HOSPITAL PEDAGOGY: A SPACE OF LOVE AND RECOGNITION FOR THE ONCOLOGICAL PEDIATRIC PATIENT

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ABSTRACT

Objective: to understand the perception on hospital pedagogy of family caregivers of pediatric cancer patients in the Department of Córdoba, Colombia.
Method: a qualitative study with an ethnographic approach whose results were obtained through interviews, participant observation and focus groups with 25 family caregivers enrolled in the database of the UNICOS, Volunteer School Support Program, of the University of Córdoba. Data was collected between February and June 2017, coded and organized in three axes: conceptions of hospital pedagogy, activities and didactics and values of the hospital pedagogue; and analyzed under the technique of multiple triangulation.
Results: all caregivers belong to the female gender, between 20-40 years old, incomplete high school level, in a consensual union and unemployed; pedagogy is conceived as an act of love that is limited by the lack of adequate spaces and materials; the graphic-plastic activities and the interactive didactics that include music, directed readings and videos are the children's biggest preferences; in addition, the hospital pedagogue is conceived as a special person, with human warmth, sympathy and listening skills.
Conclusion: hospital pedagogy is a strategy that allows coping with the disease, recognition of children and caregivers as subjects of rights and opportunities, and consolidation of inter-sectorial and interdisciplinary work for the development of the child's health.

DESCRIPTORS: Children. Caregivers. Hospitals, teaching. Teaching materials. School teachers.

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LA PEDAGOGÍA HOSPITALARIA: UN ESPACIO DE AMOR Y RECONOCIMIENTO PARA EL PACIENTE PEDIÁTRICO ONCOLÓGICO

RESUMEN

Objetivo: comprender la percepción sobre pedagogía hospitalaria de los cuidadores familiares de pacientes pediátricos oncológicos en el Departamento de Córdoba, Colombia.
Método: estudio de naturaleza cualitativa con enfoque etnográfico cuyos resultados fueron obtenidos por medio de entrevistas, observación participante y grupos focales con 25 cuidadores familiares inscritos en la base de datos del Programa de apoyo escolar del voluntariado UNICOS de la Universidad de Córdoba. Los datos fueron recolectados entre febrero y junio de 2017, codificados y organizados en tres ejes: concepciones de pedagogía hospitalaria, actividades y didácticas y valores del pedagogo hospitalario; y analizados bajo la técnica de la triangulación múltiple.
Resultados: todos los cuidadores pertenecen al género femenino, entre los 20-40 años, secundaria incompleta, unión libre y desempleadas; la pedagogía es concebida como un acto de amor que se ve limitada por la falta de espacios y materiales adecuados; las actividades gráfico-plásticas y las didácticas interactivas que incluyen música, lecturas dirigidas y vídeos son las mayores preferencias de los niños; además el pedagogo hospitalario es concebido como una persona especial, con calidez humana, buen trato y capacidad de escucha.
Conclusión: la pedagogía hospitalaria es una estrategia que permite el afrontamiento de la enfermedad, reconocimiento de los niños y cuidadores como sujetos de derechos y oportunidades, y la consolidación del trabajo intersectorial e interdisciplinar para el desarrollo de la salud del menor.

DESCRIPTORES: Niño. Cuidadores. Hospitales de enseñanza. Materiales de enseñanza. Maestros.

A PEDAGOGIA HOSPITALAR: UM ESPAÇO DE AMOR E RECONHECIMENTO PARA O PACIENTE PEDIÁTRICO ONCOLÓGICO

RESUMO

Objetivo: compreender a percepção sobre a pedagogia hospitalar dos cuidadores familiares de pacientes pediátricos oncológicos no Departamento de Córdoba, Colômbia.
Método: estudo de natureza qualitativa com abordagem etnográfica, cujos resultados foram obtidos por meio de entrevistas, observação participante e grupos focais com 25 cuidadores familiares registrados na base de dados do Programa de apoio escolar voluntario UNICOS da Universidade de Córdoba. Os dados foram coletados entre fevereiro e junho de 2017, codificados e organizados segundo três eixos: Concepções da pedagogia hospitalar, atividades e didáticas, e valores do pedagogo hospitalar; e analisados sob a técnica da triangulação múltipla.
Resultados: todos os cuidadores pertencem ao gênero feminino, entre 20 e 40 anos, com ensino médio incompleto, união de facto e desempregadas. A pedagogia é concebida como um ato de amor que é limitado pela falta de espaços e materiais adequados; as atividades gráficas e plásticas e a didática interativa - música, leituras dirigidas e vídeos - são as maiores preferências das crianças. Além disso, o pedagogo do hospital é concebido como uma pessoa especial, com calor humano, bom tratamento e habilidades de escuta.
Conclusão: a pedagogia hospitalar é uma estratégia que permite afrontar a doença, reconhecer as crianças e cuidadores como pessoas com direitos e oportunidades, e consolidar o trabalho intersetorial e interdisciplinar para o desenvolvimento da saúde da criança.

DESCRITORES: Criança. Cuidadores. Hospitais de ensino. Materiais de ensino. Professores escolares.

INTRODUCTION

The World Health Organization[1] says that childhood cancer represents between 0.5% and 4.6% of the total burden of morbidity related to this cause, whose incidence rate ranges between 50 and 200 per million children in the world placing it in the rare category if compared to cancer in adults. The presence of cancer in a child requires the permanent support of one or more family caregivers who constitute the backbone of the disease health process because, from the care practices, the feelings and the cultural construction that they have facing the disease woven a series of elements that will benefit the adherence to treatments and recovery of the child's health.

The family caregiver requires the participation of other social actors to generate suitable environments where networks of trust, solidarity and cooperation are established to increase the potential of the subject of care facing the disease, so there is no discussion when affirming that the school has certain attributes that benefit children's social learning process, but the temporary, formal and face-to-face conditions that characterize it limit the enjoyment of said benefits by the child in sickness conditions. In this direction, the *United Nation Educational, Scientific and Cultural Organization* (UNESCO)[2] suggests that schools should become networks of learning spaces where the synergy between the informal and the formal takes place aiming to offer opportunities and reconciling all possible educational environments that promote the humanistic inclusion of all people regardless of ethnicity, age, gender or health condition.

Consistent with the above, there are experiences at the global level that point to hospital pedagogy as a process that transcends the instruction of formal content to assume forms of human expressions and manifestations that are part of the evolution and comprehensive improvement of people;[3] in addition, other studies[4–5] conclude that educational responses to students who have health problems must involve interdisciplinary perspectives that guarantee social inclusion and where learning can be contextualized and respond to the needs of students.

This type of emerging pedagogies have been thought from different perspectives, that although they have achieved satisfactory results, it still presents challenges for its implementation that requires knowing the specificities of the pediatric oncological patient to promote a formative process that is linked to the educational and health needs thereof. Therefore, it is essential to keep in mind that there is no predetermined path to develop an educational program, but what is certainly known is that long hospital stays have psychosocial effects on patients ranging from lack of motivation, anxiety states and anguish,[6] deterioration of self-esteem, sleep disturbances, concern with the unknown, sadness, apathy, disinterest in the activities of childhood and rupture of the child with their natural environment.[7–8]

Another challenge this type of educational modality faces is the need to professionalize and formalize the employment relationship of social pedagogues present in hospital centers.[9] In first instance, because it is not feasible to reach children in a general illness as is the case with the rest of the population, due to the need to offer a three-dimensional educational service that includes health factors, the conditions of the hospital environment and the training needs and, on the other hand, because the hospital pedagogue must be recognized in the educational environment with the same working conditions as the other teachers of the regular day.

In addition, a greater governmental effort is required to favor decision-making in the face of the criteria unification that allow the adoption of integral interventions where teachers and health team professionals actively participate.[10] That is to say, the challenges faced by hospital pedagogy become the motor that mobilizes the co-responsible agents involved in this process to work together for the social inclusion of children in disease conditions, mobilizing the necessary resources for integral educational attention that requires constant feedback of hospital pedagogical work, research processes and the creation of educational programs that respond to these demands.

Colombia, like other countries in the world, does not effectively address the educational needs of the sick minor; because although it recognizes the existence of hospital classrooms in the country it is also true that, these are disconnected from the context and are little known. There is evidence that the quality of life of hospitalized children improves considerably when they have the opportunity to participate in educational processes of this nature.[11]

A review of the subject in Colombia, allowed to establish that there are some initiatives of hospital classrooms that have achieved the attention of more than 13,000 students whose purpose is to offer the opportunity to students who have not been able to finish their studies because of an illness that culminate their educational cycle satisfactory. However, at the same time promote a process of transformation in children, teachers, health professionals, and especially the family that starts from the re-significance of the health-disease process, strengthening their emotions and offering hope for better responses to treatments.[12]

However, this educational modality is addressed tangentially in public policies that, added to the lack of interest in the training of the future teacher and the lack of motivation by the Providers Healthcare Institutions could explain the non-existence of hospital classrooms in the vast majority of the regions of Colombian territory, as it is the case of the Department of Córdoba, scenario of the present research, where there are also cancer diagnosed children whose sociocultural context is unfavorable for the recovery of their health meriting inter-sectorial and interdisciplinary attention that minimizes the impact that this disease has brought to their lives and that of their caregivers.

Under this perspective, it is vital that oncological pediatric patients establish meaningful connections with the environment because care must possess particular characteristics that view human life as an experience in context that is permanently related to the environments in which people grow up, develop and heal since it is not possible to take care of the patient isolating then from their daily world.[13]

Therefore, the central objective of the study was to understand the perception on hospital pedagogy of family caregivers of patients in the Department of Córdoba, Colombia.

METHOD

Qualitative study with ethnographic approach. Ethnography was chosen because it emphasizes the beliefs, worldview and values that people assign to the different cultural elements that educational practices include. Therefore, the findings obtained allowed to understand the assessments that family caregivers of pediatric patients with cancer build against hospital pedagogy.

The universe population is the family caregivers assigned to the Unicordoba Social Volunteer UNICOS- in whose database of 48 families are registered. Once notified of the intentionality of the study and according to the availability of time, a participant population of 25 pediatric caregivers diagnosed with cancer was obtained in the Department of Córdoba, Colombia.

The interview and observation protocol was used, which together enable to obtain in-depth information on the a priori categories defined for the study. The interview protocol was structured in three items, each with five open questions that sought to know: a) meaning of hospital pedagogy; b) types of didactics; and, c) values and skills of the teaching professionals.

Data collection involved an immersion in the field of 20 weeks between February and June 2017), obtaining 27 records that were consigned in the field diary.

It was considered as a criterion of inclusion to be a family caregiver of children diagnosed with cancer who lived in the Department of Córdoba and received treatment in the city of Montería, its capital. Furthermore, caregivers whose children received school support from social volunteering UNICOS developed by students and teachers from a University of Córdoba, Colombia, were selected. All caregivers who expressed their desire to participate in the study were included.

The first technique applied corresponded to the participant observation, which was conceived as the articulating axis of the research process allowing obtaining findings corresponding to caregivers' attitudes on the educational process. The observation process was structured in two stages, a first moment that recorded those perceptions, feelings and intuitions that the researchers determined were relevant to the study in which it was decided what, when, where and whom to observe under the considerations of expanding a general vision that favored the focusing of the research axes; a second instance pointed out the reason for the observation, promoting the deepening of the records recorded in the field diary referring to the organization in the notes that were worked under the modality of a single record, distinguishing the native categories of the participants from the assessments and interpretations of the research team.

Therefore, what corresponded to the attitudes of the caregivers regarding the training process received by the minors; when it was established as a parallel line of study that involved the entry and displacement phase in the field, the observation and application of instruments of data collection, the registration and processing of the field diary; where it obeyed the selected hospital unit and the caregivers constituted who of the study. It is necessary to specify that the objective of the observation process was focused on producing data from a reflective point of view among the participants of the study and the researcher who observes with a view to completing the information gathered in the interview and the focus groups.

We applied 25 in-depth interviews with an approximate duration of 45 minutes and 4 focus groups lasting approximately 30 minutes until the information was saturated or, in other words, the application of the instruments was suspended when the researchers perceived that the answers of the participants were repeated and did not make any new contribution. The homogeneity of the process and respect for the opinions of others were sought at all times.

The processing and organization phase began with the reading of the record consigned in the field diary, the transcription of the interviews and the data obtained in the focus groups; subsequently, the information obtained was codified in order to organize and proceed to the construction of significant categories. The text material obtained was duly subdivided allowing the extraction of the thematic content directly related to the a priori categories that grouped the questions and answers of the designed protocol. For each category that was identified in the selected fragments, they were assigned codes associated with the essential a priori themes and the emerging codes that emerged in the interaction with the caregivers.

The final organization was made through diagrams and coding matrix that facilitated the reading of categories and codes in the same visual plane, facilitating accessibility, selection of data and the possibility of transferring between coded and significant data (Table 1).

Table 1 – Categorization matrix and information coding. Montería, Colombia, 2017

Category	Units of meaning
Meaning of hospital pedagogy	Loving Expressions
	Children's rights
	Suitable spaces for learning
Activities and didactics	Graphic-plastic activities
	Interactive didactics
Values and skills of the professional who teaches	Human warmth
	Special pedagogical training

The results were analyzed under the techniques of multiple triangulation that allowed triangulation of the primary data, of researchers and of the theories and methodologies under the levels of individual, social and interactive analysis.

The research was adjusted to the parameters established in the Universal Declaration of Human Rights of 1948, the Nuremberg Code of 1947, Helsinky Declaration of 1964 and Resolution 8430 of 1993; therefore, an informed and voluntary participation was promoted where all study subjects had the option of accepting or refusing to participate during the investigative process, the informed consent was signed not before communicating to the participants the ethical commitment to preserve anonymity in the dissemination of the results, reasons why the researchers chose a pseudonym for each participant and present the results. The participants received a cordial treatment and were given the possibility to withdraw at any stage of the research.

The macro project from which these results are derived entitled Knowledge, attitudes and practices of family caregivers of chronic patients in the Department of Córdoba, with registration No. FCS-03-16 and Code 13101 it was evaluated by the Research Ethics Committee of the Health Sciences School of the University of Córdoba through Act No. 20 of November 20th, 2015; this institution verified that the ethical risks could be easily identified and that there were valid mechanisms for its control and it was approved by means of institutional register 400/FCS-032.

RESULTS

Socio-family characteristics

The living conditions of children diagnosed with cancer and their family caregivers reflect high levels of social vulnerability related to the lack of economic resources to satisfy their basic needs and the lack of opportunities in the environment that allow them to develop their human necessary capacities for coping with feelings of helplessness, insecurity and exposure to the risks present in most of the participants.

The socio-demographic profile of the caregivers corresponded to a totality of women whose age ranges between 20-40 years old; consensual union and divorced constituted the tendencies of civil status; as well as incomplete primary and high school education levels were predominant in the participants. The family income range was located at less than a current legal minimum wage and predominates the fact that all had to abandon their economic activities by focusing on childcare.

Regarding to children age, it was found that the highest rank was concentrated in the group of children under 5, followed by the age group between 10 and 15 years and ending with children between 5 and 10 years old, observing a time not greater than a year with the disease. The tendency is that the predominant type of cancer is leukemia and the symptoms were fever and bruises on the body.

Meaning of hospital pedagogy

From this category, the family caregivers participating in this study relate the hospital pedagogy with love and maintained a positive attitude towards the training process that provoked exchanges of emotions, displays of affection and respect among the participants, in this regard, Martha adds: *teaching in these conditions is a pure act of love*. From this perspective, pedagogy contains a multisciplinary profile that transcends the schemes of didactic act planning to enhance human feelings and emotions in inclusive environments, as mentioned by Lucia: *sick children should not be excluded from school, on the contrary, they should be taught so that they learn to excel as people and that they feel loved by everyone.*

Hospital pedagogy is defined from the socio-cultural imaginary of caregivers as a human experience that must be guaranteed in light of the rights of children and adolescents. Carmen says: *I do not understand why sick children are not given the opportunity to study so that they do not fall behind in their formative process, I always ask myself: where is the right to education for children?*;

Perceiving the violation of human rights generated attitudes of rejection, helplessness and disillusionment in people, made visible through a range of gestures, postures and behaviors that caregivers assumed throughout the research process.

Among the factors that limit to carry out a process of hospital pedagogy, it was obtained that the family caregivers recognize that a suitable space is needed in the clinics where they receive their treatment dedicated to teaching; Juana comments: *there must be a classroom equipped with all the elements so that teachers can do their teaching work.*

In addition, some of the caregivers identify that the professional who is in charge of the service does not collaborate with this type of work because they fear that the child's recovery process may be affected.

Type of activities and didactics that promote learning

Children diagnosed with cancer beneficiaries of Social Volunteering UNICOS underwent an accompanying process involving the development of various activities and implementation of educational teaching in order to generate a process of reflection about them and assess from the perspective of the caregiver those that had the greatest impact on infants.

Agreements with the required hygienic conditions and the availability of spaces and resources were proposed as main activities: reading, coloring, ripping, listening to stories or songs, playing, and watching television among others. As expected, the preferences of the children vary according to the age they are in, so children in the age group between 0 and 5 prefer to color, listen to narrated stories or children's songs, play and ripper; children between 5 and 10 showed preferences for watching television, coloring and playing. Finally, older children between 10 and 15 years old say that they get very bored when they are hospitalized and that television distracts them, also this age group is inclined to use electronic devices.

When inquiring about the educational didactics of greater impact it was find that within the responses of the family caregivers there are the directed readings, video games, play spaces and music therapy, their unpublished observations confirm this: *when students bring guitar we forget the problem we have and children are more attracted to the educational activities they propose* (Manuela). *Children are attracted to video games* (Lucia). *It would be good to design special books for our children that summarize the contents that are given in the school so that they can assimilate them* (Carmen).

The caregivers always maintained a positive attitude towards the implementation of the different didactic proposals, which was reflected by the joy and active participation in the training activities framework facilitating the learning process of the children.

Values and skills of the professional who teaches

In relation to this category, the findings make it possible to visualize that caregivers expect that all the professionals who surround the process of treatment and rehabilitation of their children are hospital pedagogues, Carmen says: *educate should be a task for all of us here,* Juana: *nurses and doctors should prepare themselves as educators, because if the other people who come to educate cannot enter the rooms like them, then they should take on this role*.

The warmth and good treatment are fundamental values that allow children to learn more easily. *Children learn very fast when they are treated well, not scolded and patiently* (Carmen). *It is all about listening carefully to the child to discover what they want to learn and how they can do it* (Martha). *People who teach, whether teachers, nurses or college graduates must have the ability to transform the contents of books, because a hospitalized child does not have the same energy as other children, he gets tired faster, so the contents must be almost like a history or a children's story* (Manuela).

The cognitive, affective, and behavioral responses recorded in the field diary made it possible to recognize the sensations, arrangements, and perceptions that caregivers sew around the teaching professional, contemplated under a gaze full of emotions that reveal the gratitude they feel for their work.

DISCUSSION

Today's society is characterized by the multiplicity of challenges it presents in the technological, social, political, cultural and economic fields that are attended to from public policy with greater or less emphasis depending on the available resources, the philosophy of governments or the interests that may derive from them; however, education is a key aspect for human development that covers the public agendas of all the countries of the world, but attention to diversity and the need to adopt an inclusive perspective that educates the subject without distinction of ethnicity, age, gender, health status or social vulnerability where all can develop as much individual potential as possible without exception.[14]

Hospital pedagogy self-perceived by caregivers is inscribed in the perspective of social inclusion because it is a different way of doing pedagogy in which the people who accompany the process of recovery of the health of children use a series of activities, didactics and skills to transform the feeling of emptiness, loneliness and frustration of the sick in learning for life.[15] In addition, this type of pedagogy is conceived as an act of love because the one who teaches must not only develop contents of geography, biology, language but teach the child the path to rediscover himself identifying their values and potentials to learn in the midst of adversity and must apply a type of pedagogy oriented towards tenderness[16] so that children have the opportunity to learn from the world of their emotions, making friends and developing positive feelings that provide elements to deal with the disease.

Another point that is nested in the caregiver's perspective is the fact that children's rights are not fulfilled in their entirety because they are not given due attention to their formative processes when they do not occur in complete normality. This gap identified in the education policy of this Colombian region is against UNICEF's statements[17] who has emphasized that all boys, girls and adolescents are entitled to a quality education that must begin in Early Childhood because it is at this stage that the child enhances some of the skills and skills that are decisive for adult life. Therefore, the Sustainable Development Goals urge governments to assume the child's perspective as a subject of equal rights that requires the joint work of the education and health sector to achieve healthier and more prosperous populations.

From this perspective, it is inscribed that all professionals, regardless of their specialization, must work for the development of childhood by highlighting the need for intersectoral and interdisciplinary work that contributed to the continuous improvement of the child's quality of life, for this, the revision of the protection and education measures to prioritize children at risk or those with problems in the development of their health must therefore necessarily be involved.[18]

However, for this type of process to be successful, hospital pedagogy requires the implementation of different educational environments where flexible modalities of education are developed that include activities and didactics according to the needs of the subject who learns. Although there is regulation in Colombia in this regard, there are regions of the country where the ideal conditions for offering special academic support in the Healthcare Provider Institutions do not exist because they do not have available hospital teachers neither with a different scenario than the room for the development of circumstances that limit any type of initiative of this nature. Here is the importance of strengthening the role of health professionals as co-responsible agents in the process of integral development of the child, given that the challenge is to expand disciplinary boundaries in such a way that inclusive proposals are applied that involve the voices and gazes of social groups initiating a dialog as a bet on the diversity of the processes being built in hospital environments.

Family caregivers believe that hospital classrooms with propitious teaching materials and the permanent presence of trained teachers must be an important part of the comprehensive care provided to children in health institutions, as the constant support of all health staff, because there is no discussion that care should not be isolated from the social worlds, much less condemned to the loneliness of a child's room. Some trends identified in other studies are included in this line of results[19–21] when referring to hospital classrooms such as open, flexible and special spaces that allow the child to interact with hospital teachers, health workers, family members and other children through pedagogical, recreational, ludic and leisure activities; clarifying that while it is necessary to address formal contents, these cannot be produced in a rigid manner, they must be transformed into knowledge that the child needs to understand the kind of world he is facing.

Interactive graphic-plastic and didactic activities related to music therapy, videos, directed readings and text-building become central elements for the treatment of disease in children with cancer diagnosis, preferences that could be explained by the type of difficult situations that children face on a daily basis, which motivates them to be inclined by those programs that contemplate spaces of growth and thought development that allow them to manage better levels of understanding of the disease and the ways to deal with it. Other studies[22–23] point out that this type of child-friendly activity obeys the concept that is being built around hospital pedagogy, which is essentially based on leisure, gambling and leisure time management; on the other hand, because the education of caregivers and children by health staff is monotonous and enforces to explain to them what treatment and other aspects of intervention consists of moving away from alternative and occupational strategies that would have a greater impact on treatments and increase the response to the disease from the caregiver's self-perception.

From this perspective, the findings of this study are convergent with Luque and Zapata[24] when considering that the child does not lose his child status due to being hospitalized or in oncological treatment, therefore, it is necessary that the health team, hospital teachers and all those who have a direct or indirect presence in treatment use educational strategies that conceive of the child and his caregiver as active subjects of his or her own development and not as beneficiaries of a training process or persons to whom treatment must be explained in order to comply with the established protocol because better results will be obtained from the degree of connection that can be established.

Another central element of the hospital pedagogical process refers to the presence of a professional with the capacity to interact with children through the pedagogy of love and tenderness, given that caregivers perceive that this teacher to be someone special who treats children with warmth, to listen to them and be able to transform the contents required in formal education into knowledge that supports the child's recovery and provides them with tools to interact in the world once they are declared healthy and can return to school.

A review of this topic indicates that the hospital pedagogue must cultivate skills and abilities that allow him to learn to communicate with children in a situation of illness, handle different types of reading and writing that promote textual production according to the child's learning needs, possess listening skills, enhance creativity and develop skills for problem solving, self-control, adaptability;[25–27] on the other hand, it is vital that the hospital pedagogue keeps updated on the diagnosis of children, learns to interact with health teams and deploys all their human potential for the health of children.

Within the limitations of this study, it is detected that children with cancer diagnosis do not have the perception given the restriction emanating from the study's objectives, the health conditions of some patients and their age, making it necessary for the future to glimpse the possibility of conducting a comprehensive study to obtain the overall panorama of the phenomenon addressed.

On the other hand, the findings identified in this study open possibilities to continue strengthening this research line, especially in the curricular analysis of early education and nursing programs that envisage the need to incorporate into the curricula the competencies that allow the training of professionals in this area of knowledge; likewise examine the opportunities for the implementation of hospital classrooms within the framework of public health policy at the local and national levels with a view to integrating human talent and available resources as mechanisms to achieve advances in the field of hospital pedagogy.

CONCLUSION

Understanding the perception on hospital pedagogy of family caregivers of children diagnosed with cancer is to deepen the self-constructed connections of the meanings attributed to the exercise of pedagogy, didactic mediations and values attributable to the hospital pedagogue; whose evaluations highlight the importance of educating children regardless of their health status as a strategy to strengthen human capacities to cope with the disease, but also so that they do not lose their status as subjects of rights and continue to take them into account in all public policy decisions.

Hospital pedagogy is part of the social inclusion policies that call the attention of health authorities, educators and the community in general to the need to build walls that protect children based on love, tenderness, cohesion and social justice. allow us to rethink the type of society that children require for their integral development, especially to resume the need to implement hospital classrooms in all regions of the country guided by inclusive schools that guarantee pedagogical proposals for integration, transformation and social mobility that favors the inclusion of pediatric oncological patients to the social system; but first of all they are able to consolidate gears with the health system to generate the required synergies among all the actors involved in the process for the early and effective recovery of the health of children.

Therefore, it is necessary that the curricular processes are flexible, open and consistent with the tastes, interests and learning styles of children through the transformation of activities, contents and didactics that call for the creation of alternative hospital scenarios where laughter, recreation, creativity, play and the teacher's capacity for love and devotion are constituted in devices that enhance the coping tools and resources and constitute bases for the psychosocial support of the caregiver.

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NOTES

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CONFLICT OF INTEREST

There is no conflict of interest.

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