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## THE AMBIENCE AND ITS HEALTH CUSTOMER ASSISTANCE

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Abstract: Today, we have an increasingly demanding consumer customer who is aware of their rights. In the health sector, the care process is standardized so that the customer is limited to posting his criticisms and impressions in the support and service services. It is known that the environment influences the emotional and physical state of the human being, so providing a welcoming and healthy environment will contribute to the healing process; this is where the hospital hospitality sector became essential, for developing actions for the safety and comfort of those who use the institution. And the human being through the sensorial system can perceive, interact and respond to the stimuli provided by the environment. The environment, in turn, transmits its message through non-verbal communication and is composed of the physical area, equipment, clothing and the language used by the group that interacts with customers. Then we asked how the ambience assists the hospital client. In order to answer this guiding question, we developed an integrative literature review with the objective of listing the contributions of the hospital environment in customer care. After an integrative literature review, we performed a qualitative data analysis. We chose as a sample reputable books on the subjects: hospital hospitality; humanization and communication in nursing with a focus on the research descriptors. We discuss relationship between the hospital hotel service and the health client and the communication between the environment and the health client. And after analyzing the collected data, we concluded the environment influences the client, through non-verbal communication. It is possible to clearly observe that the environment is inserted in the communication process; as a physical space where messages are exchanged, capable of arousing feelings and sensations in your client. When ambience is developed in this physical space, it collaborates with the healing process.

**Keywords**: Hospital Hospitality, Environment, Communication, Assistance the health.

## INTRODUCTION

We have observed a consumer customer increasingly demanding and aware of their rights, in the health sector, as they generally do not know the care process, they launch their criticisms and impressions of the support and care services provided. For many years these areas of the hospital were stagnant and this extended to the architectural design and its physical aspects (BOEGER, 2017).

The effect of the environment on the emotional and physical state of the human being is known, so providing a welcoming and healthy environment will contribute to a healing process in the shortest possible time and the patient's cooperation results in the mutual satisfaction of who receives the treatment and who execute; The internal environment of the health service needs to contribute to medical treatment and not be an aggravating factor in the health/disease process (GODOI, 2008).

In hospital hospitality, actions are developed for the safety and comfort of those who use the institution. However, the health customer cannot choose all the products that he will enjoy (MORAES; CÂNDIDO; VIEIRA, 2004).

As for the client, he is a being capable of perceiving facts and acts from his sensory system, which is responsible for the exchange of information between the environment and the client. When properly combined with services that arouse the sensory organs in a positive way, it is possible to build a healthy environment, with humanized treatment, accelerating healing and alleviating suffering (REIS, 2013).

The environment, on the other hand, has its own symbology and conveys a message, consisting of the physical area, equipment, clothing and the language used by the group that assists customers (KURCGANT; MASSAROLLO, 2022).

It is not possible to separate the psychological from the physiological when it comes to being human, recovery often depends more on the psychological; so when the emotional side is under stress, the client's recovery will depend on how they feel during their stay. The unknown environment can cause you fear, sadness and fragility (GODOI, 2008).

In order to change the image of hospitals, many managers are bringing innovations to their institutions that minimize difficult moments, making the hospital customer's stay more pleasant, since people will never be happy to be in a hospital, but the aversion can be reduced (TARABULSI, 2003).

Despite the various changes that have been taking place, hospitals are still seen by a portion of the population as a cold and impersonal place, due to the distance between the client and the professional; this distancing is developed due to the risks for infection, contagion of diseases, daily living with death and the need not to get emotionally involved with the patient to perform the activities necessary for the treatment. (GODOI, 2008).

Here we ask how the ambience assists the hospital client. In order to answer this guiding question, we developed an integrative literature review with the objective of listing the contributions of the hospital environment in customer care.

## THE HOTEL SERVICE AND THE HEALTH CUSTOMER

Hospital hospitality is the introduction of hotel techniques, procedures and services in hospitals with the purpose of bringing social, physical and emotional benefits to patients, families and employees. In order to develop a good hospital hotel, financial resources are needed to acquire equipment, hire employees and develop new services (GODOI, 2008)

The hygiene issues of the places, waste and linen are the responsibility of the hotel service as this department aims to provide a good hospital environment. Thus, it must work in harmony with care services and in partnership with the hospital infection control department (BOERGER, 2017).

Investing in hospital hotel services provides the humanization of the environment by tidying and adapting the places; with plants scattered throughout the social areas, places for reading, areas with toys and music (TARABULSI, 2003).

Godoi (2008) defined humanization as the action of making the service to the needs of patients, companions and employees sensitive, through actions that aim to positively transform the hospital environment. The humanization of care depends exclusively on human actions, motivated by the desire to change the hospital's internal environment; and this motivation can be stimulated by the behavior adopted by the service management, for example, when it invests in the physical part of the hospital, giving a feeling of comfort and welcome to everyone who makes use of the place.

Moraes; Candid; Vieira (2004) differentiates between hospital and hotel:

- **Hotel:** establishment that receives generally healthy people to spend a season. The person can choose the establishment that pleases him.
- **Hospital:** establishment that houses people for temporary treatment. The person does not go by choice, but by necessity.

Boeger (2017), deals with some concepts that are interesting for our research:

• Ambience - is an item of hospital humanization; it is the role of the hospital hotel service through services offered by hotels to provide comfort and security to the customer. Ambience is defined as the suitability of a space; attention to small details, which makes the place pleasant, functional and safe; providing quality customer care.

The national humanization policy conceptualizes ambience as solutions developed in the physical and/or social space capable of promoting adequate reception to all agents involved in the care process. (HEALTH, 2013).

The change in the physical appearance of the environment impacts customers who are delighted and safe; welcoming gives another approach to the reality of hospitalization. The objective of bringing to the hospital some characteristics of hotels with changes and inclusions in architecture, techniques and services is to minimize the discomfort of customers and provide a more pleasant stay (MORAES; CÂNDIDO; VIEIRA, 2004).

• Hospitality: Act of receiving and hosting in a satisfactory way. To create an environment with hospitality, the relationship between people must flow with quality. In order to develop good hospitality, it is necessary that three agents are interacting with each other. The environment, with the physical structure of the place (floor, uniform, furniture). The work process, which is the way in which the institution develops its work with flows, protocols and routines of the place. And people, through team leadership, correct sizing of employees, individual skills, training and others.

Patients and companions who are treated as guests, as soon as they arrive at the hospital, change in relation to the expectation they had when knowing that they would need to be hospitalized (MORAES; CÂNDIDO; VIEIRA, 2004).

It is known that society has to live with new and old diseases; is constantly victimized by them; because situations such as epidemics, endemic diseases, traffic accidents and a high level of violence have demanded a lot of expenses with health, whether public or private; despite technological development, which allows for faster and more accurate treatment, hospitals and clinics are still crowded, with patients and staff who are often dissatisfied; hence the importance of hospitality developed by the hospital hotel service. For this hospitality to be put into practice and felt by everyone who uses the health service, it is necessary to develop the process of humanization of care within the company (GODOI, 2008).

When we talk about hospitality, we can also include cafeterias and canteens installed in hospitals, which distil the aroma of coffee, a very familiar product (REIS, 2013).

Within the concepts that we saw added to the knowledge of other colleagues who dealt with the same subject; we can still enrich our research by presenting more content found about the environment transformed by hospital hospitality that benefits from customer assistance.

Tezza (2008) reflects on welcoming and says that it is not just communication between people; it is also structural, that is, it permeates the material conditions of the health institution, such as access ramps, a place for parking vehicles, sidewalks without steps, visible and clear signs and information, waiting rooms that allow comfort to the client, private offices and sanitized among other facilities in the organization of the service.

Boeger (2017, p. 43) says that "through the setting, the client must feel welcomed, safe and calm, sensations that will result in wellbeing, stress reduction and, consequently, a faster improvement".

Godoi (2008) adds some items that include the setting of the chromotherapy service, greater use of natural lighting, variable menu with choice, internet access, comfortable armchairs.

We could not discuss the environment in health care without including the legendary Florence Nightingale, identified as the pioneer in starting scientifically based nursing, and who valued the importance of environmental factors that would be favorable in the process of caring and living healthy, such as: ventilation, cleaning, lighting, heat, noise, odors and food, in the patient's recovery process (BOEGER, 2017).

With the arrival of Resolution (RDC) n. 50 of the National Health Surveillance Agency - Anvisa - hospitals had to undergo architectural changes and projects and develop environments which suited the requirements of the law, in order to respect the technical standards that had not existed until then. These norms contemplated technological the necessary amount innovations, services provided and concern for care with the hospital environment in the control of infections. In this process of changing hospitals with emerging legislation, hospital hospitality gained visibility, becoming an essential hospital department and its services became technological and more active in the well-being of the client. Within the Hospital Hospitality service, we have the humanization of care (BOEGER, 2017).

Godoi (2008). recalls that when the hotel industry is inserted in the hospital environment, it brings the vision of other professionals such as architects and interior designers, to transform the environment; changing from a cold and heavy climate with the traditional smell of a hospital, to a bright environment, naturally lit, with gardens and colors; this transformation transmits information to patients, companions and

workers in a healthy, reliable and peaceful space.

Architecture plays a fundamental role in the hospital, there are adaptations in the environment that are essential; the project needs to replace stairs with ramps, have spaces open to ventilation. For the health service to improve its service and remain in the market, knowledge in technology and equipment is not enough; have to invest in humanizing people and the environment. This is an important technological tool (TARABULSI, 2003).

The quality of hospital facilities and accommodation influences the clientele. Most medical care is standardized and can be found in any qualified health service; so the quality and comfort of the structure of the place make the difference in choosing the place for treatment (GODOI, 2008).

## COMMUNICATION BETWEEN HEALTH ENVIRONMENT AND CLIENT

Communication is the process of understanding and sharing messages sent and received, considering that the understanding of these messages influences the behavior of the people involved. Through communication, it is possible to transmit information, feelings and emotions, in addition to influencing attitudes (LEÃO, 2010).

The environment where the patient receives assistance influences their behavior and wellbeing, this place is defined as a therapeutic environment consisting of physical facilities, accommodations, institutional standards and humanized care of the multiprofessional team (FORTES, 2018).

This therapeutic environment is the physical area where oral communication takes place; being important in the process of transmitting the message, since it is part of non-verbal communication (MARQUIS; HUSTON, 2015).

Physical facilities must convey a message of safety regarding exposure to physical (mechanical, thermal and radioactive), chemical, biological and accidental agents, adopting mobility conditions, with adequate architectural projects for the clientele and creating a cozy and comfortable environment (FORTES, 2018).

The patient/client is a complex being, who is inserted in a social and family context, which is influenced by physical and psychological aspects, interacts with the environment and responds to it. Therefore, the way of welcoming them in the hospital environment makes all the difference in the continuity of care (REIS, 2013).

It is known that communication occurs two levels: verbal communication and non-verbal communication. In communications there is at least one sender, one receiver and one message; there is the mode or means by which the information is sent: spoken, written or non-verbal. There is also the internal climate, which includes values, feelings, temperaments and stress levels, and the external climate, such as weather conditions, temperatures, noise, luminosity, which will influence the message sent and received (MARQUIS; HUSTON, 2015).

The change in the physical appearance of the environment impacts customers who are delighted and safe; welcoming gives another approach to the reality of hospitalization (MORAES; CÂNDIDO; VIEIRA, 2004).

The human being responds to internal and external stimuli from his sensory system, that is, his sense organs; who receive the stimuli and organize themselves to respond by verbal and non-verbal communication. In our development process, we build a network of interaction between perception, motor skills and language that, combined with our experiences, make us individuals in eternal

adaptation. Reis (2013) explains about the sensory organs:

- The skin (touch) with it we feel the outside world, temperature variation, pain, affection. Touch is capable of manipulating and coordinating actions; Touch is one of the most important senses when thinking about hospitality, in it we can think about the comfort provided by the furniture that the patient will use, stretchers, mattresses, pillows, chairs.
- Smell is our ability to smell things and places, it allows us spatial orientation when it brings us memories and associations. Many memories come through smell. Attention to cleanliness and cleanliness is essential in the hospital environment, dormitories cannot have strong smells.
- Taste is what we feel when we inhale, ingest and absorb. Taste is closely linked to smell; it can also bring positive sensations or not.
- **Hearing** capturing sound waves, we interpret voices, noises, noises and music that refer us to meanings and emotions. With it, we are aware of what is going on around us and develop response strategies. Sounds, phones, conversations provoke different emotions. There are times when the patient needs silence.
- **Vision** is the sense of space, responsible for our impressions, construction and transmission of meanings and reception of visual information.

When we relate the environment to communication, we first need to have clarity of each type of communication. Marquis; Huston (2015) divides verbal communication into three types:

- Written communication: these are written messages that enable documentation, are open to various interpretations and require clear writing from the sender.
- Face-to-face communication: these are oral messages, they are usually quick, but they

can reach fewer people than necessary. This communication can be formal or informal.

• **Telephone communication:** a phone call delivers an oral verbal message quickly and usually for clarification or a little information.

Takahashi (1991) defines some non-verbal languages that serve for communication:

- **Sign languages:** there are signs that are worldwide conventional such as traffic **and** deaf-mutes.
- Language by actions: Which are the body movements and the movement of the hands.
- Language by objects: these are when objects by themselves convey a message.

According to Leão (2010), it is estimated that 7% of thoughts are transmitted by words, 38% by paralinguistic signals and 55% by body movements. It divides non-verbal communication into three types:

- **Kinesics:** which is the study of body movements, face signals, body postures that are adopted when the sender is transmitting the message to the receiver.
- **Proxemics:** focuses on how people use and interpret the physical space between sender and receiver during communication.
- Tacesic: concerns touch; which can be analyzed according to intensity, location, frequency and sensation. Touching during care may be associated with a task, while performing procedures, or be affective, to show concern.

Non-verbal communication indicates the emotional components of the messages and therefore they are more accepted and absorbed by the receiver. There are elements that are part of this communication. They are space (distance between sender and receiver); The environment (place where communication takes place); the appearance of the issuer; posture; gestures and vocal expression. There are also those who say that without visual contact there is no communication (MARQUIS; HUSTON, 2015).

For a better understanding of the essential elements of non-verbal communication, follow the table.

COMPONENTS OF NON-VERBAL COMMUNICATION	DEFINITIONS
SPACE	DISTANCE BETWEEN TRANSMITTER AND RECEIVER
ENVIRONMENT	PLACE WHERE COMMUNICATION OCCURS
APPEARANCE OF THE ISSUER	POSTURE GESTURES AND VOICE EXPRESSION

Source: Adapted from Marquis; Huston (2015).

Fortes (2018) adds that a pleasant physical space with a calm environment facilitates communication in its various forms and the relationship between people.

The interaction of improvements in the physical hospital space with the human sensory system provides safe, comfortable and efficient environments. We have as an example the color that can be stimulating or reassuring and calming; the light that, when low, allows the eyes to rest and the brightness brings a sensation of space and energy; clear and objective signage facilitates locomotion, conveys confidence to patients and favors the work of professionals. An organized infrastructure, with a welcoming aesthetic, comforts and gives a good impression. (REIS, 2013).

#### **METHODOLOGY**

This is an integrative literature review with qualitative data analysis. We opted for reputable books in the research subjects: hospital hospitality; Humanization; communication in nursing. The collection was carried out between November 2021 and March 2022; 04 hospital hospitality books were found; 05 of

nursing; 03 on humanization in health and 01 article on integrative review to support the chosen methodology.

An integrative review is defined as an analysis of relevant research that allows for safe decision-making, which will help in clinical practice. As a result of this review, there is a synthesis of knowledge on a given subject and points out gaps to be researched (SOUZA; SILVA; CARVALHO, 2010).

- 1) First stage: the guiding question of the research was defined: we asked how the environment assists the hospital client.
- 2) Second stage: the inclusion criteria were established: we searched for samples in hospital hotel books; humanization and nursing, in search of material on the research descriptors: hospital hospitality; environment; communication and health care.
- 3) Third stage: the chapters that explain hospital hospitality were segregated; environment; communication and health care. As an inclusion criterion, the content must give us a basis that will answer the guiding question and thus achieve the proposed objective.
- 4) Fourth stage: we performed a qualitative analysis of the content of the selected sample, seeking answers to the guiding question that drove the research.
- 5) Fifth stage: interpretation of results in order to reach the proposed objective.
- 6) Sixth step: presentation of the integrative review, through a synthesis of the acquired knowledge that brings answers to the guiding question and reaches the objective of this research.

### **CONCLUSION**

The patient, a complex being, who is inserted in a social and family context, who is influenced by physical and psychological aspects, interacts with the environment and responds to it. Therefore, the way of

welcoming them in the hospital environment makes all the difference in the continuity of care (REIS, 2013).

It is known that even investing in technologies, technical knowledge, hospital physical structures, if there is no hospitality and care for patients, the success of the proposed treatment is compromised. Adding value to the hospital's internal environment by offering services that would previously be just hotels has shown great value in the customer's perception of the quality of the service provided and, on the other hand, the patient tends to contribute to the process of self-delivery to professionals, and the result is usually positive with the improvement and discharge within the foreseen period (GODOI, 2008).

The success of the hotel industry lies in the humanization of the environment; with efficient services that please the consumer; sectors with soft colors, bright places, pleasant temperature, well-groomed plants and motivated professionals (TARABULSI, 2003).

Knowing that sensory perception is a complex and interconnected system of the human being, we concluded that the greater the positive stimulation of these stimuli, the greater the feeling of coziness and tranquility, which is why hospitals have been undergoing physical adaptations, with a view to successful treatments. implemented (REIS, 2013).

From this integrative review, we raised the contributions of ambience to customer care and we will report them in 4 of the 5 senses existing in the human being, which we have already discussed in this research; and thus we arrive at the proposed objective.

Through the skin (touch) through a pleasant temperature in the environment; for the comfort provided by the adaptations to the physical areas, furniture and accessories such as stretchers, pillows and mattresses.

By smell in cleaning, with odor-free environments and pleasant smells. And in the pleasant and pleasant smell of the food available.

For hearing with an environment free of noise or constant noise. You can also use pleasant music to soothe or entertain. And at opportune times a quiet environment is necessary.

For the vision in the use of warm colors, in the combinations of furniture, decorations and ornaments. Not to mention the feeling of security that is transmitted to the customer when he sees an environment with adjustments that meet his needs.

In view of all that has been exposed, we have seen how the environment influences the client, through non-verbal communication. It was possible to clearly observe that the environment is part of the communication process; being a physical space where the exchange of messages takes place, capable of awakening feelings and sensations.

Providing ambience actions in this physical space is the differential in the customer assistance process, as it increases the quality of the service provided; conveys security and tranquility for those who perform the care and for those who receive it.

#### **REFERENCES**

BOEGER, Marcelo. Hotelaria Hospitalar: Implantação e Gestão. Curitiba: Intersaberes, 2017.

FORTES, Julia I. O atendimento de Saúde. In: Kawamoto, Emília E. **Fundamentos de Enfermagem**. 3ª edição; Rio de Janeiro: Guanabara Koogan,2018.

GODOI, Adauto F. Hotelaria Hospitalar E A Humanização No Atendimento Em Hospitals: 2 ª ed. São Paulo: Íconi,2008.

KURCGANT, Paulina; MASSAROLLO, Maria C. K. B. Cultura e Poder nas Organizações de Saúde. In: Kurcgant, Paulina. (*org.*) **Gerenciamento em Enfermagem**. 3ª edição, Rio de Janeiro: Guanabara Koogan,2022.

LEÃO, Eliseth, R. Boas Práticas de comunicação em enfermagem. In: VIANA, Dirce, L. (*org.*). **Boas Práticas Em Enfermagem**. São Caetano do Sul/SP: Yendis, 2010.

MARQUIS, Bassie; HUSTON, Carol J. Administração e Liderança em enfermagem. 8ª edição; Porto Alegre: Artmed, 2015.

MORAES, Ornélio D. de; CÂNDIDO, I; VIEIRA, Elenara V. de. Hotelaria Hospitalar: um novo conceito ao cliente da saúde. Caxias do Sul, RS: Educs, 2004.

REIS, Fernanda. Humanização na Saúde. Rio de Janeiro: DOC, 2013

SAÚDE, Ministério da. Política Nacional de Humanização. 1ª edição. Brasília/DF, 2013.

SOUZA, Marcela T. de; SILVA, Michelly D. da; CARVALHO, Rachel de; Revisão Integrativa: o que é e como fazer. Disponível em: scielo.br/j/eins/a/ZQTBkVJZqcWrTT34cXLjtBx/?format=pdf&long=pt. Acesso em 12 de nov. 2021.

TAKAHASHI, Regina, T. Sistema de Informação em Enfermagem. In: KURCGAT, Paulina, (org.). Administração em Enfermagem. São Paulo: EPU,1991.

TARABOULSI, Fadi A. Administração de hotelaria hospitalar: serviços aos clientes, humanização do atendimento, departamentalização, gerenciamento, saúde e turismo. São Paulo: Editora Atlas,2003.

TREZZA, Eder. Humanização da Atenção à Saúde: Do discurso à Prática. Petropolis, 2008.