


Hospital pedagogy and its inclusive view

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ABSTRACT

The discussion about Hospital Pedagogy has been growing in recent years, in view of its visible importance in this alternative learning environment. Thus, this article aims to reflect on the training of the pedagogue to work in the hospital context, considering a little of the history and the Brazilian context, within the current inclusive educational paradigm. With this understanding, it sought in the qualitative research, a bibliographic review on the subject, added to a case study illustrated from an experience with Hospital Pedagogy carried out at the Lauro Wanderley University Hospital, at the Federal University of Paraíba (UFPB). The results showed that, in fact, the university extension project "Psychopedagogical Care for Hospitalized Children and Adolescents: Alternative Work for the Pedagogue" is characterized as an important space for the training of the pedagogue, within an inclusive vision of education. And, although it is not officially part of the internship field for Pedagogy students, it has been fulfilling this function through university extension.

Keywords: Pedagogy, Hospital, Inclusion.

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INTRODUCTION

The profession of Pedagogue is as old as the educational processes conceived from the most formal point of view. Since ancient Greece, this systematic educational function was assigned to someone in particular, usually a slave or servant, in order to conduct the education of the child who was left in his care. So, since Antiquity, it was already understood that this was a function that required some skill, planning, time, etc. Therefore, it could not be done without dedication to the task. However, it was only in the seventeenth century that Comenius would give Pedagogy its more formal and scientific character (Saviani, 2007).

It is evident that here our objective is not to digress about the history of Pedagogy, because we would need to dedicate ourselves only to this purpose. Our effort is made only to highlight the importance of the profession, regardless of time or context, and to contribute to reflecting on the role of Hospital Pedagogy, still little known and valued in training courses in Brazil.

It is known that from Antiquity to now, a lot has changed and the specialization around the pedagogical function and its social role, too. In this context, the role of the pedagogue is seen from new angles and dimensions. The action of Pedagogy is expanded because the view on education in today's world is also broadened. In the last century, Pedagogy has entered other spaces, such as: company, hospital, prison, NGO, involving the public, private and third sectors. Here, we are interested in reflecting more closely on Hospital Pedagogy and its commitment to the inclusive paradigm.

If, for a while, Pedagogy as a science was circumscribed to the school, today, it is known that this professional reaches more and more space, based on the demands that arise in different environments, where there is a lack of a look at the planning and execution of activities based on the knowledge of education as a science or as art. However, it is still important to deepen the topic, as it is necessary to "demystify the idea that this professional can only work" in school environments, as warned by Silva *et al* (2017, p. 3).

Based on these considerations, we aim in this article to reflect on the training of the Pedagogue to work in the hospital context, considering a little of the history and the Brazilian context, but emphasizing, above all, the paradigm of educational inclusion. Thus, we intend to analyze the experience of the project "Psychopedagogical Care for Hospitalized Children and Adolescents: Alternative Work for the Pedagogue" developed at the Lauro Wanderley University Hospital, a university hospital of UFPB, to deepen if, in fact, it consists of an experience of hospital pedagogy and it is related to the ideals of inclusion.



HOSPITAL PEDAGOGY AND ITS ORIGINS

For Holtz (2006), Pedagogy as a science is focused on the study and application of doctrines and principles that aim at "a program of action in relation to the formation, improvement and stimulation of all people's personality faculties, according to ideals and objectives" previously defined (Holtz, 2006, p. 6). Therefore, the action of the pedagogue is not limited only to schools.

In this sense, it is understood that, as a science, Pedagogy has education as its object of study, as well as its methods and principles – and these are not limited only to school education. Therefore, it is an area of study that focuses on the theories of teaching and learning, whose social and political field takes place in different spheres, and which today are committed to education as a right of all, according to inclusive precepts.

From a global point of view, Oliveira (2013) also considers that Hospital Pedagogy care emerged in the mid-twentieth century in France, more specifically after World War II, when the number of children and adolescents interned increased, for longer periods, due to the sequelae caused by this large-scale conflict. Therefore, Hospital Pedagogy (PH) is born from the need to respond to the real needs of the population. But, not just any group, it turns to the excluded – sick, sequelae.

Thus, for Kochem (2019), the first initiatives in hospitals in France, more specifically in the city of Paris, occurred around 1935, with the installation of the first hospital class in the world. According to the author, the initiative came from *Henri Sellier*, urban planner, politician and former Minister of Health, and can be considered a pioneer in the area of hospital education. Such an initiative, then, was a response to the results of World War II, which left many children and adolescents unable to attend schools – the excluded – with physical and emotional sequelae, and therefore, with the need for long periods of hospitalization. This was, therefore, a driving element of Hospital Pedagogy.

In this regard, Pacco and Gonçalves (2019) consider that at first, it was France that turned its gaze to the inmates, coming from the war. Later, it was Germany and the United States, mainly concerned with the increase in the number of cases of children and adolescents with tuberculosis, since an epidemic of the disease reached this public. Thus, little by little, different nations around the world began to develop actions in this area aimed at those who for different reasons were excluded from the opportunity to study.

In Brazil, the first practices date back to the 50s of the last century, so they are still very early. But, for Oliveira (2013), there may be indications of an even older hospital pedagogy, in Brazil and in other parts of the world, when we consider experiences in hospitals, since the seventeenth century, with children with disabilities, prevented from studying in regular schools. Certainly with a very different character from what we have seen today, we can glimpse a much older origin for hospital care.



MEANINGS OF HOSPITAL PEDAGOGY

It is a fact, therefore, that as a recent area, Hospital Pedagogy still has a lot to develop. But, over the last decades, it has become increasingly recurrent in pedagogical studies, because, being a way of responding to the demands for the inclusion of groups "momentarily" excluded, due to illness and hospitalization, it becomes a clearer part of educational policies. Thus, for those who need to get away from the school environment for a significant time, Hospital Pedagogy fulfills the role of maintaining their bond with the school, with knowledge, with knowledge, eliminating the possible educational distance and damage to development.

In addition, it is necessary to consider that Hospital Pedagogy can also be seen as an important resource to guarantee education for life, for life, as advocated by UNESCO and other international organizations (UNESCO, 2001). On the other hand, Hospital Pedagogy is also a propeller of another way of dealing with the education of those who need curricular adaptations or adaptations, as provided for in the legislation in favor of educational inclusion (Brasil, 1996; Brazil, 2008; Brazil, 2015).

Added to this is the fact that the educational care provided in a hospital is not only focused on pedagogical support, but adds emotional and psychological elements typical of those who are in a condition of illness and suffering, common to the state of hospitalization. Therefore, it is not only the right to education that is being guaranteed, but, above all, to issues of health and well-being, so necessary for childhood and so conflicting in adolescence. Aspects that go far beyond the physical space of the school are observed and respected in Hospital Pedagogy.

HOSPITAL PEDAGOGY AND LEGAL ASPECTS

In order to guarantee the right to hospital care, Brazilian legislation is clear, through our Constitution, the Law of Guidelines and Basis of National Education No. 9,394 (1996), Law No. 13,716 (2018) and other legal provisions. In the Brazilian case, it is notorious the wide range of regulations that defend education as a right of all, therefore, of an inclusive education, where no one can have such a right neglected. In this sense, the Federal Constitution (1988) highlights in its Article 205:

Education, a right of all and a duty of the State and of the family, will be promoted and encouraged with the collaboration of society, aiming at the full development of the person, his preparation for the exercise of citizenship and his qualification for work (Brasil, 1988, Art. 205).

Based on what the aforementioned article defends, it is possible to understand that if education is a right of every citizen, it is, therefore, a student's right when he is in a condition of illness and hospitalization, and such enjoyment cannot be suppressed, nor can its impossibility of



access be justified. Thus, whenever the student cannot go to school, the school must come to him. Consequently, Hospital Pedagogy can be understood as a great inclusion partner.

In the same direction, we have the Statute of the Child and Adolescent - ECA (1989) which ensures the right to education for all children and adolescents, with the guarantee of equal access and permanence, without considering any type of discrimination or exclusion. Thus, it is evident that this statute does not allow any child or adolescent to lose the opportunity to study, much less due to illness or hospitalization.

Among the vast expansion of the axes that guide the educational scenario, we also highlight the role that the National Council for the Rights of Children and Adolescents assumes, especially through Resolution No. 41 (1995), which presents some guidelines that must be applied with full responsibility, with special attention to hospitalized children and adolescents. In this resolution, we highlight item 9, which argues that it is necessary to guarantee the "right to enjoy some form of recreation, health education programs, monitoring of the school curriculum during their hospital stay" (Brasil, 1995, item 9).

According to the Law of Guidelines and Basis of National Education (LDB), No. 9.394 (1996), in Art. 22, it is defended that basic education has the following purposes: "to develop the student, to ensure him the common education indispensable for the exercise of citizenship and to provide him with the means to progress in work and in further studies" (Brasil, 1996, p 17). And, in a complementary way, we have Law 13,716 (2018) that amends the LDB, in Article 4, when it states that it must be:

[...] educational care is ensured, during the period of hospitalization, to basic education students hospitalized for health treatment in a hospital or home regime for a prolonged time, as provided by the Government in regulation, within the sphere of its federative competence (Brasil, 2018, Art. 4).

According to Silva *et al* (2017, p. 10), if "the purpose of education is to develop the student", it is necessary to understand that "education is inserted in all social spheres", therefore, it "is the right of all", including those who are inmates. Thus, it is up to the Pedagogue's training to promote discussions, studies and reflections that enable him/her "to intermediate educational actions" that go beyond the scope of the school. "These actions can be applied in the school (public and private educational institutions) and non-school (companies, hospitals, residences) spheres".

In Brazil, Hospital Pedagogy dates back to the 30s. According to Cavalcante, Guimarães and Almeida (2015), the inability of students to attend schools is the main factor for the creation of classes in non-school environments. This initiative, without a doubt, is based on moral principles that in the Brazilian case were gradually built. The right to education has expanded the possibility for inmates to continue studying, even if in adverse conditions.



The literature in the area shows that it was in 1939, with the creation of the National Center for Studies and Training for Disabled Children (CNEFEI), that the country took an important step in order to train teachers to work in hospitals and special institutes. The Center's mission was to show that the school is not a closed environment and that it can adapt its activities according to the needs of each student. That same year, the position of hospital professor was made effective.

Pacco and Gonçalves (2019) state that, although some studies point out that hospital classes existed since the beginning of the twentieth century, with pedagogical care for patients with physical disabilities, we cannot affirm that it constituted, in fact, an experience of Hospital Pedagogy. And they highlight the fact that it is only in the 50s that the first written documents about this type of Pedagogy appear in our country.

One of the first records of hospital care took place in the city of Rio de Janeiro, at the Menino Jesus Hospital, where individualized classes were taught by Professor *Lecy Rittmeyer*. Since then, a lot has changed and it is possible to evidence, over the years, the constant evolution and recognition of the importance of hospital classes inserted in the Brazilian educational policy, which has made the service expand to the four corners of Brazil.

THE EXPERIENCE WITH HOSPITAL PEDAGOGY AT HULW

In order to complement our reflections on Hospital Pedagogy, we conducted a study with the HULW (Lauro Wanderley University Hospital) and, more specifically, the extension project "Psychopedagogical Care for Hospitalized Children and Adolescents" as the focus of study and reference. Our intention was to illustrate the role of Hospital Pedagogy in favor of inclusive educational policy, taking the reality of Paraíba for analysis.

To this end, we are guided by the studies of Souza (2017), Araújo (2017), both at the TCC level (course completion work) and Medeiros (2018) at the Master's level, all of which are carried out in UFPB courses. We added to the data collected in these references, the answers from the interview conducted with the coordinating professor of the extension project in focus.

According to Souza (2017), the experience in Hospital Pedagogy only appears in 2001, through the extension project called "Psychopedagogical Care for Hospitalized Children and Adolescents: Alternative Work for the Pedagogue". The project, linked to the Dean of Extension and Community Affairs (PRAC), through the Extension Scholarship Program (PROBEX), is developed by the Department of Pedagogical Qualifications (DHP) of the Education Center (CE), under the coordination of Professor Janine Marta Coelho Rodrigues. It operates uninterruptedly and serves children and adolescents hospitalized in the Pediatrics sector of the Lauro Wanderley University Hospital (HULW), in the city of João Pessoa. The pedagogical services coordinated by the teacher



are carried out by students (scholarship holders and volunteers), mostly from the Pedagogy course at UFPB.

According to Medeiros (2018), although the objective of the project is recognized by the hospital managers, they do not assume any responsibility towards it. Thus, it seems to function independently within the hospital environment, even though it contributes directly or indirectly to the hospital dynamics of children and adolescents.

According to the project coordinator, it "aims to provide children and adolescents with the opportunity to experience pedagogical activities, serving to recover the period they were absent from school", in addition to offering dynamic and pleasurable activities, breaking the hospital routine. In addition, it also constituted an important internship field for Pedagogy students at UFPB, capable of expanding the pedagogue's action to other institutional spaces (SIC).

According to data provided by the coordination, playful schooling activities are developed in a specific space - the hospital's toy library, usually called by the inmates: "hospital school". In this space, pedagogues carry out activities that stimulate the revision of the curricular contents common to the student cycle of the respective interns. These activities include the areas of mathematics, language, science, social studies, arts. They are prepared in a playful way, promoting learning and social coexistence in a pleasant way.

In this regard, Medeiros (2018, p. 10) highlights that the managers confirm the existence and relevance of the project, consider that the hospital service offered can, in fact, "assist in the educational process of hospitalized children and adolescents, as well as contribute to their recovery process". But, even so, it is evident that "the administrators have not participated, planned or discussed the subject" with those who carry out the Hospital Pedagogy project.

According to Souza (2017), the patients' companions generally get involved in the activity of the "hospital school", using these moments to relax and escape from the hospital routine, marked by schedules, procedures, concerns, etc. This fact, it seems to us, has a positive impact on the daily lives of children and adolescents and also their families, according to reports from participants in the project Psychopedagogical Care for Hospitalized Children and Adolescents: Alternative Work for the Pedagogue. Therefore, it should be more valued by the hospital structure as a whole.

It is important to highlight, as the project coordinator points out, that it is part of the Center for Studies, Projects and Research on Teacher Training – NEPESF, also coordinated by Professor Janine Marta Coelho Rodrigues, which provides the members with a fruitful articulation between research and extension, provoking important reflections in the area, as attested by the coordinator, when she states that throughout its 18 years of existence, The project had the participation of 23 students as extension workers. Of these, 18 were scholarship holders of the project.



Since its execution, Professor Janine reports that the project has been the subject of 21 Course Completion Papers (TCC), 04 dissertations, 02 theses and 18 articles. It has provided the participation of 16 publications in national and 05 international congresses and symposia. In addition to 06 mini courses and 04 seminars. In view of this, it is important to note the prominence that this theme has been gaining over the years in educational and training spaces, since it provides an understanding of the concept and how Hospital Pedagogy is exercised.

In addition to the Pedagogy course, the project "Psychopedagogical Care for Hospitalized Children and Adolescents" has already opened space for other students from different courses at UFPB, especially as a research field for TCC, monograph, dissertation and thesis.

On the other hand, as Araújo (2017) says, it is necessary to discuss and broaden the debate on the challenges and possibilities of the pedagogue's performance in the hospital environment, so that this professional is valued, with regard to the educational care of hospitalized children and young people. Corroborating this statement, the coordinator of the project "Psychopedagogical Care for Hospitalized Children and Adolescents: Alternative Work for the Pedagogue" highlights the fact that there are more than 4,000 inmates and more than 1,000 companions involved in the activities carried out weekly.

In fact, it is a very expressive number that deserves to be valued. In the hospital, there is a turnover of children and young people, considering that the length of hospital stay varies greatly from intern to intern. Such rotation is a great challenge for pedagogues, as activities need to be updated weekly, considering that the internal students of one week may not be the same the next week – either because they were discharged, transferred or died.

Thus, the relationship between pedagogue and intern can be quick or long-lasting, but, in hospital dynamics, what has mattered most is that this relationship is affective and true and that it alleviates pain, stimulates hope and provokes joy for as long as possible. Therefore, Hospital Pedagogy cannot ignore inclusion, since it carries with it respect and solidarity, as the mainsprings of its actions.

CONCLUSIONS

The reflections made throughout this study demonstrated that there are different spaces for the construction of knowledge, and that the hospital is one of them. Therefore, the pedagogical practice developed in the hospital, with hospitalized children and young people, brings with it a differentiated character – that of being inclusive, as it works with the differences between subjects, conditions and environments.

From this perspective, Hospital Pedagogy is one of the main partners of inclusion as a broad policy that is not limited to specific groups, considering that hospitalization is not a privilege of a



few. In fact, anyone can be hospitalized for the most diverse reasons. And, when it comes to children and adolescents, they need to have their educational rights guaranteed, since this is what our legislation defends.

On the other hand, the study made us see that Hospital Pedagogy also stimulates creativity in the pedagogue, the flexibility of his practices, in addition to the innovation of resources, respecting the effective conditions of the internal student. In fact, it is a highly enriching experience for pedagogues.

Thus, it can be considered that Hospital Pedagogy provides children and adolescents with the right to education, as provided for in our legislation, and seeks to do so from an absolutely new place for most educators – in the hospital, considered an inhospitable environment. So, the great challenge that the Hospital Pedagogue presents itself to is to lead the student, even in a situation of suffering, to obtain satisfaction in learning.

Therefore, for hospital pedagogues, it is not enough for intern students to be able to continue the schooling process, feeling included in the education network. It is necessary that the educational moments promoted by the hospital pedagogue make it possible to alleviate the pain, boredom and fears typical of the condition of hospitalization.

In general, the service proposal is individualized, and the pedagogue must build each stage with the student and his or her family, also taking into account the opinions and guidelines given by the medical team that accompanies the patient and other professionals involved in the treatment.

Finally, we believe it is prudent to consider that illness and hospitalization entail numerous challenges to learning, such as: anxiety, fear and anguish. And these feelings are increased as the hospitalization is delayed, to the detriment of the absence of their old routine, especially with family and school, where most of their friends are concentrated. For this reason, we understand that Hospital Pedagogy is not only an educational action, but it is also an affectionate and hopeful action for those who are excluded from everything – including the home.



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