


**CONTINUING TEACHER EDUCATION: HOSPITAL CLASS INTERFACE BETWEEN  
EDUCATION AND HEALTH**

**FORMAÇÃO CONTINUADA DE PROFESSORES(AS): CLASSE HOSPITALAR  
INTERFACE ENTRE EDUCAÇÃO E SAÚDE**

**FORMACIÓN DOCENTE CONTINUA: INTERFAZ DE LA CLASE HOSPITALARIA  
ENTRE EDUCACIÓN Y SALUD E IMPLEMENTACIÓN**

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**ABSTRACT**

The hospital classroom is a classroom that seeks to provide continued schooling for students admitted to hospitals for treatment. Therefore, teacher training for this setting requires topics that meet specific needs. This paper presents an excerpt from a study conducted in a hospital classroom, which aimed to assess teacher training that aligns with school services within the hospital setting. The methodology used is a qualitative approach, conducted during the pandemic, which allowed for an understanding of issues that address particular and complex health education situations and require different approaches. Data collection was conducted through semi-structured interviews via the Zoom Meetings platform with teachers with experience in hospital classrooms. In the results achieved, the teachers highlighted themes that encompass the particularity of teaching work in the hospital, such as: the interface between health and education, illness, the relationship between theory and practice and the emotional strengthening of teachers with the aim of identifying themes relevant to teaching in the hospital environment that contribute to a permanent process of improving the knowledge necessary for the teacher's activity in this area.

**Keywords:** Health Education Interface. Hospital Class. Teacher Training.

**RESUMO**

A classe hospitalar é uma sala de aula que busca propiciar a continuidade da escolarização para estudantes internados em hospitais para tratamento. Neste sentido, a formação de professor(a) para este âmbito exige temáticas que atendam às necessidades específicas. O trabalho apresenta o recorte de uma pesquisa realizada em uma classe hospitalar, que teve por objetivo averiguar a formação docente que se coaduna ao atendimento escolar no âmbito do hospital. No que se refere a metodologia utilizada trata-se de uma pesquisa de abordagem qualitativa, realizada no período da pandemia, que permitiu a compreensão de questões que tem como objeto situações particulares e complexas da educação na saúde e exigem diferentes enfoques. A coleta de dados foi realizada por meio de entrevista semiestruturada através da plataforma do Zoom Meetings com professoras com experiência em classe hospitalar. Nos resultados alcançados as professoras assinalaram temáticas que contemplam a particularidade do trabalho docente no hospital, tais como: a interface entre saúde e educação, o adoecimento, a relação teoria e prática e o fortalecimento emocional de professores(as) com a finalidade de identificar temas pertinentes à docência no ambiente

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hospitalar que contribuam para um processo permanente de aperfeiçoamento dos saberes necessários à atividade do(a) professor(a) neste âmbito.

**Palavras-chave:** Classe Hospitalar. Formação Docente. Interface Saúde Educação.

## **RESUMEN**

El aula hospitalaria busca brindar formación continua a los estudiantes ingresados para recibir tratamiento. Por lo tanto, la formación docente en este entorno requiere temas que satisfagan necesidades específicas. Este artículo presenta un extracto de un estudio realizado en un aula hospitalaria, cuyo objetivo fue evaluar la formación docente en consonancia con los servicios escolares en el ámbito hospitalario. La metodología empleada es un estudio cualitativo, realizado durante la pandemia, que permitió comprender las problemáticas que abordan situaciones particulares y complejas de educación para la salud y que requieren enfoques diferentes. La recopilación de datos se realizó mediante entrevistas semiestructuradas a través de la plataforma Zoom Meetings con docentes con experiencia en aulas hospitalarias. Los resultados destacaron temas que reflejan la naturaleza única de la docencia en hospitales, como la interfaz entre la salud y la educación, la enfermedad, la relación entre la teoría y la práctica, y el empoderamiento emocional del profesorado. El objetivo fue identificar temas relevantes para la docencia en el entorno hospitalario que contribuyan a un proceso continuo de mejora de los conocimientos necesarios para la docencia en este campo.

**Palabras clave:** Aula Hospitalaria. Formación Docente. Interfaz Salud-Educación.

## 1 INTRODUCTION

This article is related to a hospital class linked to a municipal school network. Although annually, the Department of Education provides training for teachers based on four axes: Entry Training, Continuing or Permanent Training, Integrative Training and Complementary Training (EFER, 2021), there is no specific training aimed at teachers who work at the hospital.

Since the implementation of the first hospital class in 2014, the absence of training for teaching in hospitals has led teachers from the municipal school system, allocated to the hospital class, to seek autonomous qualification. They engaged in academic readings, postgraduate courses in hospital pedagogy, and participated in national and online events, aiming to improve their practices and update themselves on issues specific to the hospital context.

The study demonstrated that the teaching work developed within the hospital requires specific training that contributes with training elements that contemplate the needs of teachers in this context. Therefore, the article is segmented as follows: illness and health treatment, the interface between health and education, the relationship between theory and practice in the face of the peculiarities of the environment, the emotional strengthening of teachers in the hospital context and other aspects of teacher training in the hospital context.<sup>3</sup>

## 2 METHODOLOGY

This research was based on a qualitative approach, which allows the understanding of issues that have as their object particular and complex situations and require different approaches. According to Minayo (2015, p. 21), the qualitative approach "[...] works with the universe of meanings, motives, aspirations, beliefs, values, attitudes, which corresponds to a deeper space of relationships, processes and phenomena that cannot be reduced to the operationalization of variables".

The objective of this study was to ascertain which teacher training is consistent with the school pedagogical service within the hospital from the perspective of 8 (eight) teachers, postgraduates, with professional experience in hospital classes, living in the northeast, south

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<sup>3</sup> Declaration of Ethical Compliance: This research was conducted in accordance with the ethical guidelines established by the Declaration of Helsinki and was approved by the Research Ethics Committee of the University of Pernambuco, under the number of CAEE (Certificate of Presentation of Ethical Appreciation): 57206222. 0. 0000. 52707 and approval opinion number 5.606.275. All participants were informed about the objectives of the study and provided informed consent prior to data collection.

and southeast. The semi-structured interviews took place individually in the second half of 2022, in the form of a recorded online interview, carried out through the *Zoom Meetings application*. The analysis was carried out using the Thematic-Categorical Content Analysis technique, which went through the following phases: organization of the material; encoding; categorization; treatment of the results obtained and interpretation (BARDIN, 2016).

The locus of the research is a hospital class, a regular teaching room managed by a Municipal Secretariat that serves students hospitalized for cancer treatment, of school age from Early Childhood Education (4 and 5 years old) to Elementary School - Early Years. In 2022, after the creation of the Municipal Full-Time Hospital School, the hospital class was integrated into this school, allowing the expansion of the educational offer for students undergoing treatment in other hospitals and for Elementary School - Final Years.

### 3 DISCUSSIONS AND RESULTS

The results of this research obtained through the interviews highlight important themes for the training of teachers who work in the hospital environment, which are: 1. Interface between health and education. 2. Illness. 3. Relationship between theory and practice. 4. Emotional strengthening of teachers and other aspects of teacher training within the hospital.

#### 3.1 EDUCATION, ILLNESS AND THE CONDITION OF THE STUDENT UNDERGOING MEDICAL TREATMENT

Considering the illness, the student's health treatment and the relationship with education in the hospital, we seek to analyze the teacher's discourse to understand the perception regarding important themes to be addressed in teacher training in the hospital. From this perspective, the following narrative can be aligned:

**Prof. 7 Sunflower:** [...] reflect a little on issues related to the hospital and how to work in this space. So, some precautions that this professional needs to take. Understand this space a little, which is important. Sometimes there are people who arrive and don't know how to deal with the hospital, they don't do what they need. We need to know how to deal with this environment. What is this environment? What precautions do I need to take? The issue of hygiene, what do we have to use? We need to talk to the health professional. I think that there the specific pedagogical work within the hospital has to have training that reflects this.

In the analysis of the teacher's discourse, we found that in order to carry out the pedagogical work in this context, it is essential that the teacher understands the implications of illness, of the hospital context in the schooling process of this student, that the educational process is organized based on the dynamics of health and is not dissociated from the aspects of this universe.

When it comes to chronic diseases, the reality of the locus of research, the concept of disease deepens. From this perspective, the Guidelines for the care of people with chronic diseases in health care networks and priority lines of care (2013. p. 5) define that,

Chronic diseases make up the set of chronic conditions. In general, they are related to multiple causes, are characterized by gradual onset, with usually uncertain prognosis, with long or indefinite duration. They have a clinical course that changes over time, with possible periods of exacerbation, which can generate disabilities. They require interventions with the use of soft, soft-hard and hard technologies, associated with lifestyle changes, in a process of continuous care that does not always lead to a cure.

The limitations imposed by the chronic disease that weakens health are experienced not only by biological impediments, but also by impediments of other kinds, such as the alteration of their routine, separation from family and friends, distancing from home and school, the suffering caused by medical procedures and the profusion and complexity of feelings such as fear, loneliness, longing, anguish and insecurity. It is in this health environment that education is inserted with a new look of understanding and perception, in the face of relationships, objects and context.

For Moreno (2015, p. 83), it is imperative to resize the fields of education and health in this new movement with a sense of educational practice. The author points out that "instead of being foreign to each other, we proclaim the condition of in-between places - neither Health per se nor Education per se, but occupying places in an imbricated and relational way". The challenge in this context is to understand the intersection between the two rights: education and health, considering what is specific in each area to develop the work from the perspective of integrated actions and mutual contributions.

In this in-between-place that surrounds health and education, a preponderant factor is the establishment of a dialogical relationship between student and educator, intending the construction of autonomy that has been deprived since the illness. "The fundamental thing is that the teacher and students know that their posture, teacher and students, is *dialogical*,

open, curious, inquisitive and not passive, while speaking or listening" (FREIRE, 2014). In this sense, considering that the hospital class demands dialogicity, the Freirean perspective is the basis for praxis, since this process occurs in a dialogical way, based on the active listening of students with a focus on critical reflection and the non-hierarchical construction of knowledge, having as a fundamental factor the communication of the human relationship to form oneself as a person.

These factors make us reflect that the pedagogical practice in the hospital is plural and requires dialogicity in this place between the students, with the professionals of the multidisciplinary health team, with the school of origin, with the education network and with the family, without neglecting to consider the dynamics of the day in the hospital and all the circumstances that demand it. It is in this multiplicity of events, spaces and contexts that the teacher is inserted to mediate the interaction between the student and education, favoring access to the formal schooling process. In this perspective, we highlight:

The teacher who will work in the hospital class or in home pedagogical care must be able to work with human diversity and different cultural experiences, identifying the special educational needs of students prevented from attending school, defining and implementing strategies for curricular flexibility and adaptation. It should also propose the didactic-pedagogical procedures and alternative practices necessary for the teaching-learning process of students, as well as be available for teamwork and advice to schools regarding the inclusion of students who are away from the educational system, either on their return or for their entry (BRASIL, 2002, p. 22).

The heterogeneity of hospital schooling is a challenge, since it is organized in a universe of urgent, practical and fast decision-making, in the face of accelerated and abrupt changes in the daily life of the hospital. According to Ortiz and Freitas (2005, p. 61), "The training of teachers for the practice of hospital pedagogical instances is a task to be outlined on a daily basis, having as a model their identity, within an institution identified with health". Thus, care not to transpose the didactic and methodological aspects of other educational spaces to the hospital is a preponderant factor. In view of this issue, training for this environment requires learning mechanisms and processes that correlate theory and practice, and that enable meaningful action.

Society expands, transforms and with it new needs arise and new rights are identified. According to Pimenta (1996, p. 75), "the teaching profession, like the others, emerges from

a given moment and historical context as responses to needs that are posed by societies, acquiring the status of legality". The multiplicity of demands drives education and it is in this context that different school spaces emerge.

The growing changes establish the need for training and development of competencies and skills that provide for coping and guide such changes. In the hospital, the teacher, who participates in the professional context of health, is responsible for mediating pedagogical actions for students who are patients. Therefore, the teaching performance in the class requires a humanistic vision that goes beyond the pre-established theories, understanding the child and adolescent in treatment as integral beings, enabling the implementation of pedagogical practices, articulated with the theories with the purpose of providing educational quality.

### 3.2 THE EDUCATION-HEALTH INTERFACE

In the daily life of conventional schools, when we think about education and health, we see these two distinct and irreconcilable dimensions. Outside the hospital, it is understood that even with limitations, students are able to carry out all the proposed pedagogical activities.

During the school year in conventional schools, information about students' illness does not affect the school. However, the long hospitalization time for treatment distances the child from the universe of conventional schooling and the school in the hospital is established with the objective of ensuring the right to schooling.

In view of the hospitalization process in the hospital, we seek to list the statements transcribed below with regard to the relationship between education and health:

**Prof. 6 Lotus:** [...] So it is important to have a very respectful look at the teaching action, for the teacher's performance in the context of the hospital, to be able to dialogue with health professionals. Both health professionals have to respect the knowledge of these teachers, because they are specific knowledge, and teachers have to respect the knowledge of health professionals, maintaining a horizontal dialogue, where this knowledge is added in favor of a greater objective, which is learning, the integral development of the child.

**Prof. 7 Sunflower:** [...] It has to be, in fact, a formative space, this training design that matches a lot with what we live. To make the relationship between health and education, understanding the particularities of health by studying and reflecting on the organization of this pedagogical work within this class.

From the analysis of the respondents' discourses, it is verified the need for an education that reflects the specific pedagogical work in the hospital, since, in the learning process, there is a need to see the binomial education and health, and to understand that transposing education in the traditional molds alone will not be enough to carry out the pedagogical work, because "[...] the hospital environment and educational work in the humanization process are based on the interconnection between education and health, promoting a collaborative relationship (SOUSA, TELES, SOARES, 2017, p. 246)." In this reality, the hospital is the place that brings together the professional and technological capacity for the treatment of diseases when they are aggravated. Even if there is no possibility of cure, there will be an expectation of improvement of the patient and his condition of existence. Hospitalization presents the conflict between weakness and life, however schooling brings the perspective of continuity, of the future.

Based on this statement, Reis points out that,

'The hospital is an unknown environment for the child, where he lives with strangers, is subjected to various exams, feels pain, discomfort, insecurity and often even fear. Her routine is completely changed, she is removed from the conviviality of family, friends and the school routine. Living with the educator rescues not only the desire to study, but also awakens the interest in continuing to fight in the midst of the difficulties she is going through." (REIS, 2021, p. 95)

The hospitalization routine establishes another condition of being in the world, often not tangible to the emotional and sociocultural contours. It is an event that the child does not know and does not understand. Changes in their physical life, as a result of limitations due to the effect of the disease and subjective, acceptance of the challenges to be overcome, loss of their personal, family and social references.

Even if he is in the condition of a patient, the child remains a child. To direct one's gaze and understand the universality of education-health rights and to see above disease and physical weakness. "Educational care in a hospital environment expresses the recognition that the rights to citizenship need to be maintained, regardless of the patient's condition. (SILVA & SILVA, 2022. p. 366)".

The current demands lead to new educational contexts, different spaces of action and various possibilities of pedagogical practices. This should not happen from a bureaucratic and technical-mechanical teaching perspective (PIMENTA, 1996). This context



demands pedagogical knowledge that contributes to the promotion of a meaningful, reflective pedagogical training in the craft of being a teacher.

Therefore, with regard to mechanistic practices, (PAULA, 2007) indicates that,

The hospital teacher needs to be aware of these issues, because otherwise he can reproduce in the hospital, mechanistic, excluding practices, which occur in some regular schools that can lead children to feel doubly excluded: because they are hospitalized and because they are unable to follow the classes at the hospital school. (PAULA, 2007, p. 24)

With regard to teacher training, it must be responsible for the attributions in different spaces, fixing the gaze not only on the academic debate, but also on the field of work as a specific locus of professional action. Thinking and discussing these aspects are concerns arising from the lived experience. In addition to this factor, the participation of the profession is essential in professional training. According to Nóvoa (2022, p. 88), "[...] There can be no strong profession if teacher training is devalued and reduced only to the subjects to be taught or pedagogical techniques." According to the author, it is in the school and in everyday life that training will be defined and organized in order to provide opportunities for teacher professional development.

Dealing with unusual situations that are typical of the disease, such as diagnoses, treatments, complications, exams, life and death, requires from the teacher skills that allow him to perform pedagogical action with the intention of enhancing the knowledge of these students in health treatment so that there are no ruptures or damage to their well-being or school life. According to Mutti (2016, p. 52), "[...] for the pedagogical educational training of students in health treatment, it calls for an education based on significant practices, carried out by pedagogues who are specialists in this area, who have their professional practices in reflective action".

Therefore, content mastery alone is not enough. Other issues cross the professional routine and it is necessary to reflect on the practice in the face of the specificities and differences that permeate this professional sphere of education permeated by knowledge built in the day-to-day pedagogical practice, located at the interface between education and health, which needs to be understood, extended and added to the knowledge of the area of education.

### 3.3 THE RELATIONSHIP BETWEEN THEORY AND PRACTICE IN THE TEACHER TRAINING PROCESS

The pedagogical practice in the hospital allows us to understand that the classes promote educational care for children and adolescents, corroborating the possibility of continuing the educational process in multiple spaces, including the hospital. In this universe, the teacher is located in a certain temporal, historical, and spatial context for the construction of a certain pedagogical action, thus, the teacher's training is imbued with theory and practice.

In view of the context of hospital classes, we seek to analyze the teacher's transcribed dialogue to understand how she identifies the relationship between theory and practice in view of the peculiarities of the environment.

**Prof. 4 Violet:** [...] It is important to have a space for study, reflection, analysis of case studies, articulating theory and practice. Theory alone would not be valid, neither would practice alone, but making this articulation between theory and practice where it could be worked with these professors, this knowledge and teaching knowledge necessary to work in the hospital class, which would bring the elements, the already known theoreticians, allied to what is already happening, and make this reflection by working with situations that have already happened and decision-making in these moments. The teacher needs to be a teacher who is also a researcher of his own practice, reflecting on what he does and on what he can offer to other teachers and society itself.

In the teacher's dialogue, it was possible to infer that teacher training in the context of the education of students undergoing medical treatment demands experience in the practice of teaching in the hospital due to the peculiarities of this pedagogical practice, as well as the understanding that being in the hospital requires the teacher to exercise the exercise of being a researcher of his or her practice, study and collective reflection, in order to develop the critical-reflective capacity to establish the correlation between the teaching work in the hospital and the theoretical foundations, making it possible to find ways and strategies that support decision-making in this educational workspace.

According to Souza, Teles, Soares (2017, p. 244, 245),

[...] Learning is not more important than the health of the child or adolescent, so at no time can their activities interfere in the clinical care process. From this, the pedagogue must have qualification and training to act satisfactorily, because the pedagogical service must be carried out in a planned way, at each stage activities are developed with pedagogical objectives and not just directed to the moment of distraction, so that

time is not wasted with unnecessary activities.

Social transformations and new demands need to be faced with the development of new knowledge, such as the hospital class that ensures schooling for students who break with school during hospitalization and treatment. In the understanding of Maito (2013, p. 48):

The teacher of this type of education needs to receive training capable of preparing him to work with schoolchildren with specific needs and characteristics in a time and space different from those known in regular schools. The dynamics of the hospital, support houses or homes require the teacher to adapt his actions, in the contents and also adaptations of the physical space, in addition to respect for the hospital routine and the various professionals who work with the student in these contexts.

Specific continuing education can contribute to better professional performance of teachers, enabling teachers to develop skills that allow qualified performance to meet needs through innovative teaching practices that corroborate their own dynamics, functional organization and pedagogical and ethical aspects of this pedagogical service. For Freire,

The fact, however, that teaching teaches the teacher to teach a certain content should not mean, in any way, that the teacher ventures to teach without competence to do so; it does not authorize him to teach what he does not know. The ethical, political, and professional responsibility of the teacher places on him the duty to prepare, to train, to train himself even before starting his teaching activity. This activity requires that their preparation, their training, their training become permanent processes. Their teaching experience, if well perceived and well lived, makes it clear that it, the teaching experience, requires a permanent formation of the teacher. Training that is based on the critical analysis of their practice (FREIRE, 2019, p. 56).

Training in this field is a process conceived as a strategy to build, expand and qualify the teaching process. Such training demands, in addition to the knowledge used in the conventional school, specific knowledge and pedagogical assistance, "[...] with solid foundations of a scientific nature in the theoretical-practical aspects" (MATOS; MUGIATTI, 2006, p. 67). The learning process does not depend only on where we work, but on the knowledge that is built imbricated in the relationship between theory and practice. It is, therefore, a guiding axis for teachers who work or will work in this pedagogical space. According to Nóvoa, "it is necessary to invert this long tradition, and to institute professional practices as a place of reflection and training" (NÓVOA, 2009, p. 9), correlating theoretical and practical knowledge experienced every day in a dialectical movement between practice-

theory-practice, being inseparable from each other, in a reflective perspective.

### 3.4 THE EMOTIONAL STRENGTHENING OF TEACHERS IN THE HOSPITAL CONTEXT

During the course of treatment, the students who are patients experience a daily routine that involves pain, suffering, fears, anguish, isolation, complications, loss of their routine, painful medical procedures and even the finiteness of life. Due to this context, there is a great possibility of class interruption as a result of unexpected events, exams, travel to the operating room, as well as the probability of worsening of the health condition, need for resuscitation or transfer to the Intensive Care Unit (ICU).

Sometimes, in the same day, you experience an avalanche of emotions that make it difficult to process and reorganize these feelings. In this sense, we have the understanding of the respondent transcribed below, about the feelings and sensations experienced in the hospital class:

**Prof. 5 Lily:** [...] how to deal with the loss, know how to get to your student who is (*sic*) leaving and still go there in bed. These are things that we don't learn in our regular pedagogy course. It will not prepare, but it will warn you that you may experience certain situations. To help us have a mechanism, to strengthen our self-care because these situations that we experience affect our emotions a lot. We have to have either an outlet or ways to improve our self-care, because we are always very shaken.

Considering the teacher's statement, we understand that she recognizes the need for training focused on self-care, which meets the importance of taking care of oneself in order to meet the student's school needs, since the hospital environment is interposed every day with unforeseen events and emotions, and the dynamics of the teaching work are permeated by emotions from unexpected circumstances. Because these issues cause emotional exhaustion, especially in hospitals that treat chronic diseases, where these factors are more frequent and can cause emotional imbalance, and consequently, the withdrawal from the teaching function.

In this sense, the need for continuous training that involves therapies that provide the development of emotional strengthening mechanisms for all professionals who work in this sphere is identified.

It requires the teacher to prioritize the actions and organization of the day in a way that contributes to making the routine more harmonious, balanced and pleasurable, when

the teacher is faced with moments of pain and suffering of others, the emotional quickly changes. It denotes that these sensations influence the biological and psycho-emotional dimensions. This is an aspect that is rarely addressed in the training of teachers, who are human beings who affect and are affected. Freitas allows us to reflect from two perspectives:

[...] On the one hand, this understanding allows us to rethink the crisis of formative processes in contemporary times, on the other hand, it also brings to light the challenge of thematizing the philosophical experience with other figures. From which it is possible to recognize different dimensions of the human being, to the detriment of a reductionist view that insists on the classic divisions that separate the subjects from the objects, the body from the soul, the self from the world and the nature of culture. (FREITAS, 2010, p. 55)

Training in this area requires a more comprehensive concept of education, which favors the ability to incorporate the specificities experienced in a more subjective dimension of being. Pointing to self-care as a formative practice of a spiritual nature, the author points out that, "Self-care can be presented as a permanent and continuous activity of the subject, as it is never too early or too late to take care of one's own soul (FREITAS, 2010, p. 74)". Education reflected in self-care is understood as an interest in maintaining or modifying oneself as a subject of one's actions and achievements, not in the sense of quantifying knowledge, but in the sense that the production of one's experiences leads one to be a subject according to concrete attitudes of respect for oneself.

Therefore, self-care, as an action aimed at taking care of oneself and providing a better quality of life for oneself, allows the organization and prioritization of tasks and habits that help us to take care of our health and the reorganization of our emotions in the hard daily life of the treatment of chronic diseases, strengthening us as teachers of this environment. Direct coexistence with the suffering of others requires developing a healthy relationship with oneself to be able to relate well in this work environment, take care of others and adhere to an ethical attitude for life, prioritizing responsibility and attention to living. According to Moreno (2015, p. 219):

It is necessary to seek specific content (for example: understanding of the body in dimensions of ethics, aesthetics, sensitivity, emotion, among others, in-depth understanding of the notions of life and death, illness, care and welcoming, among many others), to enable a higher degree of awareness of the reality of schooling in the hospital (MORENO, 2015, p. 219).

Another factor in the hospital environment prescribes resilience and dynamism, replanning to adapt to the conditions and circumstances of the day, constant changes to the different modalities and levels of education, contexts and forms of bed-class care in the intensive care unit-outpatient clinic-isolation or in any other space where the class may take place. In this sense, Alencar and Costa point out that,

From the perspective of resilience, the objective of the formative experience lies in awakening the powers of the human that dwell in each one of us, leading us to experience unsuspected conditions of growth and fulfillment. The search for self-knowledge and strengthening of the values of the human being, as a basis for the development of his inner strength, is capable of enabling man to overcome the difficulties that life presents." (ALENCAR; COSTA, 2019, p. 43)

The teacher, a human being who is a professional in this environment, experiences pains that are not his/her own, since welcoming, affection, sensitivity, humanized work for families and students are implicit in the context of classes at the hospital. Taking care of emotions is preponderant for permanence as a teacher who ensures the maintenance of schooling for children and adolescents in this condition. According to Marques,

The mobilization of adequate means to generate specific training so that these education professionals are actually prepared and understand their influence on the lives of hospitalized children and adolescents is the first step towards their specific preparation to act consciously in the hospital environment. Their professorial posture stripped of intrinsic ideology, but of a posture generated through dialogue and constant training, is decisive in the quality of pedagogical services and bonding with the student (MARQUES, 2021, p. 31).

Consequently, the formation for emotions is a topic that cannot be disregarded. Teaching in the hospital requires training that favors the well-being and emotional balance of the teacher, since this is one of the specific teaching knowledge that precedes the development of pedagogical work. Overcoming the adversities presented is configured in listening to oneself and to the other, considering what is really important.

### 3.5 OTHER ASPECTS OF TEACHER TRAINING WITHIN THE HOSPITAL

Taking into account the contemporary context of education, the educational environment requires teacher training capable of projecting the teacher in complex educational environments, developing pedagogical practices that contemplate particularities

of this environment and that provide quality teaching and learning. According to Sousa and Behrens,

The perspective of teacher training to develop their practices in the context of hospital schooling is focused on the meaning of reflection attributed to their own practice, a fact that must be considered in the context of teacher training, regardless of the context in which they will work, as the challenges encountered in any and all pedagogical practices require acting in uncertainty and getting it right in urgency (SOUSA AND BEHRENS, 2019, p. 31).

The reality of the classroom in the hospital requires us to explore pedagogical practices beyond the regular school, "The objective is to transform collective experience into professional knowledge and to link teacher training to the development of educational projects in schools" (NÓVOA, 1995, p. 9). Nóvoa considers the idea of the school as the place for teacher training and as the space for the shared analysis of practices as a systematic routine for monitoring, supervision and reflection on the teaching work.

According to Andrade (2014, p. 123),

The hospitalized student requires other methods of care, and this pedagogue who works with such a child must be flexible, committed and ethical and especially have the necessary training or specialization for such action.

Therefore, to promote activities that ensure education as if it were in school, notwithstanding, removing the rigidity of the traditional school through specific knowledge that is fundamental for the effective consolidation of the right to learn. The training should contemplate aspects that surround the teacher, among them, human development and the relationship between disease/health and life/death, decisive factors for the improvement of each one.

The teacher's understanding of the child's development process and the current condition of illness will provide a welcome with affection and a pedagogical intervention with competence considering the unexpected situations, but which are common in the hospital. In this sense, Reis states that,

The teacher who performs his function in the hospital must be attentive to the needs of the student to try to reduce the tensions that are caused both by the environment and by the illness process, leading him to develop emotional stability and overcome his limits. This is important to rescue the student's interest in the teaching-learning

process. By feeling welcomed and safe, the student can be more comfortable to reveal his interests and the experiences he brings with him. The experience combined with training makes the professional constantly reflect on his practice and face unexpected situations. (REIS, 2021, p. 96)

The professional field of teaching has been expanded, this statement expresses that the teaching activity is not limited to the walls of the conventional school, and has occupied other formal and non-formal spaces of education, among them the space destined to treatment and health care. In view of this, researching with regard to the training of teachers in hospital classes has meant understanding that the organization of training for these professionals is linked to the knowledge and pedagogical practices in this space, identifying training proposals that can contribute and resignify the teaching performance. According to Paula,

It must be considered that, when educators begin to educate in diversified environments, education takes on very peculiar characteristics, which differ a little from formal educational institutions, but also retain common elements. It is necessary to remember that these forms of educating assume significant commitments to the formation of those who are educated and those who are educated (PAULA, 2010, p. 5).

In this context, the hospital class provides a look at an education based on inclusion, diversity and the sense of potentiality of students and educators. Updating pedagogical practices within the hospital enables pedagogical actions in a more humanized perspective, welcoming and respecting the individuality, limits and possibilities of each student and subsidizes assertive decision-making in this environment of constant and abrupt changes in order to optimize solutions for the development of pedagogical action that do not interfere with the conditions of students or the work of the multiprofessional health team and their hospital routine.

We also reflect that students often have a lag in their learning process, either because they have left the school they are enrolled in in search of diagnosis and health treatment, or as a result of the symptoms caused by the disease. Due to the circumstances of the disease and the extent of treatment, some children and even adolescents have never had the opportunity to attend school, while others may have cognitive difficulties and/or disabilities, others still manifest memory loss and forgetfulness of the contents worked on due to the effect of chemotherapy. According to Mutti (2016, p. 36),



The approaches regarding the pedagogical training of teachers who work in hospital classes provide access to experiences, to pedagogical knowledge that should promote and contribute to significant pedagogical training. The pedagogical training and the laws that serve as a basis for the performance of the multiple professionals, who exercise their pedagogical practices in this scenario, contribute to a reflective educational action in the craft of being a teacher. (MUTTI, 2016, p. 36)

The school in the hospital is overcome with singularities and difficulties that we do not face in the conventional school. For teaching in the hospital, the teacher's training process needs to consider all the issues indicated in which the child and/or adolescent are submerged, the context and the relationships not only with the student, but with the family, with the health team, with the pedagogical team and with oneself. The teacher must be open to understanding this interconnected web of information. Paula points out that,

[...] There are those teachers who are unable to overcome the difficulties of the school in the hospital and end up reproducing rigid and centralizing traditional educational practices, making the daily pedagogical practice of this teacher monotonous, uninteresting and stressful for hospitalized children and adolescents. Due to the lack of adequate guidance, these teachers end up, in many cases, perpetuating homogenizing, exclusionary and segregationist educational practices that do not meet the plurality and multicultural aspects that are present in hospital classes." (PAULA, 2005, p. 34)

In view of the above, it is suggested that the issues addressed in this study in the process of continuing education are addressed for the training of teachers inserted in hospital classes. According to Santiago and Batista, "Permanent education is inscribed in the inconclusive nature of the human being, in the infinity of knowledge and in the dynamics of social relations. Therefore, it is not restricted or confused with the modalities of initial and continuing education, although it incorporates them. It is carried out, preponderantly, through reflection on practice. (SANTIAGO; NETO, 2016, p.129)". On a daily basis, we are in the process of action-reflection-action, considering the interactions, socializations and constructions of planning, routine organization, curricular adaptations, definitions of methodologies and all other specificities that involve this universe.

#### **4 FINAL CONSIDERATIONS**

Continuing education is the moment aimed at improving the teaching knowledge necessary to work in the classroom. It is a qualified training process for teachers, which seeks to enable students with the desired quality of education that occurs daily.

The teaching work developed within the hospital, due to the peculiarities of this environment and the students, demands teacher training that contributes as organizational elements to the classes of the student undergoing health treatment at the hospital. In this sense, we emphasize that training demands to contemplate the hospital reality.

That said, the research findings collected indicated as themes to be addressed in the context of teacher training: illness and health treatment, the relationship between theory and practice in the face of the peculiarities of the environment and the emotional strengthening of teachers in the hospital context.

In relation to illness and health treatment, it can be inferred the need for training that reflects the specific pedagogical work in the hospital, since learning cannot be dissociated from health issues. In this context, it demands understanding of the disease, the conditions of illness, the hospital environment, terms and equipment specific to this environment, the function and responsibility of each professional who makes up the multidisciplinary health team, since understanding the context and its circumstances, limitations and possibilities is a primary factor in the learning process of these students.

Regarding the relationship between theory and practice in the face of the peculiarities of the environment, it was possible to infer that teacher training needs to be directed to understanding the daily education of students undergoing medical treatment, demands experience in the practice of teaching in the hospital due to the peculiarities of this pedagogical practice, as well as the understanding that being in the hospital requires the teacher to exercise the exercise of being a researcher of his practice, study and collective reflection, in order to develop the critical-reflective capacity to establish the correlation between the teaching work in the hospital and the theoretical foundations, providing the opportunity to find ways and strategies that support decision-making in this day-to-day education.

Regarding the emotional strengthening of teachers in the hospital context, the teachers pointed out the need for training focused on self-care, which meets the importance of taking care of oneself in order to meet the student's school needs, since the hospital environment is permeated daily by unforeseen events and emotions that are correlated to pain, suffering, complications and deaths, circumstances inflicted by medical treatment in the fight against the disease and are part of the context of education in this environment, as these issues cause emotional exhaustion, especially in hospitals that treat chronic diseases, where these factors are more frequent and can cause emotional imbalance, and

consequently, the withdrawal from teaching functions.

In view of the above, it is recognized that the methodology used and the literature chosen were sufficient to respond to the general and specific objectives of the present study. Notwithstanding the fact that the teachers have pointed out the themes that favor the peculiarities of the training of teachers who work in the hospital context, based on the research data, further studies are suggested so that they can deepen the reflections on the theme alluded to.

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