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## Hospital Class: pioneering work in Pernambuco and the challenges faced

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**Abstract:** This article aims to investigate the challenges faced by hospital classes in the teaching-learning process. Regarding methodological procedures, a qualitative research approach was chosen, with data collection through semi-structured online interviews via Zoom Meetings, with the participation of 8 (eight) teachers with experience in hospital classes in Recife/PE, Curitiba/PR, Natal/RN, Rio de Janeiro/RJ and Salvador/BA. It is important to highlight that, at the time of this study, there were no other hospital classes available in Pernambuco. Given this limitation, the investigation was carried out with teachers from other states in Brazil. These teachers have experience in pedagogical work in hospital classes, which significantly contributed to the data collection and the analysis of results, making it possible to obtain a broader understanding of the challenges faced by the teaching-learning process in different hospital contexts. The data were analyzed using the thematic-categorical Content Analysis technique (Bardin, 2016). The results enabled us to conclude that, in teaching work carried out in hospitals, hospital pedagogy is conceived as a field of knowledge that contributes to the inclusion of students undergoing medical treatment in the schooling process. Within the hospital environment, the specificities of health institutions and the particularities of the illness process require the integration of multiple areas of knowledge to carry out pedagogical work. Understanding this diversity of knowledge is essential for the teaching-learning process, serving as a basis for the training of teachers who will work in this specific context.

**Keywords:** hospital class; teaching and learning; schooling; continuing education; pedagogy.

### 1 Introduction

The diagnosis of a disease, whether acute or chronic, may lead to limiting conditions that compromise individuals' physical capacity and often require hospitalization as a form of treatment. Chronic disease is understood as an illness with slow progression and long duration, often extending for months or persisting throughout life. When we use the term "chronic disease", we seek to make these characteristics explicit and to distinguish cancer in particular, a highly complex disease with a lasting impact on the lives of the patients who are also our students.

This scenario imposes routines of hospitalization or rest for uncertain periods, resulting in discomfort caused by pain, various medical procedures, the relationship with finitude, and the need to accept the condition of being a patient. In addition, there



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is distancing from personal, family, and social relationships. These conditions frequently lead to distancing from, and disruption of, formal schooling.

Children and adolescents undergoing treatment for chronic diseases have the right to continue their schooling process. The present study, developed through a qualitative approach guided by the studies of Minayo (2015), is based on a theoretical survey on education in the hospital setting and aims to investigate the challenges faced by hospital classes in the teaching and learning process.

Semi-structured interviews were conducted online using the Zoom Meetings platform. The analysis of the collected data followed the thematic-categorical Content Analysis technique described by Bardin (2016). This methodological process involved organizing, coding, and categorizing the data, enabling the identification of relevant themes that supported the production of collective knowledge and helped answer the initial questions. It identified which pedagogies and/or forms of knowledge have been practiced by teachers who work with hospital classes, with the purpose of contributing to the pedagogical practice of teachers at the Semear Hospital Class, located in Recife, the locus of the research, which is undergoing a process of transition and reconstruction within the Teaching Policy of the Municipal Education System of Recife (Brazil).

The study establishes a parallel with the peculiarities of teaching action in this context, based on the educational activities carried out in this hospital class and on the professional experience of eight teachers from different regions of Brazil, residing in Recife/PE, Curitiba/PR, Natal/RN, Rio de Janeiro/RJ, and Salvador/BA. This investigation promotes reflections on the relevance of this educational milestone in the state Pernambuco (Brazil), emphasizing its importance as an essential understanding for improving pedagogical practice in hospital classes.

In addition, it contributes significantly to the development of documents, regulations, and policies aimed at the continuing education of teachers who work in this specific context. Based on these reflections, the study seeks to contribute not only to improving the quality of education offered in hospital settings, but also to strengthening institutional support and recognition of the role played by these educators.

The participants in this research were carefully selected according to specific criteria, particularly their professional activity in hospital classes. Initially, professionals from Pernambuco were considered, since, at the time of the study, the state had only one hospital class. However, in order to deepen the investigation and obtain a broader view, it was necessary to include teachers from other states. This approach was adopted to ensure diversity of experiences and pedagogical practices within the continuity of schooling for hospitalized children and adolescents. Consequently, the inclusion of participants from different regions made it possible to obtain data relevant to the study and to conduct a more complete analysis.

It is important to highlight that, during the investigation, the hospital class underwent a transformation process. The Semear Full-Time Municipal Hospital School was established, extending the right to schooling to other hospitals and ensuring classes for students undergoing medical treatment who were unable to attend classes in the schools of the municipalities where they lived. Its autonomy and status as a school made it possible to expand the right to education in Recife for students receiving healthcare treatment in other hospitals located in the municipality.

With regard to ethical issues, it should be noted that the research project was approved under Approval Opinion No. 5.606.275, issued by the Research Ethics Committee, validating the research that resulted in a Master's Dissertation in Education at the University of Pernambuco. This article is organized as follows: first, it presents a contextualization covering the right to education for children and adolescents undergoing medical treatment and the process of implementing the first hospital class in Pernambuco. Next, it describes aspects related to discussions on pedagogy, teachers' knowledge, and the limits and possibilities in the teaching and learning process. The teachers' responses are discussed based on authors in the field, with a view to developing a training proposal.

Finally, the concluding remarks are presented, considering the teachers' responses, which indicate that pedagogy is the same in any setting, while what differs concerns teachers' knowledge. Regarding teaching and learning, the responses point to the need for specific training for this context.

## **2 The right to education in the context of implementing the first hospital class in Pernambuco**

Education is a right of all. In this regard, the legal framework for this field includes the Federal Constitution (Brasil, 1988), which presents education as part of the social rights inherent to the person; the Statute of the Child and Adolescent (Brasil, 1990), which prioritizes ensuring the effectiveness of rights, including education, with absolute priority; and Resolution No. 41 (Brasil, 1995) of the National Council for the Rights of Children and Adolescents, which approves the Rights of Hospitalized Children and Adolescents. Among the many important guidelines contained in this Resolution, we highlight the monitoring of the school curriculum during the hospital stay, which is the core of our research.

In addition to the documents cited, the National Education Guidelines and Framework Law (LDBEN) should also be highlighted in two moments. In its original version (Brasil, 1996), it guarantees education as a right of all, with a view to the full development of the person, preparation for the exercise of citizenship, and qualification for work. In its updated version (Brasil, 2018), Law No. 13.716 amends Law No. 9.394 of December 20, 1996, to ensure educational assistance to basic education students hospitalized for health treatment or receiving long-term home-based treatment. Accordingly, Law No. 9.394 of December 20, 1996 came into force with the addition of the aforementioned provision.

At the national level, attention is also drawn to the publication of the document “Hospital Classes and Home Pedagogical Assistance: Strategies and Guidelines”, prepared by the Ministry of Education (Brasil, 2002). This document proposes the organization of educational assistance in hospital and home environments and contributes to our understanding of hospital pedagogy, as it guarantees access to basic education and attention to special educational needs, in order to promote development and contribute to the construction of knowledge by these students.

At the local level, State Decree No. 29.914 (Pernambuco, 2006) provides school education for students unable to attend school because of health treatment. Municipal Decree No. 28.622 (Recife, 2015) established the hospital class in the Recife education network, and Municipal Decree No. 35.723 (Recife, 2022) created the Semear Full-Time Municipal Hospital School (EMTIHS).

The implementation of a hospital class is fundamentally the result of the formal recognition that hospitalized children, regardless of the length of their stay in this environment, need educational measures and have citizenship rights. Access to and permanence in schooling are part of such measures and rights. Thus, the hospital class concerns the continuity of schooling for students undergoing treatment and hospitalization, since, as Fonseca (2008, p. 12) explains, it

[...] aims to provide pedagogical and educational assistance to the developmental, psychological, and cognitive needs of children and young people who, due to their special health conditions, are unable to share socio-intellectual experiences with their family, school, and social group.

It is worth emphasizing that the term hospital class, supported by the previously cited document (Brasil, 2002), is used at Semear because we agree that the hospital class is responsible for

[...] developing strategies and guidelines to enable pedagogical and educational monitoring of the development and knowledge-construction process of children, young people, and adults, whether or not enrolled in regular education systems, within basic education, who are temporarily or permanently unable to attend school, and to ensure the maintenance of the link with schools through a flexible and/or adapted curriculum, favoring their entry, return, or appropriate integration into their corresponding school group, as part of the right to comprehensive care (Brazil, 2002, p. 13).

From this perspective, activities must be adapted to the needs and abilities of each student. This adaptation should consider the following factors: length of hospitalization, psychological state, pathological condition, mobility, and other important aspects related to health and education. This is because pedagogical and educational monitoring in the hospital class is a right of the child and adolescent undergoing health treatment and aims to guarantee the continuity of the teaching-learning process through flexible methodologies and the creation of an environment that respects the patient's physical and psychological condition.

In 2014, a significant movement began in Recife to guarantee access to schooling for students undergoing medical treatment. This movement was driven by the Support Group for Underprivileged Children with Cancer (GAC-PE), a civil society organization dedicated to providing humanized social assistance to children, adolescents, and young people undergoing cancer treatment. The organization operates at the Pediatric Onco-Hematology Center of Pernambuco (CEONHPE),

located at the Oswaldo Cruz University Hospital of the University of Pernambuco (HUOC-UPE).

A data survey carried out in the CEONHPE wards revealed that most hospitalized patients came from municipalities and states far from Recife. This displacement meant that, in order to continue their oncological treatments, patients had to spend long periods away from their homes and families. In addition, this situation interrupted their schooling processes, as they remained absent from school during treatment.

This reality highlighted the need for initiatives that would guarantee the continuity of school learning even during medical treatment. In this sense, the action initiated in 2014 represents an important step in the struggle to guarantee the educational rights of children and young people undergoing oncological treatment. The continuity of learning, even under adverse conditions, is fundamental for the personal and social development of individuals, as well as for their recovery and reintegration into the school environment after treatment.

With the approval of financial support for the implementation of the Girassol Project by the Ronald McDonald Institute, GAC-PE identified the need to resize the project's objectives. In this regard, it established coordination with the Recife Department of Education, which, during the process of implementing the hospital class in 2014 and 2015, transformed the Girassol Project into a municipal public education policy, since, according to Santos, Conceição, and Cavalcante (2019, p. 640),

[...] the Semear Hospital Class began in embryonic form at the end of October 2014 through the Girassol Project, developed by the Support Group for Underprivileged Children with Cancer (GAC), and became possible through partnerships with other actors. One of these partnerships was established with the Recife City Government (PCR).

The agreement between the institutions provided more than a space for developing pedagogical activities, as the implementation of the Semear Hospital Class guaranteed the right to education and enabled the continuity of the educational process for these students during cancer treatment. It was grounded in the legal framework to lead the provision of specialized educational-pedagogical assistance, characterized by the diversity of pedagogical actions proposed for this specific environment and designed to address the needs and difficulties of students who are also patients.

In this sense, classes in the hospital context, considering this encounter between education and health, contribute to the humanization process by valuing the human dimension and subjectivity. This educational practice provides due respect for the dignity and autonomy of children and adolescents, in order to make prolonged health treatment compatible with the schooling process.

Physically, within the hospital, the Semear Hospital Class is located between the wards on the fourth floor of the Pediatric Onco-Hematology Center, under the responsibility of the Oswaldo Cruz University Hospital, located on the Santo Amaro Campus of UPE, Political-Administrative Region 1, in Recife. It was established through a cooperation agreement between the Recife City Government, HUOC-UPE, and GAC-PE as an intervening institution, with the aim of maintaining the school bond of patients undergoing treatment who are of school age, corresponding to Early Childhood Education, for children aged four and five, and Elementary School - Early Years. At the municipal level, until June 2022, the Semear Hospital Class was organized as an annex of the Cidadão Herbert de Souza Municipal School, which belongs to the Recife Department of Education and was located within the perimeter of the Oswaldo Cruz University Hospital.

From 2022 onward, with the creation of the Semear Full-Time Municipal Hospital School, the first hospital class was incorporated into this new school. This change represented a significant advance in the integration of teaching in hospital environments, providing better structure, support for hospitalized students, and the possibility of implementing other hospital classes.

Classes in the hospital environment represent an important initiative to guarantee educational continuity for students undergoing prolonged medical treatment. These classes may take place in the classroom, in small groups for students who are able to move around, and, for those who cannot move, individually at the bedside, using adapted trays to organize teaching materials and support activities. In addition, classes may be held in wards and outpatient clinics, meeting different student needs. Outpatient classes, for example, are aimed at children and adolescents who, although not hospitalized, need to attend the hospital regularly for chemotherapy sessions. Thus, hospital education adapts to the students' health conditions, ensuring that the learning process continues amid health-related challenges.

In addition, assistance is provided to students who are on temporary discharge between chemotherapy cycles while awaiting appointments and examinations. This teaching model seeks to minimize interruptions in the educational process, providing a certain degree of normality in the daily lives of these children and young people.

According to Recife Department of Education Normative Instruction No. 10/2015, hospital and outpatient classes follow specific guidelines that ensure the right to quality education for all students in delicate health conditions. This regulation highlights the importance of adapting teaching to each student's individual needs, ensuring that they can continue their studies effectively and without significant losses to their learning.

The implementation of these classes is a way of ensuring that, even in difficult moments, such as the treatment of chronic diseases, students do not lose contact with the educational world and remain engaged and motivated in their academic journey.

- I. **hospital class**, characterized by systematic and regular pedagogical-educational assistance that takes place in a classroom adapted to the hospital environment for the development of the school curriculum according to the proposal of the Municipal Education Network;
- II. **bedside assistance**, consisting of systematic pedagogical-educational assistance for hospitalized students who are unable to leave their beds because of their health circumstances (Recife, 2015, p. 9).

Given the routine experienced at the Pediatric Onco-Hematology Center of Pernambuco (CEONHPE) and the student's needs, classes have also been held in other spaces, such as isolation rooms, hallways, playrooms, and even intensive care units. More recently, since 2022, after the pandemic, online classes expanded. They began to be offered to students undergoing treatment who were between chemotherapy cycles and were at home, in support homes, or to students who remained in treatment without hospitalization and were still unable to return to conventional school.

Regarding monitoring classes at the hospital, the Semear Hospital Class (CHS) provides in-person assistance to hospitalized students in the wards, outpatient clinic, and chemotherapy room. Content and activities are structured in a personalized manner for each student, within a pedagogical time that constitutes a specific and temporary period of teaching and learning adapted to the specificities of health treatment and its nuances.

The following table illustrates the timeline and provides a clearer view of the creation of the Semear Hospital Class in Recife:

Table – Semear Timeline

2012	2013	2014	2015	2022
<p>GAC-PE research on school absence and absenteeism from conventional school classes due to oncological treatment.</p> <p>Initial idea: a pedagogical space for patients hospitalized at HUOC/CEONHPE</p> <p>Development of the Girassol Project by GAC-PE.</p>	<p>Submission of the Girassol Project to the Ronald McDonald Institute selection process.</p>	<p>Approval of the Girassol Project and financial support from the Ronald McDonald Institute.</p> <p>Coordination by GAC-PE and construction of relationships with public authorities: Recife City Government and HUOC.</p> <p>Research, coordination with other hospital classes, and studies to acquire knowledge for implementing the hospital class.</p> <p>Consolidation of the relationship with public authorities: Recife City Government and HUOC. Signing of the GAC-PE/PCR/HUOC agreement.</p> <p>Production of methodologies, diagnostic assessments, and instruments for hospital pedagogical assistance</p> <p>Beginning of classes at CEONHPE.</p>	<p>Inauguration of the Semear Hospital Class.</p> <p>Discussions to support the Decree and Normative Instruction.</p> <p>Publication of Municipal Decree No. 28.622 on March 6, 2015.</p> <p>Preparation of documents: Rules and Routines for the Hospital Class and Guidelines for interns.</p> <p>Publication of Municipal Normative Instruction No. 10/2015 on October 3, 2015.</p> <p>Deliberation at COMUDE: expansion of hospital classes in the Municipal Education Plan.</p>	<p>New coordination efforts for the creation of the hospital school.</p> <p>Signing of the new CHS agreement.</p> <p>Formalization and creation of the Semear Full-Time Municipal Hospital School.</p> <p>Publication of Municipal Decree No. 35.723 on June 10, 2022.</p>

Source: The authors (2022)

In this schooling context, the student who is also a patient attends classes during the period in which they undergo health treatment at the hospital, with the purpose of continuing learning processes and contributing to their subsequent return and reintegration into their school of origin<sup>1</sup>. At Semear, although mediation is carried out with the schools in which children and adolescents are enrolled, classes follow the annual school calendar of the municipal education network and are taught by tenured teachers who are part of the Recife Department of Education staff. These teachers

hold undergraduate degrees and postgraduate qualifications in education and work through a flexible curriculum that covers curricular components of Early Childhood Education and Elementary School, Early Years, considering the content provided by the school of origin.

### **3 Pedagogy and teachers' knowledge: the teachers' perspective**

The intersection between pedagogy and knowledge in the hospital environment offers an important and in-depth perspective on the topic, making it possible to explore new pedagogical dimensions and promote critical reflection on contemporary educational practices. In the context of hospital teaching work, the teachers' discourse was analyzed, with the use of codenames inspired by the symbolism of flowers to ensure the confidentiality and anonymity of the interviewees. This approach integrates knowledge that enriches the pedagogical debate and contributes to a better understanding of the complexities inherent to education in non-traditional contexts, such as hospitals.

Considering teaching work in the hospital context, the teachers' discourse on pedagogy was analyzed

[...] There is no specific pedagogy for the hospital. The science of pedagogy applies to any space. It does not have to be a different pedagogy. I cannot draw on any other knowledge except the knowledge that already exists, which is suitable for serving any student in the most varied circumstances they may present. So, people talk about hospital pedagogy, and I believe they are giving it a different title, because when we are at school, schools have names. So, when someone says, "I work with hospital pedagogy," I do not believe they are presenting anything new. Even if we look back to Comenius, in the entire history of educational science and of the didactics of education itself, there is no new didactics in the hospital. We all draw on the same educational methods and techniques that have existed for millennia, and we do not reinvent the wheel for education, but we improve the way the wheel turns. (Teacher 2 - Azalea, BA, 2022)<sup>1</sup>

[...] I do not think so. There is no need. We do have some courses, some things that equip us, but a specific pedagogy for this, I do not see the need. (Teacher 3 - Hydrangea, PR, 2022)<sup>1</sup>

[...] It can be developed within what we currently have in hospital pedagogy. I think it is a new field that is being studied, that needs to be expanded, that needs to be brought into initial teacher education, but also into continuing education, that needs to be more widely publicized, and that does require differentiated strategies, adaptation of activities, as well as curricular

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<sup>1</sup> Research interview conducted on June 20, 2022, via the Zoom Meetings platform.

adaptations. This discussion needs to be expanded in society, in educational fields, and in teacher education courses. (Teacher 4 - Violet, PE, 2022)<sup>2</sup>

[...] In the sense that we work inside the hospital, there are specificities. I do not really like that term. There are needs, there are things that are different from school. Now, to separate the field of action, to delimit the area of practice of that pedagogue, I think the terminology hospital pedagogy is interesting. I think that inside the hospital, we need to have knowledge, because hospital work is different; even with training in the pedagogy program, there are issues we need to take into account regarding the disease and also the space we are occupying. So I think yes. Hospital pedagogy exists. (Teacher 5 - Lily, PE, 2022)<sup>3</sup>

[...] We are entering an intense conceptual field here, within the field of hospital classes in this country. I understand hospital pedagogy as a field of knowledge that belongs to pedagogy; for me, it is pedagogy that, within itself, includes the perspective of hospital pedagogy. However, much of what I have been reading about hospital pedagogy seems very much associated with activities, but not with continuity of schooling; it considers other things. I think, I am a teacher, I came from the state education network to the hospital, and my task is the continuity of schooling. When I teach in the hospital, I will use other resources from the perspective of health, humanization, care, and affection; I take all of this into account. But I cannot lose this focus. I think that sometimes hospital pedagogy becomes somewhat loose, as if it does not assume the teaching role, the role of instruction. Hospital pedagogy seems to me to be a perspective in which only pedagogues work in the hospital, but I do not understand it that way. I understand that all teaching degrees also serve this context. (Teacher 6 - Lotus, RN, 2022)<sup>4</sup>

[...] I think there are pedagogies. I think it is the combination of everything. And then, yes, I can create its specificity. I believe it exists. There is a specific pedagogy, but it is a pedagogy built in everyday life through the sum of everything. Not only education, but also a great deal from health, which we need along this path. Because there is a specificity. But it does not mean abandoning what we already have. It is pedagogy, but we need alignment with other areas; understanding health is essential, understanding the hospital, what that space means, not only in practice, but historically, is also important. So there is specific knowledge, a specific pedagogy. In fact, it is the construction, the sum of what we have. (Teacher 7 - Sunflower, PE, 2022)<sup>5</sup>

[...] A pedagogy of its own, no. Hospital pedagogy, I already make a small distinction, and I have colleagues who make this distinction too. A hospital pedagogue is not only for the hospital class. Not necessarily. They can work in other areas in the hospital, hospital administration, training this pedagogue, including in human resources, offering courses for hospital staff, and also in the hospital class. So hospital pedagogy does not refer only to pedagogical action. I would not say a pedagogy, in my opinion, but disciplines such as hospital pedagogy. So there is no need for a pedagogy of its own; pedagogy itself is sufficient, but disciplines for training should be included in courses. Training hospital pedagogues or pedagogues for non-school spaces, but one chooses, because here we are talking about hospital pedagogy, although

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<sup>2</sup> Research interview conducted on June 27, 2022, via the Zoom Meetings platform.

<sup>3</sup> Research interview conducted on July 05, 2022, via the Zoom Meetings platform.

<sup>4</sup> Research interview conducted on July 05, 2022, via the Zoom Meetings platform.

<sup>5</sup> Research interview conducted on July 06, 2022, via the Zoom Meetings platform.

there are other areas a person may be interested in. (Teacher 8 - Heliconia, RJ, 2022)<sup>6</sup>

The interview excerpts presented show that pedagogy, as a science, is the same in all settings; however, in each context of pedagogical practice there are specific needs and forms of knowledge. In this sense, hospital pedagogy is situated as a discipline or field of practice whose purpose is to delimit the area of action of the pedagogue.

With specific regard to hospital pedagogy, work may be carried out in different spaces within the hospital, namely hospital administration, human resources, playrooms, reading and storytelling activities, and hospital classes. However, the interviews emphasize that, in the hospital class, pedagogical practice must be directed toward the continuity of schooling for students undergoing medical treatment.

Regarding teaching work, it must be considered as intentional pedagogical work. In order to transform the foundations of science into teaching content, it is necessary to conduct teaching practice intentionally, consciously, and in an organized manner. According to Libâneo (2010), both common sense and some pedagogues understand pedagogy as related only to methodological and procedural aspects, a reductionist concept limited to how to teach the subject and to the use of teaching and assessment techniques.

The author also emphasizes that the meaning is more complex because of its socio-historical character, since, in addition to providing a guiding direction for educational action, pedagogy is also a field of knowledge about educational issues that encompasses the dimensions of totality and historicity, involving theory and practice in all educational spaces of society. Libâneo (2010, p. 30) states that “Pedagogy is, then, the field of knowledge concerned with the systematic study of education, that is, of the educational act, of concrete educational practice as carried out in society as one of the basic ingredients in the configuration of human activity.”

According to Loss (2014, p. 25), “[...] pedagogy is a science of education that investigates educational practice with the capacity to contribute epistemologically and pedagogically to the development of education with regard to pedagogical praxis.” In other words, it carries within itself a continuous movement in the teaching and learning

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<sup>6</sup> Research interview conducted on July 08, 2022, via the Zoom Meetings platform.

process, in the relationship between theory and practice, in order to competently enable the teaching and learning process.

Saviani (2020) points out that, throughout the historical process, there have always been multiple understandings of pedagogy, involving many approaches and no unified concept. Some understand it as the science of education, while others consider pedagogy the art of teaching, disregarding its scientific character. Some relate it to philosophy, others to the history of education, and some consider it the theology of education. Despite the diversity of concepts and the different characterizations of the term “pedagogy,” there is a common point among all understandings: explicit reference to education.

Therefore, the teacher contributes through the knowledge produced, since, according to Freire (2014, p. 68), “[...] the student gradually becomes the artisan of his or her own formation with the necessary help of the educator,” which reflects a mutual contribution of learning and teaching. In the current scenario, the idea of immutable knowledge has increasingly lost meaning because of constant changes in various areas. This dynamism in the workplace and in the labor market requires professionals to develop adaptability and versatility.

Pedagogy, which involves a set of forms of knowledge and practices, seeks to respond, in each time and space, to its demands. Considering the issues above and the multiple educational spaces of contemporary society, our focus is directed toward the school environment within the hospital.

With regard to knowledge, the following discourses of the interviewed teachers are presented concerning the types of teachers’ knowledge accessed by teachers:

[...] Knowledge goes beyond training in pedagogy. (Teacher 1 - Orchid, PE, 2022)<sup>7</sup>

[...] Knowledge that is the knowledge of my professional training: I can point to the methodological issue, the curriculum issue, the issue of subjects, and my professional experiences. The teacher has to have everything that a teacher in a regular school has, especially humanitarian knowledge, affectionate knowledge, welcoming knowledge, which is the hallmark of our education. (Teacher 2 - Azalea, BA, 2022)<sup>8</sup>

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<sup>7</sup> Research interview conducted on June 10, 2022, via the Zoom Meetings platform.

<sup>8</sup> Research interview conducted on June 17, 2022, via the Zoom Meetings platform.

[...] I think we always have to pay attention to everything because working with children in the hospital requires very, very different kinds of knowledge. (Teacher 3 - Hydrangea, PR, 2022)<sup>9</sup>

[...] There is teachers' knowledge from practice, teachers' knowledge from experience, teachers' knowledge from theory, and additional teachers' knowledge, which are the specific issues required to be a special education teacher and to work in a hospital class. (Teacher 4 - Violet, PE, 2022)<sup>10</sup>

[...] I think there are multiple forms of knowledge, forms of knowledge beyond conventional knowledge, let us say, for which we are prepared in undergraduate programs, in pedagogy courses, which are very focused on regular school and leave aside other aspects, spaces, and teaching possibilities. So I understand that we have to have school knowledge, so to speak, which we bring from school training, and knowledge related to health aspects, from a perspective of care and humanization. These two paths are required of us, and they are together, not separate. There is also knowledge that takes us somewhat away from the more traditional school, because I would say that teaching in the hospital class must, for me, have an interdisciplinary approach. So perhaps the greatest knowledge is experiential knowledge, associated with school knowledge and knowledge about health or about aspects of the hospital context, because we cannot distance ourselves from this; these forms of knowledge complement each other. (Teacher 6 - Lotus, RN, 2022)<sup>11</sup>

[...] Theoretical and experiential knowledge. I think theoretical knowledge is necessary, which we bring from our academic experience, but above all the knowledge we build in practice itself, in our profession. The combination of these forms of knowledge, theoretical knowledge, experiential knowledge independent of pedagogy, knowledge from professional training, and knowledge from life experience. Our experience in this pedagogical practice and the theories we appropriated throughout our training. (Teacher 7 - Sunflower, PE, 2022)<sup>12</sup>

[...] A good theoretical foundation on child development, neuroscience studies, and, in my view, knowing a little about the main childhood diseases that may lead to medium- to long-term hospitalization. (Teacher 8 - Heliconia, RJ, 2022)<sup>13</sup>

The development of teaching work in the hospital class requires teachers to possess multiple forms of knowledge beyond conventional knowledge, which is more directly oriented toward school outside the hospital. It requires the combination of theoretical knowledge, experiential knowledge independent of pedagogy, knowledge from professional training, knowledge from pedagogical practice, and specific knowledge necessary to be a hospital class teacher, related to health aspects from the

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<sup>9</sup> Research interview conducted on July 08, 2022, via the Zoom Meetings platform.

<sup>10</sup> Research interview conducted on June 20, 2022, via the Zoom Meetings platform.

<sup>11</sup> Research interview conducted on July 05, 2022, via the Zoom Meetings platform.

<sup>12</sup> Research interview conducted on July 06, 2022, via the Zoom Meetings platform.

<sup>13</sup> Research interview conducted on July 08, 2022, via the Zoom Meetings platform.

perspective of care, humanization, affection, and welcoming, within an interdisciplinary approach.

The educational process is a complex phenomenon within a multifaceted society. In the teaching and learning process, knowledge is mobilized and transformed by and for work (Tardif, 2019). For the development of professional teaching practice, teachers must draw on knowledge constituted throughout life and in their formative trajectory, in a constant and progressive construction process.

I understand that the teacher is a professional who holds knowledge of various shades about education and whose main function is to educate children, young people, and adults. Therefore, the professional knowledge that guides the teacher's activity is part of the multiplicity characteristic of the work of professionals who act in different situations and who therefore need to act in differentiated ways, mobilizing different theories, methodologies, and skills. Thus, teachers' professional knowledge is constituted not by one specific knowledge, but by several forms of knowledge of different shades and origins (Comin, 2009, p. 63).

The author highlights the complexity and multiplicity of teachers' professional knowledge, emphasizing the diverse nature of the knowledge educators need to mobilize in order to perform their teaching duties effectively. The teacher's role goes beyond the mere transmission of knowledge, involving the education of children, young people, and adults, which requires a broad range of knowledge that is not monolithic; on the contrary, it consists of multiple layers of theories, methodologies, and skills from various sources.

Teachers' knowledge must be adaptable and comprehensive, allowing its application in different educational contexts. Teachers face varied situations that require differentiated and innovative responses to meet students' diverse needs. Therefore, they must be theoretically and methodologically prepared to personalize teaching and address different forms of learning. This preparation enables teachers to act effectively, adapting their pedagogical strategies to the specific demands of each educational environment.

In complex educational environments, forms of knowledge originating from diverse experiences circulate, where the teacher, as a knowledge professional, organizes, transforms, and reconfigures this knowledge from an ethical perspective of praxis. These experiences are both personal and professional in nature, arising from

curricular, disciplinary, and pedagogical elements, and they are joined with knowledge built in environments such as hospitals.

#### **4 Teaching and learning process for hospital class students: possibilities and limits**

In the present, various transformations have favored an understanding of the multifaceted character of education, which is experienced in different socio-educational spaces, institutionalized or not, within formal education, informal education, or both jointly, and differentiated under various modalities. According to Gadotti (2016, p. 2), “the concept of education goes beyond the limits of school and formal education and encompasses life experiences and non-formal learning processes, which develop the autonomy of both children and adults.”

As society evolves, rights become increasingly linked to policy and protection. This alliance is essential for building an educational system that reflects the complexities and demands of modern society. In this context, studies related to education have indicated a multifaceted professional perspective for teachers, pointing to numerous possibilities for professional identities and different formal, non-formal, and informal activities in education. In this sense, Libâneo (2010, p. 31) distinguishes the different manifestations of educational modalities and practices.

Informal education would correspond to actions and influences exerted by the milieu, by the sociocultural environment, and developed through the relationships of individuals and groups with their human, social, ecological, physical, and cultural environment, resulting in knowledge, experiences, and practices, but not specifically linked to an institution, nor intentional and organized. Non-formal education would be carried out in educational institutions outside institutional frameworks, but with a certain degree of structuring and systematization. Formal education would comprise training instances, whether school-based or not, where there are explicit educational objectives and an institutionalized, structured, and systematized intentional action.

On the other hand, non-formal education would be that carried out in educational institutions outside institutional frameworks, but with a certain degree of structuring and systematization. By contrast, formal education comprises training instances, school-based or not, where there are explicit educational objectives and institutionalized, structured, and systematized intentional action.

Therefore, considering the various contemporary professional possibilities and perspectives of the pedagogue, both education and pedagogical practice need to be contextualized beyond the traditional school sphere. This is because the identity of this professional must change through a broad pedagogical act involving intentional social and pedagogical practice that encompasses the transformations of this period, whether social, political, economic, or otherwise.

Libâneo (2010, p. 26) emphasizes “[...] that contemporary transformations have contributed to consolidating the understanding of education as a multifaceted phenomenon, occurring in many places, institutionalized or not, under various modalities.” Thus, education certainly evolves alongside society, requiring an increasingly broad and integrated approach that values both formal practice and the informal and non-formal influences present in our social reality.

In the hospital context, education plays an essential role, manifesting itself both as formal education and as non-formal education. In hospital schools, formal education is integrated into the official education system, ensuring the right to education for all. At the same time, non-formal education emerges not as a main objective, but as an opportunity for patients and their families during hospitalization. They have the chance to learn to read and write and to participate in craft activities that may generate income, exemplifying the interconnection between formal and non-formal education in this environment (Paula, 2007).

This educational process is vital for the cognitive and intellectual development of human beings, contributing to their abilities and aspirations and promoting the exercise of citizenship, a fundamental right of every individual. The responses below highlight the participants’ dialogue regarding the schooling process in the hospital context, reflecting the importance of this educational space.

For human beings, education, in addition to contributing to cognitive and intellectual development and to the development of their abilities and aspirations, seeks to enable the exercise of citizenship and is therefore a fundamental right inherent to the human person. Based on the responses presented below, one can observe the dialogue of the respondents regarding the schooling process in the hospital setting:

[...] the class brings this benefit of schooling. The work developed is not work, I will use this word, of “pitying.” No. It is work that actually corresponds to what is being experienced at school. (Teacher 1 - Orchid, PE, 2022)<sup>14</sup>

[...] the school in the hospital, or pedagogical action in the hospital, aims to continue the schooling process. We know that many times, many of us end up confusing our presence in the hospital and almost believe that we are there for a personal cause. We are there for an objective social cause. It is necessary to define very clearly the objectives of your role as a teacher in that place. Pedagogical action will be crossed by issues of curriculum, the circumstances of the place, how I see the patient, how I understand and access educational policy as well. All these things are part of the design of education as a whole. (Teacher 2 - Azalea, BA, 2022)<sup>15</sup>

[...] the work developed in the class may strengthen immunity, recovery, or make the child forget for a few minutes or moments that they are undergoing treatment or experiencing pain or suffering. At the same time, when this child is under your educational responsibility, it is necessary to ensure cognitive interaction, that moment in which the student's right to learn is guaranteed through pedagogical work. (Teacher 4 - Violet, PE, 2022)<sup>16</sup>

[...] the work is from the perspective of the continuity of schooling. And you have to be careful because you cannot lose your identity. You are in the hospital to be a teacher. In the hospital, things are not centered on the teacher, nor on education. Education is there as something complementary, as the guarantee of a right. But the focus there is health treatment, and we need to reflect on this because some teachers take risks in their pedagogical practice and end up focusing on recreational activities, on playful activities without pedagogical consistency, and the students will return to school. (Teacher 6 - Lotus, RN, 2022)<sup>17</sup>

[...] something that guides us is the continuity of schooling. Of course, we will not teach as the child's school would; there, the child has other conditions. But I am moving toward the perspective of teaching and learning. (Teacher 7 - Sunflower, PE, 2022)<sup>18</sup>

The school in the hospital, in this context, needs to be organized to meet the conditions imposed by this environment. According to Fonseca (2008, p. 14), the hospital class presents singularities that challenge teachers' knowledge and establish interconnected relationships: the child and their parents, the internal environment, the hospital context, the external environment, and the education networks:

[...] from a theoretical-methodological perspective, the hospital school is permeated by a particular ecology, and its existence is not truly effective if its pedagogical-educational practice is not considered and developed based on an understanding of the interconnections among the various aspects of its reality (the child, the disease, the parents, health professionals, the hospital

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<sup>14</sup> Research interview conducted on June 10, 2022, via the Zoom Meetings platform.

<sup>15</sup> Research interview conducted on June 17, 2022, via the Zoom Meetings platform.

<sup>16</sup> Research interview conducted on June 27, 2022, via the Zoom Meetings platform.

<sup>17</sup> Research interview conducted on July 05, 2022, via the Zoom Meetings platform.

<sup>18</sup> Research interview conducted on July 06, 2022, via the Zoom Meetings platform.

environment, the hospital school environment, the teacher, etc.) and those systems in the world outside the hospital (contact with the child's school of origin, adaptations for the inclusion of children with special needs in regular school, referral for enrollment in regular school upon hospital discharge for children who had never attended school before, although they were of compulsory school age). In the constant articulation of so many different factors belonging to the hospitalized clientele, a practical example of diversity has been experienced (Fonseca, 2008, p. 14).

The classroom inserted in the hospital environment projects the teacher into an environment with many dimensions. Among these dimensions, one can highlight the educational relationship with the student who, as a result of chronic disease, the circumstances experienced in the hospital context, absences, and an outpouring of emotions, will possibly present difficulties in keeping up with curricular activities.

Children and adolescents, as individuals in formation who find themselves in this circumstance, are normally deeply affected. This is especially true of children in early childhood, who experience a greater impact when removed from their social environment. In the understanding of Matos and Mugiatti (2012, p. 26), these factors lead students who are also patients to form a group that experiences a phenomenon called "social illness," "[...] this is how one can characterize this sad exclusion imposed by illness."

The authors further add that the set of negative aspects, such as hair loss, amputation, blindness, and other limitations, makes the stay more complicated. The period of confinement in the hospital, the distance from activities carried out in daily life at home and at school, and the impossibility of relating in person with family members and friends, even temporarily, may affect the child at some level. Considering the right to education in the hospital context, the teachers pointed out some difficulties and one possibility that they need to face in carrying out their teaching work, as presented below.

The impacts caused by illness and hospitalization bring about major changes in the lives of children, family members, and/or legal guardians, in their daily routine and social relationships, immersing them, without choice, in an unstable everyday life. As Vieira (2016, p. 29) states,

[...] there is an abrupt change in their life routines, as they are removed from contact with friends and parents, from the places where they live and to which they are accustomed, and begin to live in an environment of tension and fear [...]. This condition distances the patient from the external universe in which

they are inserted and to which they are accustomed, and may cause changes in behavioral patterns and emotional instability.

The teachers' discourses transcribed below can be aligned with regard to hospitalization:

[...] the greatest difficulty, I believe, is precisely dealing with the circumstances of hospitalization, with situations of illness, and, furthermore, with the characteristics that each patient will bring to me. (Teacher 2 - Azalea, BA, 2022)<sup>19</sup>

[...] one must have a much more humanized, more reflective, more understanding, and more refined view. With this child, one must not care only for learning and cognitive aspects; one needs additional care for the moment the child is experiencing, the understanding that the child is undergoing treatment, that they may be living the final moments of their life, or may have other learning opportunities. (Teacher 4 - Violet, PE, 2022)<sup>20</sup>

[...] the difficulty I see is the hospital environment itself, because especially our type of student, who deals with oncology, faces such an aggressive disease; oncological treatments are always very heavy, with side effects, and the medication is always very strong. (Teacher 5 - Lily, PE, 2022)<sup>21</sup>

[...] the conditions of the student and the context in which classes take place must be respected. They may take place individually or in groups, in the hospital class, in the playroom, at the bedside, in the ICU, or in the outpatient clinic, but they must contemplate the student's knowledge and interests in accordance with regulations concerning the curricular base, through a methodology appropriate to each teaching situation and context. (Teacher 6 - Lotus, RN, 2022)<sup>22</sup>

In the isolation of the hospital, the individual loses autonomy and personal characteristics. Often, they are identified by a medical record number and, consequently, in the condition of being ill, are deprived of family relationships, friendships, routine, the right to come and go, and are compulsorily placed in a hostile environment full of pain, uncertainties, and individual and collective suffering, since the family's primary concern upon facing the diagnosis of chronic diseases will always be the cure.

The treatment and hospitalization period is therefore a complicating factor that presents variables such as worsening or complexity of the disease, unpredictability of the length of the hospital stay, and development of behaviors typical of hospitalization and/or other illnesses, such as insecurity, anxiety, fears, and phobias, which greatly

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<sup>19</sup> Research interview conducted on June 17, 2022, via the Zoom Meetings platform.

<sup>20</sup> Research interview conducted on June 27, 2022, via the Zoom Meetings platform.

<sup>21</sup> Research interview conducted on July 05, 2022, via the Zoom Meetings platform.

<sup>22</sup> Research interview conducted on July 05, 2022, via the Zoom Meetings platform.

harm childhood and may also affect adolescence. Ortiz and Freitas (2005, p. 33) reiterate that

[...] for elementary school students, the hospital atmosphere imprisons their body and mind, preventing their free movement and school entry; it suffocates them in idleness, creates bonds of dependence, invades their privacy, and deprives them of the decision-making right of belonging over their own body and will.

From this point of view, the hospital stay gives rise to the impression that children and adolescents undergoing medical treatment are so weakened, lacking strength and energy, that it becomes unfeasible to maintain other routine activities, including schooling. For many, this moment should be devoted exclusively to healthcare. However, even as patients, children and adolescents are whole human beings, constituted by several dimensions, among which the biopsychosocial-spiritual dimensions can be highlighted. Therefore, care centered merely on the health of the body is not justified, especially because the need for development remains in the human being. According to Basso (2017, p. 33),

[...] even when hospitalized, experiencing temporary or permanent special needs, the cognitive development of children and adolescents usually continues. Based on this premise, it is essential that the school go to the student when the student cannot go to school. This is the work that the education team must carry out inside the hospital.

The difficulties highlighted indicate the importance of resuming everyday routines and the right to learn, including within the hospital, during the period needed to treat chronic diseases. Prolonged time under such care leads to absence from school, causing damage to schooling. According to Moran (2010, p. 9), “[...] the hospital integrated with the school can be a great space for learning, formal and informal, not only for the sick, but for the entire school community.” In the hospital, patients can enjoy school through learning opportunities that foster the development of the subject, their autonomy, creativity, and emancipation, allowing them, while seeking a cure, to project perspectives for the future.

In this sense, based on Ortiz and Freitas (2005, p. 42), “[...] the school, therefore, presents itself to the ill person as a mobilizer of the construction of positive ways of life.” Consequently, it is necessary to emphasize that the learning process in the hospital cannot be considered more important than the student’s health. In this

sense, the work is organized from a perspective of cooperation between health and education.

The teachers highlighted that the main difficulty faced in teaching in hospital environments is related to the specific circumstances of hospitalization. In particular, cancer treatment presents a significant challenge, as this disease is aggressive in nature and often involves uncertainties about the continuity of life. This condition requires educators to adapt their pedagogical practices to meet the emotional and educational demands of students undergoing treatment.

In the hospital environment, there is a marked dichotomy between planned and organized actions and the unpredictability of daily events. This perspective requires teachers to have a deep understanding of the singularity of this environment, with a humanized view of the aspects involving the conditions of the student, who is also a patient and lives on the threshold between pain and well-being, between life and death. In addition, it requires sensitive listening that goes beyond the mere act of hearing, and that is capable of perceiving and identifying the student's real needs, thus guiding the pedagogical work to be carried out effectively and empathetically.

On the other hand, classes in the hospital class allow the resumption of school routine, the encounter between teachers and students, play, laughter, and collective sharing. However, the complexity of the circumstances of the hospital environment, combined with the student's condition, will require individualized assistance, since flexible scheduling and respect for the student's rhythm, whether because of weakness that prevents movement from the ward to the classroom, because the student is being assisted in the outpatient clinic, or because they are awaiting a medical procedure or examinations, contribute to their continued enjoyment of the right to education.

In the data from our research, which emerged from the teachers' statements and are related to individualized pedagogical work, the following discourses were identified:

[...] I think we have to have a somewhat different sensitivity from that at school, because at school you take the class and you hardly ever work individually, right? But there, no. There you have specific work. (Teacher 3 - Hydrangea, RJ, 2022)<sup>23</sup>

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<sup>23</sup> Research interview conducted on June 20, 2022, via the Zoom Meetings platform.

[...] the advantage is this greater proximity to the student and direct contact with the families. We are closer, we know their life story, we know the student better, we identify needs and difficulties, and I think the study becomes more directed. (Teacher 5 - Lily, PE, 2022)<sup>24</sup>

[...] most of our assistance is individualized or in small groups, and sometimes you are much closer to a child who is undergoing health treatment in the hospital; you can listen and give attention. (Teacher 6 - Lotus, RN, 2022)<sup>25</sup>

[...] although this child is in a difficult moment in their life and in the lives of their family members, it is almost individualized work, but you realize that even though the child is ill, despite the whole biological issue, you can give more attention. This closeness also motivates the child because you bring into the hospital what they "lost outside." (Teacher 8 - Heliconia, RJ, 2022)<sup>26</sup>

In the hospital context, the particularity of each student will be the guiding thread in the teaching and learning process. Although the hospital class is documented with school information provided by parents and the school of origin, the teacher will carry out the work based on the reality identified, the everyday circumstances, and the conditions, needs, and interests of these students. These elements contribute to the development of individual teaching plans and programs that respect the rhythm and learning process of each student, focusing mainly on school difficulties. Sanchez (2021, p. 176) states that

[...] the teacher facilitates the construction of knowledge and social development, because the student-patient receives, during treatment, individualized educational assistance in the playroom, waiting room, chemotherapy room, ward bed, or ICU, while receiving medication. The child has the opportunity to experience routines similar to those of regular school.

In the hospital environment, all places are suitable for classes to take place, provided that students are in physical and emotional condition to participate. In this sense, pedagogical intervention will not compromise health and treatment, but will ensure education and seek solutions to learning problems.

We infer from the teachers' words that individualized assistance is a specific form of organization aimed at children and adolescents prevented by circumstances from attending the hospital class. The proximity between the teacher and the students and their families allows for a better understanding of the student's development and the identification of gaps in school development.

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<sup>24</sup> Research interview conducted on July 05, 2022, via the Zoom Meetings platform.

<sup>25</sup> Research interview conducted on July 05, 2022, via the Zoom Meetings platform.

<sup>26</sup> Research interview conducted on July 08, 2022, via the Zoom Meetings platform.

In this form of assistance, the teacher organizes content, explanations, and teaching strategies in accordance with the singularities of each student, personalizing classes so that they address individual needs. In addition, the student feels safer and more motivated to verbalize school difficulties, improving school performance.

## **5 Final considerations**

This article presented an analysis of the teaching and learning process in the context of students undergoing treatment for chronic disease, based on the experience of creating the first hospital class in Recife, from the perspective of teachers with teaching experience in hospital classes. In view of this, the results contribute to teaching work in hospital classes with regard to reflection on the context of schooling in this setting, as well as on the difficulties and possibilities that may be experienced in the hospital context.

With regard to schooling, it can be inferred that classes in the hospital, as a right to education, aim to continue the schooling process for children undergoing medical treatment. Therefore, teaching work in this environment requires a clear definition of the teacher's role in order not to lose professional identity and the ability to promote learning conditions for the student, favoring their subsequent return to the school of origin and the understanding that, in the hospital, health treatment is the primary factor, while education is established as the guarantee of a right, although there is an indication that it contributes to the treatment of the patient who is also a student.

Based on the previous analyses, it can be inferred that there is not only one form of knowledge. Pedagogical practice requires a plurality of forms of knowledge mobilized for use in teaching practice in different educational environments. In addition to the conventional knowledge of the teaching profession, teachers' practical knowledge, aligned with other forms of knowledge, is fundamental when considering the demands of the routine of this environment, the circumstances of illness, and medical treatment. In this sense, the convergence of knowledge in the pedagogical practice of the hospital class favors responses that address the school needs of students undergoing treatment for illness, as well as the peculiarities and constant changes of this school environment.

The hospital class is a specific organization aimed at serving children and adolescents who are prevented by circumstances from attending conventional school. The proximity between teacher and student provides the student with greater safety and motivation, enables a better understanding of school development, and identifies learning gaps, making it possible to provide assistance that addresses individual needs.

The teachers inferred that the organization of classes in the hospital is peculiar and always uncertain. Lesson planning and organization are carried out considering the routine of discharges, admissions, complications, examinations, appointments, and death; that is, it is based on the dynamics of the day, involving the actions of the healthcare team, that it will be defined who will participate in classes, at what time, and where. It is within this fluidity of time and space that interactions between student and teacher take place throughout the day.

We understand that teachers' knowledge, pedagogy, and the teaching and learning process in the hospital setting are themes that need to be explored further. The hospital class represents a field of teaching practice that is still restricted, both locally and nationally, which limits studies at all levels. Research on these themes is important for understanding and improving educational practices in hospital environments and for developing pedagogical strategies that are effective and inclusive, benefiting students who are in situations of hospitalization. This allows us to offer quality education adapted to the needs of each student. It will also enable the expansion of knowledge about the most appropriate methodologies and about how teachers can adapt their teaching practices to these unique contexts.

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