

# WHEN TEACHING IS CARING: SAFE LEARNING ENVIRONMENTS AND ACTIVE PEDAGOGIES IN THE EDUCATION OF HEALTH PROFESSIONALS

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Health education is currently undergoing a decisive moment, marked by profound transformations in the ways of teaching, learning, and assessment. These changes are driven both by the increasing demands of health systems and by the complexity of practice settings. In this context, themes such as curriculum, teaching and learning processes, formative and summative assessment, patient safety, inclusion, continuing education, and the integration of education, services, and community become central to ensuring the development of critical, competent, and socially responsible professionals. Reflection on these axes is not limited to academic spaces: it directly influences the quality of care, the humanization of relationships, and the ability of health teams to respond to emerging challenges such as new technologies, sociocultural changes, inequities in access, and increasingly sophisticated ethical demands. Thus, discussing health sciences education and its assessment instruments means, simultaneously, debating the formation of professional identities, the strengthening of safe practices, the construction of inclusive environments, and the social commitment to health promotion. The relevance of this set of themes explains the pertinence of Espaço para a Saúde's scope and highlights the strategic role of its 2025 publications, which bring contemporary issues to light and contribute to expanding the theoretical, methodological, and reflective repertoire of the field.

Health education, by its very nature, requires a complex articulation of scientific knowledge, technical skills, clinical reasoning, critical thinking, and socioemotional competencies. Within this context, active learning emerges as an indispensable approach, as it places students at the center of the training process and fosters the development of essential capacities for professional practice. By proposing real or simulated situations, case studies, collaborative problem-solving, and reflective activities, active methodologies bring students closer to the concrete challenges of healthcare, stimulating critical analysis, decision-making, empathy, and teamwork fundamental elements for competent and ethical performance in myriad care settings.

However, the effectiveness of active learning depends directly on the existence of a safe learning environment, a particularly relevant aspect in health professions training. Students in this field face emotionally intense contexts early on, exposure to situations of human vulnerability, progressive practical demands, and ethical dilemmas inherent to care. A safe environment encompassing both psychological and physical dimensions allows them to feel comfortable making mistakes, asking questions, experimenting with new approaches, and recognizing their limits without fear of judgment or punitive sanctions. In clinical practice and laboratory settings, this translates into qualified supervision, respect for the learning pace, clear communication, and a culture of feedback. Safety is not merely a pedagogical requirement.

In discussions about safe learning environments, Bell Hooks, Brené Brown, and Nel Noddings converge in asserting that care is both an ethical and pedagogical foundation. For Hooks<sup>1</sup>, a liberatory classroom emerges from a commitment to presence, attentive listening, and reciprocity, creating a space where each person can exist without fear of silencing. Brené Brown<sup>2</sup> reinforces this view by showing that the courage to learn depends on the possibility of vulnerability only in contexts that welcome imperfections and treat mistakes as part of the process can curiosity truly flourish. Nel Noddings<sup>3,4</sup>, in turn, highlights relational care as the core of all meaningful education, emphasizing that trust and responsiveness between educators and students are essential for authentic belonging. Together, these thinkers illuminate that safe learning environments are not merely structural conditions, but living relationships that nurture dignity, connection, and the courage to learn.

Brené Brown's theory of care and connection<sup>2</sup> centers on the idea that meaningful relationships and, by extension, meaningful learning are built through vulnerability, empathy, and courage. For Brown<sup>2</sup>, caring is not merely an emotional stance but an active practice of showing up with authenticity and allowing oneself to be seen. She argues that connection thrives when people feel safe enough to share their imperfections and experiences without fear of judgment, which creates what she calls "psychological safety." In learning environments, this means cultivating spaces where students can express uncertainty, take risks, and engage openly, trusting that their worth is not contingent on performance. Brown's work<sup>2</sup> demonstrates that care and connection are mutually reinforcing: when individuals feel genuinely cared for, they are more willing to connect, and this connection deepens the sense of belonging that supports growth, resilience, and wholehearted learning.

When speaking of a safe learning environment in health education, it is essential to recognize the contributions of thinkers such as bell hooks and Paulo Freire<sup>5</sup>, whose works advocate for an education grounded in humanization, an ethics of care, and dialogue. Freire<sup>5</sup> argues that learning takes place in an encounter between subjects, in which curiosity, questioning, error, and critical reflection are welcomed as engines of knowledge principles directly linked to the construction of psychological safety. For him<sup>5</sup>, true learning cannot occur without respect for the learner's dignity, nor without a pedagogical relationship in which no one oppresses or is oppressed, but all teach and learn together. Bell Hooks<sup>1</sup> deepens this perspective by asserting that the educational environment must be a "place of enthusiasm," affection, listening, and belonging, where students feel authorized to exist fully, without fear of judgment or silencing. In her discussions of engaged pedagogy, Hooks<sup>1</sup> emphasizes that the classroom only becomes a safe space when educators also engage emotionally in the process, caring for themselves and others.

Nel Noddings' theory<sup>3,4</sup> holds that all education is grounded in relationships and that learning flourishes when students feel genuinely cared for and when institutions intentionally support relational practices. For Noddings<sup>3,4</sup>, care is not an alternative to academic excellence but a fundamental prerequisite for deep engagement, resilience in the face of challenges, genuine inquiry, and ethical practice. Her perspective highlights that truly transformative educational environments are those in which educators and learners participate in attentive, responsive, and sustained relationships that nurture both intellectual and human development.

As in this editorial, which draws on contemporary theoretical frameworks to examine the centrality of relationships and context in educational processes, it is important to note that the Macy Conference<sup>6</sup> defined the learning environment as “the social interactions, organizational culture and structures, and the physical and virtual spaces that surround and shape learners’ experiences, perceptions, and learning.” The report emphasizes that such environments are produced and can likewise be cultivated or constrained by institutional cultures, health care systems, clinical partners, communities, and virtual spaces. According to the Macy Report<sup>6</sup>, “exemplary learning environments prepare, support, and inspire all those involved in health professions education and health care to work toward the optimal health of individuals, populations, and communities,” acknowledging that students, health professionals, non-clinical faculty, staff, patients, and families collectively constitute these formative ecosystems. Together with the organizations in which they learn, work, and receive care, these actors collaborate to expand their capacities and to establish learning spaces that consistently promote health and well-being for all.

In light of these reflections, it becomes clear that advancing health education requires more than methodological innovation or curricular redesign; it calls for a deep ethical, relational, and institutional commitment to cultivating environments in which learning, care, and human development can genuinely flourish. By integrating the contributions of Hooks<sup>1</sup>, Freire<sup>5</sup>, Brown<sup>2</sup>, and Noddings<sup>3,4</sup>, together with the principles articulated in the Macy Report<sup>6</sup>, this editorial underscores that safe and transformative learning environments are not accidental, but the result of intentional practices that value dialogue, vulnerability, critical consciousness, and relational responsibility. In this regard, *Revista Espaço para a Saúde* reaffirms its mission as an essential platform for strengthening the field: by disseminating research, fostering interdisciplinary debate, and promoting contemporary discussions that bridge theory and practice, the journal makes a decisive contribution to the development of educational cultures that uphold dignity, equity, and collective well-being. As health systems face increasingly complex challenges, the commitment to cultivating intellectually rigorous and ethically grounded learning environments capable of supporting and transforming students becomes not only desirable but imperative, and *Revista Espaço para a Saúde* remains a vital space for sustaining and expanding this commitment.

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