

Do Clients Read Health Promotion Posters in an Occupational Health Waiting Area?

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Abstract

Original Research Article

Introduction: Preventing workplace illness through occupational health promotion is central to organisational strategy, yet traditional waiting area notice boards lack robust evidence regarding their efficacy and resource investment. This project evaluated whether clients find a low back pain health promotion poster genuinely helpful, or if the poster simply blends into the background.

Methods: This project was conducted at a National Health Service (NHS) occupational health department in North London, and targeted clients attending face-to-face initial physiotherapy consultations. A health promotion poster focusing on low back pain (LBP) was displayed in the waiting area. Upon completing their consultation, 48 participants completed a brief questionnaire capturing length of wait, poster readership, and perceived usefulness. Data were analysed using Fisher's Exact Test.

Results: Descriptive trends showed that poster readership and usefulness nearly tripled as the length of wait times increased. Readership rose from 20% (<5 minutes) to 46.2% (5–15 minutes) and 63.3% (>15 minutes). Similarly, perceived usefulness increased from 20% to 38.5% and 56.7%, respectively. However, Fisher's exact test revealed no statistically significant association between length of wait time and readership ($p=0.188$) or usefulness ($p=0.238$), likely due to the small sample size.

Conclusion: Longer wait times show a strong trend toward increased poster engagement and perceived usefulness. When operational wait times are unavoidable, using targeted notice boards offers a low-cost educational opportunity to optimise client downtime.

Keywords: Health Promotion, Posters, Occupational Health, Clients, Waiting Area.

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INTRODUCTION

Preventing workplace illness and actively promoting employee wellbeing is central to the occupational health promotion strategy and are often guided by national health initiatives [1]. Historically, notice boards and posters have been the standard way to

share these health promotion messages in clinic waiting areas. Many occupational health departments spend considerable time updating these displays and distributing leaflets, working on two assumptions: firstly, that limiting the number of topics makes the messages easier to remember, and secondly, that these physical displays are a valuable



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use of staff time and resources [2]. However, a review of current occupational health literature shows a lack of solid evidence to back these assumptions. While public health campaigns often rely on posters, we actually know very little about how effective they are in workplace clinics. Today, communication is increasingly digital, meaning traditional notice boards might be outdated [3]. Furthermore, designing, printing, and constantly changing these displays takes up valuable administrative and clinical time. In a busy healthcare environment, we need to evidence that this effort actually engages staff and encourages healthier habits to justify the time spent. Research suggests that when people are given too much information at once, they experience cognitive overload and struggle to remember any of it [4]. In theory, a simple display focusing on just one topic should stand out more and be easier to recall. Yet, in an occupational health setting, where clients come from diverse backgrounds, it is unclear whether a 'less is more' approach works best, or if displaying a wider variety of topics is necessary to catch the attention of different people. Crucially, just remembering a poster does not mean an employee will change their behaviours. For health promotion to be effective, the person reading it must find the information useful and relevant to their lives. We need to know if clients find these materials genuinely helpful, or if the posters simply blend into the background.

MATERIALS AND METHODS

This project was conducted at an occupational health department based within a National Health Service Foundation Trust in North London, United Kingdom. This Trust is one of the main healthcare providers within the North London borough of England. A dedicated section of the occupational health waiting room notice board was selected to display a health promotion poster focusing on low back pain (LBP). This topic was chosen because LBP remains a primary driver of workplace absenteeism, presenteeism, and long-term sickness absence, highlighting an urgent need for proactive ergonomic and vocational rehabilitation strategies within the healthcare workforce. The target population

consisted of clients physically attending face-to-face initial physiotherapy appointments at the occupational health department. Clients were excluded from the project if they received a telephone or video consultation and did not physically occupy the waiting area. At the conclusion of each face-to-face occupational health physiotherapy consultation, the physiotherapist invited the client to complete a brief, self-administered questionnaire. To maximise response rates, the questionnaire was designed for rapid completion, capturing demographic data and client interaction with the health promotion material using three targeted items:

1. Length of wait in the reception area (<5 minutes, 5–15 minutes, or >15 minutes),
2. Engagement with the poster (Did you read the poster? Yes/No), and
3. Perceived usefulness (If yes, did you find it useful?).

Data were analysed using the Fisher's Exact Test to evaluate the association between (a) length of wait time and poster readership, and (b) length of wait time and perceived usefulness. The level of significance was set at 0.05. This project was classified as a service improvement initiative and therefore ethical approval was not required [5].

RESULTS

Demographic data

A total of 48 clients participated in this project. Table 1 depicts the demographic characteristics. Clients were predominantly female (n=33, 68.8%), with males representing 31.2% (n=15) of the cohort. Regarding employment, the vast majority were currently at work (n=45, 93.8%), while three (6.2%) was not at work. The most common musculoskeletal health conditions reported were upper and lower limb conditions (n=29, 60.4%) followed by spinal (n=19, 39.6%).

Poster readership

The relationship between the length of wait time in

the reception area and the engagement of clients with the health promotion poster, as well as its perceived usefulness, was evaluated across three time cohorts: short wait (<5 minutes), moderate wait (5–15 minutes), and long wait (>15 minutes). Overall readership increased progressively with longer wait times. For clients with a short wait time (<5 minutes), only 20% (n=1/5) reported reading the poster, in the moderate wait time (5–15 minutes), readership increased to 46.2% (n=6/13), and the highest level of engagement was observed in the long wait time (>15 minutes), where 63.3% of participants (n=19/30) read the poster.

Perceived usefulness

Data regarding the perceived usefulness of the poster closely mirrored the readership trends across all three groups. In the short wait group, only 20% (n=1/5) found the poster useful, this proportion rose to 38.5% (n=5/13) in the moderate wait group, and in the long wait group, 56.7% (n=17/30) of clients reported that the poster was useful.

Association between length of wait time and poster readership and usefulness

Poster readership increased progressively alongside longer wait times, however the Fisher's exact test demonstrated that this positive trend between length of wait time and poster readership did not achieve statistical significance (p=0.188). Perceptions of the usefulness of the poster followed a similar trend across the length of wait times, however, the Fisher's exact test indicated that the relationship between length of wait time and perceived usefulness was not statistical significance (p=0.238). This lack of significance may be attributed to a small sample size, which reduced the statistical power to detect a true effect.

DISCUSSION

The purpose of this project was to evaluate the relationship between the length of wait time in an occupational health waiting area and client engagement with a health promotion poster, alongside their perceptions of its usefulness. The

findings demonstrate a clear, positive descriptive trend: as waiting times increased, both poster readership and perceived usefulness rose progressively. Specifically, readership and usefulness scores nearly tripled from the short wait time (<5 minutes) to the long wait time (>15 minutes), with over 63% of clients in the long-wait group reading the poster and over 56% finding it useful. The progressive increase in readership percentages aligns with the 'captive audience' phenomenon frequently discussed in healthcare waiting room literature [6]. Reception areas have long been identified as prime environments for passive health education, as clients waiting to be seen often seek distractions to occupy their time [7]. The data suggests that when wait times are minimal (<5 minutes), clients may remain occupied with administrative tasks (e.g., checking in, settling coats) or brief smartphone use, leaving little window for environmental engagement [8]. Conversely, as wait times extend beyond 15 minutes, boredom or cognitive downtime prompts individuals to scan their immediate surroundings, resulting in higher engagement with static health materials [9].

Intriguingly, the data regarding perceived usefulness closely mirrored readership trends. This suggests that the depth of engagement, rather than just a cursory glance, may increase with time. When clients have more time to process the information on a poster, they may better internalise its relevance to their own health, thereby rating it as more useful. This supports behavioural frameworks indicating that adequate processing time is crucial for passive health promotion communication to transition from mere exposure to cognitive appreciation [10]. A limitation of this project is that it did not evaluate the design elements of the poster (e.g., text density, font size, imagery, etc.) or client demographics (e.g., age, gender, work status, etc.), both of which are known moderators of health promotion communication efficacy. A future project is recommended to evaluate how visual design elements and client demographics influence the overall efficacy of health promotion communication.

Finally, given that prolonged wait times are generally associated with decreased client

satisfaction, it is important for the occupational health service to balance the utility of the ‘captive audience’ with the overarching goal of reducing length of wait times. If long wait times are unavoidable due to systemic constraints, optimising the reception waiting area with highly visible, targeted health promotion posters represents a viable, low-cost strategy to convert idle waiting time into an educational opportunity.

CONCLUSION

In conclusion, there is a strong descriptive trend indicating that longer wait times corresponded to higher readership and perceived usefulness of the health promotion poster. Waiting rooms remain an underutilised venue for occupational health promotion communication, but maximising their efficacy requires a nuanced understanding of client downtime and environmental competing factors.

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Table 1: Demographic Characteristics

Variables	N	%
All clients	48	100
Gender		
Female	33	68.8
Male	15	31.2
Work status		
At work	45	93.8
Not at work	3	6.2
Musculoskeletal health condition		
Spinal	19	39.6
Upper and lower limbs	29	60.4

Table 2: Accuracy of poster recollection and usefulness by length of wait time

Duration of wait in the reception area	<5 minutes	5–15 minutes	>15 minutes
Read poster	1	6	19
Did not read poster	4	7	11
Usefulness	1	5	17