



BMJ Open Interfaces between communication, education and health: a scoping review protocol

Natalia Araújo do Nascimento Batista ^{1,2}, Susana Henriques,³ Juciano Lacerda,^{4,5} Aline de Pinho Dias,⁶ Almudena Muñoz Gallego,⁷ Danielle Correia Neves Abreu,⁸ Heleni Aires Clemente,⁹ José Manuel Emiliano Bidarra de Almeida,³ Kaline Sampaio de Araújo,^{1,10,11} Karilany Dantas Coutinho,¹² Lucía Sanjuán Núñez,¹³ Manoel Honorio Romão,^{1,14,15} Maria da Guia Cunha Dantas Freire,¹⁶ Mirian Estela Nogueira Tavares,¹⁰ Mônica Karina Santos Reis,^{1,17} Nicolás Lorite García,¹⁸ Ricardo Valentim ^{1,19}

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For numbered affiliations see end of article.

Correspondence to

Ms Natalia Araújo do Nascimento Batista;
natalia.araujo@lais.huol.ufrn.br

ABSTRACT

Introduction The interfaces between the fields of communication, education and health have been indicated by international institutions such as the WHO and the European Centre for Disease Prevention and Control. However, hegemonic scientific practices supersede dialogue between the three fields, isolating their practices. This fragmenting tendency is observed in scientific literature, which has created gaps in the dialogue and articulation between communication, education and health. Although health promotion requires both communicative and educational practices, the epistemological, historical, political, cultural and socioeconomic aspects have also engendered tensions between the fields. Communication is often seen as a mere instrument for other practices, rather than a phenomenon that (re)produces meanings and power dynamics. In opposing the reductionist and instrumentalising perspectives of knowledge fields, the primary objective of the scoping review is to map the scientific evidence on the interfaces between communication and education in health to indicate a conceptual framework that articulates communication and education practices within the context of health.

Methods and analysis A transdisciplinary team developed this protocol based on the 2024 Joanna Briggs Institute Manual for Evidence Synthesis. The procedures required to conduct the review were guided by the frameworks proposed by Arksey and O'Malley, Levac *et al* and Peters *et al*. The study eligibility criteria were established based on the Problem, Concept and Context outlined in the research questions. Primary and secondary studies will be retrieved from nine sources, covering both conventional and grey literature. These sources include Embase, ERIC, LILACS, PubMed/MEDLINE, ScienceDirect, Scopus, Web of Science, the Brazilian Digital Library of Theses and Dissertations, and the Networked Digital Library of Theses and Dissertations. A categorised form will be used for data collection and subsequent analysis. The reporting of the review findings will follow the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews.

STRENGTHS AND LIMITATIONS OF THIS STUDY

- ⇒ Includes both conventional and grey literature for broad retrieval.
- ⇒ Maps studies on the interface between communication and education within the context of health.
- ⇒ Developed by a transdisciplinary and international team of researchers.
- ⇒ Limited to studies published in English, Portuguese and Spanish.
- ⇒ Full-text unavailability may lead to the unintentional exclusion of potentially relevant studies.

Ethics and dissemination The nature of the research and the use of secondary data sources do not require informed consent forms or approval from ethics committees in Brazil. The scientific findings from the review will be disseminated through peer-reviewed journals, academic conferences and other scientific communication channels. **Study registration** The protocol was registered on the Open Science Framework (OSF) and is available at <https://doi.org/10.17605/OSF.IO/Z3CX7>.

INTRODUCTION

Communication and education are interconnected beyond the shared suffix ‘-action’—which denotes the act of carrying out an activity or process—and their pervasive presence in culture. Language, as a cultural element, plays a central role in both fields, structuring the production of discourses and meanings that permeate communicative and educational practices.^{1 2} These meanings mediate human experiences and reverberate in beliefs, attitudes, behaviours, knowledge and social norms.³ Nevertheless, communication and education also articulate with the field of health, both as practice and experience.⁴⁻⁶



In this articulation, health has found space to expand preventive and therapeutic practices, to promote health and well-being, and to contribute to the construction of Western scientific knowledge.⁷ Examples include the medical-hygienist discourses on pandemics and epidemics that have persisted over centuries, as well as the risk discourses that encourage the adoption of healthy lifestyles, wherein “individuals are exhorted by health promotion authorities to evaluate their risk of succumbing to disease and to change their behaviour accordingly.”⁸ Given such assertions, it becomes necessary to question how scientific practice, hegemonised by the fragmentation of knowledge, has restricted the interfaces among communication, education and health.

Publications from the WHO,^{9 10} the European Centre for Disease Prevention and Control¹¹ and the UNESCO¹² provide indications of the dialogue between communication, education and health. However, this does not truly constitute a dialogical approach, but rather one focused on managing diseases and other health conditions—an approach that remains insufficient for establishing an effective field for the promotion of comprehensive health.

The schism between communication, education and health is not recent, as it dates back to the very structuring of modern scientific knowledge, marked by disciplinary specialisation. As Edgar Morin¹³ points out, the compartmentalisation of knowledge hinders the understanding of complex phenomena, of which health promotion processes are a prime example. This fragmentation is also evident in academic production, contrasting with dialogical perspectives such as Paulo Freire’s,¹⁴ who argued that education and communication are inseparable processes, especially in contexts of social transformation.

The manifestation of this phenomenon can be seen in the two editions of the WHO’s *Health Promotion Glossary of Terms*.^{10 15} Although the documents acknowledge the presence of communicative processes within the field of health education, the educational aspects are suppressed from the concept of health communication. The latter is framed from an instrumental perspective, reduced to communicative strategies, whereas in reality, it constitutes a “space for the convergence and articulation of knowledge”¹⁶ in formal and non-formal educational models.

According to WHO, health communication refers to “the use of communication strategies (e.g. interpersonal, digital and other media) to inform and influence decisions and actions to improve health”.¹⁰ In turn, health education is described as “any combination of learning experiences designed to help individuals and communities improve their health by increasing knowledge, influencing motivation and improving health literacy.”¹⁰ We conjecture that this conceptual disarticulation is characterised from at least two perspectives.

First, the goals of health communication and health education converge. In a broad sense, both aim to promote health through individual and collective decision-making based on the construction and exchange of knowledge and experiences. Both fields share practices

and strategies for health promotion, considering that “[s]uccessful health education uses relevant and effective communication theories and models.”¹⁷ In this respect, it is reasonable to question whether the concept of health literacy was conceived to mitigate the problems of “over-specialization, confinement and the shattering of knowledge”,¹⁸ which have disarticulated and fragmented the three fields.

Second, the disarticulation between health communication and health education reproduces a “developmental, instrumental, informational and transferential” view of communication.¹⁹ In this scenario, communication is not understood as a “dynamic process of meaning-making”,⁴ but as a simple and automatic transfer of information for specific purposes. However, such approaches overlook the influence of social dynamics that shape the discourses, meanings and lived experiences of health and illness.

By contrast, establishing a truly integrated field requires an epistemological rupture that recognises communication and education as intrinsic dimensions of the health field itself. This entails adopting transdisciplinary perspectives, as reflected in conceptual frameworks that seek to encompass the symbiosis of communicative and educational practices interwoven with scientific discourse. This protocol builds on these foundations to investigate the interfaces between communication and education in the context of health. Examples reported in the scientific literature are ‘health literacy’,^{20–22} ‘health education and communication’,^{23–25} ‘health communication education’,²⁶ ‘educational communication’,^{27–29} ‘education and communication interface’^{30–32} and ‘educommunication’.^{29 33 34}

In presenting the concept of ‘educational communication’ grounded in Paulo Freire’s model of dialogical education,³⁵ Kaplún²⁷ argues that “to educate oneself is to engage in a process of multiple communicative flows”. Such flows are strengthened through the practice of interlocution, which diverges from the vertical logic of information transfer and fosters dialogue between the fields of communication and education in health promotion. Moreover, digital technologies have reconfigured this intersection, broadening the challenges and possibilities for health education. While challenges such as misinformation, disinformation and malinformation have intensified, this shift demands new competencies from both professionals and citizens and underscores the prominence of transdisciplinary strategies.³⁶

Considering these conceptual frameworks epistemologically and culturally interrelate communication, education and health, why does a substantial body of scientific literature continue to approach them as isolated areas of research and intervention, especially within the context of health promotion?^{29 37–40} This question presupposes that the assumptions of communication and education are put on the table, articulated and emphasised in light of their transdisciplinary, dialogical and unfinished nature. Given this background, the main objective of the scoping review is to map the scientific evidence on the interfaces

between communication and education in health to indicate a conceptual framework that articulates communication and education practices within the context of health. Accordingly, our study opposes reductionist and instrumentalist perspectives on these fields of knowledge and advocates for the epistemological inseparability of communication, education and health.

Study rationale

Initially, three guiding assumptions were formulated, each corresponding to research gaps in the study of the interface between communication, education and health. These are (1) communication is often reduced to a mere instrument of educational and health practices, rather than recognised as a mediating element that is inherent to and transversal across social practices and dynamics; (2) there is a conceptual fog and inconsistency in studies that relate communication and education within the health context and (3) communication and education practices developed in the context of health contribute to the promotion of both individual and collective health.

Such a transdisciplinary interface is vital to the initiatives developed within Brazil's National Health System (SUS). Its doctrinal and organisational principles, notably universality, equity and social participation, demand that communication and education serve as core and synergetic foundations for health promotion and institutional legitimacy. Hence, it is imperative to further the understanding of these communicative and educational practices. Examining the convergence of these fields within the SUS is essential for mapping the practical challenges and the epistemic development of these interfaces within a complex, universal health system.

In order to investigate these assumptions, this protocol proposes conducting a scoping review to support studies, reflections and practices centred on the inseparability of the interface between communication, education and health. Munn *et al*⁴¹ emphasise that scoping reviews “can report on the types of evidence that address and inform practice in the field and the way the research has been conducted”. Accordingly, research of this nature can foster holistic views and guide more grounded and effective practices.

Scoping review objectives

The primary objective of the scoping review is to map the scientific evidence on the interfaces between communication and education in health to indicate a conceptual framework that articulates communication and education practices within the context of health. To achieve this, three secondary objectives are defined: (1) to analyse the concepts applied to communication and education practices in the field of health; (2) to investigate the theoretical foundations of the interface between communication, education and health, and (3) to relate the systematised concepts to the communication, education and health practices developed in health interventions within Brazil's National Health System (SUS).

Scoping reviews typically encompass broad and multiple research questions (RQs). This offers an “opportunity to map a large body of literature to uncover and construct a new understanding of a particular topic”.⁴² Therefore, our study will address three questions:

- ▶ **RQ01:** What concepts are identified in scientific literature that systematise practices developed at the interface between communication and education in the context of health?
- ▶ **RQ02:** What theoretical foundations underpin the interface between communication and education within educational and communicative health practices?
- ▶ **RQ03:** How have communication and education practices been carried out in the context of public health?

METHODS AND ANALYSIS

Study Design

The 2024 Joanna Briggs Institute Manual for Evidence Synthesis has informed the preparation of this protocol, drawing on Arksey and O'Malley,⁴³ Levac *et al*⁴⁴ and Peters *et al*.⁴⁵ The reporting of the review findings will adhere to the Preferred Reporting Items for Systematic Reviews and Meta-Analysis extension for Scoping Reviews (PRISMA-ScR).⁴⁶ Importantly, an iterative approach^{43 47} will be adopted to ensure methodological consistency across the review, particularly in aligning the research objectives, questions and strategies. Thus, regular meetings were held with the transdisciplinary team that prepared this protocol, which is registered on the *Open Science Framework* (OSF) and available at <https://doi.org/10.17605/OSF.IO/Z3CX7>.

Eligibility criteria

Based on the research questions posed, the three elements of the *PCC framework*—that is, Participants, Concept and Context—were outlined.⁴⁸ The ‘P’ element may also denote ‘Population’ or ‘Problem’, as it varies according to the objectives of the review, and, in some instances, it may not need to be defined.⁴⁵ In this protocol, ‘P’ denotes the *Problem* under investigation, that is, the disconnect between the concepts of ‘health communication’ and ‘health education’. This operationalisation is consistent with the guidance provided by Peters *et al*,⁴⁸ who note that scoping reviews may not be focused on participants as such, particularly when the objective is to map a conceptual or epistemological landscape rather than examine a specific population group. The three elements guided the selection of relevant terms included in the search strategy, as outlined below.

- ▶ **Problem (P):** Health Communication OR Health Education
- ▶ **Concept (C):** Educommunication OR Educational Communication OR Communication OR Education
- ▶ **Context (C):** Communication practice OR Educational practice OR Educational practices OR Educational activity OR Educational activities



Moreover, the PCC framework guided the definition of the inclusion (IC) and exclusion (EC) criteria listed below. The relationship between the framework and these criteria is essential to ensuring that the studies selected for review address the research questions.

- ▶ Inclusion criteria (IC)
 - **IC01:** Original and review articles published in journals, and theses and dissertations from grey literature.
 - **IC02:** Publications written in English, Portuguese and Spanish.
 - **IC03:** Publications within the fields of communication, education and health.
 - **IC04:** Publications featuring educational and communicative practices in the field of health.
- ▶ Exclusion criteria (EC)
 - **EC01:** Studies focused exclusively on the technical development of digital tools or platforms for health communication, without addressing the conceptual interface between the fields.
 - **EC02:** Grey literature sources other than theses and dissertations.

Evidence sources

Original and review articles will be retrieved from seven databases, namely Embase, ERIC, LILACS, PubMed/MEDLINE, ScienceDirect, Scopus and Web of Science. Grey literature will include theses and dissertations available in the *Networked Digital Library of Theses and Dissertations* and the *Brazilian Digital Library of Theses and Dissertations*. Reliability, credibility, scope representativeness and thematic relevance were decisive factors in source selection.

Search strategy

The terms defined through the PCC framework are those employed in the strategy outlined in this protocol (see online supplemental material file 1). To identify the most appropriate terms, the controlled vocabularies of Embase (Emtree), ERIC Thesaurus (ERIC), Lilacs (DeCS/MeSH) and PubMed/MEDLINE (MeSH) were consulted. In cases where such a vocabulary was absent, keywords representative of the body of literature on the topic were used. Subsequently, test searches were carried out to develop the search strategy for each database. This step was documented to enable the combination of descriptors and keywords to be replicated. Such preliminary searches conducted prior to the publication of this protocol were limited to strategy validation and refinement. Thus, no formal screening or data extraction has been performed to date.

The selection and combination of terms were determined by verifying the strategy's effectiveness in retrieving studies relevant to the scope of the review. Language restrictions, limiting inclusion to publications in English, Portuguese and Spanish, will be applied at the screening stage, in accordance with IC02. In this process, the involvement of a research librarian on the team responsible for

the review is crucial,⁴⁵ as the retrieval of relevant literature is directly proportional to the precise selection of terms. Finally, the formal search strategy will be executed on the approval of this protocol. Data collection is planned to begin in April 2026 and will proceed through June 2026, culminating in the data charting process.

Study selection

The results of the search strategy will be exported from the databases and imported into the Rayaan application.⁴⁹ Prior to screening, duplicate records will be automatically identified and removed within the platform. Titles, abstracts and keywords will then be independently screened by two reviewers against the predefined inclusion and exclusion criteria. Studies deemed potentially eligible will be retrieved in full and assessed in detail by two independent reviewers. In the event of any disagreement at either stage, a third reviewer will decide on the inclusion or exclusion of the study. The PRISMA-ScR flow diagram⁵⁰ will be used to illustrate the process of study selection for the scoping review.

Data charting and synthesis of results

For data charting, a data extraction form will be designed, including the following categories: source (name of journal or graduate programme/institution for theses and dissertations), author, year, country, title, objective, problem, context, concept, methodology, synthesis of results, synthesis of conclusions and study limitations. The review findings will be descriptively summarised in tabular form according to the categories listed.

DISCUSSION

Drawing on the selected studies, this review will integrate its objectives and research questions to indicate theoretical strands that articulate communication and education within the context of health. The concepts and practices reported in the analysed body of literature will be interrelated among the selected studies and, in addition, with the education, communication and health practices developed in public health interventions within Brazil's National Health System (SUS).

ETHICS AND DISSEMINATION

The nature of the research and the use of secondary sources of data do not require the application of informed consent forms or approval by ethics committees. The scientific findings of the review will be published in peer-reviewed scientific journals, conferences and other scientific dissemination channels. Based on the recommendations on publication, dissemination and authorship featured in *The European Code of Conduct for Research Integrity*,⁵¹ all studies underpinning the review will be duly acknowledged.

Author affiliations

¹Laboratory for Technological Innovation in Health, Federal University of Rio Grande do Norte, Natal, RN, Brazil

²Social Sustainability and Development Graduate Program, Universidade Aberta, Lisbon, Portugal

³Distance Education and eLearning Laboratory, Universidade Aberta, Lisbon, Portugal

⁴Department of Social Communication, Federal University of Rio Grande do Norte, Natal, Brazil

⁵Federal University of Rio Grande do Norte, Natal, Brazil

⁶Laboratory for Technological Innovation in Health; Education Graduate Program, Federal University of Rio Grande do Norte, Natal, RN, Brazil

⁷Department of Applied Communications Sciences, Faculty of Information Sciences, Complutense University of Madrid, Madrid, Spain

⁸Media Studies Graduate Program, Department of Communication, Federal University of Rio Grande do Norte, Natal, RN, Brazil

⁹Faculty of Health Sciences of Trairi, Federal University of Rio Grande do Norte, Natal, RN, Brazil

¹⁰Arts and Communication Research Centre; Faculty of Human and Social Sciences, University of Algarve, Faro, Faro District, Portugal

¹¹Department of Science and Technology, Universidade Aberta, Lisbon, Portugal

¹²Department of Biomedical Engineering; Laboratory for Technological Innovation in Health, Federal University of Rio Grande do Norte, Natal, RN, Brazil

¹³Social and Culture Anthropology, Autonomous University of Barcelona, Barcelona, Barcelona, Spain

¹⁴Distance Education and eLearning Graduate Program, Universidade Aberta, Lisbon, Portugal

¹⁵Distance Education and eLearning Graduate Program, University of Minho, Braga, Portugal

¹⁶Communication Sciences Doctorate Program, ISCTE-University Institute of Lisbon, Lisbon, Portugal

¹⁷Department of Dentistry, Federal University of Rio Grande do Norte, Natal, RN, Brazil

¹⁸Department of Advertising, Public Relations and Audiovisual Communication, Autonomous University of Barcelona, Barcelona, Barcelona, Spain

¹⁹Department of Biomedical Engineering, Federal University of Rio Grande do Norte, Natal, RN, Brazil

Contributors NAdNB conceived the study, led the protocol development, coordinated the transdisciplinary team and drafted the manuscript. SH, JL, AdPD, AMG, DCNA, HAC, JMEBdA, KSdA, KDC, LSN, MHR, MdGCDF, MENT, MKSR, NLG and RV contributed to the design of the review protocol, critically revised the manuscript for important intellectual content and approved the final version for submission. NAdNB is the guarantor of the review.

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ORCID iDs

Natalia Araújo do Nascimento Batista <https://orcid.org/0000-0003-4836-5298>

Ricardo Valentim <https://orcid.org/0000-0002-9216-8593>

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