

Multiprofessional actions in the waiting room as health education interventions in primary care

Ações multiprofissionais de sala de espera como intervenções de educação em saúde na atenção primária

Acciones multiprofesionales en las salas de espera como intervenciones de educación en salud en atención primaria

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Objective: present an experience report of health education actions in the waiting room. **Methods:** activity carried out by resident professionals in Mental Health, in August 2022, in the city of Camaragibe, state of Pernambuco, Brazil. Interactive perspectives were used among professionals and users. **Results:** three waiting room activities were carried out with an average number of 8 to 10 users in each action and an average duration of 15 to 20 minutes on the themes: Green July, Lilac August and rational use and disposal of medicines, in two basic units and a philanthropic institution. Participants showed interest and high participation. **Conclusion:** the investment in waiting rooms was seen as of paramount importance, with a view to minimizing distance between the popular knowledge of the family and health professionals, and to promote reflections and community participation in critical knowledge. **Descriptors:** Primary Health Care; Health education; National Health Strategies; Health-Disease Process.

Objetivo: apresentar um relato de experiência de ações de educação em saúde em sala de espera. **Método:** atividade realizada por profissionais residentes em Saúde Mental, em agosto de 2022, Camaragibe, PE. Utilizou-se perspectivas interativas entre profissionais e usuários. **Resultados:** foram realizadas três atividades de sala de espera com número médio de 8 a 10 usuários em cada ação e duração média de 15 a 20 minutos sobre as temáticas: Julho Verde, Agosto Lilás e uso racional e descarte de medicamentos, em duas unidades básicas e numa instituição filantrópica. Os participantes demonstraram interesse e elevada participação. **Conclusão:** o investimento nas salas de espera foi visto como de suma importância, com vistas a minimizar o distanciamento entre o conhecimento popular da família e dos profissionais de saúde, e promover reflexões e participação da comunidade no saber crítico.

Descritores: Atenção Primária à Saúde; Educação em saúde; Estratégias de Saúde Nacionais; Processo Saúde-Doença.

Objetivo: presentar un relato de experiencia de acciones de educación para la salud en la sala de espera. **Método:** actividad realizada por profesionales residentes en Salud Mental, en agosto de 2022, Camaragibe, PE, Brasil. Se utilizaron perspectivas interactivas entre profesionales y usuarios. **Resultados:** fueron realizadas tres actividades en la sala de espera con un promedio de 8 a 10 usuarios en cada acción y duración media de 15 a 20 minutos sobre los temas: Julio Verde, Agosto Lila y Uso racional y descarte de medicamentos, en dos unidades básicas y una institución filantrópica. Los participantes mostraron interés y alta participación. **Conclusión:** se consideró de suma importancia la inversión en salas de espera, a fin de minimizar la brecha entre el conocimiento popular de la familia y el de los profesionales de la salud, y promover la reflexión y la participación de la comunidad en el saber crítico.

Descriptores: Atención Primaria de Salud; Educación en salud; Estrategias de Salud Nacionales; Proceso Salud-Enfermedad.

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INTRODUCTION

Among the principles of the Unified Health System (SUS), integrality is the ordering of care and emphasizes promotion, prevention and recovery actions centered on valuing the subject, being understood as an articulated and continuous set of preventive and curative actions, in all levels of complexity, individual or collective¹. The Family Health Strategy, the preferred model for organizing Primary Health Care (PHC), can address the health-disease process of individuals in a singular way and articulated with the family and community context², and can carry out actions to raise awareness of health, when working with the perspective of health education.

Health education is applied in situations that require the subject's active participation to transform their attitudes, knowledge and skills to deal with health/disease problems, contemplating the principles of SUS in health promotion and citizenship and political education³. On the other hand, popular health education is a theoretical-practical field in which education is based on the problematization of reality, on valuing the student's knowledge and on the perspective of promotion and autonomy of the subjects⁴. This field seeks to naturalize health interventions and overcome the transmission of biomedical knowledge with the inclusion of people's common knowledge about illness and cure, with the starting point of the educational process taking place from conversation circles, participatory diagnoses, assemblies and manifestations of popular culture⁵.

Waiting rooms are spaces for educational interventions that can be applied in primary care, being an alternative approach to the community while awaiting professional assistance⁶. However, the actions of the Family Health Strategy are far from the guiding practices of health education and the work routine of professionals⁷, in addition to the fact that the distance between popular knowledge of the family and the technical knowledge of health professionals causes barriers to health education⁸.

Thus, this article aims to present an experience report of professionals residing in Mental Health with interventions in the waiting room during their work in Primary Care.

METHODS

This is an experience report of the waiting room activity carried out from July to August 2022 by resident professionals in Mental Health from different areas of knowledge - social worker, physical education professional, pharmacist and nurse, during the rotation at the Nucleus of Support for Family Health and Primary Care (NASF-AB), in the municipality of Camaragibe, in the state of Pernambuco, Brazil.

Action planning was carried out at the weekly meeting held by the group of residents. A script was created for carrying out the activity and for each action an A4-size poster was created for illustrative purposes during the exhibitions and subsequent fixation in the units.

With a view to developing actions in the pedagogical perspective of building knowledge, the participatory method was used, which aims to enhance the debate and encourage communication between community members and health professionals, contributing to better learning of the topic discussed and exchange of knowledge between the participants of the collective action⁹.

RESULTS

Three waiting room activities were carried out, with an average number of 8 to 10 users in each action, with an average duration of 15 to 20 minutes. Subsequently, a reflection on the responses and evaluation was carried out. The activities were carried out in the morning or in the afternoon, with the times with the greatest flow of people being agreed with the family health teams.

The first action was carried out at the Family Health Unit (FHU) Jardim Primavera II and dealt with the theme Green July, an awareness campaign on the prevention of head and neck cancer, with a view to raising awareness about the main symptoms, risk factors and prevention and guidance on the rights of people with cancer.

The second action was carried out at FHU Vale das Pedreiras II and aimed to inform about Lilac August, to raise awareness on the fight against violence against women. The activity was designed to encourage service users to think about actions that are characterized as a type of violence typified by the Maria da Penha Law and that are sometimes naturalized in society.

The last action was carried out at the Associação de Pais e Amigos dos Excepcionais de Camaragibe (APAE) and had as its theme the rational use and disposal of medicines. In addition to explaining the correct way to use and dispose of medications, the differences between drug and medications, drug interaction processes, ideal ways to store medications and sleep hygiene.

DISCUSSION

In the first intervention, waiting room about the Green July, users were asked if they knew about the theme. Then, an exhibition was started using an illustrative poster, explaining what Green July is, its importance and the main symptoms and risk factors, as well as the forms of prevention and treatment. The social rights of people with cancer were also discussed.

The Green July campaign aims to make the population aware of head and neck cancer, the third most common cause of death from cancer in the world¹⁰. Specifically, this type of cancer is the grouping of malignant tumors of the lips, oral cavity, pharynx, larynx, nasal cavity and thyroid¹¹.

Chronic exposure to tobacco and alcohol consumption were considered the main risk factors for the development of the disease, as well as the human papillomavirus (HPV) also recognized as an important risk factor for this type of cancer¹².

The main treatment option is surgical therapy followed by radiotherapy, while measures to prevent the disease include quitting smoking, limiting alcohol intake, avoiding exposure to cigarette smoke, environmental carcinogens, early detection of HPV infection, maintenance of oral health, good eating habits and stress control¹⁰.

One of the listeners brought his personal experience regarding head and neck cancer, as a family member had already been affected by the disease and also brought up the importance of prevention. Other users showed interest in passing on information, reporting that they miss collective actions such as waiting rooms.

Lilac August is a campaign on the importance of preventing and combating violence against women, created with reference to Law No 11.340/2006 (Maria da Penha Law), the culmination of a feminist role in the field of domestic violence that began in 1970s in Brazil¹³.

When talking about Lilac August, the following actions were carried out: explanation about the campaign; discussion on the five types of violence characterized by the Maria da Penha Law; information on current data on violence against women; encouraging the reporting and passing on information about the service channels for reporting and specialized centers for assisting women in situations of violence in the municipality.

A quick talk about what Lilac August is was started and then some questions were read, for which the participants were encouraged to answer:

“Do you think threats are a form of violence?”; “Who is beaten and stays like to be beaten?”; “Is preventing women from going out, working, studying, a form of violence?”; “Is defaming women, spreading lies to soil women's image a form of violence?”; “When a man prevents a woman from taking her possessions out of the house, destroys her objects, personal documents, do you think this is a form of violence?”

As they responded, the types of violence against women were explained. After the answers, the explanation about the types of violence was summarized, talking about sexual and physical violence and quickly mentioning other types of violence, so that they understood that it is not only physical aggression that is considered violence.

Also, some questions about violence data were addressed:

“From January to June of this year in Camaragibe there were more than 300 victims of domestic violence, do you think

this is true or false?"; "Five women are beaten every 2 minutes in Brazil, True or False?"; and "Do most crimes against women happen on the street by unknown persons?"

Then, the explanation began about where the crimes occur, problematizing that *"no one must intervene in a fight between husband and wife"*. In the intervention, a poem was read and sensitization for reporting violence was carried out.

The activity proved to be easy to conduct and there was the participation of users, who brought personal experiences on the subject and contributed to the reflection process on the importance of reporting the aggressor. The use of true (T) or false (F) signs was an important strategy to encourage everyone's participation. Users were interested in the places available for reporting and supporting women victims of violence that exist in Brazil and in the municipality, as many did not know about the existence of some of the equipment, as is the case of CEAM - Specialized Center for Assistance to Women Victims of Violence.

The waiting room on the rational use and disposal of medicines began with interactions through signs with the letters "T" and "F" alternately, where participants should answer whether the statements made by one of the professionals were true or false:

"Drug and Medicine are the same thing"; "I've already taken medicine with tea"; "I've used out of date medicine"; "I keep my medicine in the fridge door or in the bathroom", and "I've used medicine because a friend/neighbor/relative referred it to me."

At the end of each sentence, there was clarification of the answers and dialogue with the listeners. The intervention also brought talks about the rational use of medication and the importance of sleep hygiene. This theme is of important discussion in the community because the use of medicines brings health benefits, but the accumulation of these in homes, due to leftover treatments or because the expiration date has expired, can become a problem, as it encourages self-medication and improper disposal¹⁴.

Users pointed out the use of medicines from neighbors to solve some symptoms that they thought were similar, they also said that they had already taken medicines with another drink (tea or juice). After the presentation, the users demonstrated that they liked the waiting room a lot, as they answered a lot of questions about medication, the importance of knowing what they are taking before meeting with a health professional. Users also reported having had a great experience with auriculotherapy that took place right after the educational practice and showed interest in this non-drug practice.

All activities were evaluated with the participants, from 0 to 10, taking into account the quality and clarity of the information passed, in which the answer "10" was practically unanimous in the face of the excitement and good reception of the listeners.

It is known that when proposing the waiting room, it is necessary to use different materials and methodologies to capture the attention of the subjects, as well as to achieve the proposed goals¹⁵. An attempt was made to invest in the use of visual aids such as illustrative posters, with little text, in the

interventions, to facilitate the understanding of the listeners, as well as to help guide the professionals' speeches. The use of interactive signs was also important to motivate the participants to interact, since it is common for some people not to feel comfortable expressing their perceptions orally.

The proposed activities were thought of in the work of problematizing the content, and not in the mere transmission of technical knowledge by the professionals, to favor reflections. In this model, the aim is to establish dialogic relationships, producers of meanings, in the encounter between different types of knowledge and to highlight and intervene on the ways of experiencing the health and disease processes and their various crossings¹⁶.

The importance of implementing waiting rooms is seen by the fact that this approach is characterized as an essential and facilitating instrument to better understand the reality of the population, mainly regarding their respective social and health needs, as well as transmitting knowledge about health-disease processes and promote integration between teams and the community⁶.

As practical applications, health education activities should be prioritized in the PHC scenario, as it is an effective approach to experiences in the training of professionals and to meet the needs of users to participate in the health education and prevention process of grievances, to provide an active and critical subject.

CONCLUSION

Investment in waiting rooms as an education and health promotion intervention is of paramount importance for PHC, and it is important that they are encouraged during professional activities to minimize the gap between popular knowledge of families and that of health professionals, in addition to promoting reflections and community participation in critical knowledge on health issues.

In the present study, it was seen that the waiting room was identified as a activity lacking in the region studied, being a proposal well-adhered to by the users involved, who actively participated and exchanged knowledge with the resident professionals. It is suggested that studies expand the investigation of multidisciplinary and playful actions in waiting rooms in primary care, adding new notes on planning and assessments.

As limitations of the study, there is the limited availability of free times for holding more waiting rooms in other units and publics, which could encourage discussion of the results, as well as post-waiting room evaluations in order to assess the approach could be done through an instrument such as a standardized questionnaire for this purpose.

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