



## Education at Hospital with the Understanding of “Education for All”: A Case Study \*

Kübra Yenel <sup>1</sup>, Emre Sönmez <sup>2</sup>, Elçin Ayaz <sup>3</sup>, Fatih Şahin <sup>4</sup>

### Abstract

This study aims to examine the education at hospital which is an implementation supporting the approach Education for All, to determine the situation related to the quality of education and to reveal the problems experienced in hospital classes. This research is designed as a case study and a hospital class is examined in depth. Interview and observation techniques were used as a data source. The participants of research are two teachers, two medical staff, two students and a parent. As a result of the research, six themes related to the current situation of education processes in the hospital classroom were obtained: access to education for children at hospital, quality of education, financial support, social and psychological status, impact on the child’s academic development and communication. In addition, the problems experienced during the educational practices and the suggestions for improving the quality of educational practices in hospital classrooms have been stated by the participants. For students who need education at hospital, it is important to create awareness in the society about hospital schools or classes. In the research, it is suggested that teachers should be trained about education at hospital, students who are discharged from the hospital should be empowered psychologically and socially, and researchers should focus more on this issue.

### Keywords

Hospital classes  
Students  
Children  
Education for All  
Case study

### Article Info

Received: 02.26.2020

Accepted: 02.09.2021

Online Published: 03.12.2021

DOI: 10.15390/EB.2021.9503

### Introduction

When it is thought that each student is special, educational practices go beyond traditional methods or practices. Therefore, it becomes more inclusive by taking into account the special circumstances of individuals. The superior characteristics of the students give a different dimension to their educational experiences, and the inadequacies of the students or special health problems necessitate different practices in education. Students who have been hospitalized for a long time and continue their treatment have such a need.

\* This article was presented as an oral presentation at the congress "ECER 2019: Education in an Era of Risk - the Role of Educational Research for the Future".

<sup>1</sup> Gazi University, Gazi Faculty of Education, Department of Educational Sciences, Turkey, [kubrayenel@gmail.com](mailto:kubrayenel@gmail.com)

<sup>2</sup> Gazi University, Gazi Faculty of Education, Department of Educational Sciences, Turkey, [emresonmez@gazi.edu.tr](mailto:emresonmez@gazi.edu.tr)

<sup>3</sup> Dicle University, Ziya Gökalp Faculty of Education, Department of Basic Education, Turkey, [elcin.ayazz@gmail.com](mailto:elcin.ayazz@gmail.com)

<sup>4</sup> Gazi University, Gazi Faculty of Education, Department of Educational Sciences, Turkey, [sahinfatih@gazi.edu.tr](mailto:sahinfatih@gazi.edu.tr)

According to the United Nations Convention on the Rights of the Child, education should be developed in accordance with the capacities of each child and human rights, and according to the Article 29, education should be child-centred, child-friendly and empowering (United Nations, 1989). Three rights are mentioned in rights-based education approaches, which are the right to access to education, the right to quality education and the right to respect in the learning environment (UNICEF, 2007). The concept of *Education for All* (EFA) is quite important in providing these opportunities to the students in the hospitals too. The importance of basic education for all was emphasized at the World Conference on Education for All held in Jomtien, Thailand in March 1990. Accordingly, basic learning needs will contribute to the areas such as improving the knowledge, skills and attitudes necessary for the survival of individuals, increasing their quality of life, contributing to their development and increasing their capacities (Torres, 1999). In the conference, moreover, it was aimed to increase the adult literacy by 50%, to improve the quality of education, to provide free and compulsory primary education for all, to expand early childhood care and education, to promote learning and life skills for young people and adults and to ensure the gender equality by 2015 (UNESCO, 2000).

In particular, it is essential to understand the educational needs of students with chronic disease to provide them with equitable educational opportunities (Shiu, 2001). There are different kinds of provisions to give education to children with illnesses across the world. In the USA, Canada, Australia and Europe, these provisions are 'hospital school', 'teaching at home', 'asynchronous teaching and learning at home', 'education within mainstream school' and 'mainstream school in a hospital or at home' (Mintz, Palaiologou, & Carroll, 2018). One of the best practices reflecting this particular situation in Turkey is "hospital classes" (Ministry of National Education [MoNE], 2015). Children in need of treatment have losses in terms of educational activities during their stay in the hospital. In order to overcome the problems that may arise from this situation, sick children must continue their school life in the hospital, and to achieve this purpose, hospital schools were opened (Kamışlı, 2014).

Schools are increasingly facing the challenge of meeting the individual needs of students with a wide range of conditions and educational requirements (Shiu, 2001). It is possible to indicate 'Education at Hospital' as a way to deal with such difficulties. Disease and hospitalization can lead to the loss of school days and education for some children (Ratnapalan, Rayar, & Crawley, 2009). With the aim of ensuring the development and educational needs of hospitalized children, hospital schools were first established in the UK and the US (Wiles, 1987), and later this practice began to be seen in other countries (Hen, 2020). Education at hospital means the education service provided in the hospital for the students who need special education during inpatient treatment in health institutions due to any health problems (MoNE, 2015).

Diseases affect the development of the student in many ways. Student's academic performance, self-esteem and social relationships can be negatively affected by this situation, and this can also negatively affect the student's ability to achieve the same educational results as healthy peers (Lum et al., 2019; Shiu, 2001). Children who are hospitalized frequently or for a long-time experience many unique problems, including painful and numerous medical procedures, as well as separation from parents, siblings and peers (Steinke, Elam, Irwin, Sexton, & McGraw, 2016). Staying at the hospital for a long time may have a negative impact on children's health. Researchers state that negative situations such as regression, fear of separation, sleep anxiety, eating problems and aggression, in particular, are encountered in hospitalized children. Studies show that in addition to physical negativity, some cognitive problems such as learning disability, memory loss, and inability to speak can occur on these children (Butler & Mulhern, 2005; Patenaude & Kupst, 2005; Prevatt, Heffer, & Lowe, 2000; Vannatta, Gartstein, & Short, 1998). Children may have various concerns due to physical factors and, therefore, may be reluctant to go to school. As a result, children's tendency to absenteeism, reducing learning opportunities, and academic failure is inevitable (Lum et al., 2019; Prevatt et al., 2000; Shiu, 2001; Vannatta et al., 1998). In addition, the diseases they experience cause social and psychological risks not only in children but also in family members in the progressive processes (Fazlıoğlu, Hocaoğlu, &

Sönmez, 2010; Gönener & Görak, 2009). One way to avoid this kind of negativity is to provide educational services in the hospital to students who are sick. In order to meet the educational needs of sick students in hospitals, many pediatric hospitals have teachers who provide one-to-one education in hospital classes or in the bed of long-term hospitalized students (Ratnapalan et al., 2009).

It can be argued that the education service provided in hospitals makes children feel valued and has a positive effect on child psychology. Atay, Eras, and Ertem (2011) show in their studies that hospital classes are one of the implementations that can be used to prevent psychosocial stress in pediatric patients' hospital experience. Hospital schools can increase children's motivation by developing their sense of self-efficacy, as well as by helping children struggle to recover from the disease through school activities there. It ensures that these students receive support, especially from emotional, social and academic actors (Carstens, 2008). The dissemination of hospital classes that have positive effects on child health and solving educational and managerial problems for this practice is seen as important in terms of providing educational opportunities for each individual and development of education policies of the country (Baykoç, 2006).

The situation regarding hospital education in Turkey is as follows: The first official studies on the education of hospitalized children in Turkey began in the 1970s at Hacettepe University, Children's Hospital, Department of Child Development and Education. However, studies related to children's education at school age show that the establishment of Hospital Schools began in 1993 in Turkey (Baykoç, 2006). The General Directorate of Special Education and Guidance Services was established in 1992 by a law published in the Turkish Official Newspaper. In July 1992, Prof. Dr Necate Baykoç was appointed as a General Director of this unit. Later, within the scope of special education affiliated to the General Directorate, "Education-Training of Inpatient Children and Hospital Schools Branch" was founded. The duty areas of this branch were also specified in a legal regulation (Bilir & Baykoç Dönmez, 1995). Organised by The General Directorate of Special Education and Guidance Services, a course was held in 1995 for 15 days, in which 34 teachers from 22 Hospital schools were trained. Within the framework of these administrative and legal regulations, hospital schools have started to be opened at first at the primary level based on the education level of of the students in Turkey (Kamışlı, 2014).

Students who cannot benefit directly from formal education institutions due to inpatient treatment in health institutions and who are, therefore, in need of special education in pre-school, primary school, secondary school and high school age benefit from this service. The education at hospital is provided by the written application of the physician/physicians responsible for the treatment of the student and the written application of the parent of the student who needs special education. It is essential that the hospital education service is provided in hospital classes opened by the governorships within the health institutions. Students who cannot come to the hospital classes are provided with education in their rooms. A combined class application is performed in the hospital class whose maximum class size is ten students in pre-school, primary school, secondary school and high school. Hospital class teachers who are in the norms of the hospital class carry out the education services of the students following the general primary education program and working in cooperation with the provincial / district special education services board in order to carry out the works and transactions related to the other students enrolled in the class. Students in need of special education benefit from the education service as long as they are in hospital. The planning, execution and monitoring of the training services are carried out by the provincial / district special education services board without any period. The weekly course hours of the students are planned not to be less than ten hours, considering the conditions of the students who need special education at hospital and the conditions related to the education environment. In case of completion of student's inpatient treatment period or the request of the parent of the student who needs special education or with the opinion of the physician/physician in charge of the treatment of the student, the education service given to the individual in the hospital shall be terminated (MoNE, 2015).

In Turkey, the process of appointment of teachers in the hospital classrooms is as follows: According to the characteristics of the students who will benefit from the educational services in the hospital, and according to the priority of the education requirement, the pre-school teacher, the classroom teacher and the other field teachers in the public schools are assigned by the provincial/district national education directorates (MoNE, 2015). Similarly, in other countries, it is seen that hospital teachers are selected among teachers of regular schools (Hen, 2020; Steinke et al., 2016). For example, teaching in hospital schools in Israel is mostly performed by qualified teachers and is officially based on the curriculum of a regular school (Hen, 2020).

Referring to the studies on this subject in Turkey, Tarcan (2007) tried to identify the problems faced by primary school teachers working in hospital schools. Ayaz Sezgin (2006) investigated the burnout levels of administrators and teachers working in hospital schools and examined the variables that affect burnout. Kamişlı (2014) studied the effect of the educational training program prepared to determine the current situation of hospital schools, the problems and solution suggestions on teacher success. Similarly, Uçar (2010) in his interview with 25 children in hospital schools in Ankara, examined the problems these children had and what could be done to solve them. Türköz Bozdoğan (2012), on the other hand, investigated the expectations and opinions of the families of the children who were educated in-hospital primary schools. The situations they were in have been analysed (Kan, 2019). In addition, it was found in a study that the quality of life standards of hospitalized children and children studying in the hospital class were examined according to some variables (Yurdabakan, 2019). In this context, studies that bring together all stakeholders related to the hospital classes are needed.

When individual studies on the stakeholders of hospital schools are examined, we can see that teachers, families, hospital staff and hospital managers' opinions about this process and the problems they experienced were revealed, and solutions were proposed. However, attention should be paid to hospital classes with positive effects on the student's individual well-being (Atay et al., 2011). It can turn into a source of problems when they cannot be managed well, and create negative perceptions on the student's individual and academic life. In their research on problems and experiences in hospital classes, Işıktekiner and Altun (2011) identified problems with the physical condition of these classes, the interaction between education and health personnel, and the guidance and supervision practices in these schools. It is important to provide funding for the appropriate staff, the material needed and sufficient physical space to establish a successful hospital school program (Steinke et al., 2016). The fact that tables and the desks in the classes do not respond to the student's needs, the weakness of communication between the teacher and the hospital staff, and the limited knowledge of the supervisors and guides of the hospital classes can be expressed as the main problems (Işıktekiner & Altun, 2011).

Social workers, child life specialists, therapists, psychologists, teachers and clergymen and many other help providers take part in the hospitalized children's care to meet their needs (Steinke et al., 2016). Hospital teachers work in a unique educational environment that serves hospitalized children and provide educational support to them (Hen, 2020). The role of hospital teacher and hospital school programming is particularly noteworthy when considering the impact of hospitalizations on the child's participation in school (Steinke et al., 2016). Cooperation between hospital personnel, education personnel and families should be ensured to minimise the anxiety and fear of hospitalized children (Baykoç, 2006). Studies involving the examination of all stakeholders that make up this structure in accordance with the education for all understanding are needed so that children in the hospital do not fall behind in education and training services.

As part of this study, practitioners and researchers can give a holistic perspective on this issue by reflecting current picture of hospital classrooms. Also, this study can contribute to the policy development related to these classes by providing policymakers with the practices in hospital classes in Turkey. The study findings, which will be presented in detail, are thought to be very important to improve and develop the process.

In this context, the aim of this study is to draw a detailed picture of these classes in line with the detailed views of children studying in hospital classes, their families, hospital class teachers, the hospital administrator, the nurse in charge of this unit, and the observations of the researchers about the study. In this study, it is aimed to examine the education at hospital which is an implementation supporting the approach education for all, to determine the situation related to the quality of education and to reveal the administrative problems. For this purpose, the following question was sought:

- How are the educational processes regarding student learning in the hospital classroom?

## **Method**

### ***Research Model***

This study aimed to examine the hospital classroom in a hospital in Ankara, Turkey. By employing in-depth modes of inquiry, this study follows a single holistic case study design. Yin (2014) describes the case study as *“an empirical inquiry that investigates a contemporary phenomenon (the “case”) in depth and within its real-world context - especially if the boundaries between the phenomenon and the context may not be clearly evident.”* Yin (2011) argued that all case study research begins with a desire to understand and uncover a single case or a small number of cases up close or in-depth. In this study, the holistic single case study was employed because it was aimed to examine a typical hospital classroom in depth to reveal teacher and student relationships and to understand the nature of education in this classroom.

### ***Hospital Context***

The public hospital which was founded about sixty years ago has a long history. It consists of various blocks and provides 46 clinical services in 31 different branches within the hospital with a total of 1968 personnel. Around 1 million patients are treated every year and around 25 thousand inpatients are served. Besides, over 15 thousand surgeries are performed every year in hospital. It is one of the hospitals with the highest polyclinic capacity in the area where the hospital is located.

There is a hospital class in this hospital, which serves only for primary school children, but there are no barriers for middle school and high school children to enter the class. The class only remains open for half a day (until noon). There are two hospital class teachers in the classroom. One of the teachers deals with children in the classroom. The other teacher takes care of children who are medically risky to come to class, and also visits patient rooms to reach primary-school-age children whose treatment is just beginning in the hospital. They perform these duties respectively. The size of the class is slightly smaller than a typical primary school class. The classroom consists of a teacher's desk and a computer, a round table in the central area, some chairs, a library and a few boards. The library is lined on both sides of the class, and it contains textbooks, storybooks, novels, comic books, coloring books and game materials.

### ***Procedure***

In this study, the hospital class was examined in depth. To ensure triangulation, which is a key feature for performing a valid case study (Gillham, 2000; Yin, 2014), multiple sources of evidence were used. Thus, the interview and observation techniques were preferred as data sources. The data collection process in the study was carried out on between May 6, 2019 and May 20, 2019. Accordingly, the fieldwork took two weeks. The field was visited at least three times each week. In this context, the researchers were divided into groups of two in the field study and conducted the fieldwork. During the field visits, interviews and observations were usually carried out together. However, only interviews were conducted during two field visits. Researchers spent approximately three hours on average during a field visit. *Interview:* The researchers have developed four semi-structured interview guides – separately for the teacher, medical staff [the clinic chief (doctor of pediatric neurology) and the nurse], the students, and the parent. For the interview forms, the literature was first reviewed and related studies were examined. Then, a pool of questions related to the research problem was created based on the literature. This pool of questions was further enriched by the researchers through brainstorming. Then the questions in the question pool were classified according to the types of participants. Thus, a

form of approximately ten questions that could be asked to each participant was developed. These forms were submitted for examination by three experts; one special education and two education management experts. An expert in the field of educational administration suggested to combine a few questions about specific emotions into one question and to ask it as "How do you feel about...?". The other education administration expert spotted some spelling mistakes, and also made some recommendations for ordering the questions according to a certain logic and system. Finally, the special education expert stated that the effect of hospital education on the spiritual, psychological, cognitive and physical development of the child should be addressed with a holistic approach. Therefore, he expressed views on structuring the questions in this way. Then, according to the expert opinions, the necessary modifications were made, and the content was finalized.

Interview forms consist of three parts. The first section includes the interview date, place, duration and demographic information about the participant. The second part, on the other hand, is the part where the pre-knowledge questions and introduction questions are included in order to warm up the participant to the interview process. In this section, the participants' general evaluations of his/her role of the hospital class, duration of stay / working and the hospital class were asked. The third part is the part where the main interview questions are included. Interview questions generally consist of the following topics: the effects of the educational practice in the hospital on the cognitive, affective, social and physical condition of the child, the quality of the educational practice in the hospital, the teaching process, the positive and negative aspects, the problems experienced and the solutions to these problems. In this context, the number of questions in the interview forms are as follows: teacher (7), student (6), parent (6) and hospital staff (7).

Patton (2002) emphasizes the importance of asking good questions in order to have an effective interview. In this context, he proposes six types of questions that can be asked during interviews. In this study, in line with Patton's (2002) suggestion, five different question types were used in the interview form. These questions consist of demographic questions (personal information questions), knowledge questions (Real and realistic information about the subject is obtained.), opinion and thought questions (Participants' opinions and beliefs are questioned.), perception questions (questions based on experiences) and questions about emotions (questions about how they feel). For example, the opinion question in the teacher interview form is as follows: "*What kind of effects do you think the educational practice in the hospital has on the life of the child?*" In addition, a question about emotions in the student interview form is "*How do you feel in the hospital classroom?*".

Interviews were conducted with two teachers, two medical staff, two students and a parent (Table 1). With the exception of one student, interviews were conducted face to face. Interviews were held at pre-determined appointment times in the hospital and lasted about 20 to 45 minutes. They were audio-recorded with the permission of the participants in order to capture the deeper meaning of participant responses. After the face-to-face interviews were completed, another student, who was likely to provide more comprehensive and explanatory information about the hospital classroom, was interviewed with the guidance of the teachers. This student stayed in the hospital classroom for a certain period of time and was later discharged. Due to the COVID-19 pandemic process, this student was interviewed on the phone. This interview lasted about 20 minutes. The telephone conversation was recorded on a tape recorder with the participant's permission. Descriptive statistics such as gender, experience and educational status of the participants are presented on Table 1.

*Observation:* According to Yin (2014), there are two types of observations, direct and participatory observation. In this study, direct observation method was used in a real and natural hospital classroom. In this direction, direct observations were made in two ways, formal and daily. Formal direct observation was carried out based on the observation form developed by the researchers. The hospital class was observed in terms of the physical environment, classroom interaction and educational teaching process. In the research, two different researchers observed the hospital class once. Field notes, reflective notes and photographs were taken during the observation process. Secondly, hospital classrooms were observed using the daily direct observation method. Thus, these observations

were made during four visits to the hospital classroom to reveal the behavior and relationships in the natural environment of the hospital classroom. In the first of these visits, a short interview was held with the chief of the clinic who is responsible for the hospital class and the nurse at the hospital. In this interview, information was given about the purpose and content of the study and an interview appointment was requested. The hospital staff stated that they would be pleased to contribute to the research. Later, they informed the researchers about the hospital class. After the briefing, the class was visited together. Since this visit was in the afternoon, there were no teachers or students in the classroom. The physical environment of the classroom was observed by the researchers and field notes were taken. During the second visit, hospital class teachers were met, they were informed about the study and an appointment was requested from them. The teachers found the study interesting and provided support. During this visit, the classroom environment, teacher and student relations and the teaching process were observed informally. As the third observation, after the face-to-face meeting with the teachers, the classroom environment was observed by two researchers for a short time and they chatted with the students. Finally, in the fourth visit, after the students and parent interviews, the classroom environment was observed informally by a researcher. These observations contributed to understanding the natural environment of the hospital classroom, the quality of teacher-student relationships and the teaching process.

**Table 1.** Gender, experience and educational background of the teachers and medical staff

	Gender		Experience (year)		Degree	
	Male	Female	Experience in current hospital	Total-experience	Undergraduate	Graduate
Teacher 1	X		20	26	X	
Teacher 2		X	24	24	X	
Clinic Chief		X	6	20		X
Nurse		X	9	9	X	

### *Data Analysis*

The data set was analyzed by content analysis. The guidelines of content analysis, defined by Miles and Huberman (1994) were used in the study. The qualitative data were analyzed by the researchers in a three-stage strategy: (i) transcription and reading each data in detail (ii) coding transcription, and, (iii) reaching significant themes from the codes and reporting findings. Firstly, researchers transcribed audio-recordings, observation and reflective notes verbatim. Following transcription, texts were produced and read by three researchers in detail. After these readings, the initial code list based on the data was created. Inter-coder reliability analysis was conducted over the interview with a participant. Thus, the codes produced by three researchers were compared. As a result of this comparison, the coding fit value was calculated as 0.82. In the calculation of this value, the number of consensus is divided by the total number of consensus and the number of disagreements, and a value is obtained. If the calculated value is 0.80 and above, it indicates that the coding fit value is at the desired level (Miles & Huberman, 1994). After the inter-coder reliability analysis, literature readings were made by the researchers for about a week to develop the theoretical background of the initial code list. Then the data were analyzed again. Thus, the main code list based on the literature was developed. Finally, similar codes produced were combined, significant themes related to hospital class were determined, and the findings were reported. The data obtained from the interviews and observations were analyzed in a holistic approach within the case. Within-case analysis provides thick descriptions of each case holistically with the purpose of building more familiarity with each case (Yin, 2014). Research data was analyzed in Nvivo 12 plus program. This program enabled the research data to be processed, evaluated and interpreted systematically.

### ***Validity and Reliability***

In order to perform a valid and reliable case study, some points need to be considered. As Yin (2014) suggests, various strategies have been used to ensure construct validity, internal validity, external validity and reliability while conducting a case study research: use of triangulation (multiple sources of evidence), building a chain of evidence, explanation, use of case study protocol, development of case study database, use of theory. Firstly, *triangulation* was used to increase the construct validity and internal validity of the study. Merriam (2009) states that there are four types of variation. These are the use of multiple methods in data collection, the use of multiple data sources, the participation of more than one researcher, and the use of multiple theories in the research process. Three types of variation are used in this study. The use of observation and interview in the data collection process is the evidence of that the multi-method strategy is used. In addition, having interviewed teachers, students, parents and hospital staff about the hospital classroom indicates that multiple data sources are used. Moreover, since the study was conducted with four researchers, the participation of more than one researcher was ensured, so that different perspectives were reflected in the research.

Secondly, findings have been organized with *the chain of evidence* approach which allows readers to follow the process of generating, explaining and interpreting evidence from initial research questions to final results (Yin, 2014). This approach increases the construct validity and reliability of the study as readers can follow each step of the research. In this study, a rigorous and systematic research process was followed from the research question to obtaining and reporting the evidence. This process is explained in detail so that readers can easily understand the research process.

Thirdly, the *explanation* approach, to increase the internal validity of the research, was used. Thus, all the components of the hospital class studied were theoretically explained, and conceptual analyses were made. Forthly, *the case study protocol* was used to perform more systematic and rigorous research. The case study protocol consists of four parts: overview of the case study, data collection procedures, data collection questions, and guide for the case study report. Merriam (2009) states that another strategy that increases internal validity in qualitative research is *participant verification*. This strategy provides access to some of the interviewees. Participants want to see their own opinions and experiences within the analysis results. The participant verification process communicates the initial analysis findings to some participants, allowing them to check whether the interpretation of the analysis is correct. In this study, a draft finding report was sent to a participant in order to achieve this. He was asked to examine whether his views were reflected in the findings. The feedback of the participant was that his opinions were generally reflected.

Finally, a *case study database* was developed by the researchers. In this study, each evidence and source obtained during the research process was stored in a computer. These evidences were categorized by type. They were first divided into two categories as observation and interview evidences. Interview data were classified according to the type of participant. Observation data were also divided into two categories as formal and daily direct observation. Each piece of evidence was added to folders as it was collected. During the data analysis process, the data in this database were transferred to the Nvivo program. During the data analysis and reporting of the findings, this database was used continuously.

## **Results**

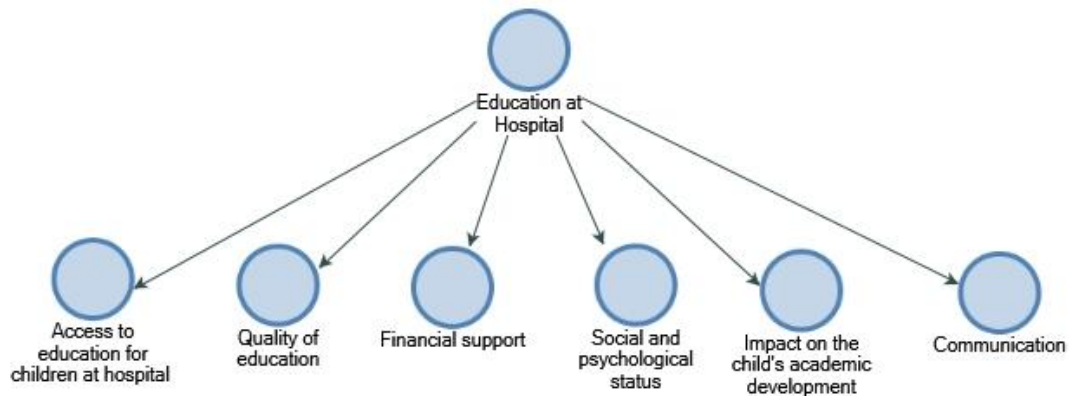
In this research, which started with an understanding of Education for All, the education practice in the hospital classes was examined in many ways. In this context, detailed information was obtained from the interviews and observation with teachers, two students, a parent and hospital staff (the clinic chief and the nurse) in the hospital class located in a public hospital in Ankara.

Interview results show that there are six main themes that participants experience during hospital class education. They are most commonly about access to education for children in hospital, quality of education, financial support, social and psychological status, impact on child's academic development and communication. The themes all are related to the issues and problems those



participants experience, but to different degrees. While one of them plays the most crucial role in the difficulties they face, the other or others may influence them superficially.

Observation results show that there are two main themes that participants face in the education process at hospital class. They are most commonly about quality of education, impact on the child's academic development and communication. The themes obtained from the findings as a result of all interviews with the participants and the observations of the case are presented below (Figure 1).



**Figure 1.** The themes obtained from the findings

#### ***Access to Education for Children at Hospital***

Regarding *access to education for children at hospital*, the participants state that students receive training in hospital classes or in the service *where they are being treated, depending on their illnesses*. Teachers provide education in these classes with the permission of the students' parents so that the students *do not miss their school lessons*. The number of students in these classes *can also vary constantly due to the length of time the children stay in the hospital*. Exams of the students who are hospitalized for a long time are carried out in these classes and the results are sent to their schools.

T1: *"We come to school with the other teacher every day. We divide the hospital class into two as outpatient/inpatient and there may be some students who cannot come to class. We are working two teachers here, one of us stay in the classroom and the other goes to the service. The number of students changes daily. We identify school-age students who come to the hospital and keep their records. That's why we wander the services all the time."*

When the parent's opinion is examined, it is seen that the parent is satisfied with that the doctor and the teacher are in the *same physical space* and that there are *two teachers* in the classroom. However, she adds that the drug treatment process *affects the education of the children* and students with contagious diseases are likely to infect each other with these diseases. The student who received two weeks of training in the hospital class states that teachers create a class by *visiting the hospitalized students* and calling them to these classes. The clinic chief explains that access to education in these classes is important to *prevent children from falling behind their education*. The nurse working in the department where the children receive education emphasizes the positive approach of parents towards education at the hospital.

N: *"While children are getting treatment, I cannot take them out of the room. However, for the patients who stay in the service and cannot attend the class, books are provided to read or paint."*

### **Quality of Education**

With regard to the nature of the training in these classes, teachers state that *the absence of a regular program due to the limited time spent with the students* affects *the quality of the education* negatively. Teachers explain that one-to-one training conducted in these classes can meet students' *wishes and needs by taking into account the academic situation* of them. In addition, teachers state that an appropriate language is used, taking the emotional state of the children into account and that they study on common issues in general. Teachers consider that they consider the official education programs in their lesson plans; they also stated that they stretched these lesson plans according to the treatment process of the students.

T2: *"We care about the student's needs, and we act according to the wishes of the student. Sometimes they want their school courses to be revised."*

One of the students who participated in the study also explains that the limited time makes it difficult to follow a regular program and the participation in these classes is low. He also states that qualified courses, drawing and reading activities are low in these words:

S1: *"It is good that we take lessons here so that we are not left behind from our school. However, since there are not many students in the classes here, literally, the lesson is not being processed and there are few teachers."*

The other student participant expressed her opinion that the lessons were *very repetitive* with the following words:

S2: *"When I was in the hospital, I used to go to this class every day, but sometimes the teachers repeated the lesson of the previous days because there were new students in the class."*

The parent explained that less participation in intelligence-enhancing activities and the lack of branching for middle school students negatively affect the quality of education in hospital classes. The clinic chief and nurse also state that a specific curriculum is not followed here and they add that the teaching activities are dysfunctional with the following words:

CC: *"Teaching activities should be more functional. Students are dealing with things like painting, colouring and shaping dough. The school should have teaching objectives and we would like to see that the students achieve them. But I don't see it."*

N: *"Patients are constantly changing here, but instead of just activities like painting, students' education can be supported a little more. The teaching process can be more active."*

The chief of the clinic talks about the fact that the education *provided only at the primary school level lacks a certain system and discipline*, and that the education process *lacks monitoring and evaluation activities*. The clinic chief and nurse also state that *legislation and program specific to hospital classes should be developed*, teachers should be *supervised* and the process should be *managed more disciplined*. The nurse mentions that the *teaching process is not functional*.

On the other hand, observation results support the ideas of the students and the hospital staff in that it has been observed that the classes do not have a routine timetable and schedule for the students there. Another issue affecting the quality of education at hospital classes is about the physical condition of this classroom. The teachers and the students mention the *lack of physical space of the hospital classrooms*, while the nurse tells that the *physical condition of the classroom is adequate*.

T1: *"Actually, the classroom is cold; there is a shortage of warming. We warm up with a heater. We have this problem physically. This place is small in terms of space."*

The student also suggests that the classes should be *wider* and have *more fun* and that toys for younger students can be kept.

S1: *"The school is actually physically inadequate, not a bright place, there are various books. I want like the class to be wider. I wish the teaching staff would be better. I would like to learn about science. Children are here because they get bored in the hospital."*

In addition, observation results support the ideas of the teacher and the students. The classroom has space for seven-eight students or less. Within the hospital building, there is not another place for the students to spend time at break times. There is also no extra room provided for the teachers for their special needs.

#### **Financial Support**

Regarding the *financial support in hospital classes*, the teachers note that the textbooks are distributed free of charge by the Ministry of National Education and that the hospital management contributed to the *physical condition of the classroom and the library*. In addition, the teachers state that they have *individual efforts* in this regard.

T1: *"We, as doctors, nurses, teachers and some other friends, provide equipment in the classroom. The school administration gives only school books."*

The parent of a student states that it is very positive *not to demand an additional fee for the education* here. However, she adds that the hospital classes do not have the same *standards of the school*.

P: *"We are lucky that the hospital does not demand any fee for this education here. We are happy with that; otherwise, we cannot afford it because the hospitalization process of my child is already costly for my family. But, this school does not have the same opportunities that public school has."*

The department nurse states that *material support* should be provided and *teachers' working time could be extended*. In this respect, the clinic chief states that they *benefit financially from some related projects such as sister school projects and other project supports*.

#### **Social and Psychological Status**

When the opinions of the teachers about the effects of the hospital class on the *social and psychological status* of the children are examined, they state that these practices affect the *psychological well-being* of the students and contribute to the issues such as *overcoming loneliness with social interactions and feeling valuable, gaining morale, having a pleasant time there and touching the lives of the children*.

T2: *"I think hospital classes provide an important practice for children not to be left behind in education during their illness and to be psychologically healthier."*

The parent states that her child feels psychologically good and that hospital classes create a safe environment for them. The chief of the clinic has said that it helps to reduce hospital trauma, especially contributing positively to long-term students. One of the students states that she leaves the idea of being isolated from society when she attends the lessons in the hospital. The nurse of the department states that by ensuring that the students are psychologically good, the children's attention is diverted to other areas and it contributes to keeping the child away from the hospital environment.

N: *"Families are very happy with this school; they do not show resistance. Even foreign families want their children to come to school. Since there is no homework or compulsion for children there is no reason for children to play truant. Therefore, I have not seen a child who is unhappy here."*

#### **Impact on the Child's Academic Development**

When the opinions of the teachers on the effect of the hospital class on the *academic development* of the children are examined, they state that they provide opportunities such as *following the course outcomes and training the students in different grade levels together with individualized training*. One of the interviewed students also mentions that *attendance at these classes is positive in terms of ensuring academic courses*. However, he also states that students with *different education levels receive the same education*; that is, they *do not receive appropriate education for all levels*. Moreover, observation results show

that the students who are at the age of primary school and secondary school take education in the same class at the same time and for the secondary school students there haven't been branch teachers teaching specific courses. These students tend to be absent from the hospital class because they find the courses below their level. The students' opinions are as follows:

S1: *"Since I am a 10th-grade student, I would like a teacher who knows this class. I was reading more books in this class. I was making a summary of the topics I saw at my school. I was painting when I was bored. I was revising what I learned before."*

S2: *"Mostly, I learned new things, but sometimes I got bored in the lessons. Whenever we got bored, the teachers gave us some activities like drawing, painting, playing games etc."*

The parent of a student states that the hospital class makes a positive contribution to the students in terms of *following the lessons at the school*. However, the clinic chief and nurse state that the *academic contribution in this class is limited* and they add that education at the hospital *contributes more to the long-term students* in the hospital.

### **Communication**

When the opinions of teachers about the effects of hospital classes on *communication* are examined, the teachers state that they inform the families of the children about the *situation of the child and the educational practices* in the hospital classes. The teachers talk to the doctors about the condition of the child and they *receive support from the hospital officials*. In addition, the teachers claim that they contact the school management, especially in *administrative matters* and that the *principal visits* these classes. However, they find some parents and *school management indifferent to this education at hospital, and the child towards the education practices in the hospital*.

T2: *"We have problems with the family at first. We tell them the process, and we ask the nurses for help. The doctor or the service officer cares about the school-age child going to class. When necessary, he makes his visit to the classroom. Doctors provide the necessary support."*

One of the students interviewed states that the school administration has been contacted about the issues such as *absenteeism and illness process* of the child and explains that he has received much support from his family and health personnel. The student's parent also talked about the *convenience of communication* with the teacher. Clinic chief and nurse state that communication increases in a hospital class, especially at the events organized on *certain days and weeks*. The clinic chief also states that she has a pleasant time with the children and draws attention to the *indifference of hospital officials* to the children in these classes.

CC: *"In my patient clinic, I definitely communicate with children who have no intelligence problems. I enjoy with little kids. We have a toy box here, we bring used toys from our own home, relatives or friends. Children slowly take the toys out of this box. I am wide-hearted with my pediatric patients. I leave the food gifts which my guests bring here and I share them with my patients."*

The nurse states that she *visits these classes* once a week for a short time and notes that she motivates them to study. On the other hand, observation results show that there has been a strong communication among the hospital staff, parents, teachers and students; the interaction among all is quite high. They contact each other both in the school time and out.

The parent states that the *communication with the school principal* should be improved, *teachers should come to visit the students*, there should be someone who would *give psychological support* to the children and there should be *fun* in classroom activities.

P: *"Education at the hospital classroom may be very good, but my child's mind is ill, so he cannot focus on his class. It would be great for someone to give him psychological support in this process. Especially because my child is in puberty, he needs a different kind of support."*

## Discussion, Conclusion and Suggestions

The aim of this study is to provide comprehensive and in-depth data by interviewing the participants and observing hospital classes in the context of the educational practices in hospital classes. The data obtained from the teachers, students, the parent and the health personnel of the hospital provided explanations for different dimensions of education at hospital classes. The students who directly experience this class and are in the focus of this education have different views on the subject of education. The views of the hospital staff (the clinic chef and the nurse) about the subject, who are not directly involved in the educational processes but touching the student's life, in general, differ from the students', teachers' and parent's views. Similar comments can be made for the data obtained from the observation. That is, the data obtained from the research both reveal many sub-dimensions related to educational experiences at hospital classes and present a comprehensive understanding to the researchers.

According to the views of the teachers, the students, a parent and hospital staff, some ideas have been asserted on the access to education for children at hospital, quality of education, financial support, social and psychological status, impact on the child's academic development and communication. This study is based upon the approach of Education for All, and it is seen that the themes obtained in this research are quite related to this approach. Education for All is a rights-based and a holistic approach which encompasses access to education, education quality and the educational environment (UNICEF, 2007). The themes of *access to education for children at hospital, quality of education and social and psychological status* are directly parallel to the requirements of Education for All approach. Education for All is based on the understanding that every child has the right to receive good quality of education (Miles & Singal, 2010) and findings show that education at hospital classes provides these children that right.

Moreover, the participants have mentioned about the problems they are experiencing during the educational practices in hospital classes and have given some suggestions to solve these problems. The themes found in this study are similar to the findings of a related study which is conducted in Taiwan hospital-based schools (Chen, Tsai, Su, & Lin, 2015). Kelo, Eriksson, and Eriksson (2013), in the study in which researchers consulted on the opinions of children with chronic diseases at school age and their parents about hospital education, stated that the nurse responsible for patient education should have nursing, didactic and interpersonal competencies. They also noted that both families and their children should take the necessary precautions to overcome the shock they experience when starting hospital education and get support from psychometric, cognitive and affective aspects before discharge. This study also proves that there are many stakeholders in-hospital education and that it is necessary to think integrally about the development of the child.

Studies show that absenteeism is a common issue regarding the children at the school-age with many kinds of illnesses (Bonneau et al., 2011; Crump et al., 2013; Shiu, 2001). Because of frequent hospital visits, these children miss their classes twice as often as the general population (French et al., 2013; Shiu, 2001). The parents take their children away from school even if they show some minor symptoms of the illness or the teachers of these students do not pay much attention to the absenteeism of children with chronic illnesses (Shiu, 2001). Hospitalization of these children has many steps like diagnosing the illness, treatment and follow-up. Some children can be affected by this process in many ways. In the treatment process of the children, depending on their illness, children can spend much time in the hospital. The results of school absenteeism stemming from chronic illnesses may cause some concerns in terms of educational inequalities (Chen et al., 2015). Therefore, with the purpose of preventing absenteeism, falling behind the school courses and inequalities, Ministry of Education provides teachers and learning environment for these children. The main purpose of this implementation is to make the children spend time in the hospital in the most effective way. The study of French et al. (2013) shows that the most important reason of children with illnesses for not attending the courses is their physical condition. Having difficulty with physical activity and energy level, and also suffering from pain, these children are not disposed to attend courses. Hospital classes are more

flexible for these children and adaptable in terms of many subjects such as accommodating the desks, tables etc., planning schedule, setting time-tables and course plans.

Regarding the access to education for children at hospital, it seems that all stakeholders of hospital education are pleased with the idea of giving education in hospital classes. Getting education at hospitalization process of the child prevents her/him from falling behind in her/his education in the school. The hospitalization process of the children may differ depending on their illnesses, so education at hospital classes is an opportunity to compensate for the period they are away from school. As it is known that the number of students with chronic illnesses has been rising dramatically in recent years (Irwin, Elam, Merianos, Nabors, & Murphy, 2018; Shiu, 2001), it can be said that it is a must to give education at hospital. The children with illnesses, who are hospitalized for long periods, need this education within the hospital because they, especially the vulnerable patients, may have difficulty in protecting themselves physically (Chen et al., 2015).

It is possible to say that the students in the hospital classes are the ones with some special needs. For this reason, if the needs of these children are not taken into account, this can bring academic and social failure together (Shiu, 2001). Therefore, the quality of education is another issue stated by all stakeholders of hospital classes. Ensuring the quality of education is possible by meeting the needs of the students with illnesses. One of these needs is to adjust the course plans to the students' needs. As known, Turkish Ministry of National Education has a curriculum for schools, and the hospital teachers state that they follow this curriculum in a flexible way according to the students in their classes. It is clear that the programs in hospital classes and regular schools cannot replace each other (Chen et al., 2015). However, the hospital staff claims that a certain official educational program is not implemented in these courses. As supports this finding, it has been observed that more flexible course plans have been implemented in hospital classes, and this may cause the maladjustment of the student when he goes back to his/her school. Academic success at school is significant for all students, including children with chronic illnesses (Shiu, 2001). In most of the developed countries, many hospital-based schools have been implemented successfully for years, and these schools have educational programs across educational levels from elementary to senior high schools (Chen et al., 2015). For that reason, individualized educational programs can be necessary to help these students to catch up with the program in the school; otherwise, it may cause them to feel anxious (Weitzman, 1984). For example, in Albania, there is emphasis on distance learning for hospitalized children, in which each child in hospitals is provided with a tablet synchronized with home school programme so that each child can follow the same education as in their school with the use of technology (Mintz et al., 2018). In this way, academic failure is tried to be avoided because the failure of these students may affect their psychological well-being negatively (Vanneste, Loo, Feron, Rots de Vries, & Goor, 2016).

Especially in infancy and the preschool period, children's separation from their mothers, school-age children's staying away from school and their friends, getting away from education, and absenteeism have negative psychological effects on children and there may even be cases difficult to repair in the future (Bilir & Baykoç Dönmez, 1995). The studies show that chronic childhood illnesses can mostly increase anxiety which may cause social incompetence, having fewer friends and poor self-esteem (French et al., 2013). Education is a way to provide happiness to school-age children. In one study, it has been stated that hospital schools raise the morale of students and this situation reflects the treatment and reduces the duration of hospital stay (Kılıç, 2003). If the children are confined to a hospital room because of their illness, they may be deprived of their right to pursue this happiness (Chen et al., 2015). In this context, the hospital class teachers have mentioned the importance of the classroom atmosphere of these children in order to motivate them socially and psychologically. The teachers find these classes effective for the psychological well-being of these children and think that these classes contribute them to overcome loneliness, feel valuable, gain morale and enjoy the moment. Similarly, the parent of the child and the hospital staff find these classes effective in coping with hospital trauma.

The main aim of participating in a hospital class is to minimize the effects of a child's medical problems on his academic development (Chen et al., 2015). While all participants of this study find these

classes necessary, some participants, especially the hospital staff, find the education in these classes very limited. When the classes are observed, it is possible to talk about the limitations of interaction with peers, learning process and extra-curricular activities. Some other studies also have the same finding that even though much effort is given, it has been observed that academic development of children is limited (Chen et al., 2015).

Another issue considering hospital classes is financial support. In the study of Seymour (2004) on hospital classes, financial support is also found as an issue to handle. A hospital class is an organization that takes place in the hospital but is administered by the Ministry of Education. With regard to this, hospital class teachers have stated that they are able to run the hospital class with the support of the Ministry of Education, the hospital administration and themselves. Hospital staff state that these classes are continuing by the help of related projects. On the other hand, the parents are happy that no financial support was requested from them. However, most studies show that these classes cannot offer sufficient physical space and are not equipped well (Işıktekin & Altun, 2011). The students' statement about the available books supports this idea. Moreover, not including a teacher's room within the hospital service, not having a principal of these classes and not having enough physical space for extra-curricular activities show that these classes need more financial support. It is known that leadership and management are important driving forces in creating a culture of commitment to address social and emotional well-being (Mintz et al., 2018). In order to create the feeling of commitment to these classes, administration and physical adaptation similar to a school are necessary. In addition, it has been demonstrated by the studies that these classrooms are not hygienic, are open to risks and the equipment in them is not suitable for the needs of the sick students (Işıktekin & Altun, 2011).

Hospital classes have many stakeholders like teachers, students, parents and hospital staff. The findings of this study show that communication among these people is strong. The statements show that teacher-student, student-parent, parent-teacher, teacher-hospital staff, hospital staff-student interactions are quite good in hospital classes. Studies show that after a while, an emotional bond is established among the child-teacher-family, which strengthens communication (Işıktekin & Altun, 2011). This is also advantageous in that effective communication and collaboration requires a joint approach for specialized interventions (Mintz et al., 2018).

The hospital teachers experience some issues in the hard process of hospital education. The problems faced by the hospital class teachers are the indifference of the family, school management and the child towards the education practices in the hospital, teachers' reluctance, their being psychologically unwell, teachers' anxiety to carry diseases in the hospital, reduction in teachers' field knowledge, financial insufficiency, insufficient information about the educational practices in the hospital. Some topics here can be considered as a self-criticism of teachers. It is clear that education at the hospital is a chance for sick children, inasmuch as a challenge for teachers. Therefore, hospital class teachers seem to need a specific training program to give education in these classes. Similarly, Tarcan (2007) stated that teachers working in the hospital had problems with other teachers, hospital management and staff, educational activities and parents on various issues. Uçar (2010) stated the problems of hospital students in general are related to school administrators, hospital staff, teachers, families, applied program, the physical condition of the classroom, lack of school staff and the use of tools. As a solution, it was proposed to increase the number of these classes and staff, to provide tools and equipment, to provide training for teachers to learn about the diseases of students.

When the suggestions of all participants are examined, the hospital class teachers give some suggestions on the awareness of the society for these children and their educational needs, as well as their psychiatrist support. Moreover, the teachers suggest to increase the number of hospital classes, change the perceptions of the society about these classes, train teachers and hospital staff on this subject, have a child psychiatrist in these classes, increase the number of teachers, and have rooms for research, entertainment and hobby. The parents also wish for psychological support for their children (Türköz Bozdoğan, 2012). The students suggest to have more fun with the equipments while getting education. In the study of Yurdabakan (2019), the students stated that they were not bored while studying in a

hospital environment, solved tests, and enjoyed playing intelligence and computer games. The hospital staff have suggestions on more financial support and legislation and program specific to hospital classes. In addition, according the hospital staff, there may be some situations that families should pay attention to. For example, in one study, families of hospitalized children stated that nurses did not act cooperatively, so they had limited relationships. But as a result of the positive interaction of their families with nurses, nurses became more interested in child care and began to mediate between the child and the doctor (Espezel & Canam, 2003). Similarly, families with children in hospital can establish positive relationships with hospital staff, enabling them to take a collaborative approach. Families should be aware of the child's needs by trying to be cool. In addition, it may be recommended that families engage in behaviours that will ensure harmony between the child and the teacher and hospital staff in order to contribute to the fulfilment of their children's needs.

The study may have some limitations. One is that direct observation of the students and teachers in the hospital class and also hospital staff during their work at hospital were conducted at separate times; however, shadowing of all school members at the same time in the same atmosphere would have beneficial contributions to the study. More family members of hospitalized students could be included in the study to holistically explore the educational experiences of these students and also parent engagement. Secondly, this study could be enlarged with more participants. Due to the process of pandemic situation, access to the hospitals and hospitalized students were challenging for the researchers. Interviewing more participants and observing them more would help to gain a better understanding of the experiences of these students at hospital classes.

To overcome research limitations, some suggestions based on the results of the study can be given for other researchers who are interested in these issues and for the implementers in the field. Moreover, awareness can be raised on schooling issues of sick children at the school-age. This study can be extended to some other types of hospitals, especially hosting children with chronic illnesses because it is known that children undergoing cancer therapy miss more school than other children and have high absenteeism rates compared to other types of illnesses (Charlton et al., 1991). In addition, giving pictures to hospitalized children to express their feelings helps reveal their mental state and contributes to the recovery of their diseases (Kan, 2019).

The studies on hospital schools/classes focus on two issues: first, the studies aimed at addressing the educational needs of sick children in the hospital and second, the studies for the children who stay in the hospital for a long time, and their transition from hospital to school (Işıktekiner & Altun, 2011). It can be said that there is a lack of research directed to examining the problems in the process of students' returning to school (Shiu, 2001). Therefore, research is needed to follow these students when they go back to their schools and assess the impact of hospital classes on students' academic, social and psychological orientation status to inform policymakers and implementers on the effectiveness of the application. Finally, it is expected that the results of this research will strengthen the understanding of education for all and contribute to the subjective well-being of the students who are not able to get their education in the way that every student gets because of their health problems.



## References

- Atay, G., Eras, Z., & Ertem, İ. (2011). Çocuk hastaların hastane yatışları sırasında gelişimlerinin desteklenmesi. *Çocuk Dergisi*, 11(1), 1-4.
- Ayaz Sezgin, S. (2006). *Hastane okullarında çalışan yönetici ve öğretmenlerin tükenmişlik düzeyleri* (Unpublished master's thesis). Trakya University, Institute of Social Sciences, Edirne.
- Baykoç, N. (2006). *Hastanede çocuk ve genç*. Ankara: Gazi.
- Bilir, Ş., & Baykoç Dönmez, N. (1995). *Çocuk ve hastane*. Ankara: Sim Matbaacılık.
- Bonneau, J., Lebreton, J., Taque, S., Chappe, C., Bayart, S., Edan, C., ... Gandemer, V. (2011). School performance of childhood cancer survivors: Mind the teenagers!. *The Journal of Pediatrics*, 158(1), 135-141. doi:10.1016/j.jpeds.2010.07.008
- Butler, R. W., & Mulhern, R. K. (2005). Neurocognitive interventions for children and adolescents surviving cancer. *Journal of Pediatric Psychology*, 30(1), 65-78. doi:10.1093/jpepsy/jsi017
- Carstens, L. E. (2008). *Teachers' experience of teaching in a hospital school* (Unpublished doctoral dissertation). University of Johannesburg, South Africa.
- Charlton, A., Lacombe, I. J., Meller, S. T., Jones, P. M., Mott, M. G., Potton, M. W., ... Walker, J. J. (1991). Absence from school related to cancer and other chronic conditions. *Archives of Disease in Childhood*, 66(10), 1217-1222. doi:10.1136/ad.66.10.1217
- Chen, D. F., Tsai, T. C., Su, Y. T., & Lin, C. W. (2015). Hospital-based school for children with chronic illness in Taiwan. *Journal of the Formosan Medical Association*, 114(10), 995-999. doi:10.1016/j.jfma.2013.12.006
- Crump, C., Rivera, D., London, R., Landau, M., Erlendson, B., & Rodriguez, E. (2013). Chronic health conditions and school performance among children and youth. *Annals of Epidemiology*, 23(4), 179-184. doi:10.1016/j.annepidem.2013.01.001
- Espezal, H. J., & Canam, C. J. (2003). Parent-nurse interactions: care of hospitalized children. *Journal of Advanced Nursing*, 44(1), 34-41. doi:10.1046/j.1365-2648.2003.02765.x
- Fazlıoğlu, K., Hocoğlu, Ç., & Sönmez, M. F. (2010). Çocukluk çağı epilepsisinin aileye etkisi. *Psikiyatride Güncel Yaklaşımlar*, 2(2), 190-205.
- French, A. E., Tsangaris, E., Barrera, M., Guger, S., Brown, R., Urbach, S., ... Nathan, P. C. (2013). School attendance in childhood cancer survivors and their siblings. *The Journal of Pediatrics*, 162(1), 160-165. doi:10.1016/j.jpeds.2012.06.066
- Gillham, B. (2000). *Case study research methods*. New York: Continuum.
- Gönener, D., & Görak, G. (2009). Okul yaş grubu çocukların hastane ve hastalığı ile ilgili bilgilendirme durumlarının endişe kaynakları ile etkileşimi. *Gaziantep Tıp Dergisi*, 15(1), 41-48.
- Hen, M. (2020). Teaching emotional intelligence: An academic course for hospital teachers. *Continuity in Education*, 1(1), 22-36. doi:10.5334/cie.13
- Irwin, M. K., Elam, M., Merianos, A., Nabors, L., & Murphy, C. (2018). Training and preparedness to meet the needs of students with a chronic health condition in the school setting: An examination of teacher preparation programming in the United States. *Physical Disabilities: Education and Related Services*, 37(2), 34-59.
- Işıktekiner, F. S., & Altun, S. A. (2011). Problems and issues at hospital schools. *Education and Science*, 36(161), 318-331.
- Kamışlı, H. (2014). *Türkiye'deki hastane okullarının mevcut durumu ve geliştirilen eğitici eğitimi programının öğretmenler üzerindeki etkisi* (Unpublished doctoral dissertation). Mersin University, Institute of Educational Sciences, Mersin.

- Kan, N. (2019). *İlköğretim eğitimini kronik hastalıklarından dolayı hastanelerde almak zorunda kalan çocukların duygu durumlarının resme yansımaları* (Unpublished master's thesis). Gazi University, Institute of Educational Sciences, Ankara.
- Kelo, M., Eriksson, E., & Eriksson, I. (2013). Perceptions of patient education during hospital visit—described by school-age children with a chronic illness and their parents. *Scandinavian Journal of Caring Sciences*, 27(4), 894-904.
- Kılıç, M. (2003). Ülkemizdeki hastane ilköğretim okullarına devam eden öğrencilerin bazı değişkenler açısından incelenmesi. *İnönü Üniversitesi Eğitim Fakültesi Dergisi*, 4(6), 49-74.
- Lum, A., Wakefield, C. E., Donnan, B., Burns, M. A., Fardell, J. E., Jaffe, A., ... Marshall, G. M. (2019). School students with chronic illness have unmet academic, social, and emotional school needs. *School Psychology*, 34(6), 627-636. doi:10.1037/spq0000311
- Merriam, S. B. (2009). *Qualitative research: A guide to design and implementation* (2<sup>nd</sup> ed.). San Francisco, CA: Jossey-Bass.
- Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis*. Thousand Oaks, CA: Sage Publications.
- Miles, S., & Singal, N. (2010). The education for all and inclusive education debate: Conflict, contradiction or opportunity?. *International Journal of Inclusive Education*, 14(1), 1-15.
- Ministry of National Education. (2015). *Hastanede eğitim hizmetleri*. Retrieved from [https://orgm.meb.gov.tr/meb\\_iys\\_dosyalar/2015\\_07/29123929\\_mebhastanesnflar.pdf](https://orgm.meb.gov.tr/meb_iys_dosyalar/2015_07/29123929_mebhastanesnflar.pdf)
- Mintz, J., Palaiologou, I., & Carroll, C. (2018). *A review of educational provision for children unable to attend school for medical reasons*. London: University College London.
- Patenaude, A. F., & Kupst M. J. (2005). Psychosocial functioning in pediatric cancer. *Journal of Pediatric Psychology*, 30(1), 9-27.
- Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3<sup>rd</sup> ed.). Thousand Oaks, CA: Sage.
- Prevatt, F., Heffer, R. W., & Lowe, P. A. (2000). A review of school reintegration programs for children with cancer. *Journal of School Psychology*, 38(5), 447-467.
- Ratnapalan, S., Rayar, M. S., & Crawley, M. (2009). Educational services for hospitalized children. *Paediatrics & Child Health*, 14(7), 433-436. doi:10.1093/pch/14.7.433
- Seymour, C. (2004). Access to education for children and young people with medical needs: A practitioner's view. *Child: Care, Health & Development*, 30(3), 249-254.
- Shiu, S. (2001). Issues in the education of students with chronic illness. *International Journal of Disability, Development and Education*, 48(3), 269-281. doi:10.1080/10349120120073412
- Steinke, S. M., Elam, M., Irwin, M. K., Sexton, K., & McGraw, A. (2016). Pediatric hospital school programming: An examination of educational services for students who are hospitalized. *Physical Disabilities: Education and Related Services*, 35(1), 28-45. doi:10.14434/pders.v35i1.20896
- Tarcan, Y. (2007). *Hastane ilköğretim okullarında çalışan öğretmenlerin sorunları* (Unpublished master's thesis). Afyon Kocatepe University, Institute of Social Sciences, Afyon.
- Torres, R. M. (1999). *One decade of education for all: The challenge ahead*. India: IPE.
- Türköz Bozdoğan, G. (2012). *Hastane ilköğretim okullarına devam eden öğrenci ailelerinin hastane ilköğretim okullarına ilişkin algıları ve beklentileri* (Unpublished master's thesis). Abant İzzet Baysal University, Institute of Educational Sciences, Bolu.
- Uçar, G. (2010). *Ankara ili hastane okullarında öğrenim gören öğrencilerin yaşadıkları sorunlar ve bu sorunların çözümüne ilişkin önerileri* (Unpublished master's thesis). Ankara University, Institute of Educational Sciences, Ankara.
- UNESCO. (2000). *Education for all: Meeting our collective commitments. Notes on the Dakar Framework for Action*. Paris: UNESCO.

- UNICEF. (2007). *A human rights-based approach to education for all: A framework for the realization of children's right to education and rights within education*. New York: United Nations Publications.
- United Nations. (1989). Convention on the rights of the child. *Treaty Series*, 1577(20).
- Vannatta, K., Gartstein, M. A., Short, A., & Noll, R. B. (1998). A controlled study of peer relationships of children surviving brain tumors: Teacher, peer, and self ratings. *Journal of Pediatric Psychology*, 23(5), 279-287. doi:10.1093/jpepsy/23.5.279
- Vanneste, Y., Loo, M. V. D., Feron, F., Rots de Vries, C., & Goor, L. V. D. (2016) Attitudes towards addressing medical absenteeism of students: A qualitative study among principals and special education needs coordinators in dutch secondary schools. *PLoS One*, 11(2), e0148427. doi:10.1371/journal.pone.0148427
- Weitzman, M. (1984). School and peer relations. *The Pediatric Clinics of North America*, 31, 59-69.
- Wiles, P. M. (1987). The schoolteacher on the hospital ward. *Journal of Advanced Nursing*, 12, 631-640. doi:10.1111/j.1365-2648.1987.tb03056.x
- Yin, R. K. (2011). *Applications of case study research* (3<sup>rd</sup> ed.). Thousand Oaks, CA.: SAGE Publications.
- Yin, R. K. (2014). *Case study research: Design and methods* (5<sup>th</sup> ed.). Thousand Oaks, CA: Sage Publications.
- Yurdabakan, İ. (2019). *Hastane okullarına giden süregelen hastalığı olan çocukların sağlıkla ilgili yaşam kalitesi düzeyleriyle öğretmen ve çocukların bu okullar hakkındaki görüşleri* (Unpublished master's thesis). Dokuz Eylül University, Institute of Educational Sciences, İzmir.