

Science education in hospital classrooms: a foucauldian analysis of statements regarding health-related content

ABSTRACT

This study, based on a master's research project in Science Education, investigates the approach to health-related content in Science teaching in hospital classrooms. The objective is to analyze the justifications provided by Science teachers working in these contexts regarding the inclusion of health-related topics in their pedagogical practices. The study is grounded in a theoretical framework based on Michel Foucault and his discourse analysis methodology, aiming to identify the statements that shape the discourse of Science teaching in hospital classrooms and their curricular implications. We analyzed 15 academic works retrieved from Google Scholar using the keywords "hospital classroom" and "Science teaching". The analysis revealed four statements that characterize this discourse: (1) it is important to consider the reality of students in hospital classrooms; (2) the topics addressed emerge not only from teachers but also from the interests and curiosities of student-patients; (3) teachers question whether or not to address health-related topics due to the emotional conditions of students; and (4) the selection of content is conditioned by institutional relations and norms within the hospital setting. It is concluded that these statements constitute a specific discursive formation in science teaching in hospital classrooms, in which pedagogical knowledge is intertwined with medical knowledge and care practices, even though health is formally part of science education.

KEYWORDS: Science teaching; hospital classroom; pedagogical discourses; health.

Ensino de ciências em classes hospitalares: uma análise foucaultiana dos enunciados sobre a abordagem do tema saúde

RESUMO

Este estudo, vinculado a uma pesquisa de mestrado em Educação em Ciências, investiga a abordagem do tema saúde no Ensino de Ciências em Classes Hospitalares. O objetivo é analisar as justificativas dos professores de ciências atuantes em Classes Hospitalares quanto aos conteúdos relacionados à saúde em suas práticas pedagógicas. Utilizamos o referencial teórico baseado em Michel Foucault e sua metodologia de análise do discurso para identificar os enunciados que atravessam o discurso do ensino de ciências em classes hospitalares e suas implicações curriculares. Analisamos 15 trabalhos acadêmicos localizados no Google Acadêmico partindo dos descritores "Classe Hospitalar" e "ensino de ciências". Como resultado da análise emergiram quatro enunciados que especificam esse discurso: 1) é importante trabalhar com a realidade dos estudantes que vivenciam a Classe Hospitalar; 2) as temáticas não partem somente dos professores, mas dos interesses e curiosidades dos alunos-pacientes; 3) os professores se questionam sobre trabalhar ou não com temas de saúde devido às condições emocionais dos estudantes; e 4) a escolha dos conteúdos está condicionada às relações/normas com a instituição hospitalar. Conclui-se que tais enunciados configuram uma formação discursiva própria do ensino de ciências nesse contexto, na qual o saber pedagógico é atravessado pelo saber médico e pelas práticas de cuidado, ainda que a temática saúde esteja inserida na educação em ciências.

PALAVRAS-CHAVE: ensino de ciências; classe hospitalar; discursos pedagógicos; saúde.

Ligia Souza

ligiasou.di@gmail.com

orcid.org/0009-0007-3145-6309

Universidade Federal do Rio Grande do Sul (UFRGS), Porto Alegre, Rio Grande do Sul, Brasil

Alice Stephanie Tapia Sartori

alice.stephanie.ts@gmail.com

orcid.org/0000-0002-0442-6645

Universidade Federal do Rio Grande do Sul (UFRGS), Porto Alegre, Rio Grande do Sul, Brasil

INTRODUCTION

The topic discussed in this article is based on an ongoing master's research in the field of Science Education. The study focuses on the statements present in the discourse of science teaching in Hospital Classrooms with the aim of highlighting what teachers and researchers in the field say regarding pedagogical practices and the implications for the formation of student subjects who experience this non-formal environment. Specifically, for this article, we seek to problematize curricular issues related to the science content addressed by teachers in this context. To this end, our analytical material consists of works published in the field on this topic. Thus, the research questions are as follows: Does the science curriculum for the Hospital Classroom contemplate health-related content? What are the teachers' justifications for working with - or not working with, these contents? What are the effects of such discursive practices on the constitution of the child-student-patient?

Initially, it is important to highlight that Hospital Classroom (HC) is, by definition, a term used by the Brazilian Ministry of Education (MEC) to refer to non-formal pedagogical spaces within certain hospitals, these spaces are intended to provide pedagogical support to patients who are in the process of schooling, that is, children and teenagers. There are several terminologies used by Brazilian authors, which can be found in the literature to refer to this non-formal space in Brazil, such as, Hospital Pedagogical Assistance, Hospital Schooling, Hospital Education, Hospital Pedagogy, Pedagogical Practices in Hospital Settings, Mobile schooling (when there is no designated classroom within the hospital institution), and Hospital Educational Assistance. The author Vasconcelos (2005) suggests that this type of service, initially named in its creation as Hospital School, has French origins and began in 1935 with the aim of offering free education for children and adolescents of school age from 5 to 25 years old.

Historically, with the end of World War II, Hospital Classrooms became widely disseminated because many children were injured and mutilated, leading to prolonged hospital stays. In Brazil, around the year 1600, during colonial period, this educational modality was offered at the Santa Casa de Misericórdia of São Paulo exclusively toward children with physical disabilities. However, it was in 1950 that records and documents appeared at the Jesus Municipal Hospital in Rio de Janeiro, and care was provided for all conditions and was not restricted to people with physical disabilities (Laureano & Lucon, 2023).

Whereas in the 1600s, in hospital settings, only children with physical disabilities received educational services, in the 1950s and 1960s, there was an outbreak of poliomyelitis which caused physical paralysis and led to an increase in the number of hospitalized children, consequently, there emerged the need to formalize and expand hospital classroom provision beyond disabilities, attending to other types of illnesses among children and adolescents.

There are currently more than 160 hospitals with hospital-based education programs spread across Brazil's five regions, and it was only with the 1988 Brazilian Federal Constitution that this form of education in hospitals was effectively regulated (Nunes & Furlanetto, 2025). The most recent law guaranteeing the right of children and adolescents to education in a hospital setting is the Law on

Guidelines and Bases for National Education (LDB) No. 13,716 of 2018, which replaced Law No. 9,394 of December 20, 1996:

Title III – On the Right to Education and the Duty to Educate

Art. 4-A. Educational services are guaranteed during the period of hospitalization to students in basic education who are hospitalized for health treatment in a hospital or at home for an extended period, as provided by the Government in regulations, within the scope of its federal authority.

Although the Brazilian Federal Constitution emphasizes that education is a right for all and that the government is responsible for ensuring it, it is important to highlight that not all hospitals have Hospital Classrooms. As mentioned, there are more than 160 such classes in Brazil, which makes pedagogical support scarce. In this study, our focus is not a specific Hospital Classroom, but rather various models that have been implemented in Brazil, based on prior research in this field.

In this context, our working hypothesis—based on a Foucauldian theoretical perspective—is that the science curriculum contributes to the constitution of subjects, namely the child-student-patient. Such concepts are discussed in the following section of the article. Subsequently, we highlight elements of discourse analysis as a methodological tool for analyzing the collected studies, as well as the search for such studies. Next, we present the research results, which culminate in the analysis of enunciations based on the identified utterances, and the article's concluding remarks.

FOUCAULDIAN ANALYSIS: THE CONSTITUTION OF SUBJECTS IN THE HOSPITAL CLASSROOM

Referencing Foucault in order to raise issues on the discourses about hospital classes is a delicate exercise, as his work does not fit neatly into a single method or doctrine. The philosopher is concerned with post-criticism, that is, he seeks to go beyond traditional criticism, considering the multiple dimensions of society and questioning singular truths. He is concerned with understanding how discourses are produced and the power they exert over subjects.

Foucault presents the term “subject” with two important meanings: “[...] a subject [subjugated] to someone else through control and dependence, and a subject bound to their own identity by a sense of self-awareness or self-knowledge” (Foucault, 1995, p. 235). From a Foucauldian perspective, the aim is to explain how is formed what we call the subject; for the philosopher, subjects are produced by the rules and limitations of discursive practices within a given space, shaped by knowledge, and are thus the effect of these discursive practices that permeate them. In this sense, we may ask what forms of knowledge and power act upon the subject, constituting it in this way: child-student-patient.

To specifically examine the production of subjects by the Hospital Classroom, the studies by Silva (2022) and Weber (2009) provide valuable insights into this issue. Silva (2022) draws on a Foucauldian framework to understand the Hospital Classroom as a practice embedded within a field of knowledge-power that spans both medicine and education. Based on an analysis of the history of the hospital

institution, the author highlights how the modern hospital emerged as a disciplining space, organized around the surveillance, isolation, and standardization of bodies, particularly after the 18th century. As he demonstrates, architecture, medical records, and protocols point to a microphysics of power that acts upon sick subjects, who become objects of discipline.

In this context, the schooling of hospitalized children is not exempt from the disciplinary rationality described by Foucault; on the contrary, it is embedded within it as an extension of the normalization strategies present in the hospital. Thus, Silva (2022) proposes a critical reading of school inclusion in hospital settings, showing how pedagogical discourse articulates with medical discourse in the constitution of a child subject who is educable and treatable, normalizable and productive at the same time. As Silva (2022, p. 30) states:

From this perspective, the Hospital Classrooms plays a dual role within the hospital structure. On the one hand, it offers a unique perspective on students regarding their varying times and environments. On the other hand, it helps foster a more humane environment within the hospital by building social and emotional connections among those present.

In the same vein, within the Foucauldian framework, Weber (2009) discusses the construction of the hospitalized child as a subject who moves between the fields of pedagogy and clinical practice. The author analyzes the HC as part of a network of knowledge and practices that integrate “strategies for the governmentality of life,” where medical knowledge and pedagogical knowledge jointly contribute to the production of subjects. The hospitalized child is viewed as a “pedagogical-clinical subject,” and the hospital not only serves as a space to guarantee the child’s rights but also participates in the medicalization of childhood and the regulation of bodies and behaviors within this institution.

The pedagogical discourse underpinning the practice of schooling in hospitals is embedded in knowledge-power relations that manifest themselves in the construction of truths about childhood, illness, and learning. Weber shows that educational actions in this context emphasize “healing” and “overcoming,” striving for a normalized and productive ideal. Thus, CH functions as an agent of governance that, while humanizing the hospital space, reinforces mechanisms of regulation, surveillance, and intervention regarding ways of being, learning, and falling ill in childhood.

The normal is usually seen as statistically more frequent and common; for Foucault, the abnormal is the individual who deviates from the prescribed norm but is embedded in a system of disciplinary power. Thus, the hospitalized child, upon being removed from school and their family environment for treatment, falls outside the standards of normality established in modernity. Hospitalization can be considered a random event that prevents people from functioning in society, either as part of the workforce or as future members of the workforce prepared by the school system (Weber, 2009).

In light of these reflections, we can consider that the child-student-patient emerges from the relationship between the discourses of school and medicine, taking shape as a hybrid subject, shaped by the knowledge and practices that shape the body and behavior. The hospitalized child, placed in a HC, must simultaneously seek a cure for their condition and learn; their body is the object of both the medical gaze and the pedagogical gaze. As Foucault demonstrates in

Discipline and Punish (2014), it is precisely this characteristic of power—of being subtle in its details—that enables the fabrication of useful and docile subjects in various contexts within disciplinary institutions.

Within this theoretical framework, we examine the discursive effects on the construction of subjects in HC, particularly through science teaching practices and curricular implications—in this case, the health-related content addressed within this educational context.

METHODOLOGICAL ASPECTS: DISCOURSE ANALYSIS

Discourse analysis, as conceived by the French philosopher Michel Foucault, doesn't consist of a method in the traditional sense, that is, one with fixed stages and procedures that can be replicated in any research project. His analytical tools offer us a way of problematizing the historical conditions that make certain utterances possible. This analytical approach seeks to understand how discourses produce effects of truth and, in doing so, participate in the constitution of subjects. Subjects are not understood as prior to or external to discourse, but as effects of the discursive practices that produce them.

By questioning language as that which was said by someone at a particular time and place, we seek to situate what has been said and to determine what conditions the existence of that utterance within a specific discursive field. Building on Foucault's concepts of discourse analysis, we can investigate specific utterances and, as Fischer (2001, p. 205) points out, "reflect on why this is said here, in this way, in this situation, and not at another time and place, in a different way?" In this way, discourse is a social practice that always produces power relations, constituting reality and countless forms of knowledge. Analyzing discourses is, therefore, observing a set of rules specific to discursive practices—speaking according to certain rules. These practices are immersed in relations of power and knowledge (Foucault, 2008).

Studies in science education have highlighted the issue of how discourses are constructed to produce certain truths about subjects and their learning potential, as demonstrated by the study by Paula & Loguerio (2022), which explores this issue in the context of inclusion in chemistry education. In analyzing national studies on the inclusion of students with visual impairments, they indicate that such discourses are organized around a regime of truth that, while affirming the need for inclusion, also highlights gaps in teacher training and in the development of effectively accessible pedagogical practices.

In this regard, it is important to understand how these utterances operate in the constitution of subjects and in defining what can be thought and said about science education in diverse contexts. By drawing on a Foucauldian perspective, we can see that inclusion is not merely an educational policy, but a field of discursive contestation in which modes of subjectivation for teachers and students are produced.

Rather than treating inclusion as given or a consensus, it is important to critically examine the effects of these discourses on curriculum design and on the very constitution of the individual in this context. It is within this same analytical framework that we present the analysis undertaken in this article. Generally spe-

aking, in the field of education, we understand that analyzing such statements allows us to further question curricula and school knowledge as historical productions rather than as universal and neutral truths. The subject is an effect of discourse, and discourse is a social practice in which relations of knowledge-power are produced.

Thus, it is necessary to define the term “discourse” as a tool from a Foucauldian perspective, as a “set of statements that are grounded in the same discursive formation” (Foucault, 2008, p. 132). Discourse is always multifaceted, interwoven within a specific field of knowledge and specific power relations. Therefore, when analyzing discourses, it is possible to consider historical relations of knowledge-power and social practices, as well as to identify in the statements the positions to be occupied by the subjects.

While discourse has a limited number of utterances, an utterance consists of an event, a function of existence of the discourse, being able to take the form of sentences, propositions, and acts of verbal and nonverbal language. Four elements represent an utterance, as follows: a referent, a subject, an associated field, and materiality. Such materiality is evidenced in the research through the highlighted enunciations, that is, sentences taken from the works investigated. According to Fischer (2001, p. 201), “to describe an utterance is to account for its specificities and to grasp it as something that bursts forth at a certain time, in a certain place.”

By analyzing regimes of enunciation, the regularities and variations that run through discourses, Foucault shifts the focus from an interpretation of meanings to an investigation of the power-knowledge relations that permeate language, as the constitution of subjects is linked to the ways in which what can be said at a given time and place in society is spoken, thought, and legitimized. The utterances within a given organization belong to a discursive formation; this must be viewed within a discursive space or a discursive field. As examples for this research, the discursive fields would be the pedagogical field in a non-formal setting—namely, the Hospital Classroom—and the medical discursive field, referring to the hospital in which the child-patient is situated.

To comprehend this analysis using the tools presented, we identified the findings of researchers in the field, based on previously completed studies. To compile the works included in the study, we searched the Google Scholar database due to its breadth and indexing of academic publications, and because it is constantly updated with results from scientific journals, conferences, articles, books, theses, and other materials, many of which are available for free. Furthermore, it is interdisciplinary, meaning it brings together results from various fields, which is useful for this study, given that it covers the fields of education, science education, and health.

Since the focus of the research concerns the theme “science education in Hospital Classrooms,” we conducted a literature review based on the following keywords: “hospital classroom” and “science education.” Based on that, new similar keywords were used to filter the available studies.

For the search, we chose Portuguese as the language, without restricting the search period to determine the number of available results, and without including patents or citations. The first keyword used in Google Scholar was “Hospital

Classroom” AND “science education”, yielding 264 results. During this process, we reviewed the articles that appeared and identified other potential keywords that could be used within the same context as “Hospital Classroom,” namely: “Hospital Pedagogy,” “Hospital School,” and “Hospital School Services,” always accompanied by the term “science education.” We also replaced the keywords “science education” with “Chemistry,” “Biology,” and “Physics,” thereby reducing the number of results.

Finally, after reviewing the studies more closely and excluding those ones duplicated or unrelated to the topic, we have gathered a total of 26 studies used in this research, which constitute the material for analysis. For this article, we used utterances drawn from 15 works, listed below, identified by title, followed by the year of publication, authors, and type of publication (journal article, master’s thesis, or doctoral dissertation):

1. The Teaching of Physics in the Early Years of Schooling in a Hospital Setting. 2003. Watanabe & Abib. Journal article.
2. Science Education in the Hospital Classroom: Literature Review and Analysis of Themes in the Articles. 2005. Santos & Mohr. Journal article.
3. Science education in the Hospital Classroom: a case study at the Joana de Gusmão Children’s Hospital, Florianópolis/SC. 2006. Linheira. Master’s thesis.
4. Learning acquired in the hospital: Analysis for science education in the Hospital Classroom. 2008. Santos. Master’s thesis.
5. Activity Theory as a Tool for School Analysis: The Case of EMAE. 2012. Tavares. Master’s thesis.
6. Challenges in Teaching Science in the Hospital Classroom: A Report on an Experience with Research and Teaching in Teacher Education. 2013. Linheira et al. Journal article.
7. Food education practices in the context of science teaching in a hospital setting: report on a training course. 2013. Lobo et al. Journal article.
8. Beyond the hospital room: Learning Science in a Hospital Classroom. 2014. Tomio et al. Journal article.
9. Inter-group circulation of ideas: a look at the educational process developed in a classroom. 2019. Furtado & Fernandes. Journal article.
10. Fragments of science teaching in the “Semear Hospital Classroom.” 2020. Pedrosa et al. Book chapter.
11. The Teaching of Science/Chemistry in Hospital Classrooms: A Look at the Teaching and Learning Process. 2020. Furtado. Master’s thesis.
12. The Discourses of Science Teachers in Hospital School Settings: Experiences Grounded in the Relationship with Knowledge. 2022. Nascimento. Doctoral dissertation.
13. Science Teaching in Hospital Classrooms: Microbiology in the Promotion of Scientific Literacy. 2022. Chaves et al. Journal Article.

14. The Hospital Teacher and the Evaluation of Their Practices with Children and Adolescents with Cancer through the Lens of Educommunication. 2024. Alves. Final Course Project.
15. The legends of açaí and Curupira in science and chemistry classes: a report from the Hospital Classroom and Regular School through the LudQuí Project. 2025. Leite. Undergraduate Thesis.

Regarding the studies raised in the research, it is our task to analyze what is stated, without seeking to interpret the authors' views, but rather to identify the enunciations and consider their effects and nature. In this regard, we note that other elements present in the studies could be analyzed, which point to important characteristics of the hospital institution, as is the case with the hospitals included in these 15 studies. In Table 1 below, we list the institutions identified in the studies:

Table 1

Institutions mentioned on the Studies

Authors	Hospital Institutions	Location
1. Watanabe & Abib, 2003	Instituto de Oncologia Pediátrica (IOP-UNIFESP)	Bauru/SP
2. Santos & Mohr, 2005	Hospital Infantil Joana de Gusmão (HIJG)	Florianópolis/SC
3. Linheira, 2006	HIJG	Florianópolis/SC
4. Santos, 2008	HIJG	Florianópolis/SC
5. Tavares, 2012	Instituto de Oncologia Pediátrica/Hospital Grupo de Apoio ao Adolescente e a Criança com Câncer (IOP/GRAACC)	São Paulo/SP
6. Linheira et al., 2013	HIJG	Florianópolis/SC
7. Lobo et al., 2013	Instituto de Puericultura e Pediatria Martagão Gesteira (IPPMG)	UFRJ
8. Tomio et al., 2014	Hospital Santo Antônio (HSA)	Blumenau/SC
9. Furtado & Fernandes, 2019	HIJG	Florianópolis/SC
10. Pedrosa et al., 2020	Centro de OncoHematologia Pediátrica do Hospital Universitário Oswaldo Cruz (CEO-NHPE)	Recife/PE
11. Furtado, 2020	HIJG	Florianópolis/SC
12. Chaves et al., 2022	Hospital Universitário de Brasília	Brasília
13. Nascimento, 2022	Hospital Pequeno Príncipe Hospital Universitário Evangélico Mackenzie Hospital Estadual da Criança Hospital Calixto Midlej Filho	Curitiba/PR Curitiba/PR Feira de Santana/BA Itabuna/BA
14. Alves, 2024	GRAACC	São Paulo/SP
15. Leite, 2025	Hospital Oncológico Infantil Octavio Lobo	Belém/PA

Source: Author's own work (2026).

That being, a key aspect of considering the issue of disciplinary power from a Foucauldian perspective would be to examine the structures of these institutions; in this case, we can infer the extent to which the size and complexity of the hospital influence educational care in these facilities, contributing to the formation of the individuals involved—an aspect that could be explored further in future research. Specifically in this article, we focus on what the authors say about whether or not to work with health-related themes, which we will discuss below.

SCIENCE EDUCATION IN HOSPITAL CLASSROOMS: WHAT STUDIES SAY ABOUT THE HEALTH THEME

Initially, we sought to identify the topics addressed by teachers in relation to the science content selected for instruction in the Hospital Classroom. We identified health-related themes in all the works analyzed, particularly those linked to the context experienced by students during their hospital stay. Such findings guided the analysis conducted here, which, in addition to other categories that could have been investigated, highlights content involving health issues as one of the focal points of the studies.

Santos & Mohr (2005) point out that studies on the human body, health, and disease, as well as on hospital equipment, can serve as potential sources for a science curriculum tailored to the hospital setting. Similarly, Santos (2008) identified that the topics covered included diseases, examinations, treatment, and health care, concepts of infection, contagion, and contamination, as well as clinical procedures and technical terms—themes that naturally emerge from daily contact with the hospital and its practices. Whereas Tomio *et al.* (2014), emphasized activities that explored anatomy and physiology, such as assembling a human skeleton and studying fractures and bone regeneration, highlighting an interdisciplinary approach that integrates personal experiences and scientific knowledge.

Other studies expand on this understanding by highlighting the focus on the health-disease dichotomy and the physical and chemical implications of treatments. Furtado & Fernandes (2019) and Furtado (2020) highlight discussions on chemotherapy, the use of antibiotics, sodium, and sugar, as well as dietary issues related to restricted diets—topics directly linked to the hospital experience. Along the same lines, Furtado (2020) also mentions the possibility of addressing chemistry topics, such as solutions and concentration, based on the medications used by patients.

Watanabe & Abib (2003) broaden the discussion by defining health as physical, mental, and social well-being. Chaves *et al.* (2022) propose practical activities, such as a game about microorganisms and a fermentation experiment, to help students understand the immune system. Finally, Alves (2024) highlights students' interest in understanding the human body, diseases, and how medications work, emphasizing that science education in the hospital is strongly rooted in these students' bodily experiences and treatment conditions while they are in the role of patients.

Based on an analysis of the enunciations present in the studies—such as those highlighted below in Table 2, it was observed that a recurring theme run-

ning through all the studies affirms the importance of health-related topics in science education in hospital classrooms:

Table 2

Enunciations on the importance of health-related topics in hospital classrooms

Authors	Enunciations
Santos & Mohr, 2005, p. 2	From the perspective of teaching and learning, the HC has enormous potential to capitalize on the fact that it is located within a hospital and to make use of the unique features of this environment (equipment, relevant topics, etc.) to contextualize numerous natural science curriculum topics for students.
Santos, 2008, p. 14	Learning science is closely linked to understanding society and the scientific and technological advances that have occurred within it over the centuries. Learning science in a hospital could offer young inpatients an opportunity to engage with specific aspects of this education that will also serve to restore or improve their health and/or quality of life.
Alves, 2024, p. 97	Finally, according to Ceccim (1999), the Hospital Classroom is an environment conducive to the convergence of education and health, primarily because it encourages students to understand the processes occurring in their bodies during medical treatment.

Fonte: Original work (2026).

In all the texts, the hospital is understood as a unique educational space, capable of promoting meaningful learning by linking scientific content to the physical and treatment experiences of the students. This idea, which links scientific learning to an understanding of the body, diseases, and health care, allows us to identify, from a Foucauldian perspective, the emergence of a statement that shapes the discourse on science education in this context: it is important to address health-related topics in hospital classrooms.

This statement indicates the regularity of educational discourse that legitimizes the link between education, particularly in the sciences, and healthcare in the hospital setting. To justify and legitimize this statement, our analysis identifies other statements that appear more frequently, intertwine, and complement one another. This allows us to highlight elements of a discursive network that points us toward a Foucauldian analysis of discourse.

The first emerging statement highlights the need to take students' reality into account when designing science lessons in the context of the Hospital Classroom. Several enunciations emphasize this aspect by using the very terms "reality," "context," and "daily life" of the student-patient. In other words, researchers and teachers must engage with the themes that arise in students' daily lives. In this case, since they are experiencing the reality of a hospital, a reality that is often temporary for most, it is necessary to engage with this reality throughout the time they spend in this setting. Let us examine some enunciations that elucidate this aspect:

Table 3

Selected enunciations on taking the student's reality into account

Authors	Enunciations
Santos, 2008, p. 5-6	Giordan et al. (1999), in their research on the conceptions of hypoglycemic patients, state that, depending on how they perceive the biology of their disease, individuals tend to have problems with treatment—for example, regarding adherence to an appropriate diet. I agree with Giordan when he argues that exploring experiences from a real-life situation (in a context other than school) and analyzing such information from the perspective of scientific knowledge can assist individuals in their educational development and in their recovery of health.
Santos, 2008, p. 11	Later, with the inclusion of the topic of the human body, researchers and science interns from the Study and Research Group on Schooling Processes in Hospital Settings began to evaluate the incorporation of topics that might be more directly related to the students' daily lives. Thus, addressing topics such as microbiology and infection served to foster further research on science education in the Hospital Classroom [...].
Santos, 2008, p. 52	I also found that many young people, even in practical activities, such as in the cases of Ana and Sueli, both kidney patients who had to learn to perform their own dialysis, are able to explain various concepts related to medical tests, health care, and so on. I believe that these activities give meaning to the learning of knowledge, even if the young women do not realize that they are learning concepts that are part of a science curriculum.
Santos, 2008, p. 52	Our students live in difficult circumstances, both socially and in terms of health. And we are able to bring this context into their reality, which we consider to be of the utmost importance to our work.
Tomio et al, 2014, p. 26-27	It can be concluded that, during their time in the hospital, students have the opportunity to engage in educational practices that foster the development of a curious and reflective attitude toward their daily lives and the construction of scientific and technological knowledge that helps explain the phenomena they encounter in their reality, such as the health issues they face during their hospital stay.
Lobo et al., 2013, p. 889	Our students live in difficult circumstances, both socially and in terms of health. And we are able to bring this context into their reality, which we consider to be of the utmost importance to our work.
Furtado, 2020, p. 38	Thus, the experimental models we propose for teaching physics are not reproductions of a specific reality; rather, they are elements of the students' daily hospital life [...] items used in treatment, such as thermometers, syringes, X-rays, and radiation therapy manuals, as well as situations encountered during occupational therapy sessions following the fitting of a prosthesis (P4, p. 7).
Chaves et al, 2022, p. 161	"Did you know that all of this (e.g., a fever) is your body working to fight the flu virus? The little soldiers are at work..." (Researcher 2). The child responds: "Yeah, but the little soldiers go inside our bodies first" (CR8). In this way, the participants realized that science is connected to their daily lives, sparking discussions that link science and its implications to everyday life (Jacobucci, 2008), thereby promoting scientific literacy.

Authors	Enunciations
Alves, 2024, p. 103	Science education broadens pedagogical practice in hospital care by encouraging inquiry, promoting an understanding of the body and the environment, providing opportunities for adapted experimentation, and connecting learning to real-world situations, thereby offering a dynamic and meaningful approach for students in a sensitive healthcare setting.

Source: Original work (2026).

The excerpts above highlight a well-established discourse in the field of science education, affirming the principle that learning must be grounded in students' lived experiences. In other words, the teachers' perspective reflects a principle that predates the hospital setting and is widely disseminated in the literature on the subject; in other words, it has already become an accepted truth in this field.

In the studies analyzed regarding the Hospital Classroom, this statement is revisited and reinforced within a new field of practice, situated within the hospital. By considering lived experience as an educational reality, researchers such as Santos (2008), Tomio et al. (2014), and Alves (2024) in the previous enunciations reiterate the importance of integrating the daily lives and experiences of student-patients into science education, making treatment, exams, and medical devices part of the lessons. Thus, what in general education appears as the need to relate teaching to the student's life takes on specific contours in the Hospital Classroom, since the body and health become mediators of learning.

Thus, a Foucauldian analysis helps us understand that the statement "we must take students' reality into account" does not originate in the Hospital Classroom, but is re-engraved within it, producing a way of speaking and acting that reaffirms a truth that has become naturalized in the discourse of science education, even though at certain points this statement comes to be questioned, as we will see later.

In addition to that, we observed that teachers' motivation to incorporate health-related content stems in part from their observation that students are interested in and curious to learn more about, and deepen their understanding of what they are experiencing in the hospital. In other words, the illnesses, the healing processes, and even the emotional aspects that permeate these learning processes often arise from the interests of the hospitalized children and adolescents. The enunciations highlighted in Table 4 below point to another recurring theme in science education in general: that the topics studied should stem from students' interests.

Table 4

Selected enunciations regarding students' interests in health-related topics

Authors	Enunciations
Santos, 2008, p. 8	In this context, I noticed that the students showed a deep interest in classes covering topics such as infection, microorganisms, contagion, and contamination, among others, particularly in those that addressed aspects of daily hospital routines (such as changing bedsheets and hand hygiene, for example). Thus, the question “Why study science?” can be rephrased as: “Why study science in a hospital?”
Furtado, 2020, p. 95	Cardoso et al. (2019), meanwhile, in their study of elementary school students, report that children tend to seek answers to the phenomena observed during the interventions. According to the researchers, the satisfaction of discovering an explanation that accounts for what is observed brings the child closer to the understanding they construct or reconstruct regarding the chemical concepts addressed in the intervention, together with the students’ prior knowledge.
Chaves et al, 2022, p. 160	“Why does the body send signals? Through pain?” (CR5); “Why do I feel it?” (CR8). It is evident that the children’s personal experiences serve as a catalyst for the insights needed to understand the illness. According to the BNCC (Brazil, 2018), it is important to stimulate students’ curiosity about the world, seeking questions that allow them to formulate hypotheses and construct explanations about their daily lives. This is what the researchers did by having students reflect on how they perceive becoming ill [...]
Leite, 2025, p. 25	According to Silva and Santos (2020), integrating nutrition into chemistry education increases students’ interest by addressing topics directly related to health and well-being, encouraging them to reflect on conscious food choices.
Furtado, 2020, p. 37	Over time, we observed greater interest and participation among the student-patients in classes focused on the human body. This interest may stem either from age-appropriate curiosity or from curiosity sparked by hospitalization. Undoubtedly, the hospital environment is highly conducive to the development of scientific concepts and the study of technological devices. The children’s direct, daily contact with machines, procedures, medications, and specific medical terminology seemed to me to be good elements for contextualizing teaching in the hospital setting (D4, p. 13).
Furtado, 2020, p. 37	However, as the classes progressed, it became apparent that the student-patients showed greater interest and participation in those sessions where the topic related to the human body. The student-patients asked questions, shared personal experiences, and inquired about their own illness or the illnesses of other patients with whom they had interacted (P1, p. 543).
Linheira, 2006	What happens during surgery sparks the curiosity of all student-patients, even those who were not interviewed. During hospital-based classes, they readily express their desire to know how a surgery unfolds—from the steps involved and the instruments used to the doctor’s experience of healing a patient.

Source: Original work própria (2026).

By asserting that educational content must engage with the physical and emotional experiences of student-patients, this statement legitimizes a pedagogical practice centered on the individual undergoing treatment, shifting the focus from scientific content, which is at times abstract, to content that is experienced,

and placing the meaning of learning within the realm of the student-patient's experience.

Furthermore, the statement establishes a framework of truth according to which curiosity is a fundamental element of the learning process in this institution as well, since it is through curiosity that the student-patient becomes a subject of knowledge and not merely the object of medical knowledge. Thus, the statement "science education should be based on students' interest in what they experience" gains prominence within this context of Hospital Classroom education, specifically in the sciences.

On the other hand, while pointing to the need to include concepts from health-related sciences, some studies reveal enunciations that indicate teachers' concerns about selecting such content. Concerns regarding the emotional state of hospitalized students sometimes lead to a reluctance to address these topics, given issues such as emotional sensitivity and discussions about personal matters that affect the children. Some studies also mention that such concerns regarding the treatment of health content stem from each hospital's policies, since these policies have the authority to determine what should or should not be taught in the Hospital Classroom.

Table 5

Selected enunciations on the importance of health issues

Authors	Enunciations
Santos, 2008, p. 10-11	With regard to supervised science teaching internships in the HIJG classroom (beginning in 2003), selecting content and teaching practices appropriate to the context has always been a challenge. The main concerns of the teachers centered on avoiding science topics that might be linked to the students' illness; developing engaging teaching strategies that differed from those used in regular schools; adjusting activities to fit the class schedule (starting, continuing, and ending on the same day due to high student turnover); and planning for different course of action (FUCKNER & FARACO, 2004; LINHEIRA, 2006).
Tavares, 2012, p. 98-99	As much as the literature on hospital education recommends that you should discuss the different types of cancer with students, I have a slightly different take on this. Sometimes, the student sees us as the only person who isn't talking about cancer with them. At home, the topic is cancer; the doctors are talking about cancer; the nurses are talking about cancer; they're already saturated with it. Maybe I'm one of the few people at that exact moment who isn't talking about cancer; and I'm interacting with them naturally as if nothing were happening. Maybe that's why they feel more at ease, and end up opening up. But these are brief comments that don't distract from the overall lesson, at least for me. (Lucas)
Nascimento, 2022, p. 173	[...] we had a module on health, right? It covered how to protect ourselves while inside the hospital. The other module focused heavily on emotional well-being—how to work with these students while always taking into account their emotional state and the patient's health as well. It was really interesting [...]

Authors	Enunciations
Alves, 2024, p. 112	Hospital-based educational support in science education goes beyond the mere transmission of academic knowledge, offering a tailored and meaningful environment that integrates the educational dimension with the healthcare context in which students are immersed. This approach contributes to students' resilience, emotional well-being, and engagement in challenging situations.
Linheira et al., 2013, p. 543-544	Our reluctance to address the children's illness itself in science classes stemmed from the general guidelines that govern the operation of the Hospital Classroom at HJG. According to this guideline, topics related to the daily realities of illness or hospitalization should not be addressed as classroom subjects, in order to spare the student-patients who are already vulnerable: it was believed that the school environment should serve as a refuge for the children. As can be seen in the previous examples, this guideline often needs to be qualified, as there are cases where children are curious about what is happening to their own bodies. On the other hand, teachers face a dilemma, finding themselves in very delicate situations, such as in cases of terminal illnesses, which can diminish children's will to live, even affecting their recovery. At the same time, the human body is part of the science curriculum for what was then the 7th grade.

Fonte: Original work (2026).

The excerpts and their added emphases highlight tensions that challenge a natural statement in science education discourse, especially by considering the ethical and emotional boundaries involved in content selection. Although the potential of addressing health-related topics as a significant part of the curriculum is acknowledged, teachers express concern about causing additional suffering to student-patients by directly addressing their diseases or clinical conditions experienced during treatment (Santos, 2008; Tavares, 2012; Nascimento, 2022). This caution stems both from affective considerations related to students' emotional vulnerability and from institutional guidelines imposed by the hospitals, which, in some cases, prohibit the discussion of topics directly associated with illness. However, as Linheira et al. (2013) point out, this guidance often needs to be reconsidered, as students' interest and curiosity about their own bodies and treatment emerge spontaneously during science classes.

Therefore, the enunciations summarize that teaching science in the Hospital Classroom requires sensitivity to students' emotional conditions, while still recognizing the educational value of health-related topics. The ways in which these teachers working in the Hospital Classroom are constituted points toward a teaching practice that ethically negotiates what will be taught, operating at the boundary between what can be said and what must be silenced in this context. This constitutes a field of forces in which teachers acts under hospital regulations and the conceptions through they were trained as science teachers, but also while attending to the demands and curiosities expressed by children, constantly reframing their pedagogical practices.

Related to this, we also see in the studies how medical knowledge is connected to pedagogical knowledge, since many of the criteria for content selection are conditioned by the hospital's choices, as well as by the teachers' relationships with medicals in the hospital institution. Thus, another statement identified is

that pedagogical knowledge for science teaching is conditioned by medical knowledge.

The enunciations indicate to us that even though teachers believe they should base themselves on the students' reality as the discourse of science education generally suggests, at the same time they place themselves in the position of listening to other health professionals so that the student may learn in accordance with what they believe. Below we present the excerpts that elucidate this aspect:

Table 6

Selected enunciations the dialogue between medical and educational knowledge

Authors	Enunciations
Santos, 2008, p. 12	Science classes at the German hospital school are tailored to the specific condition of the young patient in question, and the entire curriculum is developed by the teachers only after consulting with the doctors treating each hospitalized patient. [...] Despite the differences between the educational approaches in Germany and Brazil, therapeutic learning is one of the trends that Fonseca (2002) observes in some Brazilian hospital classrooms. [...] I believe that science instruction approached from this perspective would limit other opportunities to explore far richer examples that surround the day-to-day lives of hospitalized youth, such as the infectious process.
Pedrosa et al, 2020, p. 8	Assis (2009, p. 81) highlights the importance of the interrelationship between education and health in hospital-based educational care when he states: Addressing pedagogical and educational care in hospital settings means considering the interrelationship between two important areas, education and health, which must work together to promote the holistic development of the individual undergoing medical treatment, with a focus on their rights and quality of life.
Furtado, 2020, p.37	In fact, many of these concepts and practices, although they originate in the medical field, can be addressed in science classes in the Hospital Classroom, since they also, in a way, serve as specific examples within the broad topic of health covered in the National Curriculum Guidelines (PCNs) through cross-cutting themes (D3, p. 58).
Furtado, 2020, p. 38	Understanding what happens to one's body in light of concepts from the natural sciences can make scientific content more meaningful, thereby enhancing student-centered teaching. However, the teaching and learning process should not focus solely on medical treatment, as there are other dimensions that deserve to be discussed and linked to concepts in the field of science. Another factor relates to the type of disease, which requires a discussion that may cause some anxiety among students given its severity. Furthermore, there are cases involving more complex scientific concepts, which are not easily addressed in elementary school.
Furtado, 2020, p. 38	The studies reviewed also mention the concern among clinical instructors not to make an issue of students' illnesses or hospitalizations [...]. However, there are cases in which the request comes from the students themselves, driven by a curiosity to know what is happening to their own bodies.

Authors	Enunciations
Nascimento, 2022, p. 249	...the other day, a child wanted to know why they had become ill and where the illness was in their body. So, we use these hands-on materials, and we also interview the doctor. We say, 'Well, let's interview the doctor, then, and ask. Your teacher can't really explain the clinical aspects, so shall we prepare an interview guide with questions and clarify all our doubts?' Then we go ahead and interview the doctor.

Source: Original work (2026).

From these enunciations, we observe a relationship between these fields of knowledge, medical and pedagogical, as they reveal that, although science teachers seek to plan their lessons based on students' realities and curiosities, their choices remain conditioned by institutional guidelines and medical decisions (Santos, 2008; Furtado, 2020; Nascimento, 2022). Thus, we observe that pedagogical discourse within the hospital does not operate autonomously; rather, it is regulated by the norms and boundaries imposed by medical discourse, which determines what may be said, taught, and even asked. In this process, the teacher becomes a mediator between school-based knowledge and clinical knowledge, determining what will be taught.

The statement "pedagogical knowledge for science teaching is conditioned by medical knowledge" exemplifies a power-knowledge relationship, in this case emerging from the Hospital Classroom. From a Foucauldian perspective, such relationship indicates how medical discourse occupies a position of truth and authority over the body and life, at times subordinating pedagogical discourse to its specificities.

Therefore, the statements identified in this analysis indicate that the discourse on science teaching in hospital classrooms is structured around four main axes: the valorization of students' lived experiences; the centrality of their interests and curiosities in the selection of topics; ethical and affective concerns regarding the emotional conditions of student-patients; and the subordination of pedagogical knowledge to the hospital's norms and institutional relations. Taken together, these statements point to a discursive formation specific to science teaching in this context, in which the act of teaching is permeated by multiple forms of power and knowledge that intertwine and generate tensions, operating in the constitution of a particular type of subject: the child-student-patient.

FINAL CONSIDERATIONS

The aim of this analysis was to identify the statements that permeate the discourse of science teaching in the Hospital Classroom. While this discourse dialogues with science education discourse more broadly, it presents specific features, particularly regarding the selection of the content to be taught. The analysis allows us to problematize such practices, as discourses that are often taken for granted can be temporarily suspended and reconsidered when examined within the context of the Hospital Classroom. One example is a widely accepted statement in science education that acquires different meanings in the Hospital Classroom: the importance of working with students' lived realities. Although this principle is implemented in practice, teachers pause to reflect on the conditions under which knowledge is organized and made available.

The following statements were identified: (1) It is important to work with the realities of students attending the Hospital Classroom. (2) The themes addressed do not originate solely from teachers but also from students' interests. (3) Teachers question whether or not health-related topics should be addressed due to students' emotional conditions. (4) The selection of content for science teaching is conditioned by the relationships established with the hospital institution.

We understand that the formulation of these statements should not be viewed as a simple thematic synthesis, but rather as an enunciative function that allows multiple utterances to be articulated and to acquire meaning within the same regime of truth. In all of them, the hospital is conceived as a space with educational potential, while health functions as the axis that legitimizes science teaching within this environment.

The main statement that permeates all the studies: "it is important to address health-related themes in hospital classrooms through science content" bounds what can be said about science teaching in the hospital, what is considered relevant (health, the body, and treatment), and what is relegated to the margins, such as scientific topics disconnected from the hospital experience. It is through this intertwining of forms of knowledge that the Hospital Classroom can be understood as a space for the production of meaning, as well as a place of listening and of other possibilities for existence.

ACKNOWLEDGEMENTS

We would like to thank the Graduate Program in Science Education (PPgECi) at the Federal University of Rio Grande do Sul (UFRGS), the support provided by the Coordination of Higher Education Personnel (CAPES) and the guidance of author Alice that made this research possible.

NOTES

This article was translated by Juliana Loydi Lima and reviewed by Olivia Zambone.

REFERENCES

- Alves, I. D. (2024). *O professor hospitalar e a avaliação de suas práticas com crianças e adolescentes com câncer a partir das lentes da Educomunicação* [Trabalho de Conclusão de Curso em Licenciatura em Educomunicação, Escola de Comunicação e Artes, Universidade de São Paulo]. Repositório Institucional.
- Brasil. (2018). Lei nº 13.716, de 24 de setembro de 2018. Presidência da República. https://www.planalto.gov.br/ccivil_03/LEIS/L9394.htm
- Chaves, M. V., Machado, A. F. P., & Pedreira, A. J. L. A. (2022). Ensino de ciências em Classe Hospitalar: A microbiologia na promoção da alfabetização científica. *Experiências em Ensino de ciências*, 17(1), 149-166.
- Fischer, R. M. B. (2001). Foucault e a análise do discurso em educação. *Cadernos de Pesquisa*, (114), 197-223. http://educa.fcc.org.br/scielo.php?script=sci_arttext&pid=S0100-15742001000300009&lng=pt&nrm=iso
- Foucault, M. (1995). *O sujeito e o poder*. In H. Dreyfus & P. Rabinow, *Michel Foucault: uma trajetória filosófica: para além do estruturalismo e da hermenêutica*. (V. Porto Carrero, Trad., pp. 231-235). Forense Universitária.
- Foucault, M. (2008). *A ordem do discurso* (7ª ed., L. F. A. Sampaio, Trad.). Loyola.
- Foucault, M. (2014). *Vigiar e punir: nascimento da prisão* (42ª ed., R. Ramalhete, Trad.). Vozes. (Original publicado em 1975).
- Furtado, S. B., & Fernandes, C. S. (2019). Circulação intercoletiva de ideias: Um olhar para o processo formativo desenvolvido em uma classe. In *Anais do XII Encontro Nacional de Pesquisa no Ensino de Ciências*. Abrapec. https://abrapec.com/enpec/xii-enpec/anais/busca_1.htm?query=circulacao
- Furtado, S. B. (2020). *O Ensino de ciências/Química em Classes Hospitalares: Um olhar para o processo de ensino e aprendizagem* [Dissertação de Mestrado em Educação Científica e Tecnológica, Universidade Federal de Santa Catarina]. Repositório Institucional.
- Laureano, F. A. S., & Lucon, C. B. (2023, maio). Como surgiu a Classe Hospitalar no Brasil: As vivências, metas e desafios de um pedagogo. *Consciesi – Revista Científica do Centro Universitário de Itapira*. 4(1).

<https://www.uniesi.edu.br/instituto/revista/arquivos/v04n01/v04n01-classehospitalar.pdf#:~:text=O%20conceito%20hist%C3%B3rico%20que%20envolve%20a%20C3%A1rea%20do,mudan%C3%A7a%20ap%C3%B3s%20a%20homologa%C3%A7%C3%A3o%20da%20LDB%20de%201996>

Leite, W. C. (2025). *As lendas do açai e do Curupira nas aulas de Ciências e de Química: Um Relato de Experiências na Classe Hospitalar e na Escola Regular pelo Projeto LudQuí* [Trabalho de Conclusão de Curso em Licenciatura em Química, Universidade Federal do Pará]. Repositório Institucional.

Linheira, C. Z. (2006). *O Ensino De Ciências Na Classe Hospitalar: Um Estudo De Caso No Hospital Infantil Joana De Gusmão* [Dissertação de Mestrado, Universidade Federal de Santa Catarina]. Repositório Institucional.

Linheira, C. Z.; Cassiani, S., & Mohr, A. (2013). *Desafios para o ensino de ciências na Classe Hospitalar: Relato de uma experiência com pesquisa e ensino na formação de professores*. *Ciência Educação*, 19(3), 535-554.
<https://doi.org/10.1590/S1516-73132013000300004>

Lobo, M., Martins, I. G. R., & Carvalho, G. S. D. (2013). Práticas de educação alimentar no contexto do ensino de ciências em ambiente hospitalar: Relato de um curso de formação. *IX Seminário Internacional de Educação Física Lazer e Saúde Desafios e Oportunidades num mundo em mudança*.

Nascimento, W. R. S. do. (2022). *Os discursos dos professores de Ciências no atendimento escolar hospitalar: Experiências fundamentadas na relação com o saber* [Tese de Doutorado, Universidade Estadual Paulista]. Repositório Institucional. <http://hdl.handle.net/11449/238818>

Nunes, C. N., & Furlanetto, E. C. (2025). Mapeamento do atendimento educacional hospitalar no Brasil: Um encontro entre Educação e Saúde. *Revista Espaço Pedagógico*, 32, e16175-e16175. <https://doi.org/10.5335/rep.v32.16175>

Paula, T. E. de, & Loguercio, R. de Q. (2022). Ensino/educação em química e a in/exclusão de estudantes com deficiência visual: Uma análise da produção nacional na perspectiva foucaultiana. *ACTIO*, 7(3), 1-19.
<http://dx.doi.org/10.3895/actio.v7n3.15267>

Pedrosa, E. M., Pedrosa, C. R. de L., & Schwingel, P. A. (2020). Fragmentos do ensino das ciências na “Classe Hospitalar Semear”. *Ciências Biologia Meio Ambiente Série Educa.* 32(6). <https://doi.org/10.36229/978-65-86127-21-8.CAP.01>

Santos, D., & Mohr, A. (2005). O ensino de ciências na Classe Hospitalar: identificação da literatura e análise da temática presente nos artigos. In R. Nardi & O. Borges (Org). *Atas do V Encontro Nacional de Pesquisa em Educação em Ciências*. (5). Associação de Pesquisa em Educação em Ciências (ABRAPEC).

Santos, D. (2008). *Aprendizados adquiridos no hospital: Análise para um ensino de ciências na Classe Hospitalar*. [Dissertação de Mestrado em Educação]

Científica e Tecnológica, Universidade Federal de Santa Catarina]. Repositório Institucional.

Silva, A. R. (2022). Contribuições do pensamento de Foucault na inclusão escolar por meio da Classe Hospitalar. In Batista, Carlos (org.). *Aplicabilidades das teorias de Bourdieu, Certeau, Chartier e Foucault em nosso cotidiano: Costumes e sujeitos* (pp. 22–31). Editora Schreiben.

Tavares, L. B. (2012). *A teoria da atividade como instrumento de análise da escola: o caso da EMAE* [Tese de Doutorado, Universidade de São Paulo]. Repositório Institucional.

Tomio, D., Andrade, M. F. M., & Oliveira, P. L. da S. (2014). Além do quarto de Hospital: Aprendendo Ciências em uma Classe Hospitalar. *Revista Dynamis*, 20(2), 20-28. <https://doi.org/10.7867/1982-4866.2014v20n2p20-28>

Vasconcelos, S. (2005). Classe Hospitalar no mundo: um desafio à infância em sofrimento. In *Anais eletrônicos da 57ª reunião anual da SBPC*.

Watanabe, G., & Abib, M. L. V. dos S. (2003). O Ensino de Física nos primeiros anos de escolarização no âmbito hospitalar. *ENPEC/ABRAPEC*.
<https://repositorio.usp.br/directbitstream/aabed77e-f4be-422b-adf0-4e4b80ccce7f/>
[O ensino de f%C3%ADsica nos primeiros anos de escolariza%C3%A7%C3%A3o no %C3%A2mbito hospitalar %282003%29 Sysno 1446382 ReP.pdf](https://repositorio.usp.br/directbitstream/aabed77e-f4be-422b-adf0-4e4b80ccce7f/)

Weber, C. I. (2009). *Entre educação, remédios e silêncios: trajetórias, discursos e políticas de escolarização de crianças hospitalizadas* [Dissertação de Mestrado em Educação, Universidade Federal do Rio Grande do Sul]. Repositório Institucional. <https://lume.ufrgs.br/handle/10183/18255>

Received: Oct. 29, 2025

Approved: Apr. 6th, 2026

DOI: <https://doi.org/10.3895/actio.v11n2.21089>

How to cite:

Souza, L., & Sartori, A. S. T. (2026). Science education in hospital classrooms: a foucauldian analysis of statements regarding health-related content. *ACTIO*, 11(2), 1-21. <https://doi.org/10.3895/actio.v11n2.21089>

Copyright: This article is licensed under the terms of the Creative Commons Attribution 4.0 International Licence.

