

THE WAITING ROOM USED AS A SPACE FOR HEALTH PROMOTION IN FAMILY HEALTH UNITS

Ariane Rodrigues da Silva

Raiza da Silva Pereira

<http://lattes.cnpq.br/0071121416277430>

Bianca Teodoro

<http://lattes.cnpq.br/6866644808074940>

Gabrielle Izadora Ferreira de Sousa

<https://lattes.cnpq.br/3824263639589107>

Ryan Farias Esteves

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INTRODUCTION

Health Promotion is defined by the World Health Organization as “the process of empowering the community to act to improve the quality of life and health, including greater participation in controlling this process” (W.H.O., 1986 apud FEITOSA, 2019). Thus, the concept of Health Education is based on the concept of Health Promotion, since the two currents work with the perspective of enhancing the participation of users in their own contexts of life, and not only when there is a risk of illness, going through the daily life of each subject where popular participation is fundamental (FEITOSA, 2019).

In this sense, one of the resources to develop actions aimed at promoting health is approaching the community in the waiting room while waiting for professional assistance, allowing access to the knowledge necessary for the search and/or maintenance of a better quality of life. These actions enhance discussions about people’s daily processes, creating spaces for reflection and critical positions regarding their actions in building quality of life and maintaining health, effecting the active participation not only of people at risk of illness, but of the whole community (REIS, 2014).

Activities in the waiting room aim to maximize education and health promotion practices, with the aim of guaranteeing humanized care, considering the needs of users, bringing the community and the health service closer together (REIS, 2014). These activities are carried out at times that provide opportunities for learning new knowledge, exchanging experiences, identifying topics relevant to the community and creating bonds between professionals and users. The moment when patients are idle waiting for an appointment is transformed into a productive instrument, where social transformation takes place, the redefinition of habits and reflection

on the topics discussed (FEITOSA, 2019)

JUSTIFICATIVA E OBJETIVO: JUSTIFICATION AND OBJECTIVE

The use of the waiting room as an education tool improves the community’s perspective on health awareness. The proposed objective of this review study is to describe the benefits of health promotion in the waiting rooms of family health units and highlight the importance of these practices.

METHODOLOGY

This study is a systematic and comprehensive review of studies and research on the use of the waiting room as a space for health promotion in Family Health units. The first search stage for articles was carried out from August to September 2020, in the following databases: Google Scholar, LILACS (Latin American and Caribbean Literature in Health Sciences), SciELO (*Scientific Electronic Library Online*). This study is a systematic and comprehensive review of studies and research on the use of the waiting room as a space for health promotion in Family Health units. The first search stage for articles was carried out from August to September 2020, in the following databases: Google Scholar, LILACS (Latin American and Caribbean Literature in Health Sciences), SciELO “health promotion”, “ubs”, and “family health” in the national language, aiming to cover the Brazilian literature on the subject. The databases were configured to search for words in the “title” and “keywords” fields. It was determined that the databases would present articles published from 2012 to 2020, covering the last 8 years.

In the second stage, the titles and abstracts of these works were read, excluding those that did not correspond to the general objective of this review, as well as theses, books and editorials. In the third stage, during the more accurate reading process of these articles, the

following exclusion criteria were considered:

- (a) *type of study: theoretical articles;*
- (b) *focus of the study: those that dealt only with the waiting room of family health units;*

In the final stage, 15 articles were selected that met the following inclusion criteria:

- (a) *type of study: artigos científicos empíricos, de revisão ou meta-análise;*
- (b) *publication year: between 2012 and 2020;*
- (c) *study location: family health units;*
- (d) *publication languages: Portuguese or Spanish.*

For the systematization and analysis of the material, all articles that met the inclusion criteria were read in full and, subsequently, summaries of their main information were made, such as authorship, year of publication, methodological design, focus of the study, results and conclusions. The suggestions and results of the studies in general were also summarized and integrated, with regard to future research on the subject and the applicability of the results in health units.

RESULT AND DISCUSSION

The research sought to understand and demonstrate the meaning, importance and benefits of health promotion and education performed in the waiting room at basic family health units.

There are two important aspects involving the waiting room: the environment and the formation of the group, which are different elements, despite interacting. The waiting room environment is the place where patients wait to be attended by health professionals, commonly in basic units, but it also exists in other spaces of health care. The waiting room is a dynamic territory, where different people are mobilized waiting for health care; people pass by and wait for assistance. This way, there is conversation, exchange of experiences with each other, observation at all times, emotions

and expressions, that is, the pluralities emerge through the interactive process, which occurs through language (SILVA, 2015).

Aspects that relate to the benefits related to health education practices using the waiting room as a means, promote interaction between patients and health professionals, facilitating the bond and increasing the degree of reliability, in addition to serving as a space for exchange of knowledge, bridging the gap between scientific and popular knowledge, creating bridges between knowledge and thus allowing the reception as a whole, respecting the individualities and needs of each patient, thus resulting in a greater chance of adherence to preventive measures.

In addition, practices provide the experience of acquiring relevant information for the promotion of individual and community health, in an active way, encouraging participation and social responsibility, generating individual autonomy over their health and quality of life, in addition to stimulating the change in behavior and lifestyle of all involved.

The strengthening of the bond and the exchange of knowledge can be observed in the study by (CARNEIRO, 2020), who reports the action of the nursing team in the initiative to set up a medicinal garden in the winter garden of the unit and, before starting the planting of the medicinal herbs, tried to find out what people thought of the idea. In addition, it collected experiences on the use of herbs in disease prevention and composed the garden posting scientific information about each of the herbs. It is an initiative to bring the professional closer to the reality of the users, who use a variety of popular resources for supporting care to official therapies. In this process, contact with elaborated knowledge favors the user's break with common knowledge. In this context, we consider health education as a strategy for changes and innovations for

the work process, making it qualified and structured in a way that meets the needs of the users in question. Education is a fundamental strategy for health promotion, aiming to act on people's knowledge, so that they develop the ability to intervene in their lives and in the environment, creating conditions for their own existence (MILANI, 2012).

When it comes to primary care, it can be said that health promotion and education are inseparable practices, as both deal with processes that encompass the participation of the population in the context of their daily lives, and not just people at risk of becoming ill. Therefore, the creation of spaces for dialogue and debate contributes to the strengthening of relations between the user and the health service, and also constitutes an important foundation in improving the quality of care provided, in addition to guaranteeing a welcome to users who, as a result, they reflect on a more humanized service, expanding the concept of biological care to comprehensive care for the user (DE AZEVEDO, 2020). This conjuncture provides the disruption of that vertical relationship commonly seen by these two classes. The waiting room enhances the offer of dialogues, discussions on emerging themes, leveraging the union between users and health workers. (FEITOSA, 2019)

The waiting room group can function as a space where health education practices and, ultimately, health promotion, are maximized. It enhances discussions about people's everyday processes, creating spaces for reflection and critical positions regarding their actions in the constitution of a quality of life, as well as in the maintenance of health, effectively effecting the active participation of all and not just people at risk of getting sick. Therefore, human health is related to and interdependent on the health education process and is characterized as a dynamic production of actions in the ability to learn and reconstruct concepts,

understandings, habits, interventions, culture and value related to people's health, involves both the training of professionals and the practices they develop (DE AZEVEDO, 2019). Generally, people who meet in this space do not know each other and do not maintain ties with each other. When educational actions are implemented in the waiting room, group work is formed. In this place, people talk about their afflictions, anguish, their illnesses or their family members, and the quality of the institution's reception and care. The waiting room is seen as a strategy and described as an efficient communication channel for transmitting information about health conditions, diagnosis, treatment conditions and also about the institution that provides health care, in addition to offering the possibility of socialization, exchanges and social support to users and family members. Highlighting the increase in satisfaction and decrease in the level of anxiety of users, better adherence to proposed treatments and strengthening of a bond of security between users and professionals. In view of this, patients and family members have the opportunity to create and strengthen links with health protective factors, feeling more prepared to move from spectators to protagonists of their own history (MILANI, 2012).

In addition, one can observe the use of the waiting room space for the deconstruction of taboos related to pathologies and their treatments, as in the case of the relationship between breast cancer and cervical cancer and the age group of women, as demonstrated in the study by COELHO (2020), highlighting the importance of information and the help of beliefs that are part of the human condition, for the health promotion process, highlighting dynamic educational practices and the use of the Waiting Room as a tool capable of enabling greater interaction between health professionals and users, breaking the vertical

relationship commonly seen by these two classes, encouraging the appreciation of feeling, as opposed to daily activities, marked by the urgency of time (CARNEIRO, 2012). Thus, the context proved to be favorable for building more satisfactory relationships and bonds, as proposed by (FEITOSA, 2019), giving patients and family members the opportunity to create and strengthen links with protective health factors, feeling more prepared to move from spectators to protagonists in their history. Furthermore, the interdisciplinary health team starts to better understand the difficulties of the patients and can, therefore, guide their professional conduct more appropriately, contributing to the promotion of health, prevention of diseases and improvement of the quality of life of the population (GIL et al. al., 2018).

Another important factor to be highlighted is the social participation in the practices, which brought as a direct benefit the stimulation of social responsibility, proposing solutions for environmental issues of common interest, such as sewage, solid waste, floods, among others (CARNEIRO, 2012), making them active agents in terms of individual and community health.

According to SILVA (2015), the waiting room can be considered a dynamic space, where various psychic, cultural, singular and collective phenomena occur. We can say that the waiting room alleviates the physical and emotional exhaustion associated with the waiting time for an appointment, which can generate anxiety, anguish, anger, tension, and negative comments related to the attendance of public health services.

The waiting room is intended to ensure humanized care, bringing the community and health services closer together. It is through it that health professionals have the opportunity to develop activities that go beyond care, such as health education, helping to prevent

diseases and promote health; also providing an improvement in the quality of care, ensuring greater user embracement, and improving the user/system/health worker interrelationship, in addition to constituting a way to humanize the often bureaucratic services provided (RODRIGUES, 2012).

TEIXEIRA E VELOSO (2016), mention that the waiting room group is characterized as a productive way of occupying idle time in institutions, with the transformation of the waiting period for medical consultations into a moment of work; this space in which educational processes and the exchange of common experiences between users can be developed, enabling the interaction of popular knowledge with the knowledge of health professionals.

In this sense, the waiting room can function as a “potential space”, being an environment where exchanges between the individual and the environment take place. In the same sense, the education process can encourage patients to take responsibility for self-care, without the need to seek specialized care.

SILVA (2020), states that the act of educating promoting health in a specific space in outpatient clinics in primary care, in a systematic and innovative way, goes beyond disease prevention and treatment activities, it is a resource that enables the construction of essential knowledge for the adoption of new habits and behaviors by the community, as it facilitates the understanding of the determinants of the health-disease process and generates a change in the behavior and lifestyle of all those involved (DE AZEVEDO, 2020).

Health education is an attribution of health professionals and is defined by a set of practices and knowledge aimed at disease prevention and health promotion. A practice that enables the production of care built through professional/user interaction.

It is a resource through which scientifically produced knowledge in the field of health, intermediated by the health team, promotes an interaction between scientific and individual and cultural knowledge, to offer subsidies for the adoption of healthy habits and appropriate behaviors of health.

From the bibliographical review of the present study, we noticed through the existing works in the literature that this approach to the waiting room and health education and promotion, already denote that the waiting room works as a kind of tool in other environments such as hospitals, mainly with regard to basic health units (SUS), with a focus on a space for health education.

The waiting room at the SUS has a great social dimension when one considers that the citizens who circulate in it normally belong to the lowest strata of the population. The results indicate that there is a long way to go in relation to the use of the waiting room as a learning tool, but on the other hand, it is observed that there has been an increase in dynamics and recreational activities related to the theme.

It is worth mentioning that for a permanent activity, it is necessary to strengthen the system user population with the qualification of health professionals, because in order to develop a transforming education in the waiting room, it is also necessary the commitment of the units involved with their managers and with the multidisciplinary team.

CONCLUSION

The organization and development of the waiting room represent a challenge, as it requires intense preparation for discussing different topics. The use of the Waiting Room as a space for Health Education provides educational work with significant impacts on health promotion, thus contributing to the improvement of care in the waiting room

environment. the opportunity to use this tool to provide a more humanized service and qualify health services, in this space where this professional is allowed to know the real needs of the population, as well as the search for solutions for a better quality of life.

To support the relevance of the theme, we point out the strategy of the waiting room, as a tool to transform an idle moment, usually accompanied by anguish, anxiety and impatience, into an excellent opportunity for a relationship.

During the literature review, we observed the importance of implementing and consolidating the waiting room not only in the public sphere, but also in different health services. The transformation of the place into a critical/reflective space provides a welcoming environment for users, raising their needs and seeking to intervene with them and not just for them, thus contributing to the implementation of the principles and guidelines of the SUS.

Through the waiting room, good results can be evidenced in relation to health education, since the actions that must be developed are aimed at disease prevention, health promotion and recovery, providing a better quality of life for the population, as well as the exchange of information and knowledge between users, family members and professionals (TEIXEIRA E VELOSO, 2016).

In this context, the observation made suggests that the environment of the waiting room gives the health professional the opportunity to use it as a tool to provide a more humanized service and qualify the health services. Where knowledge of the real needs of the population will be allowed, as well as the search for solutions for a better quality of life.

For BRONDANI (2013), through the formation of health education groups, a problematizing dialogue can be intermediated,

aiming to promote the reciprocity of learning and teaching, focusing on the expanded conception of health, which is a relevant point in the waiting room.

It is worth emphasizing the need for permanent education actions to be carried out with health professionals, having as an axis the problematization of social reality and services, as well as the integration of

pedagogical, political and managerial aspects. The commitment of the management is fundamental for the success of the project, this can contribute to the true construction of politicized knowledge in health.

Therefore, these considerations lead us to rethink the concept of humanization in health with regard to issues involving education and health.

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