

PEDAGOGY IN HOSPITAL SETTING PEDAGOGIA EM AMBIENTE HOSPITALAR

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ABSTRACT: Hospital Pedagogy comes against a professional reality in which we act and experience daily. Faced with this reality where children are hospitalized, as a Pedagogy student, we perceive the possibilities for the pedagogue to act in a space where children and adolescents are often forgotten as children, adolescents and students, ignoring everything they left outside from the hospital seeing only the clinical part of your treatment. Despite having a set of laws, national and international declarations that highlight education and health as a priority focus for the promotion of life, these rights are far from being achieved and/or becoming a reality for the popular classes. To exemplify, we can mention Resolution No. 41 of October 13, 1995, of the National Council for the Rights of Children and Adolescents, which provides for the rights of hospitalized children and adolescents. Its text provides that every hospitalized child has the right to enjoy some form of recreation, health education programs and monitoring of the school curriculum during their hospital stay, since these children, if they were not hospitalized, would be experiencing pedagogical experiences and having their cognitive and development process stimulated by the school environment.

Keywords: Pedagogy Hospital. Hospital education. Hospitalized students.

RESUMO: O tema Pedagogia Hospitalar vem de encontro a uma realidade profissional na qual atuamos e vivenciamos diariamente. Diante desta realidade onde crianças são internadas percebemos como discente de Pedagogia as possibilidades de atuação do pedagogo em um espaço em que muitas vezes a criança e o adolescente são esquecidos como criança, adolescente e aluno, ignorando-se tudo aquilo que deixou do lado de fora do hospital vendo somente a parte clínica do seu tratamento. Apesar de termos um conjunto de leis, declarações nacionais e internacionais que destacam a educação e a saúde como foco prioritário da promoção à vida, esses direitos estão longe de serem alcançados e/ou se tornarem realidade para as classes populares. Para exemplificar, pode-se citar a Resolução nº 41 de 13 de outubro de 1995, do Conselho Nacional de Direitos da Criança e do Adolescente, que dispõe sobre os direitos da criança e do adolescente hospitalizados. Seu texto prevê que toda criança hospitalizada tem direito de desfrutar de alguma forma de recreação, programas de educação para a saúde e acompanhamento do currículo escolar durante sua permanência hospitalar, uma vez que essas crianças, se não estivessem hospitalizadas, estariam vivenciando experiências pedagógicas e tendo seu processo cognitivo e de desenvolvimento estimulado pelo ambiente escolar.

Palavra-chave: Pedagogia Hospitalar. Educação no hospital. Alunos hospitalizados.

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INTRODUCTION

The professional who works in the health area must ensure the physical and psychological well-being of the patient. The pedagogue has a very important role has been conquering his space and the hospital class is one of these spaces. In hospitals there are children and adolescents hospitalized who often miss the school year because they remain hospitalized. The pedagogue in this space has a fundamental role within education, because it aims to accompany the child or adolescent in the period of absence from school. The work exists of the hospital pedagogue, but more attention should be given so that hospital classes were created in all health places. This work is characterized by special education carried out with different activities and for assisting hospitalized children and adolescents, recovering the child in a process of inclusion offering learning conditions. The hospital class offers the child the school experience. The teacher, in this case, needs to have a structured and flexible planning. The environment of the hospital class should be welcoming, a joyful and cozy pedagogical space causing the sick child or adolescent to improve emotionally, mentally and physically. Hospital pedagogy may act in the inpatient units or in the recreation ward of the hospital. As a child's right, enjoy some recreation, health education programs and monitoring of the school curriculum during their stay in the hospital. This new pedagogical practice alleviates the suffering of the child hospitalized in the hospital, the patient engages in activities directed by professionals focused on the area of education, in this way, he returns more confident in his return in society.

TEORICO REFERENCE

The history of hospital pedagogy is not recent. Much has been said about the quality of life, especially these days it has been seeking to live better. Living better implies proposing better living conditions in their entirety and hospital pedagogy emerges by its importance and responsibility with life. It is important to mention that hospital pedagogy has in its conception the humanistic view, because it turns to the global being, and not only to the body and the physical and social needs of the individual. According to Esteves in 1935 Henri Sallier inaugurated the first school aimed at children who were abandoned without school attendance on the outskirts of

Paris. In the period of the Second World War, the large number of mutilated and untended children caused a group of physicians to mobilize care for these children.

In 1939, the C.N.E.F.E.I – Surenes National Center for Studies and Training for Childhood Inadapted was created, which trained teachers for work in special institutions and hospitals. In the same year is created the position of hospital teacher by the Ministry of Education of France, and that still maintains internships in boarding school to doctors, teachers school principals and social workers, maintaining the philosophy that the school is not a closed world. (ESTEVEZ, [2000?]. p.2).

In this sense, Esteves apud Amaral e Silva (2003, p.1) state that "The creation of hospital classes in hospitals is the result of formal recognition to hospitalized children with educational needs, a right to schooling". Esteves apud Fonseca and Ceccim (1999) point out that in the middle of the 20th century, it was necessary to implement educational experiences 'to children and young people hospitalized in hospital institutions because it was verified that the institutions that provided this care did not respect basic aspects of the child's development, which could compromise their psychiatric aspects in the future. According to the author, records show that the first experiences in Brazil gave – if in 1600, with school care for the disabled person, at the Santa Casa de Misericórdia de São Paulo 23 The hospital pedagogical treatment began in the 1950s, in the city of Rio de Janeiro by the Menino Jesus School Hospital, which still maintains its activities to this day to hospitalized children and adolescents. As for the pedagogue professional according to Calegari apud Simancas and Lorente (1990), his work in clinical or hospital environments is present since 1979 in a clinic in the city of Navarra, Spain, which by the hospitalization of his sister, a pedagogy academic initiates pedagogical practices, and later taken as examples in other units. According to the author from then on, the pedagogical practice in hospital now has a training course in that country. (CALEGARI,2003. p.89).

In hospitals, children and adolescents who need to be hospitalized for a long period of time end up having their school year compromised, causing them to delay their studies or be subjected to a direct disapproval, caused by their absence from school. Therefore, it is perceived the need that both the child, as the young has in recovering the lost time and occupying the available time that exists parallel to the treatment, although it.

is recognized that this is a difficult and painful period to be overcome. In this way, it is possible that such change occurs during the hospital routine that often becomes monotonous and even endless for this patient, this situation can be minimized, through the performance of the pedagogue in the hospital scopes, which will work not only the ludicity and play in the spaces that the hospital provides, such as the toy library, rooms or wards, but also continue the formal schooling of the student, so that he does not harm himself in the school year and when he receives medical discharge, in the school return phase, he can continue his studies, but not in the period he stopped before starting his treatment, but according to the latest pedagogical activities, which were three rammed in the hospital class. With this, the importance of the pedagogue in health units is given, because his work goes beyond continuity and monitoring in the teaching-learning process, but also develops pedagogical strategies to optimize the emotional state of the patient, which on several occasions is downcast, as well as minimizing negative psychological and social aspects, in order to make him adapt to the new phase in which he is, with a specialized educational service, flexible to the cognitive needs and recovery of well-being of each student/paciente (MATOS and MUGIATTI, 2006).

In this sense, hospital pedagogy has its performance ensured through the Constitution of 1988, in which it guarantees that education is a right of all, regardless of the situation that the student is or will need, as well as the Law of Guidelines and Bases of Education - LDB, law no. 9,394/96, which states: Art. 3. Teaching will be taught on the basis of the following principles: I - equal conditions for access and permanence in school; II - freedom to learn, teach, research and disseminate culture, thought, art and knowledge; III - pluralism of ideas and pedagogical conceptions (BRASIL, 1996). Therefore, every child and every young person has the right to education in an equal way, added to their cultural and social context that must be respected and considered during learning, the total access presented both in the 1988 Constitution and in LDB 9.394/96, does not restrict the space where it occurs, nor the public to whom it is directed and the situation that is directed, although what does not prevent him from learning.

For this reason, hospital pedagogy is inserted in such a regulation as Special Education from an inclusive perspective, as also occurs in the Statute of the Child and Adolescent, resolution no. 41 of October 1995, item 9, which emphasizes "Right to

enjoy some form of recreation, health education program, monitoring of the school curriculum during their hospital stay", that is, it is of paramount importance that there is the integration of health with education, so that the recovery of their health occurs in a significant way, through the individualized pedagogical care, which gives more sense to the reality that the patient lived before being hospitalized, with autonomy in their learning and in interactional relationships. In a virtual research that we conducted in relation to the concept of the word hospital, we found that it comes from the Latin "hospitālis" meaning "guest house", that is, "a hospital is the establishment for the diagnosis and treatment of patients, where research and teaching are also practiced", available at: . Although the concept states that the hospital is also a teaching space and the right to education is regulated by several laws, we know that not all health units have the concern or sufficient resources to offer their patients a specific space such as the hospital class, so that educational care contributes to the advancement of teaching and fights distaste sprees and school evasions, consequently, hospitals that provide this type of service to their patients become insufficient, related to demand on hold or without any expectation of hospital pedagogical service.

Such a condition can cause the individual to immerse himself in various sensations and emotional states such as: the abatement, fear, anxiety, depression, among others, besides fear when he is close to being discharged, if he will repeat the school year, how his colleagues will react with his return to school, if they will receive it well, ignore it or even become a reason for mockery, because some when they return aesthetically different for reasons of chemotherapy or surgical treatments, are not understood by their colleagues (MATOS and MUGIATTI, 2006). Thus, for Vygotsky (2001), there is the recognition that children with or without some kind of specificity can develop skills and abilities differently, without giving up quality in teaching strategies, because what reinforces learning difficulties is the standard of normality that society imposes, so that these students do not evolve in the teaching-learning process in the same way as those who do not have any kind of need for specific educational level. He also considers in his studies the importance of mediation, such as the intervention of linking one element to another, what occurs in the interactions of the individual with the environment where he lives, as well as the interactions of this individual with the other, which allows learning for new cognitive

phases to be obtained and human development. Thus, it is worth highlighting the freedom of action that the pedagogue has in several areas besides the school, Brandão (1981, p. 9), states that "There is no single form or a single model of education; school is not the only place where it happens and maybe it's not even the best." Then, education can be found in diverse social and cultural contexts, as well as in several non-school spaces, including the hospital. Therefore, Matos and Mugiatti (2006) define hospital pedagogy as "An alternative process of continuing education that goes beyond the formal context of the school, because it raises parameters for the care of the student's transient special needs, in hospital and/or home environments." (p. 37). And about the hospital class, the authors mentioned above, clarify stating that, as indicated by the nomenclature itself, the hospital class is the one that "offers joint care in a heterogeneous way, that is, [...] he serves several students in a class or classroom in the hospital, in an integrated way" (MATOS and MUGIATTI, 2006, p. 37-38).

Although, the National Council of Education, from Resolution No. 02/01 (BRASIL, 2001), states that the term hospital class recommends specialized educational care to students unable to attend school for reasons of hospitalization. 8 Ortiz and Freitas (2005) conceptualize hospital class as "the space of learning in a hospital situation, configuring an educational action compatible with the problematizing environment, so that the patient-student, during medical treatment, or after the end, is not absorbed in another situation of conflict: the unpreparedness for school life". (2005, p. 24).

In this context, we take as reference the National Policy of Special Education that conceptualizes the hospital class as the "Hospital environment that enables the educational care of children and young people hospitalized who need special education and who are in hospital treatment" (BRASIL, 1994, p. 20). The document is based on the Brazilian Federal Constitution itself (BRASIL, 1988), in which the hospital class complies with the right to universalize school care for those who have problems in school stay, because they are prevented from attending school due to illness. Thus, hospital pedagogy becomes an educational practice that occurs beyond the school environment, which seeks to plan and execute a pedagogical care that can meet and respect the specificities of each student/patient, which can provide the same a school

continuity, a reunion with learning, considered rather as a reality that belonged only to the past of the student.

Pedagogical practice is defined by Souza (2009, p. 69) as: "Educational practice analyzed reflexively, theorized and performed by the institutional collective is what I call pedagogical praxis." (author's griffin). Therefore, within the hospital scope, this practice requires an analysis based on the psychological and emotional conditions that the student/patient is, worked not in isolation, but together with professionals of the multidisciplinary team who can present solid elements of the patient's medical diagnosis, which contributes significantly to the pedagogue reaching the conclusion about what can be done to stimulate and develop learning and interaction, specific forma for each student.

Thus, it is up to the pedagogue to meet the educational needs of these students, establishing a continuous relationship to the learning and teaching obtained by the same in the teaching unit in which he is enrolled, but without standardization, but with the appropriate planning to meet the specificities of each student along with his illness, as well as a flexible execution to supply other cognitive situations, psychological, physical and/or emotional that the child or adolescent comes to present. Seeking knowledge about how education can be inserted in hospitals is an action that makes it possible to understand that pedagogical practice ne sses spaces has aspects and purposes slightly different from formal schools, because it seeks to avoid a standardized educational action that reduces the application of schoolmethods, and begins to consider the specificities present in its students and the environment in which they are, as a fundamental factor for the search for innovation and constant pedagogical qualification. A commitment that is beyond academic training, which allows the development of ahumanized professional path. Thus, Neto and Santiago (2006) highlight that In the work of education and schooling, it is indispensable to like people.

Of course, it's not enough to like people, although that's key. But, in liking, having deep respect for them, to the point that this respect is a driver of political, epistemological and methodological actions and contributes to the critical exercise of the profession (p. 114). That is, the dialogical relationship that the pedagogue has with the student/patient and with the parents or guardians of the same can contribute, but it is still not enough for his practice to be considered humanized, not that there is a

ready model of action to be performed, but it is possible to achieve this purpose through the sensitivity of perception in recognizing and valuing the different social aspects, cultural, cognitive aspects that are part of the individual in its entirety.

The interaction composed by the elements mentioned above, in addition to the communicational, allows pedagogical practice in the hospital environment to become humanized and driving an overcoming and trust that the student, in these circumstances, needs to have about himself. The pedagogue in his hospital practice, in addition to planning his action in a different way to what is performed in schools, has the need to understand his performance through reflection and criticism about himself as a professional, which allows us to recognize that he is also an inconclusive being, who is in constant formation. Thus, Neto and Santiago (2006) consider that: In a word, the condition of the critical subject constitutes a trait of the process of teacher professionalization, of professional development, of our way of being education professionals – of being a teacher and teacher. [...] Criticality is constructed in the relationship with the other, in the process of reflection on the practice collective reflection. (p. 116) With this, in order for the pedagogue to perform a pedagogical care in a favorable way, it is necessary that in addition to the experiences already obtained in his professional career in the area, he not only seeks knowledge that allows the understanding of increasingly specific cases, along with the innovation of methods already used, but also consider that his interpersonal relationships, the act of listening to the other, valuing the work performed in 10 groups, enables the reflection and criticality mentioned above to be developed and experienced in the pedagogical practice of this professional.

METHODOLOGY

The present work is presented as qualitative research, of exploratory character, which has in data collection the main reference for survey and treatment of results. Aiming at greater familiarity with the problem to make it more explicit, the school environment was the direct source of the study. It also involved bibliographic survey, observation, interviews and questionnaires with teachers and students of a school, as well as analysis of examples that stimulate the general understanding of the data presented. According to Marconi and Lakatos (2011), the qualitative method differs from quantitative, not only by employing statistical instruments, but also by the way

of data collection and analysis. Thus, the qualitative methodology aims to analyze and interpret the facts in a deeper way as the complexity of human behavior. With this method it is possible a more detailed analysis of the investigation as habits, attitudes and behavior trends. Richardson (1999) states that qualitative research can be characterized as an attempt to understand the meanings and situational characteristics presented by the interviewees, instead of the production of quantitative measures of characteristics or behaviors. Also according to Marconi and Lakatos (2004), the Qualitative Methodology presents the following characteristics: focus on the interpretation that the participants themselves have of the situation under study, rather than on quantification; Emphasis on subjectivity rather than Objectivity; Flexibility in the process of conducting the research; and Guidance for the process, not for the outcome. To construct this work, he made use of the qualitative observation technique, which is called field observation, an indirect participant that aims to: Explore environments, subcultures and most aspects of the social life of the group to be studied; describe communities, environments and the different activities performed by the participants and their meanings; understand processes, challenges between people and their situations or circumstances, events, patterns, social and cultural contexts; identify problems; generalize hypotheses for future studies (MARCONI AND LAKATOS, 2011, p. 274).

RESULTS AND DISCUSSION

Author, year	Title	Goal	Method	result	Conclusions
MATOS, E.L.M, MUGIATTI, M.T.F. 2014	Hospital Pedagogy: humanization integrating education and health.	Explore pedagogy in the hospital context in a more humane way.	Observation of hospitals inserted in the reality of hospitalization without interruption of pedagogic activities.	Curricular proposal of special programs for education within hospitals.	Hospital Pedagogy has a great social importance, offering children or adolescents the possibility of continuing their intellectual development in a

					harmonious way.
MUNICIPALITY OF SÃO PAULO. 2003.	LEI No. 15,886	Regulate the Hospital Pedagogical Program	Implementation of laws according to the needs observed within hospitals in São Paulo, in accordance with Hospital Pedagogy.	Creation of state law LEI no. 15,886.	Hospital pedagogy, because it is a specialized work, requires a broad knowledge of the active professional, because the reality of the child affected by an illness interferes in the physical, social and emotional aspects of this disease and consequently in their learning.
MAIA, C.I.B. 2016	Shishiro Otake Hospital Toy Library	Propose the concept of hospital brinquedoteca within the scope of learning, not just playing.	Analyze hospitals with brinquedotecas and their functioning within pedagogy.	Implementation of pedagogy as an object of study within the Shishiro Otake hospital toy library.	Education is widely discussed in all its aspects, and hospital pedagogy joins this discussion, because we see a growing demand for hospitalized children who need school care, making, if necessary, scientific and theoretical knowledge about the proposed theme.

FINAL CONSIDERATIONS

As in schools, educators who work in a hospital environment should be the bridge between hospitalized students and knowledge, taking into account the limitations and clinical conditions of each student-patient, because the teaching-learning process does not occur on a regular basis, but in a hospital environment and one of the objectives of educators working in this area should be to contribute to the learning of hospitalized children and adolescents so that, when they can return to the school of origin, they are not at a disadvantage in relation to the class, besides knowing the reality and the context that surrounds them. We understand that in Hospital Pedagogy the integral development of each student is one of the main goals of the pedagogues and the multidisciplinary team that integrates them. Thus, by working in a hospital environment, pedagogues contribute to the formation of critical, ethical and participatory citizens who can actively act in society, having as one of the bases for their experience the knowledge built during the hospitalization period. Experiencing and understanding how the routine of pedagogues working in a hospital environment was extremely important for the accomplishment of this work, because we observe that the practice is based on theory and supported by the law, asserting the right to access to education that each Brazilian has. Thus, we see the importance of Hospital Pedagogy when, through pedagogues, we do not deprive hospitalized students-patients of knowledge, contributing to the recovery and integral development of each student through humanization.

REFERENCES

ÄÄRELÄ, T., Määttä, K., & Uusiautti, S. (2018). The challenges of parent-teacher collaboration in the light of hospital school pedagogy. *Early Child Development and Care*, 188(6), 709-722. doi:10.1080/03004430.2016.1230108
» <https://doi.org/10.1080/03004430.2016.1230108>.

ARANGO, L. G., & Molinier, P. (2011). *El trabajo y la ética del cuidado [Work and the ethics of care]*. Medellín, Colombia: La Carreta Social y Escuela de Estudios de Género, Universidad Nacional de Colombia.

ARDÓN Esquivel, D., Leytón Vega, F., Méndez Rodríguez, N., Monge Brenes, K., & Valverde Cabezas, G. (2017). *La pedagogía hospitalaria en Costa Rica: La atención a la niñez menor de siete años de edad [Hospital pedagogy in Costa Rica: Attention to*

children under seven years of age]. *Actualidades Investigativas en Educación*, 17(1), 1-23. doi:10.15517/aie.v17i1.27295 » <https://doi.org/10.15517/aie.v17i1.27295>.

BUSTOS, C., & Cornejo, R. (2014). Sentidos del trabajo en docentes de aulas hospitalarias: Las emociones y el presente como pilares del proceso de trabajo [Senses of work in hospital classroom teachers: Emotions and the present as pillars of the work process]. *Psicoperspectivas Individuo y Sociedad*, 13(2), 186-197. doi:10.5027/psicoperspectivas-Vol13-Issue2-fulltext-365 » <https://doi.org/10.5027/psicoperspectivas-Vol13-Issue2-fulltext-365>

CRESPO Molero, F., & Sánchez Romero, C. (2019). Alumnado con trastorno mental grave: Análisis de la atención educativa recibida en la Comunidad de Madrid [Students with severe mental disorders: Analysis of the educational attention received in the Community of Madrid]. *Psychology, Society, & Education*, 11(1), 113-124. doi:10.25115/psye.v10i1.2124 » <https://doi.org/10.25115/psye.v10i1.2124>

DELEUZE, G., & Guattari, F. (1992). *O que é a filosofia?* [What is philosophy?] (B. Prado Jr. & A. A. Muñoz, Trans.). Rio de Janeiro, RJ: Editora 34.

DELEUZE, G., & Guattari, F. (2008). *Mil-Platôs: Vol. 1. Capitalismo e esquizofrenia* [Thousand Plateaus: Vol. 1. Capitalism and schizophrenia] (A. L. Oliveira, A. Guerra Neto, & C. P. Costa, Trans.). Rio de Janeiro, RJ: Editora 34.

FERNANDÉZ Hawrylak, M. (2000). La pedagogía hospitalaria y el pedagogo hospitalario [Hospital pedagogy and the hospital teacher]. *Tabanque*, (15), 139-150. Retrieved from <https://uvadoc.uva.es/bitstream/handle/10324/8826/Tabanque-2005-15-LaPedagogiaHospitalariaYElPedagogoHospitalario.pdf?sequence=1&isAllowed=y> » <https://uvadoc.uva.es/bitstream/handle/10324/8826/Tabanque-2005-15-LaPedagogiaHospitalariaYElPedagogoHospitalario.pdf?sequence=1&isAllowed=y>

FUNDACIÓN Carolina Labra Riquelme. (2019). *Das décadas de experiencia en pedagogía hospitalaria* [Two decades of experience in Hospital Pedagogy]. Santiago, Chile: Santillana. Retrieved from https://www.fclr.cl/wp-content/uploads/2020/08/DOS_DECADAS_PEDAG_HOSPT-min.pdf » https://www.fclr.cl/wp-content/uploads/2020/08/DOS_DECADAS_PEDAG_HOSPT-min.pdf.

GANEM, L. S., & Silva, C. C. B. (2019). Pedagogical home care actions: Possibilities and challenges. *Revista Brasileira de Educação Especial*, 25(4), 587-602. doi:10.1590/s1413-65382519000400004 » <https://doi.org/10.1590/s1413-65382519000400004>

GOMES, R. B. G., Conceição, C. C., & Cavalcante, T. C. F. (2019). A importância da classe hospitalar Semear do Recife no processo de continuidade da escolarização dos estudantes/pacientes com câncer [The importance of the hospital school program Semear do Recife in the process to continue the schooling of students/patients with cancer]. *Revista Brasileira de Estudos Pedagógicos*, 100(256), 633-650. doi:10.24109/2176-6681.rbep.100i256.4068 » <https://doi.org/10.24109/2176-6681.rbep.100i256.4068>

HEN, M. (2018). Causes for procrastination in a unique educational workplace. *Journal of Prevention & Intervention in the Community*, 46(3), 215-227. doi:10.1080/10852352.2018.1470144 » <https://doi.org/10.1080/10852352.2018.1470144>

JIMÉNEZ, N. N. V., Montes, J. E. O., & Alcocer, E. C. P. (2019). Hospital pedagogy: A space of love and recognition for the oncological pediatric patient. *Texto & Contexto -Enfermagem*, 28, e20180112. doi:10.1590/1980-265X-TCE-2018-0112 » <https://doi.org/10.1590/1980-265X-TCE-2018-0112>

LATORRE Medina, M. J., & Blanco Encomienda, F. J. (2010). Función profesional del pedagogo en centros hospitalarios como ámbitos educativos excepcionales [Professional role of the pedagogue in hospitals as exceptional educational settings]. *Educación XXI*, 13(2), 95-116. doi:10.5944/educxxi.13.2.239 » <https://doi.org/10.5944/educxxi.13.2.239>

LIZASOÁIN Rumeu, O., & Polaino-Lorente, A. (1996). La pedagogía hospitalaria como un concepto unívoco e innovador [Hospital pedagogy like a unique and innovative concept]. *Comunidad Educativa*, (231), 14-15.

LORENTE Molina, B. (2004). Género, ciencia y trabajo. Las profesiones feminizadas y las prácticas de cuidado y ayuda social [Gender, science and work. Feminized professions and social care and support practices]. *Scripta Ethnologica*, (26), 39-53. Retrieved from <https://www.redalyc.org/pdf/148/14802602.pdf> » <https://www.redalyc.org/pdf/148/14802602.pdf>

LOZANO Lima, A. M., & Genta Lugli, R. S. (2020). Os tempos da ação docente na classe hospitalar [The times of teaching action in the hospital class]. *Educação*, 45, 1-19. doi:10.5902/1984644440241 » <https://doi.org/10.5902/1984644440241>

MARCHESAN, E. C., Bock, A. M. B., Petrilli, A. S., Covic, A. N., & Kanemoto, E. (2009). A não-escola: Os sentidos atribuídos à escola e ao professor hospitalares por pacientes oncológicos [The non-school: The meanings attributed to hospital school and teacher by cancer patients]. *Psicologia: Ciência e Profissão*, 29(3), 476-493. doi:10.1590/S1414-98932009000300005 » <https://doi.org/10.1590/S1414-98932009000300005>

MAXWELL, J. (1992). Understanding and validity in qualitative. *Harvard Educational Review*, 62(3), 279-300. doi:10.17763/haer.62.3.8323320856251826 » <https://doi.org/10.17763/haer.62.3.8323320856251826>

PALOMARES-Ruiz, A., Sánchez-Navalón, B., & Garrote-Rojas, D. (2016). Educación inclusiva en contextos inéditos: La implementación de la Pedagogía Hospitalaria [Inclusive education in unprecedented contexts: The implementation of Hospital Pedagogy]. *Revista Latinoamericana de Ciencias Sociales, Niñez y Juventud*, 14(2), 1507-1522. Retrieved from <http://www.scielo.org.co/pdf/rlcs/v14n2/v14n2a43.pdf> » <http://www.scielo.org.co/pdf/rlcs/v14n2/v14n2a43.pdf>

RIQUELME, S. (2006). *Aulas y pedagogía hospitalaria en Chile*. Santiago, Chile: Grafimpres.

SÁNCHEZ-Meca, J. (2010). Cómo realizar una revisión sistemática y un meta-análisis [How to conduct a systematic review and meta-analysis]. *Aula Abierta*, 38(2), 53-64.

SERRADAS Fonseca, M. (2015). La pluridimensionalidad del rol del docente hospitalario. *Educ@ción en Contexto*, 1(2), 38-55. Retrieved from <https://educacionencontexto.net/journal/index.php/una/article/view/17/24>
» <https://educacionencontexto.net/journal/index.php/una/article/view/17/24>