

EXPERIENCE OF A BRAZILIAN MUNICIPAL HOSPITAL IN THE IMPLEMENTATION OF A SIGNALING PROJECT

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Abstract: Introduction: Over the years, hospitals have become increasingly complex structures that need continuous improvements to meet the purpose of offering safe, efficient and at the same time humanized care. In these environments, it is essential that signage is well planned and executed to better guide and welcome its users and employees. The objective of this work is to report the implementation process of a hospital signage project in bilingual mode in a Brazilian municipal hospital. **Method:** This is a descriptive study aimed at reporting the experience of implementing a signaling project in a Brazilian municipal hospital. The project was started and developed throughout the year 2020. First, a situational diagnosis was made, noting that the pre-existing building identification was quite precarious and contributed to visual pollution. Then, the mapping of the territory was carried out, identifying the points and sectors to be signaled and then, how the signaling would take place was defined, in order to contemplate the specific needs of the teams and services. Finally, the design was chosen, taking into account the objectivity and clarity of the information, and then the materials were installed in the sectors. **Results:** The work teams noticed a significant improvement in the appearance of the environments, which became more organized and welcoming, both for the professionals in attendance and for patients and their companions. **Conclusion:** The lived experience brings a reflection on the importance of the hospital environment. Through simple measures, it is possible to improve the experience of professionals and users within the public health service. In this context, it is possible to envisage, for the near future, even more inclusive communication models such as the systems in Braille, trilingual translation and the *Wayfinding* model, for example.

Keywords: Hospital signage. Visual communication. Hospital building identification.

INTRODUCTION

The Ministry of Health defines a hospital as “an organization whose basic function is to provide comprehensive, curative and preventive medical care”. The word hospital comes from the Latin “*hospitalis*” and “*hospitium*”, which designates the place where pilgrims and patients were housed, that is, a place of reception (MARTINS, 2022).

More recently, the hospital environment has constituted a network centered on the delivery of health care ideally based on efficiency and effectiveness combined with humanized care. For this, it is necessary that institutions are continuously seeking improvements in care processes, adding technologies and knowledge, aiming to deliver a high quality and safe service to the user (MARTINS, 2004).

In general, hospitals are characterized by providing care to people who are emotionally and physically fragile and who now have to deal with a large amount of information. It is such a complex environment that even professionals who are used to the structure are often not aware of its full scope (OLIVEIRA, 2022).

The National Humanization Policy advocates, with the support of the Ministry of Health, valuing the ambience in health services in Brazil, through the creation of healthy physical spaces both for professional practices and for the development of interpersonal relationships, in harmony with a model humanized care (BRASIL, 2022). Within this context, the hospital environment is possible when visual communication is well planned in these environments (RIBEIRO, 2009). In his doctoral thesis, Ribeiro (2009) points out that in complex building structures it is essential that the manager does not

neglect the organization of information and is always careful to make it available in a clear and organized way for the benefit of its users (OLIVEIRA, 2022; RIBEIRO, 2009). Such information can be placed through texts, colors, symbols and images and represented in structures such as signs, signs, facades, signs, banners, totems and panels constituting the visual communication itself (OLIVEIRA, 2022; BRASIL, 2018).

Intentional visual communication is understood as that which seeks to convey accurate information (MUNARI, 1997). In the hospital environment, the provision of this information requires attention to some singularities, especially regarding the signaling of restricted spaces, risk areas and situations that can lead to contamination, for example. (OLIVEIRA, 2022). When well designed and made available, hospital building identification acts to facilitate communication, identify environments, guide routes and indicate risks, in addition to transmitting a sense of organization and security to patients, family members and professionals of the institution (DRASIL, 2018).

The objective of this work is to report the implementation process of a bilingual signage and building identification project in a Brazilian municipal hospital, seeking better mobility, guidance, comfort and reception for service users and professionals.

The service in question is located about 4 km away from an international airport, a fact that converged to the need for information to be made available in bilingual mode (Portuguese/English). The service is the main local reference for trauma care, being close to main roads and highways, reaching an average of 250 ambulances per month, in addition to providing other services such as adult clinical and surgical care and maternal and child care through the obstetric center, the maternity ward and the neonatal intensive care unit.

METHOD

This is a descriptive study aimed at reporting the experience of implementing a signage and identification project in a municipal hospital in Paraná.

The initial stage of the project consisted of planning, within which an attempt was made to carry out a situational diagnosis to analyze how the environment had been signaled until then. It was noted that the property identification, when existing, was quite precarious. In some sectors the few existing signs were outdated and with wrong information and in others the signage was done using bond paper.

It was found that, in general, there was great visual pollution and lack of standardization and organization in relation to visual communication. Based on this reality, in mid-2020 and throughout that year, the Quality and Projects Sector team at the hospital in question became involved in an action plan to implement a hospital identification project.

In the next step, a mapping of the hospital territory was carried out based on the institution's Fire Prevention Project plan. The plan allowed the visualization of the entire service, enabling the dimensioning of the materials to be used, as well as serving as a guide for the detection of strategic points for signaling and identification.

Subsequently, visits and meetings were carried out *in loco* in the hospital sectors to define the specific needs of each team in relation to the availability of information. Therefore, there was intersectoral participation in the preparation of materials in order to make communication as functional and useful as possible for everyone.

Once the content of hospital communication was defined, the choice of art and design was made, taking care to seek the visual identity of the service, in a clear,

objective and harmonious way. At that time, a review of the content of each signpost was also carried out, both in Portuguese and in English.

Finally, the messages were printed graphically, followed by their installation in all assistance sectors.

RESULTS

It was noted that the reformulation of visual communication in the service, in general, improved the dynamics of information exchange between people who frequent the place.

Because it is a hospital very close to an international airport, the implementation of the bilingual identification model has been important in welcoming foreign patients and companions.

Hospital professionals received the news with great enthusiasm. Much has been said about the drastic reduction in visual pollution since the first moment of installing the new identifiers. In addition, the current building signage is usually noted with admiration by external teams of large hospitals during technical visits.

CONCLUSION

The experience lived with the implementation of this project showed that it is possible to make a big difference in the creation of the hospital environment in a public hospital through innovation and creativity.

The modernization implemented in the service has been essential to maintain the safety of users, since it allows them to have a greater sense of location, comfort for displacement and even more autonomy. Regarding the institution, a strengthening of the visual identity was noted, giving greater credibility to the work team as well. Professionals, in turn, benefit from a more

organized, safe and welcoming environment for everyone.

Despite all the advances already achieved, there is room to go further and continue optimizing visual communication in the hospital environment. The current work brought motivation to search for even more innovative ideas in this scenario. The implementation of identification systems in trilingual mode, in Braille and by System *Wayfinding* configure models to be sought for a more modern and inclusive assistance.

REFERENCES

BRASIL, Ministério da Educação. Empresa Brasileira de Serviços Hospitalares - EBSEH - Manual de Sinalização dos Hospitais Universitários - 1ª edição - Produzido pelo Serviço de Apoio à Manutenção Predial e Obras - Brasília: EBSEH - Empresa Brasileira de Serviços Hospitalares, 2018.

BRASIL. Ministério da Saúde. Política nacional de humanização. Humaniza Sus. Disponível em https://bvsmis.saude.gov.br/bvsmis/publicacoes/politica_nacional_humanizacao_pnh_folheto.pdf. Acesso em 05 de novembro de 2022.

MARTINS Alan. Breve História do Hospital. Disponível em: <https://anatomiadapalavra.com/2018/06/05/breve-historia-do-hospital/>. Acesso em 02 de novembro de 2022.

MARTINS Vânia Paiva. A Humanização e o Ambiente Físico Hospitalar. Anais do I Congresso Nacional da ABDEH – IV seminário de engenharia clínica – 2004. Disponível em <https://blog.metzger.com/referencia-de-artigo/#:~:text=SOBRENOME%2C%20Nome.,%2C%20m%C3%AAs%2C%20ano%20de%20publica%C3%A7%C3%A3o>. Acesso em 08 de novembro de 2022.

MUNARI, Bruno. Design e Comunicação Visual. São Paulo: Martins Fontes, 1997.

OLIVEIRA, Mônica de Moraes. **O caráter multidisciplinar da comunicação visual em hospitais**. 2012. Tese (Doutorado em Interfaces Sociais da Comunicação) - Escola de Comunicações e Artes, Universidade de São Paulo, São Paulo, 2012. doi:10.11606/T.27.2012.tde-22052013-151533. Acesso em: 2022-11-12.

RIBEIRO, Lúcia Gomes. Onde estou? Para onde vou? Ergonomia do ambiente construído: wayfinding e aeroportos. 2009. Tese (Doutorado em Design). Centro de Teologia e Ciências Humanas da Pontifícia Universidade Católica do Rio de Janeiro, Rio de Janeiro, 2009.