

**Waiting room: space for health education****Sala de espera: espaço para educação em saúde****Sala de espera: espacio para educación en salud****Received: 05/01/2018****Approved: 10/06/2018****Published: 01/08/2018****Leticia Pinto Rodrigues<sup>1</sup>****Francielle Toniolo Nicodemos<sup>2</sup>****Camila Escoura<sup>3</sup>****Patrícia Fabiana Gonçalves Lopes<sup>4</sup>****Maysa Alvarenga Ferreira<sup>5</sup>****Álvaro da Silva Santos<sup>6</sup>**

The objective of this study was to report the implementation of health education actions in a waiting room in a primary health unit, while the users waited to receive care. This is an experience report, part of the supervised internship in Collective Health of the Undergraduate Nursing course of a public university. The "Waiting Room" project was implemented for users who were waiting for service. For this, a calendar with commemorative dates related to health was made up, addressing each month the theme celebrated. The intervention provided playful moments, as also of well-being, expressiveness, exchange of knowledge and experiences. Considering all the educational activities in the waiting room between August and November of 2017, there were 290 participants, with 15 meetings, with an average of 15 to 20 people in each of them. The participants presented their difficulties regarding the topics covered. With the creation of the project, it was perceived that a greater bond/trust was established between the health team and the local population.

**Descriptors:** Health education; Knowledge; Primary health care.

O objetivo desse trabalho foi relatar a implementação das ações de educação em saúde na sala de espera em uma unidade de saúde, enquanto os usuários aguardavam atendimento. Trata-se de um relato de experiência, parte do estágio supervisionado da disciplina em Saúde Coletiva do curso de Graduação em Enfermagem de uma universidade pública. Foi implantado o projeto "Sala de Espera", destinado aos usuários que aguardavam atendimento. Para isso houve a confecção de um calendário com datas comemorativas relacionadas à saúde, abordando a cada mês a temática comemorada. A intervenção proporcionou momentos lúdicos, de bem-estar, expressividade, troca de conhecimentos e experiências. Considerando-se todas as atividades educativas na sala de espera entre agosto e novembro de 2017, obteve-se a participação de 290 usuários, com 15 encontros, numa média de 15 a 20 pessoas em cada um deles. Os participantes expuseram suas dificuldades a respeito dos temas abordados. Com a criação da sala de espera, percebe-se que se estabeleceu um maior vínculo/confiança entre a equipe de saúde e a população local.

**Descritores:** Educação em saúde; Conhecimento; Atenção primária à saúde.

El objetivo de este trabajo fue relatar la implementación de las acciones de educación en salud en la sala de espera en una unidad de salud, mientras que los usuarios esperaban su atendimento. Se trata de un relato de experiencia, parte de las prácticas supervisadas de la materia en Salud Colectiva de la carrera de Graduación en Enfermería de una universidad pública. Fue implantado el proyecto "Sala de Espera", destinado a los usuarios que esperaban su turno. Para esto se realizó la confección de un calendario con las fechas conmemorativas relacionadas a la salud, abordando en cada mes la temática conmemorada. La intervención proporcionó momentos lúdicos, de bienestar, expresividad, intercambio de conocimientos y experiencias. Considerándose todas las actividades educativas en la sala de espera entre agosto y noviembre de 2017, se obtuvo la participación de 290 usuarios, con 15 encuentros, en un promedio de 15 a 20 personas en cada uno de estos. Los participantes expusieron sus dificultades con respecto a los temas abordados. Con la creación de la sala de espera, se percibe que se estableció un mayor vínculo/confianza entre el equipo de salud y la población local.

**Descritores:** Educación en salud; Conocimiento; Atención primaria de salud.

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## INTRODUCTION

The waiting room is a space where people from the community initially go when they are welcomed into the system, and is also where users await the care of health professionals. Normally, the people who are in this space do not know each other and it is here that they end up expressing their needs and health problems<sup>1</sup>.

When an activity is installed in this space, a participatory process of health education begins. In this process, people talk, exchange experiences among themselves, observe and express themselves. This way, pluralities emerge through the interactive process<sup>2</sup>.

This type of environment is conducive to the practice of health education, whose purpose is to bring the community closer to professionals and promote a humanized care. In general, preventive or health-promoting activities are carried out<sup>3</sup>.

Thus, the waiting room constitutes a space for experience exchanges that is established through educational actions that aims the achievement of integral care, the development of self-care and the constitution of citizenship<sup>4</sup>.

The implementation of activities aims at impacting positively on the user's life, turning this empty space into a moment appropriate for learning, changing bonds with the Family Health Unit (UFS) and making the waiting period a moment for pleasurable contextualization<sup>5</sup>.

The professional nurse is a key agent in building a healthy learning process in the waiting room. The nurse can understand the needs of users, calling them to construct together viable alternatives to solve possible problems, thus building a process of health work with the same objectives among users and professionals<sup>3,6</sup>.

From this perspective, this environment is a potential place for health professionals to act. In this space, health education is strengthened through promotion and prevention strategies, focusing on the empowerment of the population regarding self-care<sup>1</sup>.

Health education is a fundamental strategy in health services, through which professionals can promote health. This action provides information and increases the relevance of discussions and reflections about daily actions for health maintenance, leading individuals to be autonomous and protagonists of their own health<sup>7</sup>.

The waiting room of the USF can provide moments for effective educational activities, since it is occupied by users who are agitated and anxious to be attended<sup>8</sup>.

Thus, the objective of this study was to report the implementation of health education actions in the waiting room of a health unit, while the users waited to receive care.

## METHOD

This is the report of an internship activity focused on Primary Health Care (PHC), an experience that occurred during the course of the Supervised Internship in Collective Health, compulsory curricular component of the Nursing Undergraduate course of the Federal University of Triangulo (UFTM) that occurred in the second half of 2017.

The experience scenario happened at a USF that is divided into two family health teams. Both strategies provide assistance to the community and there is a great demand for the care services offered to this population.

From the situational analysis, it was possible to describe the epidemiological profile, including the conditioning factors and determinants of the health/illness process of the users who attend the USF.

The purpose of the activities was to stimulate the users to be responsible for their own care, leading to the sharing of knowledge in favor of health promotion and the prevention of health problems. The themes chosen were according to: a previously prepared schedule, demands of the participants, or the request of the nurse of the unit, always considering the reality of the community.

The discussions took place in the waiting room before the beginning of medical consultations. The activities were performed

twice a week, so that there was adequate time to elaborate the next activity. The number of participants varied according to pre-scheduled consultations and daily demand.

The topics were addressed through group talks, posters, videos, practices, flyers, and others, with an average time of 30 minutes. While in the waiting room, users could get answers to their questions and also ask questions about other subjects, which represented a unique moment of approximation between popular knowledge and the technical/scientific knowledge generated during graduation.

## RESULTS

Norberto de Oliveira's USF has a population of 3,179 people, according to data from the re-registration carried out by community health agents (CHA) in August 2017. Of these, 200 declared to be users of tobacco derivatives, 119 were diabetics and 282 were hypertensive.

The users presented different socioeconomic realities, since in some of the areas in the scope of the USF the population had a higher purchasing power, using the supplementary health services more often and only using the USF to receive medications, immunization and to go to the follow-up in the HiperDia Program, resulting in a low demand. However, the majority of the population has low financial and housing conditions and have a greater need for the care offered by the unit.

As for the organization of the working process of the professionals, the USF works on weekdays and from morning to afternoon. The actions of the nursing professionals are focused on prenatal consultation, "iron health", the HiperDia group, pap smear test collections, neonatal screenings, home care, nursing consultations, and procedures such as: vaccinations, medication administration, removal of sutures and blood pressure measurements.

There are also scheduled group activities, according to spontaneous demand, as well as management activities, evaluation of the actions developed by the members of the team and activities of permanent

education in health for the nursing team and health education for the population. The development of teamwork in the unit can be noticed, considering that each professional performs his functions and participates in the care process.

The difficulty of adherence to the activities by the users who stay in the waiting room waiting for medical attention stands out, and the justification for the absence of these activities are the great demands of other procedures and the reduction of the professional staff.

However, in order to solve this difficulty, the intervention called "waiting room" was implanted for the users who were waiting for medical attention. For this, a calendar with commemorative dates related to health was made up, where in each month the celebrated theme was discussed.

In the first meeting with the users, the plan for the intervention was presented and the National Tobacco Combat Day was the theme. Posters were made showing the main toxic substances found in cigarettes, the immediate benefits after stopping smoking and tips to reduce cravings and smoking habits. In addition to these activities a lung made of loaf bread was made, to show the consequences of smoking according to the amount of cigarettes inhaled per day.

The conversation group was guided by the nursing student and the psychologist coordinator of the unit's smoking prevention group. All of those present participated, they exposed their experiences with the subject, besides reporting other tips to quit smoking.

At the end of the discussion, users said that even with people's knowledge about cigarette harms, awareness-raising activities are important for mobilizing the population about the risks of smoking. 90 users, men and women, participated in every Wednesday and Thursday of the month of August.

In September, two themes were discussed with the community, one of them was Type II diabetes mellitus (DM), because it is one of the main morbidities present in users. For this subject, informative flyers were made, discussing causes, signs and symptoms, risk factors, treatment and prevention.

Healthy eating was also addressed; flavored water was offered as an option to replace the soft drinks and a recipe of shredded beef with the plantain was taught.

In the same month, suicide prevention and life appreciation were also addressed, with the coordination of the student and the psychologist. A question and answer quiz was held. When the music stopped, the one who remained with the question box tried to answer a question. The box contained several inquiries about the subject. Several users reported cases of suicide in their families, and they asked a lot about warning signs and possible preventive measures.

Posters were also made regarding the main warning signs, prevention measures and the Center for Valuing Life (CVV). At the end of this meeting, after a relaxation technique was performed, a song was played, "É preciso saber viver" ("We must know how to live"), by Roberto Carlos. 97 people participated in the month of September.

In October, Hypertension and the Breast Cancer Prevention Campaign were discussed. Educational flyers dealing with the main topics of Hypertension were prepared, and participants were taught how to make herb salt to replace conventional salt.

Users participated actively, exposing other recipes and seasonings that reduce salt consumption. They were enthusiastic about this information, because when the subject was "food", they always heard only about restrictions and prohibitions regarding the consumption of what was tasty for them.

In the same month, during the campaign of Woman's Health (Pink October), the whole unit was decorated, and posters were made with the following themes: main signs of breast cancer, knowing about uterine leiomyoma, endometriosis, self-examination of the breasts, and the importance of cervical cancer screening and mammography.

The presentation of the subjects happened through the "hot potato" game. When the question stopped in the user, it was read, and all participants tried to answer. This activity was attended by the nurses and doctors of the unit. However, the staff were present collaborating to answer the doubts

that arose. There was a give away of gifts, distributed randomly, and a breakfast. 80 users participated during the month of October.

To conclude the intervention project (that happened during the second half of 2017), the last topic presented was prostate cancer (Men's Health/November Blue). About 20 men and approximately three women participated. There were discussions on the topic with the nursing team and the collaboration of the unit's doctors.

It was possible to feel the involvement of the men, because the conversation was not restricted only to the planned themes. Questions emerged regarding other diseases that can affect the male population, such as penile cancer, hemorrhoids, sexually transmitted infections and others. All those present participated and exchanged their knowledge. It was noticed that even the theme being constantly addressed by the health campaigns, there is still a lack of knowledge about it.

Considering all the educational activities in the waiting room, there were 290 participants in 15 meetings, with an average of 15 to 20 people in each of them.

## DISCUSSION

The Brazilian Primary Care Policy is a set of individual, family and collective health actions that involve promotion, prevention, protection, diagnosis, treatment, rehabilitation, harm reduction, palliative care and health surveillance by a multiprofessional team and are directed to a population on a given territory<sup>9</sup>.

Health education permeates all the aforementioned actions, being a common attribution to all the professionals of the team. It is carried out based on the users demands, according to team planning, and should use approaches appropriate to the needs of this public<sup>9</sup>.

In 2010, the Strategic Action Plan for Coping with Noncommunicable Chronic Diseases (CNCD) was launched in Brazil, as was the definition of global goals for coping with these diseases by 2025, with the

objective of tackling and stopping CNCD in the next 10 years<sup>10</sup>.

The Brazilian Ministry of Health established a set of indicators with goals set forth in a strategic action plan that addresses the four major groups of diseases (cardiovascular, cancer, chronic respiratory and diabetes) and their modifiable risk factors (smoking, alcohol, physical inactivity, inadequate eating and obesity)<sup>10</sup>.

The current situation of Brazilian health is characterized by a change in the pattern of illness, mortality and an accelerated demographic transition, which has repercussions on the relative increase of CNCDs, a matter of concern for public health<sup>11,12</sup>. From 2000 to 2011, a total of 68.3% of deaths attributed to CNCDs were identified<sup>13</sup>.

The health conditions of a population interfere in the economy of a country, since they are related to the capacity of the labor force, the productivity and the labor supply, which affect the financial income and the economic growth<sup>14</sup>.

Health expenses tend to be higher as more diseases are associated<sup>15</sup>. However, health expenditures are greater in the treatment of diseases than in preventing them<sup>12,16</sup>.

It is known that smoking is a serious public health problem and a factor for the occurrence of more than 50 types of diseases, especially obstructive pulmonary diseases and cancer, and it is also associated with the main causes of death worldwide<sup>17</sup>.

DM is a non-transmissible chronic disease. Like other diseases, it affects people's lives in an intense way. There are environmental and behavioral risk factors that interfere directly on the cause of this disease, such as smoking, a sedentary lifestyle and an inadequate diet<sup>18</sup>.

In Brazil, the prevalence of self-reported hypertension in the adult population in 2013 was 21.4%, being higher among women (24.2%), individuals over 75 years of age, 55% of cases occurring among less educated individuals and black individuals, and 24.2%, among people living in urban areas. It is also

noteworthy that 23.3% are in the Southeast region of Brazil<sup>19</sup>.

Thus, strategies are needed to promote male health. This public is very often resistant to preventive measures, such as rectal examinations, which hinders the efficacy of treatment and the control of prostate cancer. The fact that the male population does not have the habit of seeking the health services further increases the incidence and prevalence of prostate cancer<sup>20</sup>.

The health service user should be educated for self-care, it also being important to note that this care is dependent on cultural, family and social standards. The concept of self-management is a dynamic and active process, requiring knowledge, attitude, discipline, determination, commitment, self-regulation, empowerment and self-efficacy to manage the disease in the search for healthier living<sup>21</sup>. All these factors must be taken into account in educational health approaches.

A study that aimed to analyze, from the user's perception, the practice of health education in the context of USF, in Montes Claros-MG, with 11 hypertensive or diabetic users, showed that, from the perceptions reported, the health education groups are spaces for the exchange of experiences among users, can act as a mechanism to support the fighting against a disease, promote lifestyle changes, and favor autonomy.

Thus, it was demonstrated that the waiting room is an excellent space for health education activities, which is sometimes underutilized, as described in a study conducted by speech therapists, during a health promotion action in the waiting room, where active learning methodologies were used, through a participatory and problematizing approach<sup>23</sup>.

## CONCLUSION

The intervention developed provided a playful moment of well-being, expressiveness, exchange of knowledge and experiences, in which the participants could clarify their doubts and expose their difficulties regarding the topics addressed.

The realization of these activities provides patients and professionals with a

closer relationship, and a holistic and humanizing approach. With the creation of the educational activity in the waiting room, the bond of trust between the health team and the local population seemed to become more intense.

In the activities developed there was an exchange of experience and knowledge, which was very important to guide the therapeutic decisions. Users were able to share their doubts, their concerns, and gain more knowledge about the diseases addressed, which led to a reflection on what each one can do to avoid complications.

At the end of this internship, it was possible to understand the importance of health education activities for the population, in order to prevent possible consequences. Another relevant aspect of this experience was the diversification of health promotion and disease prevention in primary health care.

The population was receptive and participative during the activities performed and, in general, evaluated them as positive. The experienced context showed the importance of direct contact with the public and the simple and objective approach for the effective clarification of doubts, favoring the awareness of the population. The health professional, especially the nurse, has the important role of acting with different strategies that achieve positive results.

Therefore, the intervention of the project carried out at the ESF constituted an important work tool that provided both the identification of a problem and the search for solutions.

Concomitantly, it was possible to practice the promotion of health through education, enabling the development of dynamic strategies in spaces that were not previously addressed. It should also be emphasized that the guidance should not be conducted and focused only on consultations, but wherever possible, transforming the environment of the waiting room into a place of knowledge acquisition.

Regarding the learning of the students, it happened in a large and meaningful way,

being able to prepare them for their future professional life.

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#### CONTRIBUTIONS

All authors participated in the conception of the research project, the elaboration, analysis, discussion of the results and in review of the article.

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