



REVISTA

# CÁTEDRA

## Pedagogic practice in a hospital environment

### *Práctica pedagógica en un ambiente hospitalario*

Ximena Pinos-Benavides

Universidad Central del Ecuador, Quito, Ecuador

Facultad de Filosofía Letras y Ciencias de la Educación, Carrera de Pedagogía de las  
Ciencias Experimentales Matemática y Física

[cxpinos@uce.edu.ec](mailto:cxpinos@uce.edu.ec)

<https://orcid.org/0000-0001-6441-3590>

(Received on: 20/03/2024; Accepted on: 20/04/2024; Final version received on: 30/06/2024)

Suggested citation: Pinos-Benavides, X. (2024). Pedagogic practice in a hospital environment. *Revista Cátedra*, 7(2), 78-97.

### Abstract

The article analyzes the importance of pedagogical actions in hospital environments, considering the educational inclusion of children and young people in situations of illness and hospitalization. The main problem is the lack of attention from educational and health administrations, and the lack of knowledge of processes that lead to a continuity of the school curriculum; to this is added feelings of anguish and anxiety about the academic aspect, since the absence of the patient in the classroom causes delay and desertion in their studies. The purpose of the research is to investigate experiences and results of research related to this study. It is an exploratory qualitative approach research, it analyzes a problem from different perceptions; it considers the inductive-deductive method and the empirical method as the immediate experience of the undergraduate students of the Pedagogy of Experimental Sciences, Mathematics and Physics of the Faculty of Philosophy, Letters and Education Sciences of the Central University of Ecuador who participated in the pedagogical practice in a hospital environment. The results obtained from the analysis of the interview script indicate that, in addition to the teaching that should be provided through playful and didactic activities, emotional support is important. Finally, the study proposes different pedagogical actions and teaching strategies adapted to the special educational needs derived from the disease and hospitalization.

### Keywords

Hospital environment, educational inclusion, pedagogical practice, academic mentoring.



[Licencia Creative Commons Atribución 4.0 Internacional \(CC BY 4.0\)](https://creativecommons.org/licenses/by/4.0/)

## Resumen

El artículo analiza la importancia de las actuaciones pedagógicas en ambientes hospitalarios, se considera la inclusión educativa de niños y jóvenes en situaciones de enfermedad y hospitalización. Se plantea como problema fundamental la escasa atención de administraciones educativas, sanitarias, y el desconocimiento de procesos que conlleven a una continuidad del currículo escolar; a esto se suma sentimientos de angustia y ansiedad por el aspecto académico, pues, la ausencia del paciente en las aulas provoca retraso y deserción en sus estudios. El propósito de la investigación es indagar experiencias y resultados de investigaciones relacionadas con este estudio. Es una investigación de enfoque cualitativo exploratorio, analiza un problema desde diferentes percepciones; considera el método inductivo-deductivo y el método empírico como la experiencia inmediata de los estudiantes de pregrado de la carrera de Pedagogía de las Ciencias Experimentales Matemática y Física de la Facultad de Filosofía, Letras y Ciencias de la Educación de la Universidad Central del Ecuador que participaron en la práctica pedagógica en ambiente hospitalario. Los resultados obtenidos a partir del análisis del guion de la entrevista señalan que, además de la enseñanza que se debe brindar a través de actividades lúdicas y didácticas es importante el apoyo emocional. El estudio, finalmente, propone actuaciones pedagógicas diferentes y estrategias de enseñanza adaptadas a las necesidades educativas especiales derivadas de la enfermedad y la hospitalización.

## Palabras clave

Ambiente hospitalario, actuaciones pedagógicas, inclusión educativa, tutoría académica.

## 1. Introduction

Pedagogical practice in hospital environments means contributing to an educational normalization of the convalescent child or young person that responds to specific educational needs. The analysis of these needs and possible responses depends on a large number of factors such as: the training of professionals who accompany the student-patient, the methodology used to design an intervention through academic tutoring and public policy that promotes an appropriate pedagogy according to the specific needs. Hence, these factors are essential to legally standardize an efficient pedagogical performance.

The most common problems faced by children and young people who are hospitalized are related to disinterest, indifference on the part of educational and health administrations, and the lack of knowledge of an agile process to provide continuity to a school curriculum. It is also observed that in most Latin American countries there is no specialty in hospital teaching; to this is added the indifference of society in general.

The present study proposes to determine the advantages of hospital education. The pedagogical performance implies a systematic review of how the training of teachers who teach in hospitals is treated. The main findings of this research are the study of teaching strategies adapted to the special educational needs derived from illness and hospitalization.

Regarding the methodology, the research has used an exploratory qualitative approach, since it analyzes a problem from different perceptions. The technique used was the interview with the interview script instrument. The interview was directed to 32 students/trainers of the Mathematics and Physics Department of the Philosophy Faculty of the Universidad Central del Ecuador who applied the Hospital Classrooms project to 136 children hospitalized in the pediatric area of the Carlos Andrade Marín Hospital in the city



[Licencia Creative Commons Atribución 4.0 Internacional \(CC BY 4.0\)](https://creativecommons.org/licenses/by/4.0/)

of Quito-Ecuador. The study is based on an inductive-deductive method because it is based on the observation of facts in order to establish teaching strategies adapted to special educational needs.

Regarding the structure and content of the article, section 2 presents the studies related to the research. In section 3, the concepts related to the research topic are presented. Section 4 details the methodology used to develop this research. Section 5 shows the results of the interview script. In section 6, conclusions are drawn according to the results obtained.

## 2. Related studies

In 2020, a research entitled *La formación docente en la modalidad hospitalaria domiciliaria en argentina: un desafío del porvenir* gives an account of their teaching practices in hospitals. Regarding the training of professionals, this research does not show a curricular support that guarantees the academic development of the teaching staff. In terms of policy, Law No. 26,206 created in 2006 establishes Home and Hospital Education as one of the modalities of the Argentine Education System; in its Article 60, it guarantees home and hospital education at all educational levels (initial, primary and secondary) and establishes the right to education of students who, for health reasons, are unable to attend an institution on a regular basis. Methodologically, the authors of this project indicate that their practice was based on the metaphor of the kaleidoscope (a self-evaluative return of their individual and group construction process, necessary to be objectified), *Cuidarse para Cuidar* that addresses the importance of life and its sustainability with quality of life both for those who stay and for those who leave, the *Hospitacuentos* and a thousand and one places to play (Vitarelli and Margall, 2020).

In the year 2023, the Ministry of Education of the Plurinational State of Bolivia points out general norms for educational management. Regarding teacher training, Art. 62 states that the Specialized Unit for Continuing Education (UNEFCO) develops refresher courses for teachers, with emphasis on theory and practice in classrooms other than regular education. In the political sphere, education and health are established as universal rights with community support, with their own cosmovisions. In public policy, pedagogical action is based on the constitution of the Plurinational State of Bolivia 2022, considering the international human rights policy (Ministry of Education of the Plurinational State of Bolivia, 2023). Methodologically, curricular planning responds to a Pluricultural Bolivian State, emphasizes the implementation of hospital support classrooms, develops competencies on knowing how to be, knowing how to do, knowing how to know and knowing how to live together (Ministry of Education, 2019).

In 2017, a research entitled *El abordaje de la pedagogía hospitalaria en el contexto venezolano* describes the experiences of different programs developed in hospitals. In the training of professionals, there is no investment in higher education with respect to teachers in hospital environments. In terms of policy, its hospital pedagogical performance responds to the special education modality implemented since 1970 through the Department of Exceptional Children, which depended on Preschool Education. In the Public policy since 1976, specifically, in the 1st document of Conceptualization and Policies of Special Education and in 2003 in the Report of the Special Education Modality: they raise in their mission and vision, respect for diversity, access to comprehensive education, heterogeneity as a natural fact of the school for all, and the social integration program (Serradas-Fonseca, 2017). Methodologically, the aim is to develop therapies with educational sense (Romero and Alonso, 2007).



[Licencia Creative Commons Atribución 4.0 Internacional \(CC BY 4.0\)](https://creativecommons.org/licenses/by/4.0/)

In 2017, a research entitled *La pedagogía clínica-hospitalaria en el Perú. A challenge and challenge for the education and health sector* points out the characteristics of a hospital pedagogy based on three strategic lines: support for educational intervention, attention to the patient's family and hospital pedagogical research. Regarding the training of professionals, there is no specific and officially recognized university education in hospital pedagogy in this research. Public policy is based on the General Law of Education, its Regulation of Special Education guarantees a hospital education (Mendoza-Carrasco, 2017). Methodologically, the existing program has been adjusted to the particularities of the Peruvian context, considering that the children served come from different regions of the country, with varied educational levels and even different languages (Chaves-Bellido, 2012).

In 2018, in a program entitled *Libros de Educa Hoy llegan a escuela del Hospital Bloom* gives an account of the existence of an educational center, whose facilities are on the upper floors of the Hospital Bloom, it is the only one of its kind at the level of Central America and the Caribbean; in addition, it has served as an example and model for implementation in countries such as Chile. As for the training of professionals, there is no mention of education for hospital teachers; the educational center is staffed by teachers who work in regular or special education schools. The public policy establishes legal norms that regulate the function of this hospital classroom, based on Decree No. 917; the General Education Law of December 12, 1996; the Law of Equal Opportunities for Persons with Disabilities 2000 and its regulations; and the Law of Integral Protection of Children and Adolescents 2000. Methodologically, it focuses on the plastic arts through this resource affective and academic contents are taught (Martínez, 2018).

In 2020, in a research entitled *Aulas hospitalarias en Paraguay* points out that since 2009 the Ministry of Education and Science through an agreement carried out procedures for the habilitation of hospital classrooms as proposed solutions for children suffering from any disease. In the training of professionals, they point out that no specific competences are developed to attend to the student-patient; this is done as a practice of continuous training. The public policy is framed in Law No. 6749 on Hospital Pedagogy, whose objective is to guarantee the right to education of hospitalized or ill children and young people. Methodologically, the classroom is organized by modalities: hospital classroom; hospital ward and home care (García-Tatera and Sánchez-Bobadilla, 2020).

In 2019, through the page of the Costa Rican Ministry of Education, it was indicated that the high school educational service for hospitalized adolescents at the San Juan de Dios Hospital had been inaugurated. Regarding the training of professionals, there is no specific educational program for hospital pedagogy; however, it is complemented with courses, workshops and seminars on hospital pedagogy. In public policy, hospital care is supported by Article 21 of Law 7600 on Equal Opportunities for Persons with Disabilities and its Regulations; the Code for Children and Adolescents and the National Policy for Children and Adolescents 2009. The learning methods and strategies have an inclusive approach and are oriented to the development of competencies (Díaz, 2019). The Methodology used is flexible and adapts to the needs of each student, it is noted that they work one hour a week and the lessons are divided into moments of beginning, development and closing with individual or group work sessions (Ardón et al., 2017).

In 2008, a research entitled *Pedagogía Hospitalaria Chile - España - Centro América* (Hospital Pedagogy Chile - Spain - Central America) describes the history of hospital classrooms in Chile. In professional training, it is observed that undergraduate education is



[Licencia Creative Commons Atribución 4.0 Internacional \(CC BY 4.0\)](https://creativecommons.org/licenses/by/4.0/)

limited to specific actions associated with practical cases, while postgraduate training offers diplomas in specific areas, but not in hospital pedagogy. In public policy, pedagogical action is based on the Declaration of the Rights of Hospitalized Children and Young People. On the other hand, it contemplates the 2015 Framework Law on Hospital Pedagogy in Latin America. Methodologically, it is based on the continuity model of the educational process and prioritizes the recovery of health, and then focuses on the objectives of education (Garcés, 2008).

In 2024, a study entitled *Anteproyecto de Ley 197. Derecho a la educación de los niños, niñas y jóvenes hospitalizados o en situación de enfermedad en Panamá* raises some perspectives for hospital education. As for the professional training of teachers, there is no specific curriculum on hospital pedagogy in the country. In public policy, pedagogical action is protected by the Political Constitution of the Republic of Panama, Chapter 5, Art. 91, 92, right to education, Convention on the Rights of the Child 1989, Art. 28 and 29, specifically on the right to education of children and young people in a situation of illness. In terms of methodology, it is indicated that the priority is to give continuity to education, and for this purpose it has been divided into three care modalities: hospital classroom, hospital ward and home care; all modalities have as methodology the continuity of their studies (Center for Latin American Studies on Inclusive Education [CELEI], 2024).

### 3. Related concepts

#### 3.1.1 Inclusive education

Inclusive education is understood as any political attitude, collective commitment or educational trend that seeks to integrate individual differences and needs. In this regard, UNESCO (2001) states that educational inclusion "is seen as the process of identifying and responding to the diversity of needs of all students through greater participation in learning, cultures and communities, and reducing exclusion in education" (p. 15). With this appreciation, inclusion is perceived not only as integration, but also as adaptation. Adaptation to different learning styles and needs; learning difficulties are various, and if illness and hospitalization are added to this, the situation of school continuity is further aggravated. Inclusive education projects the access of children and young people to formal education. In this sense, the presence of pedagogical action in the hospital environment is imperative.

#### 3.1.2 Hospital education

The teaching process can be developed in the hospital classroom (physical space determined to receive classes), in the room (mobile classroom) or at home depending on the specific needs of each patient. The Ministry of Education of Ecuador (2016) increased the National Model of Hospital and Home Education Management and Care, the program states that "hospital education is the teaching service provided to children and young people who are in periods of illness and hospitalization"(p. 8). The situation of illness and the hospital environment is an unfamiliar and, in some cases, discouraging place for children, young people and their families. In this sense, the educator plays a fundamental role, since the strategies and methodologies used should promote school activities that strengthen the continuity of the curriculum, an environment of well-being and resilience for patients and their families.



[Licencia Creative Commons Atribución 4.0 Internacional \(CC BY 4.0\)](https://creativecommons.org/licenses/by/4.0/)

### 3.1.3 Pedagogical practice

The development of inclusive pedagogical practices focuses on the organization and planning of all the resources used in the classroom, this action is a consequence of the joint reflection of all educational actors, López-Machín (2000) expresses "in any pedagogical project, the soul is the teacher. He is the architect par excellence of the development of the work with the students, and of carving the human soul, which is the most important part of the educational work" (p. 2). Hence, the pedagogical performance must be supported by a curriculum that trains the hospital teacher.

In Ecuador, this practice is legally based on the Constitution of the Republic of Ecuador (2008), since in Title II, Chapter One, Section Five, Art. 27 states that "Education (...); will stimulate the critical sense, art and physical culture, individual and community initiative, and the development of skills and abilities to create and work (...)" (p. 33). Similarly, in Title VII, Chapter One, Section One, Art. 343 refers to the fact that "the national education system (...) will have as its center the subject who learns, and will function in a flexible and dynamic, inclusive, effective and efficient manner (...)" (p. 160).

It should be noted that the Organic Law of Intercultural Education (LOEI) framed in the Constitution, in force since 2011 and updated in 2016, also constitutes a legal basis that supports inclusion. In Art. 2 referring to the Educational Principles, literal (b) points out that "education constitutes an instrument for the transformation of society; (...)" (p. 9), while literal (s) refers to the flexibility of education, while literal (ll) mentions that "students are guaranteed an education that responds to the needs of their social, natural and cultural environment at the local, national and global levels" (p.13). However, in Ecuador there is no third level academic offer in hospital pedagogy. Methodologically, it is observed that students/teachers attending hospitals are based on value criteria and on the recognition of people as holistic, integral and diverse human beings.

### 3.1.4 Academic tutoring

The purpose of tutorial action is to help and guide the student in the learning process. According to Álvarez (1995)

is a systematic process of assistance, addressed to all people in their formative period, professional performance and leisure time, with the aim of developing in them those vocational behaviors that prepare them for adult life, through a continuous and technical intervention, based on the principles of prevention, development and social intervention, with the involvement of educational and socio-professional agents (p. 12).

Thus, tutoring as a substantial element of the educational process presents as a characteristic a continuous, systematic and coherent curricular planning to the students' learning, considering their specific circumstances. In this process, it is also important for the tutor-counselor to develop empathy, emotional stability, confidence and leadership skills; but, above all, to possess learning strategies and participative methodologies such as help among students, the joint action of two teachers in the classroom, the formation of interactive groups, cooperative learning, dialogues, personalized tutoring, diversified teaching, meaningful learning, and the use of information technologies, among others.

For this reason, the curriculum should be made more flexible, curricular programs should be proposed that make possible different learning contexts, committing to overcoming



[Licencia Creative Commons Atribución 4.0 Internacional \(CC BY 4.0\)](https://creativecommons.org/licenses/by/4.0/)

barriers of access, participation and commitment to meet diversity. In this sense, pedagogical practices in hospital environments have been conceived as a service that brings educational benefits to a process of educational inclusion in which the social reality and the contextual situation of each child and young person are combined with the psychosocial and educational needs. One of the first principles of these educational support units is that of comprehensive globalized education, integrating the context and the subject, here plays an important role the didactic resource and motivation.

Well-used didactic resources, in my personal opinion, make the teaching process more concrete, the class becomes attractive, fun, and knowledge becomes meaningful. The task of education according to Simbaña-Gallardo et al. (2017) "must allow living a constant process of interaction, that the person discovers and cultivates individualities and at the same time strengthens coexistence in collectivity, that manages to achieve corporate objectives through the cultivation of the spirit, morals, values" (p.93). Hence, academic tutoring in hospital environments must be based on values such as respect, empathy and good treatment of the student-patient; the tutor must develop good human relations with the patient's family, colleagues, hospital staff, etc.

Thus, the tutor anticipates what the student needs; love is paramount in this context, the teacher must attend in a loving and humane way to the student, but without being dragged by the pain. The task in the hospital environment is to ensure school learning, but also to help to understand the disease and the hospital environment, offering emotional and affective support to students and their families. For this reason, teaching-learning activities are only effective if they are carried out in an interpersonal way, but, in addition, the factors involved in the activity are directly related to the notion of care to the extent that hospitalized students require comprehensive care that promotes humanism, health and quality of life with due consideration of individual differences.

The principle of teaching responsibility, as well as the principles of justice and equality of educational care, are not marked by the prescriptions of duty, but consist in the recognition of students in their individual being. Simbaña-Gallardo et al. (2017) also indicate that in this task it should not be forgotten that "in society there are forms of social organization, and it will be up to education to articulate various social, economic, political, ideological and cultural scenarios that converge in the educational system" (p. 96). The educational curriculum responds to study plans or programs, but in practice it does not manifest unified criteria, it does not respond to social needs of interdisciplinarity and multidisciplinary knowledge; the educational curriculum then implies teaching from the problems encountered, from the comprehensiveness and complexity in a given context.

#### 4. Methods and materials

The research has an exploratory qualitative approach and applies the empirical method based on experience. The following is a description of the steps developed:

1. Location of the study area. The research focused on the pediatric area of the Carlos Andrade Marín Hospital.
2. Selection of the sample. Thirty-two trainers from the Mathematics and Physics Department of the Philosophy Faculty of the Universidad Central del Ecuador applied the Hospital Classrooms project to 136 children hospitalized in the pediatric area of the Carlos Andrade Marín Hospital in the city of Quito-Ecuador.



[Licencia Creative Commons Atribución 4.0 Internacional \(CC BY 4.0\)](https://creativecommons.org/licenses/by/4.0/)

3. Design and application of the research instruments. The technique applied to collect information was the semi-structured interview, this instrument was validated by experts in the area of Pedagogy of Experimental Sciences, Mathematics and Physics and experts in the area of Psychopedagogy of the Faculty of Philosophy, Letters and Education Sciences of the Central University of Ecuador. The interview was directed to 32 students of the Pedagogy of Experimental Sciences, Mathematics and Physics, who were the trainers of the project. The interview questions were related to the following dimensions: teaching experience in the context of hospital classrooms, beneficiary situation (children hospitalized in the pediatric area of the Carlos Andrade Marín Hospital), and academic tutoring in the context of hospital classrooms. To identify the participants, coding [ENT] was applied, assigning the number according to the order of intervention.
4. Data processing. Once the research instruments were applied, the interview was transcribed. Subsequently, the codes were created and the respective quotes were selected using the Atlas ti program. With the help of the Atlas ti program, the codes and quotes were recorded in a matrix, and a semantic network was elaborated for each dimension, in which the type of relationship between the codes was established.
5. Analysis and discussion of results. On the basis of the matrix of relevant codes and quotations, together with the semantic networks, the results were theorized and discussed. Finally, the conclusions of the study were drawn.

## 5. Results

Table 1 shows a summary of the categories: teacher perception, situation of the beneficiaries and academic tutoring in the context of hospital classrooms with their respective codes and frequency of rooting. Subsequently, through the formation of semantic networks, the most relevant aspects for the aforementioned categories are described.

Category	Codes	Freq	Relevant quotations	Identifi- cator
Teaching experience	Rewarding experience	23	"one of the most rewarding experiences I've ever had."	ENT-5:1
			"A good experience"	ENT-6:1
			"really wonderful experience"	ENT-8:1
			"very pleasant experience due to the fact that we shared with wonderful children".	ENT-9:1
			"I liked this work very much, I got very attached to it".	ENT-10:2
			"The experience at the hospital was very gratifying"	ENT-11:1
			"it was a very gratifying experience for the spirit".	ENT-12:1
			"it was a very nice experience because of the sharing of knowledge".	ENT-15:2
"the experience was very nice and pleasant".	ENT-16:5			



[Licencia Creative Commons Atribución 4.0 Internacional \(CC BY 4.0\)](https://creativecommons.org/licenses/by/4.0/)



		"It was one of the most unforgettable experiences that we as students and human beings can have.	ENT-18:1
		"it was very pleasant since this intercultural education project".	ENT-19:1
		"hospitalarias has been very satisfactory"	ENT-23:1
		"one of the most gratifying experiences that we could have".	ENT-28:1
		"it was a very gratifying experience"	ENT-29:1
		"it was an unrepeatable experience".	ENT-31:1
		"it was a rewarding experience".	ENT-32:1
Promoting inclusive education	10	"teachers are obliged to offer our service to those social groups that are excluded" "I would like us to continue in this way".	ENT-11:6
		"I would like us to continue with this social work that changes our lives and above all fills us with joy.	ENT-17:5
		"to change their mentality to achieve true inclusion".	ENT-27:3
		"helps you to transform as a person and find the human side".	ENT-31:2
		"I learned in a practical way what "INCLUSIVE EDUCATION" means".	
		"it was very enriching to be able to learn from them, the most defenseless".	
Inclusive education learning in the professional field	4	"it helps me to gain experience for my working life".	ENT-8:2
		"There is learning that is not taught in the classroom when you are training in a profession".	ENT-18:2
		"to forget for a while the situation in which they were in".	ENT-19:5
		"We were able to get a little bit out of the environment full of doctors and nurses.	ENT-20:3
Helps you forget about your problems	3	"but finally I was able to distract myself, smile and learn how beautiful this subject is".	ENT-1:9
		"right to a quality and warm education".	ENT-14:5
		"We teachers have the obligation to offer our service to those social groups that are excluded.	ENT-27:2
To provide a quality and warm education.	3	"We must educate for life, to love it and respect its diversity.	ENT-8:3
		"support that they give to each other".	ENT-11:6
		"learn to understand what kindness, companionship and most importantly empathy are".	ENT-20:4
Teaches empathy	2	"to see the other reality that is not observed in a normal classroom".	ENT-4:4



[Licencia Creative Commons Atribución 4.0 Internacional \(CC BY 4.0\)](https://creativecommons.org/licenses/by/4.0/)

		2	"We learn values such as perseverance and perseverance.	ENT-15:4
	Learning a reality different from the classroom	1	"equal opportunities to learn and be included in society".	ENT-14:2
	Learning in values	1	"I would like us to continue with this social work that changes our lives and above all fills us with joy.	ENT-3:3
	Providing equal opportunities	1	"Many times they are excluded because of their disability.	ENT-8:4
	From	1	"to motivate them that life goes on and they have to keep on preparing themselves".	ENT-17:5
	Continue with hospital classrooms	1	"There is a lack of teachers to provide support in these areas.	ENT-28:2
	exclusion due to disability	1	"solidarity they have among themselves".	ENT-19:4
	Motivate students	1	"opportunity to work with children for the first time".	ENT-11:5
	Need for more teachers to support children	1	"anxious to be able to receive classes"	ENT-4:3
	Solidarity	1	"with their smiles on their faces"	ENT-4:1
Beneficiary status	Working with children	7	"enthusiasm with which the children were waiting for us"	ENT-1:7
			"The excitement of watching them learn"	ENT-2:2
			"she smiles and welcomes you with open arms"	ENT-3:2
			"she was waiting for me patiently and eager to learn"	ENT-7:2
			"they were excited when I came in".	ENT-12:2
			"patients with different types of illnesses"	ENT-20:1
			"girls with different illnesses that did not allow them to attend regular classes"	ENT-25:1
			"illness depress them even more"	ENT-1:1
			"bedridden without access to their studies".	ENT-15:1
			"We encountered lucky and not so good situations.	ENT-16:3
			"And it was enough to arrive for the child to smile.	ENT-26:1
			"she waited patiently for me and was eager to learn".	ENT-27:1
		3	"They were excited when I came in".	ENT-17:4



[Licencia Creative Commons Atribución 4.0 Internacional \(CC BY 4.0\)](https://creativecommons.org/licenses/by/4.0/)

	Joy in receiving classes		"children and adolescents who, due to life circumstances, had to postpone their studies momentarily".	ENT-20:1
		3	"girls with different illnesses that did not allow them to attend normal classes".	ENT-25:1
	Postponing studies due to illness	3	"bedridden children without access to their studies".	ENT-14:3
		3	"smiles and welcomes you with open arms".	ENT-15:1
		3	"they made the children very happy"	ENT-26:1
		3	"The affection that the children give us is unparalleled.	ENT-12:2
	They receive classes with joy	3	"they can't attend classes normally"	ENT-15:3
		3	"they can't attend classes normally"	ENT-29:2
		2	"They tend to be a little depressed.	ENT-1:3
	Do not attend classes normally	2	"they fight day by day to improve themselves and be better".	ENT-22:2
	Not attending classes normally	1	"bedridden, without access to their studies".	ENT-16:1
		1	"strive to learn and to be able to catch up".	ENT-6:3
	Depression	1	"not being with their families"	ENT-26:1
	Desire to improve	1	"miss their classmates"	ENT-1:10
	Difficulty in accessing studies	1	"remain alone most of the time".	ENT-16:4
	Efforts to learn	1	"miss classes"	ENT-16:2
	Missing family members	1	"constantly struggle day by day for their health "	ENT-1:6
	Missing peers	1	"vulnerable situation"	ENT-1:4
	Staying alone for long periods of time	1	"think about it, since it is a part of teaching that is not analyzed or taught to us".	ENT-1:2
	Missing classes	1	"it makes me reflect on life, on what we are doing today, on what you should improve or change".	ENT-32:2
Academic Tutoring	Health problems	12	"to improve in all aspects of my life to be someone better in the future".	ENT-5:2
			"It taught me that life does not have to be based only on seeking my well-being and in the future as a professional, only to teach.	ENT-6:2



[Licencia Creative Commons Atribución 4.0 Internacional \(CC BY 4.0\)](https://creativecommons.org/licenses/by/4.0/)

---

		"It changes you and transforms you, making your way of thinking different.	ENT-6:4
		"I was able to acquire other qualities that we did not know yet".	ENT-7:1
		"It made us bring out our most human side and understand that life is harder with other people.	ENT-10:1
		"It was very enriching to be able to learn from them, the most defenseless ones.	ENT-11:2
		"There is learning that is not taught in the classroom when you are training in a profession".	ENT-13:2
		"there are more curricula like this".	ENT-18:2
		"To reflect that we always have to give our best whatever our problems are".	ENT-20:3
		"to analyze my life and to propose to myself to change, to strive daily for my ideals".	ENT-23:2
		"it was not only to teach the subject but also to accompany them".	ENT-26:2
		"We played games, I explained something they didn't understand.	ENT-30:1
	7	"We went to teach them what we are strong in Mathematics, Physics and Geometry, but not in an environment of boring them".	ENT-9:4
Personalized Accompaniment		"it does not imply just making the student learn".	ENT-17:1
		"giving them personalized tutoring"	ENT-19:2
		"accompanying them pedagogically"	ENT-20:2
		"We have to act wisely and quickly.	ENT-21:1
		"mathematics area but providing moral and emotional support."	ENT-29:3
		"the psychological part also requires it"	ENT-32:3
Emotional support	7	"to give them more than direct pedagogical support, it was emotional support".	ENT-1:5
		"mainly to support them and give them encouragement at all times so that they feel at ease".	ENT-11:4
		"if not that the presence of one of us was enough to make the child feel happy".	ENT-14:4
		"I carried out another type of didactics, familiarizing myself with the two children I had to teach.	ENT-17:2
		"They need emotional support".	ENT-17:3
		"In the area of mathematics, but by providing moral and emotional support.	ENT-19:3

---



[Licencia Creative Commons Atribución 4.0 Internacional \(CC BY 4.0\)](https://creativecommons.org/licenses/by/4.0/)

			"They learn mathematical knowledge from us.	ENT-22:4
	Tutoring in the mathematics area	6	"They don't only need help in the academic area. "We go to teach them what is our forte, Mathematics, Physics and Geometry, but not in a way to bore them. "to teach them mathematics subjects". "to teach mathematics, to a very sweet and beautiful little girl". "methods to explain and to make them reason". "look for the most appropriate way to share by scrutinizing activities according to each situation".	ENT-1:5 ENT-3:1 ENT-11:3 ENT-19:2 ENT-22:3 ENT-24:2
	Methodology-adapted to specific educational needs	5	"it helps me to gain experience for my working life". "there are more study plans like this one". "you have to act wisely and quickly". "to give them more than direct pedagogical support, it was an emotional support". "we go to teach them what we are strong in Mathematics, Physics and Geometry, but not in a way that bores them".	ENT-4:5 ENT-9:2 ENT-19:5 ENT-23:2 ENT-32:3
	Pedagogical support	3	"to accompany them pedagogically" "activities according to each situation"	ENT-14:4 ENT-19:2
	Customized activities	2	"giving them personalized tutoring" "a challenge to keep a child's attention". "look for the most appropriate way to share by scrutinizing activities according to each situation".	ENT-29:3 ENT-9:3 ENT-21:1
	Adaptation of resources to maintain the child's attention	2	"return to their studies without any delay in their specific subject of mathematics". "When they leave the hospital and integrate into their daily life, there are no gaps in the educational field".	ENT-4:2 ENT-9:2
	Teaching through games	2	"through games they are motivated to fight to get out of there". "we played, explained something they did not understand". "area of mathematics but providing moral and emotional support." "having a lot of understanding"	ENT-26:3 ENT-29:4 ENT-2:3 ENT-17:1



[Licencia Creative Commons Atribución 4.0 Internacional \(CC BY 4.0\)](https://creativecommons.org/licenses/by/4.0/)

Moral support	1	"doing some didactic activity"	ENT-1:5
Understanding	1	"one of the most rewarding experiences I've ever had"	ENT-4:6

Table 1. summary of the categories: Teacher's perception, Beneficiaries' situation and Academic tutoring in the context of hospital classrooms

With respect to the category of teacher perception in the context of hospital classrooms, the most relevant aspects are as follows:

1. Rewarding experience: with a frequency of rootedness of 23, this code indicates that teachers find their work in hospital classrooms to be rewarding and meaningful.
2. Promoting inclusive education: with a frequency of rootedness of 10, this code clearly emphasizes that teachers see their experience in hospital classrooms as an opportunity to learn and promote inclusive education in a professional context.
3. Other codes, such as "helps to forget about their problems" and "provide quality and warm education," also have a frequency of rootedness of 3 or 4, indicating that teachers value aspects related to inclusion, emotional support, and quality of education in the hospital setting.
4. Some codes have a rootedness frequency of 1, suggesting that there is a need for more teachers to support children. A sense of solidarity is seen by teachers as indispensable but may not be as prominent in their overall perception of the hospital classroom experience.

In addition, in reference to the category teacher perception in the context of hospital classrooms, Figure 1 shows the semantic network with the most relevant codes analyzed above, through this analysis it was determined that teachers who performed their work in hospital classrooms found their experience rewarding and meaningful, demonstrating that they deeply value their work and commitment to learning inclusive education, taking advantage of this opportunity to develop these skills and knowledge.

Importantly, teachers value key aspects related to inclusion, emotional support and educational quality in hospital classrooms. This was reflected in the frequency of rootedness of codes such as "promote inclusive education", "help to forget about their problems" and "provide quality and warmth education". Another important aspect that emerges from this analysis is the need for more teachers to support children in this situation.



[Licencia Creative Commons Atribución 4.0 Internacional \(CC BY 4.0\)](https://creativecommons.org/licenses/by/4.0/)

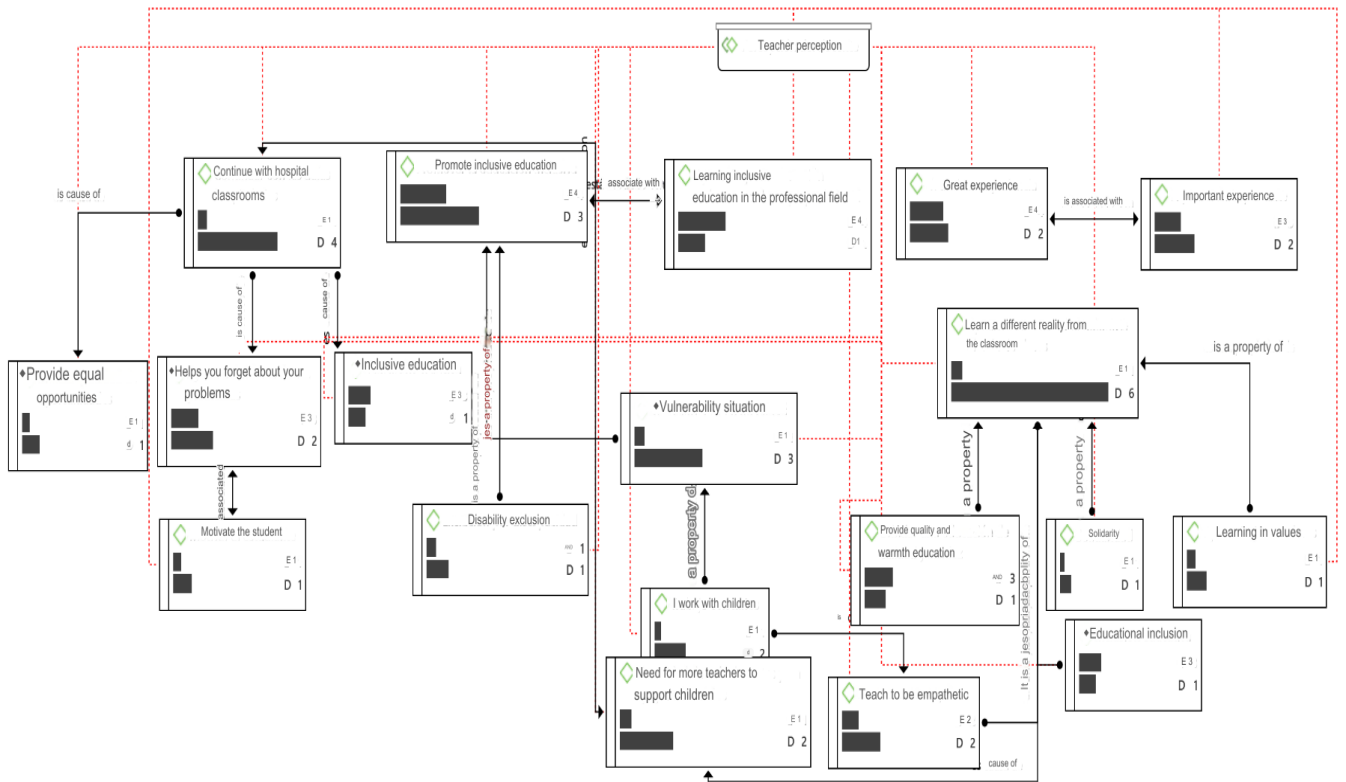


Figure 1. Semantic network category Teaching perception in the context of hospital classrooms

With reference to the category: situation of the beneficiaries in the context of the hospital classrooms, the most relevant aspects detected (see Table 1) are as follows:

1. Eager to receive classes: with a frequency of 7, this situation indicates that the beneficiaries of hospital classrooms have a strong desire to receive classes, despite their health conditions.
2. Other situations, such as "different illnesses" and "postponing studies due to illness" have a frequency of 5 and 3 respectively, suggesting that illnesses and the need to postpone studies are common challenges for these beneficiaries.
3. "Joy in receiving classes" and "receive classes with joy" have a frequency of 3 each, indicating that, despite difficulties, beneficiaries find happiness and satisfaction in participating in hospital classes.
4. "Do not attend classes normally" and "vulnerable situation" have a frequency of 2 and 1 respectively, suggesting that some beneficiaries face additional difficulties in accessing education due to their health conditions and personal situations.
5. Several other situations, such as "depression", "missing relatives" and "health problems", have a frequency of 1 each, indicating that these aspects are also relevant in the context of hospital classrooms, although less frequent compared to other challenges mentioned.

Similarly, Figure 2 shows the semantic network, with the most relevant codes analyzed in this category. This analysis revealed the different situations and challenges faced by children in hospital classrooms, such as health problems, loneliness, depression. However, despite these factors, their desire to learn, eagerness and joy to receive classes are



[Licencia Creative Commons Atribución 4.0 Internacional \(CC BY 4.0\)](https://creativecommons.org/licenses/by/4.0/)

highlighted, and relevant aspects that teachers should develop such as the importance of providing adequate emotional and educational support in this context are detected.

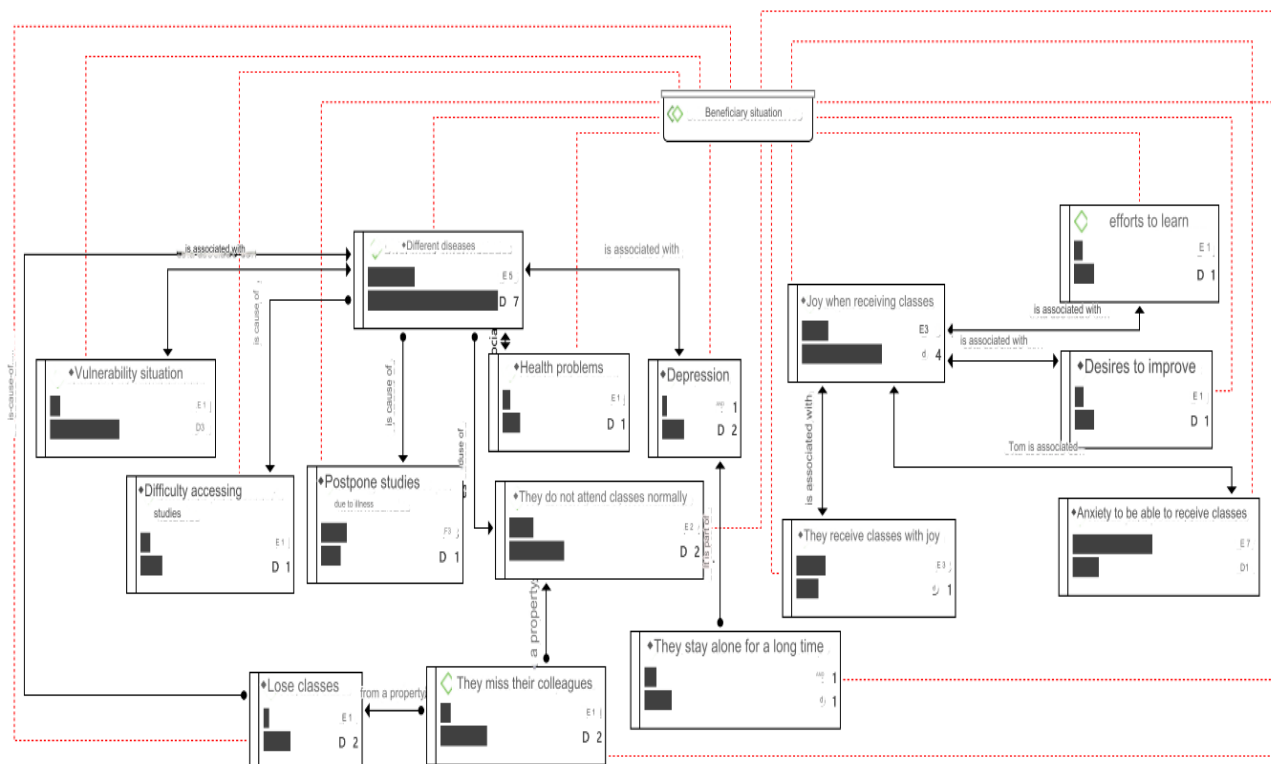


Figure 2. Semantic network category Situation of beneficiaries in the context of hospital classrooms

Finally, with respect to the Academic Tutoring category in the context of hospital classrooms, the most relevant significant aspects detected (see Table 1) are as follows:

1. Reflect on learning new methodologies: with a frequency of 12, this aspect indicates that teachers who carried out their professional practice in hospital classrooms are aware of the need to keep updated on new teaching methodologies, which suggests a willingness to continuously improve and adapt in order to provide quality education to hospitalized students.
2. Personalized accompaniment and emotional support: both aspects have a frequency of 7, which emphasizes the importance of teachers providing comprehensive individualized academic and emotional support to students in the hospital environment.
3. Tutoring in the area of mathematics: with a frequency of 6, this aspect indicates that tutoring in the area of mathematics is considered important by teachers, which reflects the attention given to the specific academic needs of students.
4. Methodologies adapted to specific educational needs: with a frequency of 5, this aspect highlights the importance of adapting the teaching process to meet the individual needs of students in the hospital environment.
5. Finally, other aspects such as adapting resources to maintain the child's attention, helping them to return without delay in their knowledge, teaching through games, moral support, understanding needs and carrying out didactic activities, have a lower frequency but are still considered important in the context of academic tutoring in hospital classrooms.



[Licencia Creative Commons Atribución 4.0 Internacional \(CC BY 4.0\)](https://creativecommons.org/licenses/by/4.0/)



Likewise, Figure 3 shows the most relevant codes that make up this category through the formation of the semantic network, which allows us to establish that the teachers who worked in the hospital classrooms showed a strong commitment to learning new methodologies and creating personalized educational resources adapted to the specific needs of hospitalized children. This indicates a willingness to constantly improve and adapt in order to provide quality education to hospitalized students. It was also highlighted that personalized accompaniment and emotional support are fundamental aspects in the context of hospital classrooms, thus recognizing the importance of providing comprehensive support that addresses both the academic and emotional needs of the students.

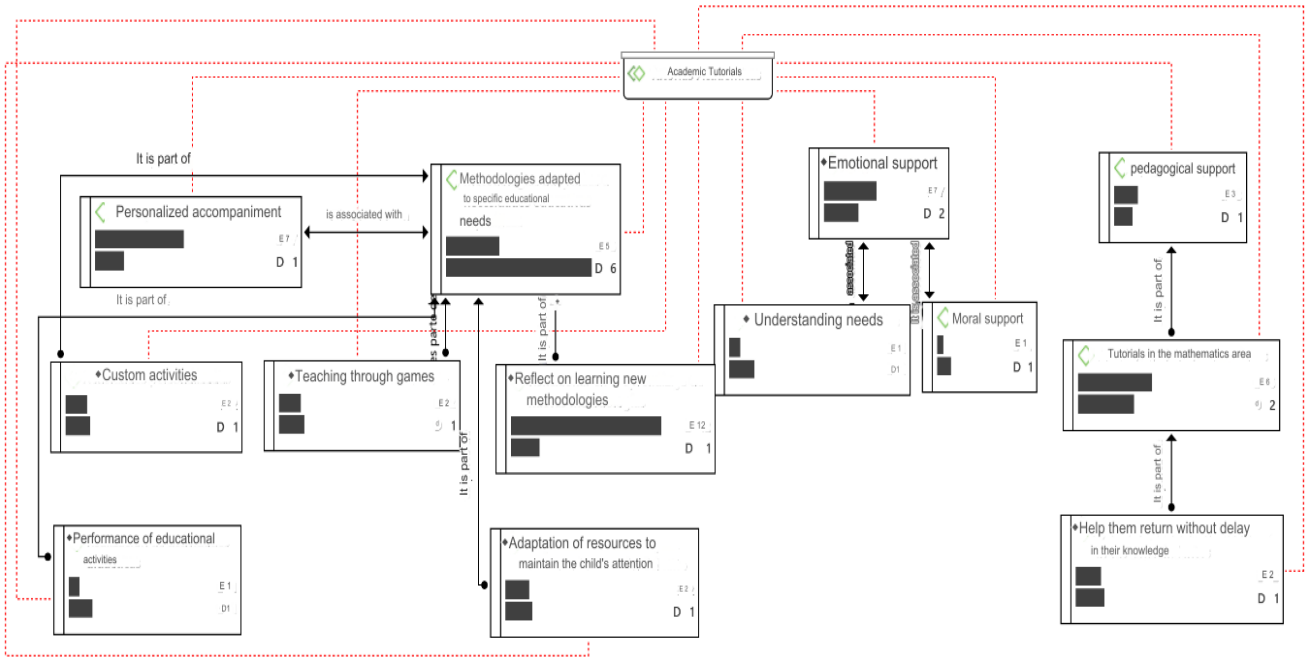


Figure 3. Semantic network category Academic tutoring in the context of hospital classrooms



Licencia Creative Commons Atribución 4.0 Internacional (CC BY 4.0)

## 6. Discussion and Conclusions

The teaching experience in hospital classrooms is truly gratifying, because through this noble work one experiences a deep learning about inclusive education in the professional field. Working in hospital classrooms allowed us to get to know a reality that goes beyond the conventional walls of the classroom, in this space teachers and children learn, both are enriched with their stories, their dreams and their challenges.

However, it is important to mention that this experience also confronts us with the harsh reality of exclusion due to illness and emphasizes the urgent need to provide equal opportunities for all children and young people, regardless of their health conditions or disabilities, everyone deserves access to quality education, regardless of their medical situation. In this sense, it is essential to continue with the hospital classrooms and strengthen support through the insertion of more committed teachers. On the other hand, the participation of Higher Education Institutions is indispensable, it is necessary that they commit themselves to the creation of careers in hospital pedagogy, training in new teaching methodologies, creation of personalized educational resources adapted to the specific needs of the student and forms of emotional support for children and young people in hospital classrooms.

It is essential to recognize and support the patient/student in their daily struggle to have a normal life, the tutor's support must be decisive to help them overcome different obstacles and provide access to quality education for their integral development. For this reason, it is emphasized that, in hospital classrooms, it is urgent to create and innovate new learning methodologies to guarantee quality education for children and young people in difficult medical situations. Therefore, it is necessary to focus on personalized accompaniment where emotional support is also provided, and the implementation of methodologies and educational resources adapted to the specific educational needs of each child and young person.

In this line, it is important to highlight that teaching through games was an effective strategy to make learning more fun and attractive for children in this environment. Through playful and didactic activities, active learning was promoted and creativity and participation were stimulated. The use of methodologies adapted to Information and Communication Technologies (ICT) can be an effective tutoring option, and this accompanied by a process of emotional support will provide efficient educational tools to continue growing, regardless of the challenges they face.

## Acknowledgment

I thank God for the opportunity to share with my students and staff of the HCAM hospital the experience of serving children and adolescents with effort, social commitment and love.

## Bibliographic references

Álvarez, M. (1995). *Orientación Profesional*. Barcelona: Praxis.

Ardón, D., Vega, F., Méndez, N., Monge, C. y Valverde, G. (2017). La pedagogía hospitalaria en Costa Rica: La atención a la niñez menor de siete años de edad. *Revista Electrónica "Actualidades Investigativas en Educación"*, 17 (1), 1-23.  
<https://doi.org/10.15517/aie.v17i1.27295>



[Licencia Creative Commons Atribución 4.0 Internacional \(CC BY 4.0\)](https://creativecommons.org/licenses/by/4.0/)

- Asamblea, C. (2008). Constitución de la República del Ecuador. In Editorial Jurídica Ecuador.
- Centro de Estudios Latinoamericanos de Educación Inclusiva | CELEI | (2024). Anteproyecto de Ley 197. Derecho a la educación de los niños, niñas y jóvenes hospitalizados o en situación de enfermedad. [http://repositorio.unae.edu.ec/bitstream/56000/3314/1/1.%20LIBRO\\_Versi%C3%B3n%20Final\\_PEDAGOG%C3%8FA%20HOSPITALARIA\\_2023\\_FINAL%20%285%29%20%282%29.pdf](http://repositorio.unae.edu.ec/bitstream/56000/3314/1/1.%20LIBRO_Versi%C3%B3n%20Final_PEDAGOG%C3%8FA%20HOSPITALARIA_2023_FINAL%20%285%29%20%282%29.pdf)
- Chaves Bellido, M. (2012). La pedagogía hospitalaria como alternativa formativa. *Educación*, 21 (40), 59-74. <https://revistas.pucp.edu.pe/index.php/educacion/article/view/2504/2449>
- Díaz, K. (2019, 15 de mayo). MEP y CCSS inauguran servicio educativo para secundaria en Hospital San Juan de Dios. <https://mep.go.cr/noticias/mep-ccss-inauguran-servicioeducativo-secundaria-hospital-san-juan-dios>
- Garcés, E. R. (2008). Pedagogía Hospitalaria Chile-España-Centro América. <https://cerelepe.faced.ufba.br/arquivos/fotos/103/chilespanhacentroamerica.pdf>
- García-Tatera, F. y Sánchez-Bobadilla, V. (2020). Aulas hospitalarias en Paraguay. *Revista Nacional e internacional de Educación Inclusiva*. 76-88. <https://dialnet.unirioja.es/descarga/articulo/7926118.pdf>
- López-Machín, R. (2000). Educación de alumnos con necesidades educativas especiales. Fundamentos y actualidad. Pueblo y educación.
- Martínez, O. (2018). Libros de Educa Hoy llegan a escuela del Hospital Bloom. Elsalvador.com. <https://historico.elsalvador.com/historico/541813/libros-de-educa-hoy-llegan-a-escuela-del-hospital-bloom.html>
- Mendoza-Carrasco, M. V. (2017). La pedagogía clínica – hospitalaria en el Perú. Un reto y desafío para el sector educación y de salud. *Alétheia: Revista Académica de la Escuela de Postgrado de la Universidad Femenina del Sagrado Corazón-Unifé*, 5(1), 19–25. <https://doi.org/10.33539/aletheia.2017.n5.2099>
- Ministerio de Educación del Estado Plurinacional de Bolivia. (2023). R.M. 0001/2023 Normas Generales para la Gestión Educativa Subsistema de Educación Regular. <http://repositorio.unae.edu.ec/bitstream/56000/3317/1/Cap%c3%adtulo%20VI%20%20149-189.pdf>
- Ministerio de Educación del Estado Plurinacional de Bolivia. (2019). Nueve departamentos cuentan con Centros de Apoyo Integral Pedagógico - Aulas Hospitalarias (CAIP-AH). <https://www.minedu.gob.bo/files/publicaciones/unicom/Comunidades/2019/Comunidad>
- Ministerio de Educación del Ecuador (2016) *Modelo Nacional de Gestión y atención Educativa Hospitalaria y Domiciliaria*, 1ra edición. <https://educacion.gob.ec/wp-content/uploads/downloads/2017/04/Modelo-Nacional-Gestio%CC%81n-Atencio%CC%81n-Educativa-Hospitalaria-y-Domiciliaria-1.pdf>



[Licencia Creative Commons Atribución 4.0 Internacional \(CC BY 4.0\)](https://creativecommons.org/licenses/by/4.0/)

- Reglamento General a la LOEI. (2015). Problemy Tuberkuleza, 4, 3-7.  
<http://www.ncbi.nlm.nih.gov/pubmed/1852737>
- República Bolivariana de Venezuela. (1980). Ley Orgánica de Educación. Gaceta Oficial de la República Bolivariana de Venezuela, 5662, septiembre 24, 2003.  
<https://www.redalyc.org/pdf/356/35641005020.pdf>
- Romero, K. y Alonso, L. (2007). Un modelo de práctica pedagógica para las aulas hospitalarias: el caso del Hospital Universitario de Los Andes. *Revista de Pedagogía*, 28 (83), pp. 407-441.
- Serradas-Fonseca, M. (2017). El abordaje de la pedagogía hospitalaria en el contexto venezolano. *Aula*, (23) 121-134. <https://revistas.usal.es/tres/index.php/0214-3402/article/view/aula201723121134/17970>
- Simbaña-Gallardo, V., Jaramillo-Naranjo, L. y Vinueza-Vinueza, S. (2017) Aporte de Durkheim para la sociología de la educación. *Sophia: colección de Filosofía de la Educación*, 23(2), pp.83-99.  
<file:///Users/veronicasimbanagallardo/Downloads/1965-Texto%20del%20art%C3%ADculo-10484-1-10-20170825.pdf>
- UNESCO (2000). Balance de los 20 años del Proyecto Principal de Educación para América latina y el Caribe. Sin más datos.

## Author

**XIMENA PINOS-BENAVIDES** obtained her Master's degree in Procedural Law, mention in Criminal Law, Universidad Tecnológica Indoamérica (Ecuador) in 2012. She obtained the degree of Specialist in Procedural Law, Universidad Tecnológica Indoamérica (Ecuador) in 2009. Obtained a Superior Diploma in Procedural Law, Universidad Tecnológica Indoamérica (Ecuador) in 2008. He obtained the degree of Senior Specialist in Applied Geography, Universidad Andina Simón Bolívar (Ecuador) in 2007. She obtained the degree of Doctor in Jurisprudence and Lawyer of the Courts and Tribunals of the Republic, Universidad Central del Ecuador (Ecuador) in 2005. She obtained a degree in Education Sciences and is a secondary school teacher specializing in History and Geography, Universidad Central del Ecuador (Ecuador) in 2004.

She is currently a professor in the career of Pedagogy of Experimental Sciences, Mathematics and Physics at the Faculty of Philosophy, Letters and Education Sciences of the Central University of Ecuador. She is the author of several books and articles published.



[Licencia Creative Commons Atribución 4.0 Internacional \(CC BY 4.0\)](https://creativecommons.org/licenses/by/4.0/)