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Experience Report

The waiting room: a possibility of intervention in Workers' Health

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Abstract: Introduction: This study reported the experience of the reconfiguration of the waiting room of a Workers' Health Care public service linked to a University Hospital. Objective: The actions taken had the objective of transforming the waiting time for the development of health educational interventions, fostering the reflection on the work and the health-illness process by favoring users interactions. The intention was also to enhance their protagonism towards their health and to transcend the assistance actions offering a more diverse set of courses of action in the service. Method: The waiting-room project was structured in two phases: literature review on the worker´s health and the waiting room and development and implementation of the reconfiguration proposal. Results: In this phase, the starting point was the collecting of opinions about the waiting room that was held by structured interviews with users, companions, employees, and interns of the service. In 52 people interviewed, 71.2% answered that they would positively change something in the waiting room. The final elaborated proposal considered the possibilities of the environment and the service and the suggestions of the interviewees and the purposes of the waiting room reconfiguration. There has been a change in the layout of the chairs and discussion groups with users were held. Conclusion: This process is expected to highlight the potential of the waiting room and encourage the use of this space for the development of actions in other workers´ health services.

Keywords: *Occupational Health, User Embracement, Health Education, Occupational Therapy.*

Sala de espera: uma possibilidade de intervenção em Saúde do Trabalhador

Resumo: Introdução: Este trabalho relata a experiência da reconfiguração da sala de espera de um serviço público de Atenção à Saúde do Trabalhador vinculado a um Hospital Universitário. Objetivo: As ações realizadas tiveram como objetivo transformar o momento de espera em uma oportunidade para o desenvolvimento de ações de educação em saúde, promovendo a reflexão sobre o trabalho e o processo de saúde-doença a partir do favorecimento das interações entre usuários. Buscou-se ainda contribuir para ampliar o protagonismo desses em relação ao cuidado com a própria saúde e transcender a ações de assistência oferecendo intervenções mais diversas no serviço. Método: O projeto na sala de espera foi estruturado em duas etapas: revisão de literatura sobre saúde do trabalhador e sala de espera e desenvolvimento e implementação da proposta de reconfiguração. Resultados: O ponto de partida foi o levantamento de opiniões sobre a sala de espera, realizado por meio de entrevistas estruturadas com 52 usuários, acompanhantes, servidores e estagiários do serviço. 71,2% dos participantes responderam positivamente que mudariam algo na sala de espera. A proposta final considerou as possibilidades do ambiente e do serviço, as sugestões dos entrevistados e os propósitos da reconfiguração da sala de espera. Houve a modificação do das cadeiras e foram realizados grupos de discussão sobre saúde e trabalho com os usuários. Conclusão: Espera-se com a divulgação desse processo ressaltar as potencialidades da sala de espera e incentivar a utilização desse espaço para o desenvolvimento de ações em outros serviços de saúde do trabalhador.

Palavras-chave: *Saúde do trabalhador, Acolhimento, Educação em Saúde, Terapia Ocupacional.*

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1 Introduction

Workers´ Health is an interdisciplinary field aimed at the relationship between the work and the worker health and disease process (MINAYO-GOMEZ; THEDIM-COSTA, 1997). Its construction in Brazil began from the 1980s in the context of social movements in favor of the re-democratization of the country, problematization of spurious labor relationships and health reforms, culminating in the Federal Constitution of 1988 and the creation of the Unified Health System - SUS by the Organic Health Law 8080 of 1990 (RODRIGUES; SIMONELLI; LIMA, 2013).

The Federal Constitution of 1988 established in Article 200, the execution of workers' health actions as one of the attributions of SUS, defined by the Organic Health Law as a set of activities aimed at the promotion, protection, assistance, recovery and rehabilitation of workers' health and health education (BRASIL, 1988, 1990).

Other national regulatory references have contributed to this permanent process of consolidation of Workers´ Health in the context of collective health. The National Policy for Workers´ Health (BRASIL, 2012) is highlighted. Based on a societal basis, this policy aims at developing comprehensive health care for workers and defines the participation of the community, workers, and social control among its principles and guidelines. In this sense, the implementation of this policy should consider the articulation between the technical knowledge and the workers' knowledge and their knowledge with the institutional practices.

The National Workers´ Health Policy (PNSTT) seeks to contribute to the empowerment of workers for their health. Thus, it is in line with the guiding principles of the National Policy of Humanization of Health (PNHS) – especially in the valorization of the subjective and social dimension in health care, the construction of the autonomy and protagonism of the individuals and their co-responsibility in the health care and management processes. Also, this Policy emphasizes the ambience in health services, which consists of

> […] creating healthy, welcoming and comfortable spaces that respect privacy, promote changes in the work process and are places of meeting between people (BRASIL, 2013, p. 9).

The use of the waiting room is suggested as a strategy by several studies carried out in primary care, in specialized health care (sexually transmitted diseases/HIV-AIDS, oncology and workers´ health), emergency and day-care services to facilitate the community-service approach and the development of actions aimed at welcoming, prevention, promotion and health education (TEIXEIRA; VELOSO, 2006; RODRIGUES et al., 2009; PIMENTEL; BARBOSA; CHAGAS, 2011; ZAMBENEDETTI, 2012; SILVA et al., 2013, 2018; CHAN et al., 2015; CORSANO et al., 2015; POLETTO; MOTTA, 2015; ARAGÃO; UCHOA; GERMANO, 2016; BECKER; ROCHA, 2017; ALMEIDA et al., 2017; REID et al., 2017; NEGRÃO et al., 2018; CASTRO et al., 2018).

According to Teixeira and Veloso (2006), the waiting room present in most health services is public and dynamic territory, where several people who do not know and have no bond circulate and wait for care. In this meeting place, patients talk about their conflicts, anxieties, experiences, and feelings of anxiety, irritation, and expectations regarding the service attendance (TEIXEIRA; VELOSO, 2006; VERÍSSIMO; VALLE, 2006; NEGRÃO et al., 2018). These interactions favor the sharing of experiences and the emergence of social support to face the situations that motivated the search for the service. The possibility of social comparison also contributes to the reformulation of individuals' conceptions about health condition and its acceptance (COHN, 2000). For Almeida et al. (2017, p. 459), the waiting room is above all a "[…] public, solidarity, dialogue, and awareness education space, encouraging transformation and the exercise of citizenship".

However, this space is not usually occupied by health professionals, working in different services just as an area to wait for consultations (TEIXEIRA; VELOSO, 2006). However, assigning a space, the unique function of waiting is proof of the emptying of the senses of fertile environments for health interventions (SILVA et al., 2013). Different from monotonous environment, free of pleasures and novelties, the waiting room is a space for movement, meeting, and dialogue. This environment enables the sharing of personal stories, the exchange of knowledge and strategies for coping with suffering and difficulties and with the potential to stimulate changes in lifestyle (NEGRÃO et al., 2018).

This perspective is reaffirmed by Silva et al. (2018), when reporting an intervention performed in the waiting room of a Reference Center for Workers´ Health. The authors highlighted that this space is rich in production, construction, and reinvention of experiences, meanings, and knowledge. Conversation rounds on topics such as "work activity," "being

a worker," "violence," "support networks" and "work-health-illness relationship" enabled to break the silence that prevailed in the room and to create opportunities for problematization and sharing knowledge and information from each user's personal experience. The intervention provided the transformation of a space in which the worker was silent before his powerlessness with the illness and the precariousness of work, in a place where he had a voice, he was heard, where new bonds and affections were built, expanding the support offered by the service.

Therefore, this article aims to report the experience of the reconfiguration of the waiting room of a university public service for workers´health.

2 The Waiting Room Reconfiguration Service and Process

This experience report shows the reconfiguration of the waiting room developed at the Specialized Service in Workers´ Health of the Clinical Hospital of the Federal University of Minas Gerais (SEST/HC/UFMG) under the Extension Project Interdisciplinary Actions in Workers´Health, linked to the Occupational Therapy Department. The experience in the waiting room under the Extension Project created the research called "The Waiting Room: An Expansion of Workplace Health Intervention," approved by the Research Ethics Committee of the UFMG (CAAE: 71477217.2.0000.5149).

SEST/HC/UFMG is a reference for highly complex health actions, human resources training, and research (SILVEIRA et al., 2013). Currently, the service offers a variety of programs to assist the working population – such as the Performance Artist's Comprehensive Health Care Program (LIMA et al., 2016), the Rural Worker Care Program, and the General, Sleep, Pulmonology, and Mental Health Outpatient Clinics. Although the service is characterized as eminently medical (SILVEIRA et al., 2013), in some of the programs and outpatient clinics other professionals complete the team, such as the occupational therapist, psychologist, and musician.

The dynamics of outpatient clinics have consultations by medical residents and discussion of cases by the staff, ensuring the quality of care for workers and contributing to the training of human resources at undergraduate and graduate levels. Meanwhile, the users wait in the waiting room until they are called. This room is common for all programs offered by the service and is characterized by high turnover and diversity of people waiting due to the varied frequency the users return for follow-ups.

The waiting room space is large with two sets of eight chairs in two rows of four chairs each, facing each other. There is also a water fountain, two murals with institutional information and some pictures of flowerpots on different walls. Waiting at SEST/HC/UFMG depends on the number of scheduled appointments and the time for discussion of cases, but users generally remain in the service for about 4 hours.

Gasparini (1995) mentioned waiting as a gap but also a connection between the present and the future and between certainty and uncertainty, implying an expectation that an event will occur at a certain moment. In the context of service activities, waiting is considered as limiting the productive use of time or even a waste of it, resulting in an unpleasant experience. It is common for people to feel impatient, tired, stressed, moody, anxious, dissatisfied and disrespected by prolonged waiting - which is one of the biggest problems of Brazilian public health (PIMENTEL; BARBOSA; CHAGAS, 2011; GASPARINI, 1995).

During waiting time, some attitudes can be taken: to avoid it, to minimize it, or to accept it. When accepting it, it is desirable for waiting to be transformed at a more significant moment, with implications for spatial dimensions as conditions must be available for carrying out activities (GASPARINI, 1995).

Since waiting in the SEST/HC/UFMG is related to the service's logic working, the discussion began on how to turn this moment into an opportunity for the development of health education actions, promoting reflection on the work and the process of health-disease by favoring interactions between users. It was also sought to contribute to greater autonomy and protagonism, as advocated in the National Policy for Workers´ Health (BRASIL, 2012) and the National Policy for Humanization of Health (BRASIL, 2013). The expansion of service actions centered on assistance is another motivation for the proposition of the waiting room project.

Users, companions, servers, and interns of SEST/HC/UFMG participated in the project. Considering that this service shares the physical space with the Department of Occupational Health Care (DAST/UFMG), its servers were also included.

The action in the waiting room started in March/2017 and was structured in two stages. In the first stage, a bibliographic review on Workers´ Health and the waiting room was conducted, aiming to seek theoretical foundation and definition of

concepts. The second stage was the development and implementation of the SEST/HC/UFMG waiting room reconfiguration proposal and was structured into seven substages:

1. Discussion of the waiting room project with the SEST/HC/UFMG and DAST/UFMG staff for initial approval;
2. Opinions collection from users, companions, servers, and trainees of the services about the room and the waiting time;
3. Analysis of the opinions collected and preparation of an initial proposal for reconfiguration of the waiting room;
4. The proposal for reconfiguration validation of the waiting room with the services team and readjustment of it, considering the new suggestions of the participants;
5. Presentation of the final proposal for reconfiguration of the waiting room to the SEST/HC/UFMG and DAST/UFMG coordinators and approval of the changes;
6. Communication of the proposal for reconfiguration of the waiting room and the changes to be implemented to service users and companions;
7. Implementation of the waiting room reconfiguration proposal.

The opinions collection from users, companions, servers and trainees of the services about the room and the waiting time was conducted between May and August/2017 through structured and face-to-face interviews (PORTNEY; WATKINS, 2015). Thus, the extension project team - faculty and undergraduate students in Occupational Therapy - prepared a script based on the information relevant to foster actions in the waiting room. The research instrument had closed and open questions for socio-demographic characterization and collection of opinions about the room and the waiting time. Closed-ended questions included gender, age, education, profession, ties with SEST/HC/UFMG or DAST/UFMG, and also addressed "What do you think about this waiting room? (excellent, good, regular, bad and terrible)", "Would you change anything in this waiting room? (Yes or no)". Then, the two open questions were: "If so, what would you change?" and "What do you do during the waiting time?".

During the interviews, the service users and their companions were approached in the waiting room, and the servers and interns were approached in their respective places of activity. The purpose and benefits of the study were presented, and people were invited to participate. The participants were clarified that if he was not comfortable, he could stop answering any questions or interrupt the participation. As a structured interview, the questions and answer options were identified and presented to the participants in the same sequence (PORTNEY; WATKINS, 2015).

The data collected from the opinions were organized in spreadsheets using the MS Excel software. The answers to the closed questions were submitted to descriptive statistical analysis, considering totals and frequencies. The answers to the open-ended questions went through exploratory readings to be grouped, counting and calculating the frequency of the identified topics.

3 Collective Reconfiguration Construction and Implementation of the "new" Waiting Room

In the opinions collection about the waiting room/time, 52 people were interviewed, according to data presented in Table 1.

More than 50% of the participants were between 40 and 59 years old, and about 40% attended elementary school. These professionals were attorney, community health worker, artisan, administrative assistant, slaughter assistant, production assistant, hairdresser, trader, car dealer, housekeeper, student, founder, lantern, farmer, mechanic, military, miner, driver, musician, teacher, receptionist, general service assistant, electromechanical technician, mechanic technician and occupational therapist. Users who were unemployed or retired were also included.

Most participants, 57.7% (n = 30), rated the waiting room as "good," but 71.2% (n = 37) stated that they would change something in the waiting room, as shown in Table 2 that suggestions for changes are also presented. Table 3 shows what users and companions do during the waiting time.

After analyzing the collected opinions, a proposal was created to reconfigure the waiting room of the services, seeking to align the participants' suggestions and the project's objective. Thus, the proposal suggested: a) the modification of the arrangement of chairs, which were organized facing each other in two open circular sets, favoring the visual contact between users and social interactions; two chairs have been allocated in a separate area, offering

Table 1. Participant characterization.

Descriptive Categories	Participants *% of the total participants (n)*				
	Total (n=52)	users 65.4% (n=34)	companions 19.2% (n=10)	servers 13.5% (n=7)	interns 1,9% (n=1)
Gender					
Female	46.2 (24)	21.1 (11)	13.5 (7)	9.7 (5)	1.9 (1)
Male	53.8 (28)	44.2 (23)	5.8 (3)	3.8 (2)	0
Age (years old)					
20-29	17.3 (9)	11.5 (6)	3.8 (2)	0	1.9 (1)
30-39	13.5 (7)	7.7 (4)	1.9 (1)	3.8 (2)	0
40-49	30.8 (16)	21.1 (11)	1.9 (1)	7.7 (4)	0
50-59	21.2 (11)	11.5 (6)	7.7 (4)	1.9 (1)	0
60-69	11.5 (6)	7.7 (4)	3.8 (2)	0	0
70-79	3.8 (2)	3.8 (2)	0	0	0
80-89	1.9 (1)	1.9 (1)	0	0	0
Education level					
Incomplete elementary school	30.8 (16)	23.1 (12)	7.7 (4)	0	0
Complete elementary school	9.7 (5)	9.7 (5)	0	0	0
Incomplete high school	1.9 (1)	1.9 (1)	0	0	0
Complete high school	21.1 (11)	115 (6)	5.8 (3)	3.8 (2)	0
Incomplete higher education	7.7 (4)	5.8 (3)	0	0	1.9 (1)
Complete higher Education	19.3 (10)	9.7 (5)	5.8 (3)	3.8 (2)	0
Postgraduate studies	9.6 (5)	3.8 (2)	0	5.8 (3)	0

Source: Study data. Prepared by the authors.

Table 2. Waiting room assessment.

Waiting Room Assessment Questions	Participants *% of the total participants (n)*				
	Total (n=52)	users 65.4% (n=34)	companions 19.2% (n=10)	servers 13.5% (n=7)	interns 1.9% (n=1)
What do you think of this waiting room?					
Excellent	26.9 (14)	21.1 (11)	3.8 (2)	1.9 (1)	0
Good	57.7 (30)	30.7 (16)	13.5 (7)	11.5 (6)	1.9 (1)
Regular	15.4 (8)	13.5 (7)	1.9 (1)	0	0
Bad	0	0	0	0	0
Terrible	0	0	0	0	0
Would you change anything in this waiting room?					
Yes	71.2 (37)	40.4 (21)	17.3 (9)	11.5 (6)	1.9 (1)
No	28.8 (15)	25.0 (13)	1.9 (1)	1.9 (1)	0
If so, what would you change?	**(n=37)**				
To put a TV	54.05 (20)	18.9 (7)	16.2 (6)	16.2 (6)	2.7 (1)
To put candies, snack, coffee and glasses	43.2 (16)	29.7 (11)	8.1 (3)	5.4 (2)	0
To make materials available for reading	35.1 (16)	21.6 (8)	5.4 (2)	5.4 (2)	2.7 (1)
To change the arrangement of chairs	8.1 (3)	2.7 (1)	0	2.7 (1)	2.7 (1)
To change the way you call the patient	5.4 (2)	2,.7 (1)	2.7 (1)	0	0
To install outlets	5.4 (2)	2.7 (1)	2.7 (1)	0	0
To provide Wi-Fi signal	5.4 (2)	5.4 (2)	0	0	0
To put on background music	5.4 (2)	2.7 (1)	0	2.7 (1)	0
To install fans	2.7 (1)	2.7 (1)	0	0	0
Waiting Room Activities	2.7 (1)	0	2.7 (1)	0	0

Source: Study data. Prepared by the authors.

Table 3. What users and companions do while waiting.

Waiting Room Assessment Questions	Participants % of the total participants (n)		
	Total (n=44)	users 65.4% (n=34)	companions 19.2% (n=10)
What do you do during the waiting time?			
I talk with companions or other users	31.8 (14)	25.0 (11)	6.8 (3)
I use the cellphone	29.5 (13)	15.9 (7)	13.6 (6)
I just wait	20.4 (9)	20.4 (9)	0
I take a nap/sleep	20.4 (9)	15.9 (7)	4.5 (2)
I study, read	18.18 (8)	15.9 (7)	2.3 (1)
I use the toilet and water cooler	9.1 (4)	9.1 (4)	0
I walk in the area	4.5 (2)	4.5 (2)	0
I look at the consultation papers	2.3 (1)	0	2.3 (1)
I do word search	2.3 (1)	2.3 (1)	0
I go down to have a snack	2.3 (1)	0	2.3 (1)

Source: Study data. Prepared by the authors.

option for users and/or companions who want more privacy; b) available informative materials on topics related to Occupational Health for reading; c) installation of a television to disseminate videos on different topics; d) proposition of activities in the waiting room.

This proposal was presented at a meeting in October 2017 attended by SEST/HC/UFMG faculty and residents and DAST/UFMG linked servers. The most viable changes at the moment were discussed, considering the suggestions of the interviewees, the purposes of the reconfiguration of the waiting room, the possibilities of the environment, the material and financial resources of the services and their organization of work.

The installation of a television, the main change pointed out in collecting opinions, would be a visual resource for health education intervention; however, it was evaluated that this could inhibit interactions between users in the waiting room, as well as resources that would encourage the use of personal electronic devices, for example, outlets and Wi-Fi signal. Thus, such suggestions were understood as not contributing to the goal of reconfiguring the waiting room. The ambient music and the daily management of the electronic device were understood as impacting the work activity of the technical-administrative servers. The offer of a snack/coffee/candies and glasses was assessed as unfeasible due to the need for unavailable financial resources in the services.

Thus, after discussing with the team, the proposal for the reconfiguration of the waiting room was readjusted to include three feasible changes for implementation: 1) modification of the waiting room layout - chairs arrangement; 2) provision of informative materials for reading; and 3) proposition of activities in the waiting room. The final proposal was then presented to the coordination of services at another meeting also held on October 2017 and was approved.

Before actually initiating this reconfiguration, the servers, users, and companions of the services were informed of the anticipated changes. The first change was the layout of the room when people were invited to continue contributing suggestions for the modification of the environment. For that, a poster was posted on an existing mural in the waiting room informing that space is in the process of being changed, with blank papers and an email address available so people could give their opinion about the (new) waiting room.

Center for Epidemiological, Environmental and Worker's Health - Regional Health Superintendence of Minas Gerais provided the second change of having informative materials on topics about Workers' Health. The service also had pre-made leaflets addressing Musician Health issues, and the main audience served by the Performance Artist's Comprehensive Health Care Program. It was anticipated that other materials could still be produced by project members addressing diverse and current issues as the interests of users. These materials would be available in a magazine rack type, positioned between the sets of chairs in a visible and easily accessible place.

The provision of informational materials aimed to favor access to information and act as

a trigger to promote interaction between users. The contents of these materials could be discussed in waiting room activities with the Extension Project team and service professionals. However, after some discussions and consultations with the Hospital Epidemiological Surveillance Center, the circulation of materials among users could be a source of contamination, compromising prevention, and control measures adopted within the health services. Therefore, this proposal was unfeasible as it is not possible to ensure that the users take the materials.

Finally, the proposed waiting room activities had discussion groups in the second semester of 2018. This activity was weekly during a week period in which two outpatient clinics were attended simultaneously. The objective was to offer a moment of welcome and listening, in which workers could talk about the reason for seeking the service and the process of illness. The groups had an average duration of 45 minutes and participated from 2 to 3 users. This approach allowed the worker-users a moment of reflection, allowing them to adopt a critical position regarding the illness recognizing the centrality of the work in this process. This strategy also allowed the reception of anxieties generated by work-related illness. The discussion was open to workers in the waiting room who wanted to participate. Participation could be interrupted if the scheduled time started. The groups were coordinated by occupational therapists who encouraged the involvement and participation of other service professionals to ensure that the actions are interdisciplinary.

4 Discussion

This study enabled to know the opinions of users, companions, servers, and interns of SEST/HC/UFMG and DAST/UFMG about the waiting room of services and start reconfiguring this environment to develop health education actions.

The waiting room of the services was assessed as excellent or good by 84.6% of participants; however, more than 70% said they would make changes in the environment. This result suggests a contradiction between the low demand of users regarding public services while identifying aspects that can be improved in health care, also related to the characteristics of the participants, for example, having low education that reflects the socioeconomic conditions.

The layout of the chairs was changed and discussion groups in the waiting room were carried out. Cohn (2000) pointed out that the chairs in waiting rooms are usually arranged in rows, which minimizes eye contact and the potential for interaction, an aspect that was sought to avoid changing the arrangement of chairs. According to Veríssimo and Valle (2006), communication in the case reported, favored by the new layout and groups, providing the expression and elaboration of feelings related to the disease with other individuals who experience such circumstances, alleviating suffering.

In the workers´ health field, more specifically, the sharing of experiences among workers contributes to the understanding of the impact of work on the health-disease process and the reality transformed (MINAYO-GOMEZ; THEDIM-COSTA, 1997). During informal dialogues with the service servers, they reported greater social interaction and fewer napping/sleeping individuals after changing the layout of the waiting room.

The discussion groups in the waiting room enable health education actions, the exchange of experiences and enables collective thinking about how to live better in a given situation (VERÍSSIMO; VALLE, 2006). In the workers´ health field, health education equips the individuals for the development of critical thinking about the organization and conditions of work and how this reflects on their health.

The interaction between users, professionals and residents of the services contributed to the meeting of technical and popular knowledge, as well as the autonomy and protagonism of workers, providing conditions for them to be active on their health, as recommended by the principles of PNSTT (BRASIL, 2012) and the PNHS (BRASIL, 2013). The interaction between scientific and popular knowledge encourages the involvement and changes in attitudes of the individuals, both in the workplace and in the basic activities of daily living (SILVA et al., 2013).

Although some changes reveal the availability of services to improve attention to workers throughout the process of reconfiguring the waiting room, the different logics that permeate the services, the organizational structure, and the work dynamics already consolidated constrain the possibilities of modifications desired by the

users. Thus, permanent negotiations are being carried out to make each change happen. In the study by Beckwith, Jean-Baptiste and Katz (2016), administrative constraints and infrastructure issues were observed as hindering service transformations.

However, the receptivity and involvement of the multi-professional services team in the discussions and referrals related to the waiting room need to be highlighted. The participation of different team professionals is essential to enhance and continue the actions initiated, as well as the construction of articulations with other services, and workers' representation organizations that can occupy the waiting space, as suggested also by Silva et al. (2018).

The waiting room is becoming a place to bring community and health services closer together, as well as ambience. The changes included in the reconfiguration proposal transformed the experience of waiting and provided humanized care, a welcoming that begins before the office entrance and the improvement of the user/system/health worker interrelationship, aspects discussed in the PNHS (BRASIL, 2013; RODRIGUES et al., 2009). The actions being developed have also expanded the possibilities of intervention in Workers´ Health, aligning with the PNSTT (BRASIL, 2012), as well as contributing to a closer approach between the services involved sharing the same space.

In the Workers´ Health field, the actions developed in the waiting room open an opportunity for the construction of new social support bonds and the breaking of the silence that prevails in work relationships, observed in the waiting room, as also highlighted by Silva et al. (2018). Due to the precariousness and weakening of employment relationships, and the feeling of helplessness of workers in the health-sickness-work process, they do not find spaces to dialogue with their bosses and peers about the difficulties, illness, and suffering related to their work and to reflect on how to transform this reality.

The organization of the waiting room to favor welcoming and interaction, and the holding of groups with users, stimulate the reflection on work activity and the recognition of its relationship with the health and life of workers. Thus, it enables the sharing of strategies and experiences and access to information aimed at health promotion and the re-meaning of work. In this sense, the service acts to facilitate the expansion of the support offered and, above all, contributes to the strengthening of the workers' organization that has been weakened by the ongoing political and social changes.

5 Final Considerations

The users in Brazilian public health services often complain about prolonged waiting and the lack of conditions to provide an effective reception. However, when the service conciliates a dual function of training and assistance, as is the case of SEST/HC/UFMG, offering excellence in the activities performed, it may not be possible to optimize the waiting time, and the development of strategies to re-meaning it is an alternative. In this sense, the reconfiguration of the waiting room in services has proved to be an opportunity to transform the waiting experience, integrating the principles of PNSTT and PNHS that concern the participation of workers, construction of autonomy and protagonism of individuals and ambience.

The limitations of the experiences reported in this study include the difficulties regarding the acquisition of resources that could be available in the waiting room, institutional restrictions considering the hospital context and the reduced number of participants who joined the activities in the waiting room. The appointments made in the SEST/HC/UFMG are scheduled, and the operation of the different programs and outpatient clinics is interspersed on weekdays, so not many appointments are scheduled in each period of the day.

However, the changes in the layout of the waiting room and the groups performed contribute, especially, to the implementation of PNSTT as these actions favor the appreciation of the workers' experiences and subjectivity, the facilitation of access to information, the protagonism of users in the care with their health and the modification of work activity, and the quality of care to the health user of the SUS, as recommended in the principles, guidelines, objectives and strategies of this policy.

The dissemination of this experience is expected to give visibility to the potentialities of the waiting room and to encourage the use of this space for the development of actions in other services in the Workers´ Health field. It is also intended to encourage the dissemination of other actions in the waiting room, which may be evaluated in future research.

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Author's Contributions

All the authors contributed to the writing and review of the text. The data analysis was performed by the authors Valeska Martins Amaral Melo, Thays Cristine Silva, Gisele Beatriz de Oliveira Alves, and Talita Naiara Rossi da Silva. Valeska, Thays, Gisele, Tarcisio, Jandira, and Talita worked on planning and carrying out the project activities reported in the article. All the authors approved the final version of the text.