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Health education: experience in the waiting room

Educação em saúde: experiência em sala de espera

Educación en salud: experiencia en la sala de espera

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This is an experience report carried out between August and December of 2018 at a teaching hospital in the state of Minas Gerais, Brazil, with the aim of presenting health education actions in the waiting room. Dialogic spaces were used as a basis in the construction of knowledge. From the results, the following stand out: 10 meetings, with 150 participants and, as main themes addressed: health policy and social rights. It was found that the project brought the student of Social Work closer to the socio-occupational spaces that the social worker works, inserting it in the dynamics of working in health and rescuing the constitutional principles of living the social reality in this context and, expanding knowledge through health education for users.
Descriptors: Health communication; Professional training; Health education.

Este é um relato de experiência realizado de agosto a dezembro de 2018 em um hospital escola de Minas Gerais com o objetivo de apresentar ações de educação em saúde em sala de espera. Utilizou-se como base espaços dialógicos na construção do saber. Dos resultados destacam-se: 10 encontros, com 150 participantes e, como temáticas principais abordou-se: política de saúde e direitos sociais. Verificou-se que o projeto aproximou o discente do Serviço Social aos espaços sociocupacionais que o (a) assistente social atua, inserindo-o (a) na dinâmica de trabalho na saúde e resgate dos princípios constitucionais da vivência da realidade social nesse âmbito, e ampliação de conhecimentos através da educação em saúde para os usuários
Descritores: Comunicação em saúde; Capacitação profissional; Educação em saúde.

Este es un informe de experiencia realizado de agosto a diciembre de 2018 en un hospital universitario de Minas Gerais, Brasil, con el objetivo de presentar acciones de educación en salud en la sala de espera. Los espacios dialógicos se utilizaron como base en la construcción del conocimiento. De los resultados se destacan: 10 reuniones, con 150 participantes y, como temas principales, se abordaron la política de salud y los derechos sociales. Se comprobó que el proyecto acercó al estudiante de Trabajo Social a los espacios sociolaborales que actúa el trabajador social, insertándolo en la dinámica de trabajo en salud y rescate de los principios constitucionales de la vivencia de la realidad social en este ámbito, y ampliación de conocimientos a través de la educación en salud para los usuarios.
Descriptores: Comunicación en salud; Formación profesional; Educación en salud.

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INTRODUCTION

The Ministry of Health characterizes health education as a constitutive part of an educational and promotional process for building health knowledge and knowledge that seeks to contribute to thematic appropriation by the population[1]. And yet, a set of practices in a space that contributes positively to the emancipation and autonomy of society for their care, in addition to articulation with professionals and managers in order to achieve health care according to their needs[2].

Health is a right ensured by Social Security guaranteed by the Brazilian Federal Constitution of 1988. It appears as an essential factor for the realization and understanding of this right in a universal and full way, and information is one of the ways that users of the Unified Health System (*Sistema Único de Saúde - SUS*) can overcome the barriers of this system in the search for quality care and full access to health[2].

Health education is presented on several intervention fronts, for health promotion, health qualification, in addition to providing a political dimension. Such a political process is pedagogical and requires the development of critical and reflective thinking, which aims to unveil reality and propose transformative actions that can lead people to their autonomy and emancipation as a historical and social subject. This process contributes to the individual being able to propose and give an opinion on health decisions to take care of themselves, their family and their community[2].

The dissemination of knowledge and information in the field of public health to the user is guaranteed in the Brazilian constitutional principles and in the international recommendations on the subject, which place, as primacy, the responsibility of governments for the effective implementation of the right to health[2].

One of the duties of a Social Worker is to promote access to social rights. It is in this context that future professionals in the field find support for their academic and professional training, and visualize the scenario that they must face, in which the extension project allows the first approximations with professional praxis.

Health literacy (HL) corresponds to the ability to access and use skills, understand and evaluate health information, use them in everyday life as a way of making decisions in different contexts, be aware of which choice will be more appropriate, including also the ability to participate in advocacy and governance for health[1]. The conception of HL as a set of competences is based on the assumption that it is based on knowledge, which can be achieved across education interventions.

It is extremely significant to think of education in Paulo Freire[2] through dialogue as a humanistic and awareness-raising commitment. In this sense, education is the opening for the subject to develop and achieve his goals.

Thus, it is in this direction that the concept of HL gains meaning, since it is the ability of each individual to understand and use written information, contained in various ways of their life, being able to develop his own knowledge[1]. The increase in HL levels can be achieved through strategies such as communication and popular health education.

Health communication has the role of informing and instigating decisions of individuals and communities about their quality of life. Popular health education, on the other hand, proposes a commitment to dialogue, universality, equity, integrality and effective participation in SUS, with a political-pedagogical practice that runs through actions aimed at promoting, protecting and restoring health a from the dialogue between the diversity of knowledge, valuing popular knowledge, ancestry, encouraging individual and collective knowledge production[2,4].

To transfer knowledge it is important to think about access to information, since the right to information conceives the integrality of care. The right to health information is legitimized through

mediation carried out by the health professional, allowing the user to have access to information, since the right to access is protected by the Federal Constitution and a fundamental right, being it individual and collective, that aims to operationalize the exercise of citizenship, a pillar of democracy[2].

For health education to be effective, health communication must be carried out in a clear way, and it must have an educational nature aiming to contribute to the role of informing and fostering questions in the population about the quality of life and health care.

Information is something that is understood, that is, there will only be information if there is an understanding of the meaning, referring to the specific quality, relevance and purpose of the term information, given that the user seeks to inform themself with a particular purpose, either consciously or unconsciously, however, they need human mediation, because what is information for one may not be for another[5].

Health professional actions with these aspects of information, because when they are responsible for passing it on to users, it is necessary to check if it was understood, since it is through understanding that the subject communicates with other subjects within their reality, that is, when professionals are able to inform clearly and users gain an understanding of access to their rights and self-care in health, they use it in their daily lives and pass it on to their community.

There are laws that guarantee the right of access to information for the user clear about their clinical condition, which is an important aspect for the promotion and self care.

The actions carried out with a focus on obtaining advances in health education and expanding access to information make it possible to increase the HL level of the user population, making them able to make decisions and seek information, expanding their autonomy and promoting the social participation of the population , so that people can take care of their health and the health of those with whom they live.

The waiting room, where the user is waiting to be seen, is a privileged space to take information regarding social rights, public services, institutional routines and others, and can be understood as a tool in professional work and a way to comply one of the responsibilities of the social worker in the interaction, debate and reflection with the users: aiming "to democratize the information and the access to the programs available in the institutional space, as one of the indispensable mechanisms for the participation of the users"[6].

The social worker has in their workspace a great potential to develop actions that expand the knowledge and also the user's access to public services, and their performance in health is historical; its practice and recognition of demand accompanied the societal transformations, with a collective action involving principles of the Political Ethical Project of the profession and also of the health reform, thus it must be thought through constructive actions, in order to overcome the countercurrent idealized by capital[7]. This study aimed to present health education actions in the waiting room.

METHOD

This is an experience report from a project developed in a Hospital de Clínicas of a public University de Minas Gerais, carried out between August and December of 2018. Through participant observation and documentary survey, users were identified with their demands regarding social rights and citizenship.

The team composed of two Social Service Course students supervised by two social workers performed waiting room actions. This project was approved and awarded a scholarship for a student by the Dean of Extension of a public university in Minas Gerais under filling number 286/2018.

The strategies of popular health education stood out in this experience report with the waiting room, which implies the development of activities with users of health services, companions and family members through conversation circles, exchange of experiences, welcoming and dissemination of information on various topics within the scope of health care and users' rights.

Thus, we sought to produce the subject's awareness of forms of care in health promotion by articulating the health team in this process of health promotion and care[3].

RESULTS

10 meetings were held, together with meetings of the team responsible for planning and organizing activities. The project lasted five months, with approximately 150 participants, including patients and their families.

Also, through the testimony of doctors, nursing staff and Social Service, it was reported that people, once they arrived for care, requested information for access to this right that they had, because they heard in the waiting room about the subject.

There was an increase in access to the rights of people with cancer such as: the withdrawal from the Guarantee Fund for Length of Service (*Fundo de Garantia por Tempo de Serviço - FGTS*) and the Social Integration Program (*Programa de Integração Social - PIS*); exemption from the Urban Territorial Property Tax (*Imposto Presial Territorial Urbano - IPTU*) and Motor Vehicle Property Tax (*Imposto sobre a Propriedade de Veículos Automotores - IPVA*), Continuous Payment Benefit, sickness benefit, search for medicines offered by the state and municipal health system.

This return was measured based on the collaboration of the participants who, based on information, sought these services and later socialized with the team about their experience. The project also made it possible to contact the Social Assistance Network of the municipality and cities in the region, as an example, an institutional visit was made to the National Social Security Institute (*Instituto Nacional de Segurança Social - INSS*) and the State Health Secretariat.

The meetings were held in a dialectical manner, with interaction between participating users and their families, in addition to the interaction between the project's executive team and the health team. This dialogue and interaction allowed for collective construction of the themes to be addressed, as well as suggestions were accepted continuously, being a way of evaluating the work.

At the meetings, it was possible to perceive the need to activate the Social Assistance Network for an integrated, intersectoral service with the cities of the region to meet the social and health demands that users pointed out, such as Social Security, Assistance, Education, among other areas. It was also noticeable that most people do not identify policies in an intersectoral way, which can work together to complement and attend to the subject's comprehensiveness.

In the waiting room, the following topics were addressed: the SUS Primer, Primer for People with Cancer, Unified Social Assistance System (*Sistema Único de Assistência Social - SUAS*), Organic Social Law (*Lei Orgânica de Assistência Social - LOAS*), Social Protection Network, Reference Center of Social Assistance (*Centro de Referência de Assistência Social - CRAS*), Specialized Reference Center for Social Assistance (*Centro de Referência Especializado em Assistência Social - CREAS*) and Social Security Benefits, Health Care Networks.

The project also had periodic meetings aimed at planning and evaluating the proposed activities, discussion and guidance from the team coordinators in relation to the bibliographic survey on the proposed theme, didactics and dynamics to be carried out.

In addition to user education, it was found that the activities positively affected the professional future of Social Work, as it placed students in the practical context of SUS through the reassessment of their constitutional principles and the experience of social reality in this context..

DISCUSSION

The waiting room as a strategic place and moment in health services contributes to the understanding that health is not only curative, but also encompasses prevention and health promotion actions. For this, it is essential that actions are carried out through education and information, thus raising the HL level of a certain segment of the population, in which this knowledge can be propagated in your community.

In this case, this project aimed to link information about health education, among other topics that could contribute to the users' knowledge, not focused on the healing or disease process, but on reflection, disease prevention and health promotion.

Health education starts from the assumption of meaningful and problematic learning, proposing methods that enable collective construction, in addition to opening paths for a horizontal relationship, in which each professional can act in an interdisciplinary perspective, socializing knowledge, building and deconstructing concepts, ideas, concepts, knowledge, health production and operation[3].

The waiting room is configured as a space and socio-educational action built from the institutional and social reality, organized, planned and developed together with users, who can indicate the demands and themes to be worked on.

In turn, an extension project represents a form of student assistance, as it allows participation in public notices that include scholarships. In the current reality in which the permanence in the university is a challenge for the academic student due to socioeconomic conditions, the budget cut in student assistance has a direct impact on the student's survival during the graduation period[8].

Thus, a waiting room project can achieve and can contribute to institutional routine changes, improvement in service quality, contact with the social assistance network, teamwork, multidisciplinary or interdisciplinary actions and for the user, with comprehensive and humanized care.

The orientations and actions carried out must be made from a perspective of welcoming and humanization, so that the user feels part of the process as a subject, and not just passive of information and a mere listener[4].

Thus, it was possible to identify, in the meetings held by the project, the interaction between patients and the team that performed the extension, as there was active participation of patients, and not being a passive presentation of access to socialized information.

The waiting room contributes to the performance of professional work with more quality, overcoming institutional tasks and routines, while empowering users based on information to fight for the realization of their rights. It also supports the partnership and implementation of the university tripod: teaching, research and extension, the basis of public education in higher education, as a way of intervening and contributing to society in the social reality, allowing the student to have contact with professional work and student permanence through access to aid, such as extension grants[9].

Involvement in an extension project allows users to increase access to information about health education, disease prevention and health promotion, about autonomy and access to social and health rights, among other information and knowledge that was found from the dialogue produced during the waiting room actions.

There were several other achievements of the project, both for the user and for the students: in the interaction, which reduced the anguish of the user in the pre-service, as well as the expansion of information about the realization of their rights.

The actions developed allowed the articulation between professional performance and theory and the reality of users, building a path of knowledge and access to information on the right to health for the user.

The findings of this report point to the need for more in-depth studies on HL, due to the number of small studies on this theme linked to social rights, citizenship and access to SUS.

A study in accordance with the one presented here, showed that health education actions should approach a holistic and humanizing approach, with the waiting room being a place to acquire knowledge on other topics involving health[11].

CONCLUSION

One of the most important tools for the full realization of the right to health is the education of users, through the transfer of information and knowledge about social rights and the functioning of the public health system. The experience of the waiting room made it possible to understand that although access to information has been expanded due to technological advances today, it cannot be interpreted as obvious knowledge.

It is well known that health education, through health communication, contributes to health promotion, however it is necessary that the practices developed reach more integrated and participatory perspectives.

Health education practices in an expanded way envision the inclusion of public policies, appropriate environments for health services, in addition to the biomedical model of health, and clinical and curative treatments, as they involve liberating, emancipatory pedagogical proposals, committed to development of full citizenship, affirming the improvement of the quality of life and in the 'promotion of the person and of life and HL can be a facilitating strategy, that is, the promotion of health.

This experience had as a limitation the non-participation of professionals and students from other categories, justified by the unavailability of an agenda to develop the concomitant activities, which made it difficult to deepen in some specific themes of other areas of health.

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CONTRIBUTIONS
Zilda Cristina dos Santos and **Edna Aparecida Carvalho Pacheco** participated with conception, data collection and analysis, writing and revision. **Jaine Oliveira Rodrigues** and **Denise Dilma Silva** contributed in conception, data analysis and conception. **Mayara Simon Bezerra** and **Fernanda de Castro Nakamura** worked with writing and revision.

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