

# Chronic Noncommunicable Diseases (NCD), School Absenteeism and Good Practices in Hospital Pedagogy<sup>1</sup>

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## **ABSTRACT**

The purpose of this article is to analyze the relation between Chronic Noncommunicable Diseases and the schooling process from the perspective of the multiplicity of factors involving this theme. Chronic and long-term diseases are one of the aspects of concern in the lives of a significant portion of children and adolescents. Therefore, bringing education and health closer together is a must, as well as understanding the needs arising from chronic physical and mental conditions, identifying risk conditions, and encouraging the permanence and continuity of the development and schooling process of such students. The permanence and school (re)integration of this population will be addressed here according to the concept of Good Practices in Hospital Pedagogy. This articles also emphasizes the importance of teacher training as an essential element for the resizing of pedagogical and educational actions in the search for better living conditions of students who experience situations of chronic illness.

**KEYWORDS:** Hospital Pedagogy. School Absenteeism. Chronic Noncommunicable Diseases.

*Doenças Crônicas Não Transmissíveis, Absenteísmo Escolar e Boas Práticas em Pedagogia Hospitalar*

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## RESUMO

O presente artigo tem por objetivo analisar a relação entre as Doenças Crônicas Não Transmissíveis e o processo de escolarização sob a ótica da multiplicidade de fatores que compõem esse tema. As doenças crônicas e as de longa duração constituem uma das vertentes preocupantes na vida de uma parcela bastante significativa de crianças e adolescentes. Portanto, é necessário aproximar educação e saúde, compreender as necessidades advindas das situações crônicas física e mental, identificar as condições de risco e estimular a permanência e a continuidade do processo de desenvolvimento e de escolarização desses alunos. A permanência e a (re)integração escolar dessa população serão aqui abordadas segundo o conceito de Boas Práticas em Pedagogia Hospitalar. Salienta-se, igualmente, neste artigo a importância da formação docente como elemento essencial para o redimensionamento das ações pedagógicas e educacionais na busca de melhores condições de vida dos alunos que vivenciam situações de enfermidade crônica.

**PALAVRAS-CHAVE:** Pedagogia Hospitalar. Absenteísmo. Doenças Crônicas Não Transmissíveis.

*Enfermedades crónicas no transmisibles, absentismo escolar y buenas prácticas en la pedagogía hospitalaria*

## RESUMEN

Este artículo tiene como objetivo analizar la relación entre las Enfermedades Crónicas No Transmisibles y el proceso de escolarización desde la perspectiva de la multiplicidad de factores que componen esta temática. Las enfermedades crónicas y de larga duración son uno de los aspectos que preocupan en la vida de una parte muy importante de la niñez y la adolescencia. Por lo tanto, es necesario acercar la educación y la salud, comprender las necesidades que surgen de las situaciones crónicas físicas y mentales, identificar las condiciones de riesgo y fomentar la permanencia y continuidad del proceso de desarrollo y escolarización de estos estudiantes. La permanencia y reintegración escolar de esta población se abordará aquí según el concepto de Buenas Prácticas en Pedagogía Hospitalaria. También se enfatiza en este artículo la importancia de la formación del profesorado como elemento esencial para

el redimensionamiento de las acciones pedagógicas y educativas en la búsqueda de mejores condiciones de vida para los estudiantes que viven situaciones de enfermedad crónica.

**PALABRAS-CLAVE:** Pedagogía hospitalaria. Absentismo. Enfermedades crónicas no transmisibles.

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## Introduction

The relevance of addressing the theme of chronic health conditions relating such conditions to school absenteeism concerns the concept of comprehensive education and implies the need to explore the contributions made by the area of education both in coping with Chronic Diseases (CDs), and in the search of opportunities for global development and quality of life throughout a life cycle. It is a healthcare logic more consistent with the advances in the field of Pediatrics, which move towards long-life expectancy.

Improving chronic conditions in childhood based on scientific and technological advances configures such diseases as an epidemiological trend (STEIN<sup>3</sup>, 2011 apud DUARTE et al., 2015, p. 1009-1017). Managing the diseases as a mediating support for the life and development of children and adolescents reinforces the importance of interacting with the environment, as well as providing for the expression of affections, desires, fears and hopes. Considering physical, emotional and social dimensions, the breadth of the theme, associated with networking, favors the full development of potentialities and competencies. In addition, the educational action, when characterized as multidisciplinary and interdisciplinary, integrates knowledge and promotes the construction of a practice based on the combination of several areas of knowledge.

According to the definition given by the World Health Organization (WHO, 2003), chronic health conditions are characterized by the need for

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<sup>3</sup> STEIN R. E. The 1990s: a decade of change in understanding children with ongoing conditions. *Arch Pediatr Adolesc Med*, v. 165, n. 10, p. 880-883, Oct. 2011.

continuous and long-lasting treatment, requiring permanent assistance. The resulting limitations can have a biological, psychological, and cognitive basis, especially their respective repercussions, such as limitations of certain functions, restricted performance of social roles, dependence on medications, special food, use of technological devices and assistance in healthcare services. (STEIN<sup>4</sup>, 2011, apud DUARTE et al., 2015, p. 1009-1017).

Rolland<sup>5</sup> (1995 apud VIEIRA and LIMA, 2002, p. 552-560) establishes a parallel between CD phases and the stages of human development, relating them didactically to the process of learning the basic tasks to cope with human development. Therefore, two phases stand out: the *critical phase* and the *chronic phase*. The *critical phase* resembles the childhood period and requires learning to live with the disease. Experiencing and living with a chronic situation is not restricted to the individual but requires adaptations from everyone around the child: family, school, friends, and the community. This is about building and using strategies to minimize the effects of the disease and of getting sick, always considering the severity, complexity, and uniqueness of each element involved in the clinical condition. The *chronic phase*, in turn, calls for autonomy and building a possible life structure. Corroborating this study, Woods<sup>6</sup> et al. (2020, apud VIEIRA and LIMA, 2002, p. 552-560) add a third stage to the aforementioned phases, which is the *terminal phase*, considered the one of greatest suffering once death becomes eminent.

Therefore, in the face of challenges, one is required to rethink the role of education from the perspective of offering actions that meet the demands related to the periods of treatment, recovery, disease prevention and promotion of student's global development. For this reason, the articulation of theoretical and practical knowledge about health and education, according to individual and

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<sup>4</sup> STEIN. op. cit.

<sup>5</sup> ROLLAND, J. S. *Doença crônica e o ciclo de vida familiar*. In: CARTER, S.; GOLDRINLE, M. *As mudanças no ciclo de vida familiar*. Porto Alegre (RS): Artes Médicas; 1995. p. 372-392.

<sup>6</sup> WOODS NF, YATES BC, PRIMONO J. Supporting families during chronic illness. *Image: J Nurs Scholarship*, 1989, v. 21, n. 1, p. 46-50, 1989.

collective aspects, concretizes the whole picture and collaborates so that children, adolescents, and their families have a better quality of life.

On the one hand, if studies show the importance of social, family and school interaction of people living with a chronic condition, on the other hand, those studies draw attention to the assistance necessary to keep respective living conditions. Drugs, special diets, mechanical ventilation, parenteral nutrition, oxygen therapy or implantation of catheters, when necessary, are equally essential elements both in the daily routine and in situations of disease exacerbation. Chronic Non-Communicable Diseases (NCDs), such as chronic obstructive pulmonary diseases (chronic bronchitis and pulmonary emphysema, for example), cardiovascular diseases (hypertension, heart failure), stroke (peripheral vascular disease and others), diabetes, cancer, chronic renal and neuropsychiatric (such as depression) diseases, lead to a complex condition of aggravations and instabilities which have repercussions on global development and quality of life (WHO, 2003; BEN SHLOMO and KUH<sup>7</sup>, 2002 apud MOREIRA; GOMES; SÁ, 2014, p. 2083 -2094).

Both chronic and acute conditions require proactive, episodic, or continuous social responses, which, in turn, may require fragmented or integrated actions, according to their typology, and are guided by key concepts, such as duration (brief or long) and form of treatment. Based on the information collected by the teams consisting of health and education professionals, it will be possible and necessary to develop a joint effort in order to achieve a common goal, outline welcoming actions and promote resilient behavior.

The lack of knowledge and information on the part of school teams about chronic conditions may lead to the risk of *interpreting* a chronic condition as being *acute* and, thus, creating the expectation of immediate results (NESCON, Pan American Health Organization, 2012). Those factors can easily trigger inclusive actions and procedures, favor the positive management of the disease, and

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<sup>7</sup> BEN SHLOMO, Y.; KUH, D. A life course approach to chronic disease epidemiology: conceptual models, empirical challenges, and interdisciplinary perspectives. *Int J Epidemiol*, v. 31, n. 2, p. 285-293, abr. 2002.

motivate the maintenance of the student and family bond with the school or they may create an unfavorable situation, placing children and adolescents in a vulnerable position and subject to bullying, distancing them from other colleagues, as well as from social and school life.

It should be noted, then, that the complexity of the theme is proportional to its importance. Issues such as reintegrating the child in the school after hospitalization, keeping the school bond as a determining factor for the physical and mental health of students in situations of diseases, building social support networks, creating welcoming communities and encouraging resilient behavior as a possible response to the adversity experienced by NCD patients are closely connected with the assumptions of Hospital Pedagogy. Without intending to exhaust such a broad field, the purpose of this article is rather to alert to a reality that is still little explored in our country. It is a field requiring new research, especially in the area of teacher training focusing on inclusive conceptions and practices, based on the repercussions of NCDs, especially children and adolescents who experience socio-educational exclusion (SALDANHA & SIMÕES, 2013; ALBERTONI, 2014).

### **The representations of getting ill**

One of the most significant studies about how people in general see the conception of health and illness was conducted by Claudine Herzlich (1973) in France. In that study, about 800 people were interviewed. The conclusive data are divided into three categories: a) The disease is seen as *destructive*, when its repercussions interfere in school, professional and family life performance. From that perspective, the disease leads to a dependent posture and generates a sense of worthlessness. Therefore, the patients experience ambiguity, that is, the desire to control the disease, denying its existence and sometimes the feeling of helplessness and unavailability to fight against it; b) The disease is seen as a *releaser* of responsibilities and pressures regarding the playing of roles; and c) The

disease is considered as a *challenge*, a fact that drives energy, commitment, and concentration towards recovery by bringing mind and body closer together.

According to Herzlich, very few participants were classified in only one of the three categories. In general, the reports showed that all the categories involve the feelings of getting sick. Therefore, perceiving the body as a mystery and feeling the strangeness of symptoms in periods when the disease presents itself in an exacerbated way potentiate fear, generate stressful situations, and even hinder treatment adherence.

Not understanding exactly what happens when they get sick, children and adolescents realize that something important takes place in their bodies, which can be felt by pain and expectations in relation to the tests often performed by doctors and healthcare professionals. On the one hand, we see the healthcare professionals equipped with devices, such as stethoscopes, blood pressure meters, among so many strange tools, and, on the other hand, we see children and adolescents unable to perform their routine activities, such as playing, running, and attending conventional classes.

Usually, those children are the target of simultaneous verbal, physical, social, and psychological aggressions. Those children, who already experience the pain and discomfort of the disease suffer the intimidations that expose, distance and ridicule them, causing more suffering and worsening of their physical condition, already so vulnerable because of the disease.

## **Chronic Diseases**

Chronic Diseases (CDs) are the main causes of death worldwide. They account for 35 million deaths in 2005, almost 60% of global mortality, which represents 45.9% of the global burden of diseases. For decades, the WHO (2003) estimated data that are now confirmed: In 2020, CDs will account for 73% of deaths, that is, 60% of the chronic disease burden in general. Also, in that same study, an important reduction of

Chronic Communicable Diseases (CCDs) stood out in comparison to the increase of Chronic Noncommunicable Diseases (NCDs).

Corroborating this finding, a study by Barros et al. (2006) draws attention to the fact that, in the 21st century, a set of demographical, economic, and social factors must be considered significant to provide consistency to the researched data. Considering other determinant information such as sex/gender, age, ethnicity, schooling, macro-region of residence, urban or rural location of the home, and schooling data, makes it possible to outline the population pattern clearly and specify the causes that are not only physical, but also sociocultural that give rise to CDs in general.

Accepting the diseases of children or adolescents is a painful experience for the family and for those around them. The situation is even worse when those diseases have a poor prognosis or low life expectancy. Failure to control the disease in the face of its evolution causes helplessness and anxiety about future perspectives.

That being said, one must have empathy to understand that professional assistance in the areas of health and education should be sensitive, less technical and more comprehensive in order to reach students and patients with an understandable and comprehensive view beyond the disease. Since its first years, the 21st century has heralded major challenges for the fields of health and education. In this context, the school must propose to go beyond the development of cognitive skills and dedicate itself to embracing the singularities of its students with chronic diseases in the periods before, during and after hospitalization.

### **Chronic Noncommunicable Diseases (NCD)**

In the context of chronic diseases, NCDs make up a significant group. NCDs especially affect the most vulnerable populations, such as people with low income and education level; their numbers are rising and they deserve



to be taken care of, as they bring losses to the lives of a significant portion of the population, both adults and children/adolescents.

In turn, the school life of those students is greatly compromised by the difficulty to keep a constant physical presence in the classroom due to periods of disease worsening, convalescence and even the time dedicated to the necessary treatments. According to the WHO, this population represents a major health problem. Searching the historical series of statistics on mortality available for the capitals of Brazilian states we found that the proportion of deaths due to NCDs increased three times between 1930 and 2006 (MALTA et al., 2014).

The bibliographic review conducted by Moreira; Gomes & Sá (2014) on the nature of publications and articles indexed in the databases, excluding theses and books about CD in children and adolescents between 2003 and 2011, brings an important contribution for us to go deeper into the relation between the characteristics of CDs and their socio-emotional impact on children and adolescents.

At the national level, the intersectoral policy in the education and healthcare areas must be observed through the universe of social co-responsibility of both sectors in search for quality of comprehensive healthcare for students. Thus, the right to difference in equal opportunities is safeguarded through an education that is distinguished for equity, providing quality from the perspective of inclusive education.

### **Limitation and continuity of the schooling process**

Long hospitalizations and treatments can be interpreted as limiting factors for the continuity of child development and schooling processes, legally provided by the Brazilian Federal Constitution (BRASIL, 1988). It is known that in this sense, in the circumstances of hospitalization, in day-hospital or week-hospital care or even in comprehensive mental health services, pedagogical and educational follow-up is present in hospital spaces and beds

and are referred to as Hospital Classes (BRASIL, 2002). The document that discusses guidelines and strategies for the implementation and functioning of Hospital Classes highlights the role of this educational modality in promoting “...admission, return or adequate integration to the child’s corresponding school group as part of the right to comprehensive healthcare.”

Therefore, Hospital Classes account for mediation between students in healthcare settings, their respective schools of origin and healthcare professionals and their families/guardians. Under that perspective, the paradigm supporting the teaching and learning processes places the student at the core of this interaction.

Oliveira et al. (2009) discuss the possible articulations between pedagogical practice in Hospital Classes and the regular school, pointing out as one of the obstacles the lack of knowledge of parents and relatives about this special education modality, despite the fact that several affirmative public policies on inclusion have been established contemplating them.

As a manner to corroborate the importance of keeping the bond between hospitalized students and their families with their respective *schools of origin*, we resorted to a study about the perception of families of children hospitalized with chronic diseases about school absenteeism. The results show the recognition of the work performed in Hospital Classes to maintain children’s quality of life. However, the family members interviewed insist on the programming of systematic pedagogical actions, relating them to the support for better school performance and attention in building a path of stability and hope (HOLANDA; COLLET, 2011).

However, evaluating and organizing pedagogical and psychoeducational assistance in Hospital Classes assumes that such assistance is not restricted to school practices with a content focus. Quite the contrary, attention to students living with diseases must be guided by a multifactorial perspective. Thus considered, the teacher’s action in the practice of Hospital Pedagogy combines a set of factors, making professional

activity in this area a multifaceted, complex, and relational task. While those services present a profile focused on subjectivation and socialization, they encourage autonomy and social intersection of students living with CD. To do so, they assess individual needs, encourage significant appropriation of knowledge, and seek to transform adversity into new learning.

Governed by rules and principles that make up General Pedagogy, Hospital Pedagogy is a field of action that meets the particular needs of students living with diseases, following up on them as much as possible in the different stages of life, while considering the following contexts of belonging: school, family and community (LIZASOÁIN; POLAINO-LORENTE, 2007; 1992). Through the concept of Good Practices, Hospital Pedagogy also seeks to disseminate innovative and creative, as well as sustainable actions around children living with diseases.

### **The school: a path to (trans)formation**

Owing to the growing number of children and adolescents with chronic diseases and/or conditions, there are services that must be guaranteed by the selected regular school, in order to enable those students to attend classes in person or not. One of the fundamental points is centered on social interaction and communication with other students and teachers, either in person or virtually.

The physical and emotional vulnerability of those students and the difficulty to insert them in the groups due to problems related to self-image, sadness and depression require the teacher and the whole school team to work together: the integration of various social players involved, such as the students' family and the community where they belong. The reason is that seeing the disease as the only factor responsible for the restrictions and obstacles in the school life development and follow-up can give rise to partial, discriminatory, and classificatory diagnoses. *Justified by the disease*, actions to integrate or reintegrate students who live with NCDs are easily restricted to the pre-knowledge of students as a whole and to prejudice, a fact that limits

opportunities and hopes in the development of possibilities, competencies, and abilities (JERUSALINSKY; LUGON, 2016).

If the students' clinical condition requires special care at school, taking the conditions required for their permanence to the knowledge of those responsible is a definite fact for the involvement and establishment of a co-responsible partnership. The act of providing for the necessary conducts for students to remain in school contributes to safe welcoming actions. Examples of these situations are the precautions to be taken in relation to episodes of hypoglycemia and coma in diabetics, dyspnea in asthmatic patients and seizures in epileptics. Alerting the school about the medications in use and contraindicated activities provides information that must be evidenced with the consent of the students and safeguarded based on the principles of professional ethics (NOGUEIRA, 2016).

However, when the school is not aligned with the perspective of respect for the singularities of its students, but with the utopia of the idealized student model, it eventually minimizes or overestimates the repercussions of getting ill, justifying the issues of absenteeism and school failure as mere individual difficulties of the student. In such procedures, the teacher misses the opportunity to build his role as a link between knowledge and the education of more critical citizens who are aware of their rights and duties.

If CDs represent a challenge to the school routine, the specialized literature points to the fact that schools have generally shied away from themes that lead their teachers to review postures, recreate practices and understand the new educational possibilities brought about by inclusion.

According to Cury (2008), situations of inequality, disparity and discrimination produced outside the school eventually reinforce situations of precariousness within it. Thus, inclusive education as a tool can constitute a (trans)formation strategy, favoring the creation of other modes of institutional functioning, that is, of another aesthetic for the existence of the school per se.

In the words of Mantoan (2012), the issues that restrain the reframing and refer to the teacher's role, teacher's learning and professional training according to hegemonic patterns and the primacy of academic content must be discussed. In this line, the perspective of bringing to light the singularities of students living with a disease at school is certainly in accordance with theoretical and practical assumptions considered as leverage for the training of new professionals in a globally computerized world, adding new challenges to the planning of educational actions.

### **School absenteeism and dropout**

The participation of students with chronic conditions at school is related to the construction of strategies according to actions of social co-responsibility in search of the quality of services that ensure legal rights in both areas. However, overcoming barriers and planning strategies to cope with the difficulties of these students require a support network to implement an inclusive educational process.

A study conducted by Enumo, Ferrão & Ribeiro (2006) found that school performance and family relationships have a reciprocal and significant influence on the learning and schooling process. From this perspective, the family group has the role of an active and directly participating player in healthcare and in the socio-emotional performance of its members, especially in the early stages of life. From a systemic and communicative outlook at the coexistence of members who are part of a family, we could say that the disease destabilizes family dynamics, challenging the already established functioning patterns until a new possible form of coexistence is recovered. According to this conception, the teacher can collaborate by getting to know the family of the students who experience this conflicting situation, understanding their needs and even establishing a profitable partnership.

Quantifying school dropout and absenteeism cases is a difficult task, and part of the problem refers to the nature and principles of their respective origins. However, among the factors that determine dropout, school failure can certainly be considered a prevailing element.

According to Charlot (2000), school failure is the product of several factors, including the teaching process, inequality in the opportunities offered, the management of personal crises and life prospects. Therefore, learning difficulties and school failure are complex issues and are not limited to chronic condition, although the repercussions arising from the health conditions in the teaching and learning process cannot be neglected.

Thus, the encouragement provided by teachers and colleagues can be decisive for the student to feel confident when going to school. Frequent follow up can give meaning to and re-signify adversity. A welcoming attitude includes knowing the past history of students and the reasons that led them to study at the chosen school, unveiling their path and the unique causes that led them to remain in or dropout from school (SILVA FILHO; ARAÚJO, 2011).

In turn, school *absenteeism*, a terminology that is still unfrequently used in the field of education, has become increasingly recurrent in the literature review. In the administrative area, it refers to the analysis of employee turnover and possible problems in a certain sector of a company and opens space to understand absences at work when the real reason is a disease (SALDARRÍAGA; MARTÍNEZ, 2007). In the area of education, however, absenteeism is related to student not attending school. It is then necessary to understand the scenario in which absenteeism occurs and to build meaning for it. Thus, it will be possible to provide for actions, establish partnerships within and outside the school and rescue the attendance of students, starting from their own history.

In this sense, Gilly<sup>8</sup> (2001 apud VASCONCELLOS and MATTOS, 2011, pp. 271-296), in *Analysis of the relationship between the student's psychosocial*

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<sup>8</sup> GILLY, M. *As Representações Sociais no Campo da Educação*. In: JODELET, D. (Org.). *As Representações Sociais*. Translated by Lilian Ulup. Rio de Janeiro: EDUERJ, 2001.

*profile and school dropout rates*, from the *Integrar para Educar Project*, conducted in the city of Faro<sup>9</sup>, Portugal, discusses absenteeism, relating it to the experiences lived in two contexts of human development: the family context and the school context, considering these as intrinsic and extrinsic factors. The intrinsic factors are educational experiences referring to the life processes of each student, and the intervening actions are considered factors associated to physical health, emotional balance, degree of integration with school, personal motivation for learning and students' difficulty when relating with their peers and teachers. Extrinsic factors refer to the family and the school. Regarding the family, the parents' degree of literacy stands out, in addition to the importance assigned by the family to schooling and future life projects, as well as economic and socio-cultural levels. As far as the school is concerned, welcoming attitudes, respect for differences, administrative organization, coordination, methodology, quality of interaction, among others (GILLY<sup>10</sup>, 2001, apud FARO, 2007) stand out. As a conclusion, we can say, therefore, that the consecutive failures at school should be attributed to multiple significant factors in the elucidation of school dropout.

### **Hospital Pedagogy, Professional Training and Good Practices**

Hospital Pedagogy, a unique mode of pedagogical and educational assistance, also provides resources for a systemic view of the teaching and learning processes, targeting to meet the biopsychosocial needs of ill people in outpatient clinics, hospitals, homes and schools. According to this perspective, education occurs in a dynamic, comprehensive, and multifactorial way and manifests itself in health promotion, allowing the understanding of diseases and hospitalization as unquestionable opportunities for the evolution of socioemotional skills, being a facilitator on the path to the development of strategies and personal self-care (MOLINA, VIOLANT & LIZASOÁIN, 2013).

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<sup>9</sup> Municipal House of Representatives of Faro, Social Action Division, *Análise da relação entre o perfil psicossocial do aluno e o abandono escolar*. "Integrar para Educar" Project - Ser Criança Project. Ministry of Work and Social Solidarity, Municipal House of Representatives of Faro, Portugal, 2007.

<sup>10</sup> GILLY, op. cit.

This results in its extension in different contexts for students with diseases at different stages of life. Likewise, Hospital Pedagogy keeps a strong link with General Pedagogy, since it is governed by its rules and principles (LIZASOÁIN; POLAINO-LORENTE, 2007).

Based on that perspective, Hospital Pedagogy prioritizes the focus on student-centered teaching and learning processes and, from this outlook, teaching practice is based on encouraging student's autonomy and proposing the preparation, execution and maintenance of life projects (MATOS; MUGIATTI, 2009).

The Hospital Pedagogy field consists of conceptual perspectives, methodological focus, good practices, professional training, and research programmed and oriented to individual and group dimensions.

For this study, we conducted a brief analysis on a list of Good Practices in Hospital Pedagogy practice. It is an interesting outlook in the management of the educational process of students with diseases, taking as a starting point the teacher training and action. In view of the above, we confront the following question: What are the guidelines that lead to relate best practices in Hospital Pedagogy to the purpose of building citizens capable of adapting to constant changes and permanently facing new challenges in daily life?

As a matter of fact, there is no ready-made model or formula to be applied in Hospital Classes or in outpatient clinics, homes, and conventional classrooms. Knowledge about Good Practices, however, is under construction, and teaching activity is an unfinished task, in constant preparation and subject to reflection. More than mastering contents, teachers are expected to have knowledge, skills, and abilities in the Hospital Pedagogy field to meet the challenges of teaching today. A brief analysis of the complexity of the teaching and learning processes points out that the teaching practice is not limited to basic training. Therefore, one must identify and problematize other dimensions and one has to demand, more than ever, permanent training in the area, which



will provide the promotion of personal, professional and institutional development of teachers and the respective organizations where they operate.

Taking as a reference the successive repetition of pedagogical and educational actions without adding new concepts and techniques to reach the singularities of students while simultaneously preparing them for the wants of contemporary society does not make the teaching action a critical thinking exercise, which would provide for the student's ability to communicate and express themselves through a sense of collaboration and creativity. The old model cannot be considered as "Good Practices" (KIVUNJA, 2018).

A study coordinated by the INKLUNI research group, started in 2018 (GELABERT; BENNASAR, 2019), defined the concept of Good Inclusive Practices in the field of education with students with rare diseases. It is a quite significant study, which brings its contribution by establishing some indicators that allow the recognition of Good Practices with students living with a disease: innovative, creative, long-lasting actions that can be systematized and reproduced in the students' surroundings, fostering collaborative and interrelated work.

Based on Good Practices indicators according to the authors mentioned above, and considering what has been stated in this article, it is possible to conceive that these Good Practices can collaborate in determining ways to cope with the challenge of the interaction between teacher and student, involved in a practice sustained by global and inclusive education concepts. Therefore, in the light of Hospital Pedagogy, Good Practices in pedagogical practice are directed towards actions aiming to offer support to school organizations, for the purpose of re-signifying school absenteeism and to structure the work with students with diseases through work in a network whose players are the family, healthcare and education professionals and others involved in the student's development process to support the schooling process (MOLINA; ARREDONDO; GONZÁLEZ, 2019).

Good Practices, therefore, refer to a set of actions that point not only to the continued education of teachers, but also to the multidisciplinary and

interdisciplinary integration in support of learning, global development, and the school (re)insertion of the student who undergoes continuous health treatments, promoting autonomy and positively developing their self-esteem from the perspective of inclusive education.

Long-lasting actions shared among stakeholders demand a planned study. Among the possibilities mentioned, scientific research offers a content of study sharing, according to preestablished standards and methodology focused on the student's needs, competencies, and possibilities. Therefore, it will be possible to compare ideas from different authors and select them based on a critical perspective. Instigated by the constant search for information, the educator will also be in search of his personal and professional growth.

## Final Considerations

In addition to the concept, comprehensiveness also concerns actions articulated between the areas of health and education, which are synchronized with contexts of student, school and family belonging, in a dialogic and articulated dimension, allowing education and healthcare professionals to relate to the singularities of each individual (MATTOS<sup>11</sup>, 2006 apud HOLANDA; COLLET, 2011).

Therefore, the interface between education and health as a resource to promote the development of all people in their intellectual, physical, affective, and social dimensions, is essentially different from the concept that the teaching and learning process is restricted to the school environment, focusing on academic knowledge only.

From that perspective, in the different educational environments, the main objective will always be to prepare children and adolescents to cope with the challenges of contemporary times.

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<sup>11</sup> MATTOS, R. A. *Os sentidos da integralidade: algumas reflexões acerca de valores que merecem ser defendidos*. R. Pinheiro e R. A. Mattos (org.). *Os sentidos da integralidade na atenção e no cuidado à saúde*. 6. ed. Rio de Janeiro: IMS/UERJ/ABRASCO; 2006. p. 41-66.

For those living with a chronic disease, the perspective of comprehensive and inclusive education intertwines with the school experience for the purpose of promoting social and community inclusion and, therefore, education becomes a collective responsibility.

With the constant mention of the advancement of science in the pediatric field, the repercussions on the quality of life and longevity of children and adolescents living with NCDs must be accompanied by strategies capable of transforming adversity into new learning during different stages of life. Thus, assistance to people with diseases becomes part of a whole picture that is aimed at assisting sick people. Thus, the concept of health adds, to the bodily functioning, the idea of health in process, that is, health in a state of constant construction.

In this context, education is among the basic requirements considered as tools to keep physical and mental health. The school as a promoter of the process of socialization, development, and citizenship building, however, must also take on its social role. By meeting the unique needs of its students in adverse health conditions, the school promotes respect for diversity in the concept of comprehensive education for students, according to their abilities and talents, expressed in a participatory, supportive and welcoming environment (MANTOAN, 2006).

In addition, singularities represent the raw material whereby the educator builds the basis for the teaching and learning processes, starting from the initial phase of all stages, permeating the planning per se, and reaching the evaluation process. Precisely, it is in the student-centered learning phase that integral education and inclusive education are constituted and merged. Among the actions that are part of the teaching and learning processes from a comprehensive and inclusive perspective, the school certainly welcomes, teaches, and learns from the singularities of its students, and promotes, as well as teaches to respect, express solidarity, collaborate, and live with individual differences.

The discourse that defines an inclusive school involves dissemination and commitment to spread and put into practice inclusive ideals. In this sense, spaces are built with respect to free expression in which differences can be worked on, valued, and understood as a way of expressing human diversity.

Foucault (1981) emphasizes this aspect, pointing out that being inside is not enough to be included. The question is how to go from diversity to difference, how to create devices for coexistence or even problematizing the point of intersection that puts the dimensions of equality and difference in conflict. Equal consideration and treatment of people may conceal their specificities. However, emphasizing their differences can exclude them in the same way. This is the trap of inclusion. (MANTOAN, 2012).

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Received in April 2020.

Approved in December 2020.