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REVIEW ARTICLE

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## THE EDUCATOR AND THE EDUCATIONAL PRACTICES IN HOSPITAL SPACES: CONCEPTUAL AND CONTEXTUAL EPISTEMOLOGIES

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### ABSTRACT

This article aims to demonstrate the importance of hospital pedagogy as a field of knowledge and the need of the professional of this field, the hospital pedagogue, to act in the scope of the multiprofessional health team, not only as a doctor, psychologist or nurse, but as an educator/teacher who makes the teaching-learning process possible in peculiar circumstances in which the ill schoolchild is inserted. Methodologically, this is a theoretical-epistemological study, of exploratory-descriptive type as to the content of the sources. Regarding the approach, it is qualitative with the use of critical socio-historical discourse analysis. It is concluded that, in spite of being a peculiar need of having hospital pedagogical professionals so that the child school is not harmed in its teaching-learning process, legal and didactic-pedagogical hindrances still remain and there is a lack of political will for this question to be put on the discussion agenda with more effectiveness and brevity in the legislative scope.

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## INTRODUCTION

The present literature review and theoretical research consists in presenting the fields of study in "Health and Education", in an imbricated way whose need for integration and correlation are urgent for the cognitive, socio-interactionist and affective development, as established by the constructivist theory of knowledge acquisition based on Piaget, Vygotsky and Wallon (DAVIS et al., 2012). The problem of this research is linked to the need for an educational and pedagogical service for hospitalized children who cannot go to formal educational spaces. The fact is that there is no educational care for children patients in hospital spaces, and when there is, it is inadequate and insufficient. In this way, such attendance to this kind of patient continues, when not inexistent, deficient and uncertain, considering that the qualified and adequate professional to act educationally with the children sick in hospital is, without a doubt, the hospital pedagogue. Following with the problems, assumptions, hypotheses and questions that generated this research, it is possible to say that these started in face of the perception that the sick child schoolchildren inside the hospital spaces need to interrupt the regular process of school attendance.

Thus, such a student starts to need care from a qualified professional, who acts within the multidisciplinary health team not only as a doctor, psychologist or nurse, but also as an educator and teacher who enables the teaching-learning processes in the various and different circumstances in which the school is inserted. Going beyond the colorful walls of the traditional school, which in turn is considered a harmonious, welcoming, and open environment that theoretically provides pleasant experiences to its students, and moving on to a medical-hospital environment that, even though it may be structured and humanized, its medical-supportive and curative character somehow makes it restricted and inhospitable. It is in this perspective that non-formal education and educational practices are diverse, occurring in different spaces and can and must be specifically and necessary to avoid significant learning-teaching losses, especially of children sick in hospital spaces (FARFUS, 2012; LIBÁNEO, 2001). The indispensability of the hospital pedagogue to meet the needs of the sick schoolchild and establish playful-pedagogical strategies, aiming to diminish the damage and harm caused by medical-assistance, rough and invasive procedures caused by his or her Complex Chronic Health Condition (CCC), whether permanent or transitory, is paramount.

In this way, the performance of the hospital educator has as a challenging scope to prevent that the ill schoolchild does not lose the bond with his/her school of origin and that the contumacious educational practices are not forgotten or eliminated as a whole, even not being able to attend the regular educational system for formal educational practices. For this, knowing and understanding the health-disease process of the learner is the first starting point or challenging point for the performance of the professional hospital pedagogue who will be able to act employed non-formal educational practices (XAVIER; FIALHO; VASCONCELOS, 2018). In this sense, the health situation of these students must be respected, under a holistic human and integral look, taking into account that living their early childhood away from family and schoolmates, restricted only to wards or intensive care units in hospitals causes psychological and emotional suffering. The physical state of a child submitted to several invasive procedures, such as the administration of drug therapy throughout the day, may lead him/her to present side effects, such as fatigue, indisposition, and tiredness, nausea, sleepiness, among others, making it impossible for him/her to be adept to the proposed recreational activities. It is also necessary to consider that the hospital pedagogue, besides the need to be always qualified and with the curriculum focused to this teaching modality, needs to have an adequate humanistic sensibility, because in cases of chronic diseases, sometimes fatal, the child feels pain and fear, as in the case of chemotherapy, radiation or surgical procedures, and, this situation leads to traumatic emotional shocks not only to the sick children, but to their families that may develop serious psychic-physiological problems (STRAUB, 2005).

In view of the issues mentioned above, we bring up the debate on the importance of pedagogy and the hospital pedagogue for the educational development in the fields of knowledge Health-education/Education-health in a dialectic way. For that, it is opportune the debate on issues such as the legal aspects that enable the performance of a professional, the hospital pedagogue, who is qualified in the Health-Education/Education-Health areas; the necessary and adequate conditions of the health units/subunits so that the hospital pedagogue may develop his/her activities in a compatible, competent and satisfactory manner that the circumstances require, such as the development of playful-pedagogical practices/strategies in the teaching learning process of the hospitalized schoolchild taking into account the regular official curricular training. In this sense, this bibliographic review research, of descriptive type and of interpretational qualitative approach of secondary sources seeks to demonstrate the importance of hospital pedagogy and the intrinsic need of formation and qualification of the hospital pedagogue, as an indispensable Professional for the development of didactic-pedagogical and theoretical-methodological work, in hospital environment, for the process of schooling and educational inclusion of children in Complex Chronic Health Condition (CCC)<sup>1</sup>.

### **Hospital Pedagogy and Education: Concepts and Contexts**

In general, it seems valid to state that the genesis of Pedagogy in the hospital context cannot be considered an exclusive mark of the contemporary society, nor to consider that its birth can be dated in a specific chronological line. The changes in society affected by a globalization process and an increasing technological expansion have led to major modifications in different areas, thus including Pedagogy and the professional pedagogue in their multiple actions and educational strategies in diversified spaces. Pedagogy, understood as the science of education, works as an instrument to mediate transformations, contributing to human development in the most varied economic, cultural, and social dimensions, with multiple approaches, spaces, and audiences, supporting the progress of the

formation of the human being, in an inter and trans disciplinary way. In the work entitled: "Pedagogy: theories and practices from antiquity to the present day" by Gauthier and Maurice Tardif (2014), which discusses the general history of pedagogy and educational practices, it highlights that education is as old as humanity and early thinkers such as Socrates, Plato and the Sophists were already criticizing their own educational traditions in ancient Greece. Gauthier (2014) reports that Pedagogy emerged in the mid-seventeenth century as a result of the combined effect of four factors: the Protestant Reformation, the Catholic Counter Reformation, the new feeling and concern about childhood, until then non-existent in the medieval era, and the urban problem caused by the "idle" youth of the time who roamed the streets, begging, stealing, and causing scandals.

From then on, the last fact mentioned above, according to the authors, was the starting point, according to the idea of *Charles Démia*, quoted in the work, who stated that to open a school was to close a prison, intended for the children of the people who, according to *Démia*, were in the last stage of libertinism, for lack of instruction, and that it was necessary to educate them by establishing catechisms and school subjects, a different position from the Renaissance, where the school was reserved for the elite. This process directly encouraged the need to lead children and adolescents in the educational process, which led to the creation of the first schools in the old continent. As the centuries went by, the need and indispensability of new teaching methods in order to keep up with society's changes and the educational practices in different dimensions, gave a new performance to Pedagogy and its praxis. The work also concludes and defines that "Pedagogy as the beginning of a tradition, not provisional, but that will perpetuate itself in time. This perpetuation, certainly, aims to meet the educational demands in its most diverse spaces and multiple achievements. Hospital Pedagogy emerge as the need for an educational pedagogical service "out- of-walls", with a focus on children and/or adolescents who cannot attend their regular school, or have never attended school due to their chronic health condition. When talking about Hospital Pedagogy, it is important to understand the connection between education and health. It is noteworthy that the first, according to Xavier; Fialho and Vasconcelos (2018, p.124) "[...] has as its purpose the survival of the human species itself" and, in the course of its development, there is mastery and improvement of transformative educational techniques aimed at the common good, peace and civility among people. Similarly, not less important, in relation to the second, health, Matos and Mugiatti (2009), ensures that health has always been a target of concern in human history, but in a more fragmented way, medicine focused only on disease, deficient, focused on curativism, on biologism, with a superficial look of what is really the meaning of being human.

Freitas, Caldas, and Araújo (2017) demonstrate that the contribution named: Hospital Pedagogy - Multiple Views and Practices is opportune, where they assure that the pestilential diseases of that time (called mass diseases), especially tuberculosis, affected many children, who, when hospitalized, due to the prolonged treatment, remained for a long period of time hospitalized. It was in this scenario that a politician named Henri Sellier opened his first school for maladjusted children in 1935 in France, on the outskirts of Paris. Furthermore, it is widely recognized in the literature, the incident of the Second World War (1939-1945), a genocide that had a catastrophic impact on the history of society where children and adolescents were killed and many of those who survived were left maimed and even orphaned. In fact, the biggest and bloodiest conflict in the entire history of mankind managed to mobilize, in a way, doctors of the time in order to bring back hope to the lives of children and adolescents submitted to war and unable to go to regular school, which led to the implementation of the creation and leading of the first hospital classes. In this sense, it is worth noting that the curative medicine of the time prevented any form of humanization, based only on technicism, without any emotional responsibility with the patient receiving treatment, even though these were painful and invasive procedures, treating only the disease, not contributing fully to the full recovery of the individual. According to Lima, Amaral, Batista (2017), the patients suffered from "depersonalization, where doctors,

<sup>1</sup> We highlight the definition of Complex Chronic Health Condition (CCC) to identify children and adolescents who occupy pediatric beds in Brazilian hospitals and live their early childhood in these hospitals, demanding complex care, performed by multidisciplinary teams, triggering networking (MOREIRA; ALBERNAZ; SÁ; CORREIA; TANABE, 2017).

nurses and all those involved in the treatment of the patients identified them by the number of the room, bed, medical record or even by the name of the pathology. This attitude was not beneficial for individuals in recovery" (apud FREITAS; CALDAS; ARAÚJO, 2017, p. 51). In the context of the Second World War (1939), the National Center of Studies and Training for Maladjusted Children of Suresnes C.N.F.E. I was created in France, with the purpose of training teachers to work in hospital environment. Consequently, a new field of action for teachers is established, with the purpose of articulating the school, pedagogues, physicians, social workers, nurses, among other professionals, to work in favor of maladjusted children to resume their studies, acting in special institutes or hospitals. The National Center for Studies and Training of Maladjusted Children (CNEFEI) had as its mission the development of hospital educational practices in the field of pedagogy.

[...] this Center works until today; teacher training for hospital classes at the CNEFEI lasts two years. The Center's mission to this day is to show that school is not hermetically sealed. The CNEFEI promotes internships, in a boarding regime, for teachers and school principals, school health doctors and social workers. Since 1939, the CNEFEI has trained more than a thousand teachers. This means that all public hospitals in France have four teachers on their teaching staff: two elementary school teachers and two high school teachers. They work different shifts from Monday to Friday (OLIVEIRA, 2013, p. 27687).

In Brazil, the changes and structural reforms in education and in the legislation have taken place since the re-democratization with the 1988 Constitution and the 1996 Law of Directives and Basis for National Education, in order to meet the needs of society, which was affected by the rapid process of modernization and immigration, resulting from the new capitalist economic order. Academic studies about Hospital Pedagogy and the first hospital classes that appeared in Brazil point out that the first one appeared in Rio de Janeiro, in 1950, at the Hospital Menino Jesus. The association of support to children of the hospital Menino Jesus (Repartir) points out that it was inaugurated on July 30, 1935, exclusively for pediatric care, composed of an Outpatient Unit and an Inpatient Unit, linked to the Unified Health System (SUS). Oliveira (2013) points out that, at that time, the Hospital Menino Jesus already had a teacher named Lécya Rittmeyer, who had total interest in knowing and investigating what the child was learning and what he or she already knew, and then started planning and preparing classes in order to provide continuity to the learning of the sick student. As the hospital did not have a structure or adequate space to carry out pedagogical activities, they were performed in the wards themselves; at that time the hospital had around 200 beds and 80 hospitalized children.

In 1960, the author also reports the existence of another institution, the Barata Ribeiro Hospital already had a pioneer teacher in the educational teaching in hospital environment, the teacher Marly Frôes Peixoto. So, consequently, when the two teachers met in order to formalize the hospital classes, they started a fight together, for a fair, necessary and noble cause, sending letters and making claims, with the purpose of the hospitals giving rooms and adequate spaces for the teaching-learning activities. These claims were made to the Department of Primary Education at the time and despite all the initiative and commitment of the teachers and professionals involved in the process at that time, these teaching modalities were not yet regulated by the Secretariat of Education (OLIVEIRA, 2013). However, the battle for the formalization of hospital classes was just beginning and Hospital Menino Jesus currently has the oldest hospital class in the country. Thus, the Hospital Pedagogy initially is part of the Special Education, the Brazilian population lived with a high rate of children with infantile paralysis, who remained hospitalized for years, what made possible the hospital educational service to be basically understood and qualified to the physical deficient and not to the hospitalized minors as a whole (FONSECA, 1999). It is worth pointing out that Hospital Pedagogy is officially linked to Special Education in the 90's. It is worth pointing out that this initiative was implemented by the public power at the time, with the purpose of

complementing the service, inserting the Hospital Pedagogue in the educational service to "special" children, these ones affected by physical, hearing, visual and mental deficiencies, with difficulties in following curricular activities due to specific health conditions and limitations, being away and unable to attend regular schools. However, still in 1994, the government, together with the Ministry of Education and Culture, concerned about the school distance of children and adolescents, launched a document referring to the creation of a public policy of educational care for children and adolescents in hospitals, called hospital classes, through the publication of the National Policy for Special Education (BRASIL, 1994). In view of the above, it is understood that the teaching-learning process of children and adolescents at school age must be guaranteed, since access to schooling provides the child with an opportunity to re-socialize, helping in the recovery of his or her illness process, recovering self-esteem, mitigating affective neediness due to the absence of parents, schoolmates, and maintaining their own dignity.

Thus, education must be perpetuated in the multiplicity of differentiated spaces and means, including the hospital class. Therefore, Hospital Class is understood as a type of care provided to children and adolescents hospitalized in hospitals, who need medical assistance and aims to provide the curricular monitoring of the student when he or she is hospitalized, ensuring the maintenance of the link with schools, through a flexible curriculum (BRASIL, 2002). The pedagogical practices developed in the hospital environment may help in the evolution of the clinical picture of the pediatric patient, for that it is essential that health professionals who work with this public adopt more flexible measures in order to guarantee the integrality in the assistance. The educational theorists defend without hesitation the different roles that education is able to play through play therapy processes, which can help children to accept, in a more positive and less painful way, the prescribed therapeutic procedures necessary for the treatment and reestablishment of their well-being and health. In parallel to this, the rights of children and adolescents in Brazil are legally supported by resolutions, guidelines, and documents in force, with the intention of humanizing hospital medical assistance, concerned with guaranteeing the integral health of such dependent and vulnerable beings who have barely concluded the first stage of their life cycle and who, due to specific illness conditions, go through situations that demand their total strength in the constant fight for survival. It is consecrated in the contemporaneity as a social right and legitimized in the bases of the citizen constitution of 1988, which in its article 205, states that education must be promoted "aiming at the full development of the person and its preparation for citizenship". The right to education is fundamental and cannot be taken away from any person, including those who have any kind of limitation (BRASIL, 1988).

In this context, the fight for the rights of children and adolescents in Brazil is founded by the Federal Constitution of 1988 and consolidated with the creation of the Statute of the Child and Adolescent (ECA), by endorsing the obligation of the Public Power in the preparation, subsidy and directive guidance on education, forwarding the responsibility of the State before those who are on the margins of regular schooling. This strengthens the orientation of inclusion of the educational process as a turning point of the legislation in the hospital environment, ensuring the right of integral care to the child's health in environments classified as non-school environments (BRASIL, 1990). Moreover, Article 227 of the aforementioned Citizen Constitution establishes as a duty of the family, society and the State "to assure to the child, the adolescent and the youngster, with absolute priority, the right to life, health, food, education, leisure, professionalization, culture, dignity, respect, freedom and family and community life, besides keeping them safe from all forms of negligence, discrimination, exploitation, violence, cruelty and oppression". However, it is only after the ECA that Hospital Pedagogy arises and starts to be discussed regarding its effectiveness in practice (BRASIL, 1988, 1990). The history of childhood in Brazil is fed by the memory of pains of a volatile time, oral reports, news in newspapers and periodicals emphasize that for

centuries children were seen as beings inferior to adults, subordinated to authoritarianism, subjected to slave labor, urban violence and sexual exploitation, unattended by any form of right and protection. In an attempt to change this scenario, the ECA, whose main function was to recognize the child as a being who needs a special look at his natural condition, made it possible to promote public policies aimed at ensuring his full development and physical-psycho-social well-being. Based on art. 9 of the ECA, children and adolescents have the right to health education pro- grams.

Currently, students with special educational needs include those with mental, hearing, physical, motor, and multiple disabilities, syndromes in general, and those with cognitive, psychomotor, and behavioral difficulties, in addition to those students who are unable to attend classes due to health treatment involving hospitalization or outpatient care (ECA, 1990).

The document expresses and defines that all children under the age of 12 are understood and recognized as children, and all those in the age group of 12 to 18 are considered adolescents. The ECA came to put the Federal Constitution into practice, making society, the family, and especially the State responsible for their identity recognition and for structuring them as subjects. Article 53 of the ECA establishes that they have the right to education, aiming at the full development of their person, preparation for the exercise of citizenship and qualification for work, assuring them:

I-equal conditions of access and permanence in school; II-right to be respected by their educators; III-right to contest evaluation criteria, being able to appeal to higher school levels; IV-right to organize and participate in student entities and; V-access to free public schools near their homes.

Art. 54 of the ECA, first of all puts on the agenda that it is the duty of the State to ensure education through compulsory public education for all children, adolescents and also for those who are not in school age. In fact, the State must guarantee, on a regular basis, free and compulsory access to education, in its different and higher levels, covering compulsory Basic Education (early childhood education, elementary school, and high school). Thus, Formal Education as an exclusive right of men and women is characterized by a political process, intentional, that takes place at first in the space called School, which aims at the full development of children and adolescents, their preparation for the exercise of citizenship and their qualification for work. Starting from the constitutional principle that Education is a right for all, it infers that children who are in a situation of hospitalization also enjoy the same rights, for this, formal education is transformed, leaving its main area which is the School, in order to reach the subjectivity of spaces considered non-schooling. It is worth highlighting item III of the aforementioned article, which states that it is the State's duty to ensure educational and specialized care for all children and adolescents with disabilities, "preferably" in the regular school system.

The Law of Directives and Bases for Education (LDB 9.394/96), in paragraph 2 of art. 58, states that. The assistance will be provided in specialized classes, schools, or services whenever, due to the student's specific conditions, it is not possible to integrate him/her in regular school classes (BRASIL, 1996). From this, we can conclude that Hospital Pedagogy in Brazil is linked to Special Education, as the Hospital Classes are inserted in the referred LDB 9.394/96, in a promising perspective of establishing an inclusive education, without any kind of negligence, exclusion or discrimination. Implicitly, the legislation ensures that the educational service should not be restricted only to the school environment, but aims that all children and adolescents continue their schooling process, making the government responsible for providing a specific and specialized service that meets the conditions and special needs of each student. Education is in force as a duty, but, above all, in the light of the normative in the institutionalist of the State. By perceiving hospital education as a special particular modality. The Ministry of Education, through its Special Education Secretary, reinforces a document of

strategies and guidelines, resuming the core of the previous documents for the attendance in hospital classes, assuring the access to basic education.

Elementary school students hospitalized in hospitals, in outpatient comprehensive health care services, or at home; students who are unable to attend school for health protection or safety reasons, sheltered in support homes, halfway houses, nursing homes, and therapeutic residences are entitled to school attendance (BRAZIL, 2002).

According to another official definition

It is called hospital class the pedagogical-educational service which takes place in health treatment environments, either in the circumstance of hospitalization, as it is traditionally known, or in the circumstance of day- hospital and weekend-hospital care or in integral mental health care (BRASIL, 2001, p. 13).

Also:

Article 1 - Hospitals that offer pediatric care will obligatorily have toy libraries on their premises. Sole Paragraph. - The provision in the caption of this article applies to any healthcare facility that offers inpatient pediatric care.

Article 2 - For the purposes of this Law, a toy library is considered to be a space provided with toys and educational games, aimed at stimulating children and their companions.

Art. 3° - The non-compliance with the provision in art. 1 of this Law configures infraction to the federal sanitary legislation and subjects its infractions to the penalties provided in subsection II of art. 10 of Law n° 6.437, from August 20th 1977 (BRASIL, 2005).

The Brazilian legislation still has the Federal Law Project n° 4191 of December 2004, about the specialized educational service in hospital classes; the Federal Law n° 11.104, of March 2005, which provides for the mandatory installation of playrooms in health units that offer inpatient pediatric care. For this, the National Curricular Directives for the Pedagogy Course (DCNCP), approved by the opinion of the CNE/CP5/2005, of 12/13/05, assure the insertion of the Pedagogue in the hospital environment, according to the local needs, officially guaranteeing that the hospitalized children have the right to receive specialized attention and to be accompanied by a pedagogue in non-schooling spaces. Below are some excerpts from this document:

Thus conceived, training in Pedagogy begins in the undergraduate course, when students are challenged to articulate knowledge of the educational field with professional and research practices, which are always planned and supervised with the collaboration of students. Such practices include both teaching and the different functions of pedagogical work in schools, planning, coordinating, evaluating educational practices in non-schooling spaces, and carrying out research to support these practices. In this perspective, the consolidation of the training started will take place in the exercise of the profession, which cannot do without continued qualification (BRASIL, 2005).

In addition and as consequences

...] depending on the local and regional needs and interests, in this course, issues that should be present in the training of all educators can be especially deepened, related, among others, to distance education; education of people with special needs; ethnic-racial education; indigenous education; rural education; hospital education; prison education [...] (BRASIL, 2005).

And further corroborating what the above guidelines precept

...] in all circumstances, the sick person remains a person whose basic rights and needs are the same as those of a healthy person.

Only de facto impossibility can prevent him from enjoying his rights or meeting his needs [...]. One cannot limit his rights or his needs in matters of culture or distraction because of his illness (CAVALCANTI, 1997, p. 6).

Historically, the above-mentioned legal provisions actually institute a response to the socio-political and economic demands that have been built throughout the history of education, especially in the field of Pedagogy, in objection to the view that was head of the child for many centuries, seen only as a dependent being, often ignored and marginalized, having no different needs from an adult. Thinkers such as Rousseau, Piaget, Vygotsky, Wallon, constituted certain axioms and theories that systematically and didactically substantiate the need to institute and implement a pedagogy that stimulates the child to develop their physical, psychological, social, and emotional abilities (DAVIS, et al., 2012). For Matos and Mugiatti (2009, p. 37) it is essential to understand the context of Hospital Pedagogy, which goes beyond formal education of the school, as it raises parameters to meet the special transitory needs of the hospitalized schoolchild, a new transdisciplinary reality with educational characteristics. However, the authors also point out the importance of differentiating the two schooling procedures which are carried out in a hospital environment: the Schooling Hospitalization with personalized care to the sick schoolchild, respecting his/her complex health condition and considering the schooling situation and its origin. From this, the development of pedagogical activities is elaborated emphasizing the specificity of each student, according to his/her needs, in agreement with the regular school of origin, for the development of a didactic-pedagogical proposal according to the reality and the standards that the school of origin acts. Through the Social Service of the Hospital, the contact between the teacher from the school of origin and the professional who works at the hospital must be articulated, in order to receive and deliver activities, and this professional must be responsible for performing these activities in an articulate, creative and flexible way, going beyond the proposed contents. In fact, it is important to emphasize that all hospitalized students, whether long-term or even those who, due to some specific pathology, need to be in the hospital every day (outpatient care) to take their medications, must and need to be enrolled in a regular school; otherwise, the hospital's Social Service should take the appropriate measures to carry out this procedure. The modernization and growing advances of the 21st century have extinguished the old inhumane nosocomial model, giving rise to pediatric hospitals that seek to transform, innovate and humanize their care through social projects and programs within the hospital context (OLIVEIRA, 2013).

For that, the updating of knowledge in Hospital Pedagogy must be continuous, in order to promote the sharing of concepts, practices, and techniques required for the correct performance in this area. They are the ones who will stimulate the cognitive capacities of each child, leading them to understand their health condition in relation to their disease, and to reflect about the environment in which they live, expressing their feelings about the suffering and the tension caused by the several procedures they are submitted to during the hospitalization period. The Hospital Pedagogue must be aware of his/her exclusive educational function, being unable to discuss diagnoses, treatments, and any procedure performed by the medical and nursing team. However, the multiprofessional health team must be allied to the educational pedagogical practices in order to humanize the assistance and care to the pediatric patient. Recently, the Federal Council of Nursing (Cofen), regulated a new Resolution: No. 0546/2017, which updates standards for "the use of the Toy/Therapeutic Toy technique by the Nursing Team in the care of hospitalized children," updating the use of pedagogical practices in nursing care, revoking Resolution No. 295/2004. Thus determines the new Resolution No. 0546/2017: "Article 1 It is up to the Nursing Team working in the pediatric area, the use of the therapeutic toy/toy technique in the care of hospitalized children and families" (BRASIL, 2017). It is, therefore, essential to have a psychic-emotional balance to maintain the integrity of their physical and emotional health, once as a health professional, I can affirm that there are several sectors inside a hospital, where the hospital pedagogue's work can be developed from the Emergency

Room or Reception to the Unit of Direct Intensive Care to the Patient. Each sector has its own particularities, but all of them present positive and negative situations that will mark the professional practice. Education is capable of promoting moments of construction and expression of thoughts, education is a driving source of human development, capable of restoring the health of the student in a hospitalization situation. Therefore, the performance in the pedagogical hospital attendance requires that the professional has a qualified professional profile, with pedagogical formation, notions of physical and/or psychosocial diseases from the clinical and/or affective point of view (BRASIL, 2002).

### Final Considerations

Some considerations or value judgments can be made in relation to the textual content built in this study. To this end, we make a quick revisit to the problematic, assumptions and/or initial hypotheses that assert the need for adequate and qualified educational care to hospitalized children who cannot travel to formal educational spaces. It was based on scientifically grounded theoretical arguments that it is necessary to change the curricular formation for the professional educator to work in hospital environments, as part of the multiprofessional health team, in order to assist the hospitalized children through appropriate didactic-pedagogical strategies. It was consigned in this research that it is of utmost importance the presence of education professionals, specifically hospital educators in health institutions, to welcome hospitalized ill children. For this, the hospital educator needs to guarantee his/her participation with educational practices in these non-formal spaces that go from their curricular formation, improvement, and permanent qualification. We also believe, in face of the debate, that the educational care to the sick child admitted to hospital institutions provides new perspectives of inter and transdisciplinary knowledge. In our understanding, the educative practices of the hospital pedagogue also mean improvement in the quality of life of the sick children admitted in hospital interiors, because such professionals are and must be sensitive, understanding and respecting the pains, fears, anxieties, aggressiveness, sadness, joys, and freedom. In fact, the timely and qualified presence of these educational professionals, along with the multidisciplinary health team, can and must mean hope for the lives of these children.

On the other hand, we know that the pedagogical-educational hospital attendance, even supported by law, is not available in many states, cities, and localities, because few offer conditions for the pedagogue to work in this environment. The lack of information by professionals of the area, the ignorance of the society itself, of the parents in relation to the right of the hospitalized child and mainly the neglect of the public power in the creation of institutional interchanges between the Education Secretaries and the Pediatric Hospitals, in order to formalize the hospital classes in the country, is still a challenge and a space to be conquered by the professional of the area, as well as a fight for the child's right to continue its studies without prejudice to its teaching learning process in hospital environment, ensuring the completeness of the assistance in relation to its health and the student's right to learn, in order to promote its total physical, emotional and social well-being.

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