, and functioning, can identify and obtain a view of the problems and point out what specific types of macroergonomic intervention could be performed (Stanton, 2005; Virgillito, 2010). For Stanton (2005), a cross-method approach provides greater depth to the collection, and in this study, the methods were then conducted together with the Experience Compelling Map.

In this Design Thinking tool, accessed by Tonin during a Workshop held at The New School/PARSONS in 2018 and conducted by Melissa Rancourt, volunteers are invited to share insights that come to their minds according to a structured exercise that sequentially maps the customer experience. It is worth noting that the interviews were conducted individually, to ensure greater participation of volunteers and to prevent them from feeling embarrassed to share their opinions and experiences in front of other participants, given the hierarchical configuration of the company.

In the article, the characteristics of the organization's sociotechnical system are systematically evaluated from the perspective of the customer experience, thus integrating the design of the work system, which aims to deliver
(output) 4 (four) elements: Network, Layout, Technology, and Work. In this study, the Network is presented through the Stakeholders Map, in order to show the network relationships of the micro-enterprise and opportunities for future research. The Layout is explained through the visualization of the physical arrangement by process or flowchart. Technology is delivered through a listing with the description of devices and technological aids per environment. Finally, in Work, tasks are assigned according to the skills and availabilities presented by the participants (Hendrick, 2006).

Like other Design management models, the macroergonomic project proceeds through three iterative stages: 1) Inspiration: visualization of opportunities, prospecting, and data collection; 2) Ideation: creation of solutions, organization, and analysis; 3) Implementation: execution, feasibility, and final verification. The article focuses on the first two stages, not encompassing the implementation phase. (Merino, 2014).

Structured in 4 sections, the first part of the article consists of an introduction that contextualizes the theme, justifies its relevance, presents the objective and methodology of the research as well as the type and characteristics of the organization under study. The second part refers to the development, with a literature review pointing out the main concepts for understanding the theme. The third exposes, discusses the results, and explains the constituent items of the macroergonomic project delivery (network, layout, technology, work). The fourth section presents the final considerations and suggestions for future investigations on the subject.

2. Literature review

Design Thinking is about creating a multipolar experience where everyone has the opportunity to join the conversation. It's fundamentally an exploratory process, aimed at ensuring that the goals of different users are always aligned. An organization committed to human-centered principles can better understand customers and meet their needs more effectively. Satisfaction is the most reliable source of long-term profitability, sustainable growth, and loyalty. The current post-
pandemic moment offers an opportunity to rethink the experience offered to customers, as it's easier to identify new needs during economic downturns (Brown, 2010; Mozota, 2003).

Cultivating a culture of experience requires going beyond the generic to create experiences perceived as personalized for each customer. Transforming an organization's culture is as important as considering the interior architecture of the waiting room or medical service; the system must change in order to reconsider its functioning from the customer's perspective. By creating various touchpoints along the customer journey, a series of events are structured that build on each other, in sequential order, over time. This time is the stage for the unfolding of the story told by the company and perceived by the customers (Brown, 2010).

Although initially applied in other marketing contexts, Design Thinking found application in hospitals and other healthcare facilities. In the 1990s, the methodology began to gain prominence as an approach to innovation and problem-solving in various industries. Companies like IDEO and Stanford d.school were pioneers in promoting this methodological approach. In the early 2000s, the healthcare sector began to recognize the value of Design Thinking in improving the patient experience and developing user-centered solutions. Initial examples of Design Thinking application in hospitals included restructuring workflows, redesigning physical spaces, and improving communication between healthcare professionals and patients (Kim, 2023; Mozota, 2003).

In the 2010s, some hospitals and healthcare institutions began conducting case studies on the application of Design Thinking in their practices. The Mayo Clinic, a renowned healthcare institution in the United States, applied the methodology to improve the patient experience and, through its application, redesigned the waiting room, improved communication between patients and doctors, and implemented digital tools to help patients actively engage in their own care. Another example is the Virginia Mason Medical Center, which implemented tools and processes that allowed more effective communication among the medical team, reducing errors, and improving patient safety (Kim, 2023).
The Clinical Excellence Research Center (CERC) at Stanford University used Design Thinking techniques to identify areas of inefficiency and develop innovative solutions, creating new care models such as "Advanced Team Care" and the "Intensive Outpatient Care Program", which are based on a patient-centered approach and multidisciplinary collaboration. In Brazil, the Albert Einstein Israelite Hospital even has a solutions unit for the healthcare sector based entirely on Design Thinking (Kim, 2023).

A very interesting and widely known case is that of GE’s (General Electric) magnetic resonance imaging machine, a conglomerate that produces medical equipment. Through Design Thinking, it was observed that users, especially children, were afraid to undergo exams. From this, a graphic adhesive material was developed that allowed playful customization of the machines, making the environment more relaxed and welcoming for the target audience, positively influencing the user experience (Figure 1). Overall, Design Thinking has played an increasingly important role in improving healthcare services, placing the user at the center of the design process. The patient-centered approach and emphasis on collaboration and iteration have been valued as ways to drive innovation and promote better outcomes in the healthcare sector (Kim, 2023).

Figure 1. Design Thinking and the case of GE

Source: https://www.ieepeducacao.com.br/design-thinking-ge/, 2023

Ergonomics, also known as human factors, is a scientific discipline that studies the interactions between humans and the elements of a system. It seeks to optimize human well-being and overall system performance through the application of theories, principles, data, and methods in design. Organizational
ergonomics focuses on optimizing sociotechnical systems, including organizational structures, policies, and processes. This encompasses areas such as communications, resource management, job design, teamwork, participatory design, community ergonomics, new work paradigms, organizational culture, networked organizations, and quality management (Hendrick, 1995; Hendrick, 2006).

Organizational ergonomics, also known as macroergonomics, is a sub-discipline of human factors concerned with the analysis and design of work systems. The term "work" is broadly used to encompass any human activity or effort. Work systems involve interactions between two or more people and the following elements: 1) equipment, which can be machines and tools; 2) internal environment, covering physical parameters such as temperature, humidity, lighting, noise, air quality, and vibration, as well as psychosocial factors; 3) external environment, including elements affecting the organization such as political, cultural, consumption factors, material resources, and available workforce; and 4) organizational architecture, composed of the organizational structure and the process by which the work system performs its functions.

The macroergonomic design process is iterative, nonlinear, and stochastic, involving a top-down, bottom-up, and middle-out approach. The four main sociotechnical elements of the system are: work subsystem, personnel subsystem, external environment, and organizational design. For effective work system design, the following criteria are considered: 1) Integrated design: The approach should be human-centered, simultaneously designing both the technology subsystem and the personnel subsystem, allowing employee participation in the design process. 2) Humanized task approach: Human need to perform a function or task should be considered before assigning functions to humans or machines. 3) Consideration of sociotechnical characteristics of the organization: The approach should systematically evaluate the characteristics of the sociotechnical system of the organization and integrate them into the design of the work system, which envisions the delivery of four items: Network, Layout, Technology, and Work (Hendrick 1995, Hendrick 2006; Iida, 2005).
3. Results and discussion

To make the work system project viable, deep knowledge of the company is essential. The first step of the macroergonomic intervention consists of data collection, which in the present study is structured through Direct Observation, Interview Mapping, and the Experience Compelling Map tool. The initial approach with each participant was made through questions that allowed for the visualization of each individual's profile within the company. The questions were:
1) What is your name?; 2) What is your gender?; 3) What is your age?; 4) What is your profession?; 5) How long have you been with the company?; 6) What tasks do you perform in the company?; 7) What are your hobbies/skills in your spare time?; 8) What tasks would you like to perform?; 9) What positive aspects of the company should be mentioned?; 10) What negative aspects of the company should be mentioned? (Appendix A).

The application of the Experience Compelling Map followed the initial questions. At this point, the customer experience was sequentially mapped according to the view of each of the five internal company collaborators. The researcher created a table with five columns, which were filled with post-it notes containing opinions and insights from the volunteers regarding the offered experience, highlighting what they believe is already good and therefore should be maintained, as well as what they think should be added to the current experience in order to increase customer satisfaction.

The five columns represent each of the moments of the customer experience with the medical office. They are: 1) Attraction: What happens before arrival? How do customers reach the office?; 2) Entrance: What happens when the customer arrives? How are they received in the waiting room?; 3) Engagement: What happens during the medical consultation or procedure?; 4) Exit: What happens when the customer prepares to leave?; 5) Extension: What happens after the customer returns home and what keeps them engaged?.

The insights were collected individually and later grouped (Appendix B). Insights shared in red are those that are not yet present in the offered experience but that the volunteers believe should be incorporated. The initial questions
revealed the good relationship among the collaborators. The length of employment, ranging from 12 to 19 years, shows that the company has no turnover or employee turnover. The skills and personal preferences perceived, especially in question 7, reveal some opportunities for task redistribution. An example of this is User 1’s willingness to take control of medication samples upon realizing that such a process can be improved. User 2 acknowledged the need for assistance in the purchasing planning area. This user, who already performs many tasks, tends to become overloaded and therefore this task could be taken over by User 3, who shows skill with general care and is capable of assuming tasks such as purchasing planning.

Positive and negative points raised by the users align with what was presented during the conduct of the Experience Compelling Map tool. Among the positive points, we can highlight medical technical knowledge, a key factor in conducting the experience with emphasis on the Attraction and Engagement moments. In addition to technical knowledge, empathy, welcoming, and personalization stand out. As a negative point, the absence of a script or standardization in the various points of contact with the customer is evident, as well as the need for improvement in auxiliary technological devices and the process of digitizing customer data.

The tool proved to be extremely beneficial as it brought relevant, assertive, and largely accessible solutions. Since these solutions come directly from internal collaborators, the chances of them being implemented and maintained in the company’s routine are much higher. Numerous possibilities for improvement in the offered experience were presented, including solutions involving sensory stimuli (e.g., background music, aroma, offering of food and beverages) and technological devices (e.g., pre- and post-medical consultation contact, social media, payment resources). Perceiving insights and suggestions sequentially helps in visualizing and redesigning the offered experience, allowing many of the solutions to be incorporated in the short term, such as those related to sensory stimuli and treatment conduct towards the public.

The methodological approach allowed for the systematic evaluation of the sociotechnical characteristics of the organization's system and enabled the development of the macroergonomic project of the work system, with a focus on
the customer experience. It is worth noting that this study aimed at the internal investigation of the company, including the five employees working in it. For future investigations, it is undeniably necessary to include customers as well as other stakeholders who are part of the network of relationships of the micro-enterprise. The Stakeholder map (Figure 2), the first deliverable or output of the work system project, enables the visualization of these relationships and highlights the parties (external collaborators and others) that can be included in future research.

![Stakeholders' Map](image)

Source: Authors, 2023

The layout, explained through the visualization of the physical arrangement by process or flowchart, became possible through direct observation of the flows, relationships, and functioning of the medical office. From this, the existence of conflicting zones was perceived, where public flows (internal and external collaborators, and clients) and private flows (internal collaborators) intersect, highlighting a weakness in managing the client experience. As a possible solution, it is suggested that the rest area be moved to the space on the left (current storage area) and that the storage and support rooms remain together, thus avoiding conflict (Figure 3).

Regarding technology, the application of methods and tools has enabled the identification of some deficiencies. In order to optimize processes and meet the needs pointed out by the employees, the following auxiliary devices should
be acquired or replaced, according to the environment in which they will be used: a) Waiting area: replacement of the smartphone, replacement of the laptop computer, and acquisition of a new printer with photocopying capability; b) Consultation room: replacement of imaging equipment; c) Rest area: acquisition of a television.

Finally, concerning the work, it is suggested to remodel the task distribution, following the suggestions raised by the employees themselves. User 1 will take control of the medication samples and can contribute to the creation of graphic promotional material. User 3, who shows proficiency in household care, is deemed capable of taking on the task of planning purchases, allowing User 2 to focus on their activities without feeling overwhelmed.

4. Conclusion

The study shows that, although Design Thinking and Organizational Ergonomics are distinct concepts, both possess elements that enable a joint approach, making them strong allies in building the experience offered to clients of medical offices and other healthcare establishments, which often face various
conflicts in their journey, such as long waits and lack of personalization. The selection of ergonomic methods and the tool derived from Design Thinking has proven efficient in gathering indispensable information for redesigning the customer experience, as well as for the internal functioning of the company itself.

By putting the customer at the center of the process, possibilities for improvement arise at various points of contact with the company, from before the patient arrives at the office, to the moment they return home. Once worked on correctly, the solutions raised by internal collaborators can positively influence not only the customers but all stakeholders involved. Given its flexibility and adaptability, the combination of methods presented here can be used in the study and macro-ergonomic design of other healthcare establishments, such as pharmacies, dental offices, among others.

Based on the methodology adopted in this study, an accessible approach is presented for micro-businesses, which unlike large companies and hospitals, generally do not have an approach to the concepts discussed here, making the application of Organizational Ergonomics and Design Thinking seem unattainable to managers’ eyes. It is worth noting again that the present study intended the internal investigation of the company, including the five employees working there. For future investigations, it is suggested that customers, as well as other stakeholders who are part of the micro-enterprise's network of relationships, be included.

REFERENCES


## APPENDIX A

<table>
<thead>
<tr>
<th></th>
<th>User 1</th>
<th>User 2</th>
<th>User 3</th>
<th>User 4</th>
<th>User 5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name</strong></td>
<td>T.F</td>
<td>C.G</td>
<td>M.R</td>
<td>M.H</td>
<td>P.T</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td>F</td>
<td>F</td>
<td>F</td>
<td>F</td>
<td>M</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td>30 y.o</td>
<td>62 y.o</td>
<td>60 y.o</td>
<td>68 y.o</td>
<td>68 y.o</td>
</tr>
<tr>
<td><strong>Occupation</strong></td>
<td>Academic</td>
<td>Nursing technique</td>
<td>Nursing technique</td>
<td>Doctor</td>
<td>Doctor</td>
</tr>
<tr>
<td><strong>Tempo de Empresa</strong></td>
<td>12 years</td>
<td>19 years</td>
<td>16 years</td>
<td>19 years</td>
<td>19 years</td>
</tr>
<tr>
<td><strong>Tasks</strong></td>
<td>Customer service; Scheduling appointments; Financial/payments</td>
<td>Customer service; Scheduling appointments; Screening; Assistance with medical procedures; Purchasing planning; Preparation of food and drinks</td>
<td>Customer service; Scheduling appointments; Assistance with medical procedures; Material sterilization</td>
<td>Customer service; Medical procedures, General management</td>
<td>Customer service; Medical procedures, General management; Shopping</td>
</tr>
<tr>
<td><strong>Hobby</strong></td>
<td>Create, read</td>
<td>Go for a walk, take care of the family</td>
<td>Care (plants, animals and home)</td>
<td>Reading, studying, taking care of the family</td>
<td>Cooking, walking</td>
</tr>
<tr>
<td><strong>Tasks (Intention)</strong></td>
<td>Control of medicines and other supplies (quantity, expiration date)</td>
<td>I would like help with purchasing planning</td>
<td>No suggestions</td>
<td>No suggestions</td>
<td>No suggestions</td>
</tr>
<tr>
<td><strong>Positive Points (Qualities)</strong></td>
<td>Availability; Empathy; Customer attention</td>
<td>Empathy; Reception; Customer attention; Technical knowledge</td>
<td>Reception; Technical knowledge</td>
<td>Welcome; Empathy; Flexibility in the schedule; Extensive consultation time; Technical knowledge</td>
<td>Customer Service, Welcome</td>
</tr>
<tr>
<td><strong>Negative Points (Barriers)</strong></td>
<td>Disorganization that reflects in some areas; Necessary improvement in technological devices (computer, smartphone and photocopier)</td>
<td>Lack of a service “roadmap”; Uniform and body language; Disused machines, Necessary improvement in technological devices (computer, smartphone and photocopier)</td>
<td>Lack of standardization in scheduling, consultations; Patients call during non-business hours; Disused machines</td>
<td>Post-consultation contract; Lack of digital registration</td>
<td>Lacks clarity when offering some services</td>
</tr>
</tbody>
</table>

Source: Elaborated by the author
EDUCAÇÃO PERMANENTE E RECICLAGEM DE TÉCNICAS DE RASTREIO DE NEUROPATIA DIABÉTICA PARA A EQUipe MULTIDISCIPLINAR DA EQUIPE DE SAÚDE DA FAMÍLIA NAS UNIDADES BÁSICAS DE SAÚDE DO MUNICÍPIO DE IPATINGA

APPENDIX B

<table>
<thead>
<tr>
<th>Attraction</th>
<th>Entry</th>
<th>Involvement</th>
<th>Exit</th>
<th>Extension</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Indication (Word of mouth)</td>
<td>- Welcome (feeling at home)</td>
<td>- Excellence in Service</td>
<td>- Empathy</td>
<td>- Post-consultation contact via WhatsApp (Evaluate Satisfaction)</td>
</tr>
<tr>
<td>- Medical Conduct and Technical Knowledge</td>
<td>- Empathy</td>
<td>- Feeling of Welcome</td>
<td>- Flexibility in payment method (PIX, Cash or Card)</td>
<td></td>
</tr>
<tr>
<td>- Content for Social Networks (Instagram, Facebook); - Website Creation; - Ready/Standardized Messages for WhatsApp; - Optimize contact via WhatsApp to be faster and more efficient; -Presentation of Services in .pdf; - Conduct training, greater polish (e.g. opening the door for the customer)</td>
<td>- Guidance</td>
<td>- Environmental Quality (Temperature, Light and Hygiene)</td>
<td>- Exams and Recipes accompanied by Personalized Envelope and Folder (not used)</td>
<td>- Flexibility (Rescheduling, Returns)</td>
</tr>
<tr>
<td></td>
<td>- Comfort</td>
<td>- Personalization (pre-clinical anamnesis questionnaire)</td>
<td>- Personalization (Clinical History)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Offering food and drinks</td>
<td>- Standardization of food and drinks offered</td>
<td>- Customer attention (looking, listening)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Pleasant ambient aroma</td>
<td>- Background music</td>
<td>- Pleasant ambient aroma</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Personalization (pre-clinical anamnesis questionnaire)</td>
<td>- Stop broadcast TV (replace with music videos and concerts)</td>
<td>- Unavoidable delays (how to get around?)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Standardization of environmental aroma</td>
<td>- Use of unused support equipment (e.g. Electrosomotogram)</td>
<td>- Use of QR Codes to facilitate payment</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- More spacious armchairs</td>
<td>- Creation of a Budget and Payment Room to ensure greater Privacy</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Improvement in imaging equipment</td>
<td>- View the possibility of making pre-consultation payments to avoid default</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Standardization of environmental aroma</td>
<td>- Conduct training, greater polish (e.g. taking customers to the door)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Stationery and graphic material needs updating as it does not match the target audience</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Check if the patient is already leaving with the Prescription and Test Requests</td>
<td></td>
</tr>
</tbody>
</table>

Source: Elaborated by the author