

SCHOOLS IN HOSPITALS AND THEIR EFFECT ON THE MENTAL WELL-BEING OF SICK STUDENTS***Yarden Gali**

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Abstract

This qualitative study explores the role of hospital schools in promoting the mental well-being of sick children. Through in-depth interviews with ten hospital school principals in Israel, four key themes emerged: (A) Creating a uniform language, (B) Characteristics and features of teaching staff, (C) Unique study programs, and (D) The school as a familiar and safe place. These themes highlight the unique challenges and opportunities faced by hospital schools in supporting the academic, social, and emotional needs of students during hospitalization. Findings emphasize the importance of effective communication and cross-disciplinary collaboration between educators and healthcare professionals. The study reveals that hospital school teachers require specific skills, including flexibility, empathy, and the ability to create individualized learning experiences. Additionally, the school environment itself serves as a critical haven, providing a sense of normalcy and continuity for sick children. This research contributes to our understanding of how hospital schools can effectively support the mental health and overall well-being of hospitalized students, offering insights for policy development and best practices in this specialized educational setting.

Keywords: Hospital schools, Principals, Sick students, Mental Well-being, School Principals.

INTRODUCTION

Education is a fundamental right for every child, regardless of their health or circumstances. For children undergoing hospitalization due to illness or injury, ensuring continuity in their learning and development is not only an educational necessity but also a crucial component of their psychological and emotional well-being (José & Coutinho, 2023). Hospital schools play an essential role in addressing the educational needs of students who cannot attend their regular schools due to medical conditions, ensuring that they receive academic support while navigating the challenges of illness (Caggiano *et al.*, 2021). Beyond academics, hospital schools contribute significantly to students' mental well-being by fostering a sense of normalcy, providing social interaction, and offering emotional support during a disruptive and often distressing period (Ferro *et al.*, 2020; Sutherland, 2018). Recent research by Kearney *et al.* (2021) highlights the academic performance of students in hospital schools, demonstrating that these specialized educational settings can achieve outcomes comparable to, or even exceeding, those of traditional schools. This is particularly significant given the unique challenges faced by hospitalized students, such as frequent medical interruptions, physical limitations, and emotional stress. Kearney *et al.* (2021) found that hospital schools, through tailored educational programs and individualized support, help students maintain academic progress and even excel in certain areas, underscoring the importance of these institutions in mitigating the educational disruptions caused by illness. While previous studies have explored the academic and general well-being benefits of hospital schools (Nisselle *et al.*, 2021; Thompson *et al.*, 2021), limited research has examined the specific strategies employed by school principals to actively support the mental well-being of hospitalized students.

Additionally, there is a lack of understanding regarding the challenges faced by hospital school administrators in implementing these strategies within the constraints of the hospital environment. This study is grounded in two key theoretical frameworks: the self-determination theory (Deci & Ryan, 2008) and the bioecological model of human development (Bronfenbrenner, 1979). Self-determination theory emphasizes the importance of autonomy, competence, and relatedness in fostering psychological well-being, highlighting how hospital schools can support these fundamental needs within a restrictive medical environment. The bioecological model provides a broader perspective, examining the complex interactions between sick students, hospital schools, medical institutions, and their families in shaping overall well-being. These frameworks guide the analysis of how hospital school principals navigate their roles and contribute to the mental well-being of students. To address these knowledge gaps, this study employs a qualitative research approach, utilizing in-depth interviews with ten school principals from hospital schools in Israel. By exploring their insights, experiences, and challenges, the study aims to illuminate the practices and policies that enhance student well-being in hospital settings. The findings have the potential to inform best practices, guide policy decisions, and improve the quality of educational services provided to children in medical environments.

This study seeks to answer the following research questions:

1. How do school principals in hospitals perceive the role and contribution of their schools in promoting the mental well-being of sick children?
2. What strategies and practices do school principals employ to create supportive learning environments and foster emotional well-being among hospitalized students?

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3. What challenges and barriers do school principals face in addressing the mental health needs of hospitalized students?
4. How do school principals collaborate with healthcare professionals, parents, and community organizations to support the well-being of hospitalized students?

By addressing these questions, the research contributes to a deeper understanding of the intersection between education and healthcare, emphasizing the vital role of hospital schools in promoting student well-being. The study's findings can serve as a foundation for developing policies and interventions that enhance the support systems available to hospitalized students, ultimately improving their academic and emotional outcomes.

LITERATURE REVIEW

Theoretical Frameworks and Models

The mental well-being of students in hospital schools can be analyzed through multiple psychological and educational frameworks. Self-determination theory (Deci & Ryan, 2008) highlights the importance of autonomy, competence, and relatedness in fostering intrinsic motivation. While hospital schools aim to support student autonomy, medical constraints and frequent disruptions can hinder students' sense of control over their learning. This necessitates targeted interventions to promote student agency and emotional resilience. Bronfenbrenner's bioecological model (1979) provides a broader framework for understanding the interaction between students, hospital schools, healthcare providers, and family systems. The model emphasizes that students' well-being is shaped not only by immediate support networks (microsystems) but also by larger institutional and policy-level factors (macrosystems), such as hospital regulations and national education policies. The stress and coping theory (Lazarus & Folkman, 1984) is particularly relevant in the hospital school context, as it highlights the role of emotional support, structured routines, and coping mechanisms in mitigating anxiety. Educational theories, such as Vygotsky's sociocultural theory (1978), underscore the importance of peer interaction and teacher-student relationships in the learning process, while Piaget's constructivist theory (1936) advocates for tailored educational content that aligns with students' cognitive and developmental needs. Additionally, Erikson's psychosocial theory (1950) and Bandura's social cognitive theory (1986) contribute to our understanding of identity development, self-efficacy, and resilience in hospitalized children. Given that illness and hospitalization can disrupt a child's sense of self, fostering self-efficacy through personalized learning experiences and emotional support becomes critical in hospital school environments.

Impact of Hospital Schools on Mental Well-Being

Hospitalized children often experience social isolation, anxiety, and disrupted routines, all of which negatively impact their mental well-being (Pinquart, 2020). Hospital schools provide a sense of normalcy, structured learning, and opportunities for social interaction, which can mitigate these negative effects (Nisselle *et al.*, 2021). One key benefit of hospital schooling is its ability to reduce anxiety by maintaining an academic routine (Steinke *et al.*, 2021). However, some scholars argue that strict adherence to

traditional school structures may not always be beneficial, advocating instead for more flexible, student-centered approaches (Lemke *et al.*, 2020). Further research is needed to determine the optimal balance between structure and flexibility in hospital education settings. Hospital schools also play a crucial role in fostering peer interaction and social inclusion, which can help alleviate feelings of loneliness and disconnection (Nisselle *et al.*, 2019). However, the effectiveness of these social connections for students with long-term hospital stays remains an area requiring further exploration. Teachers in hospital schools often serve as both educators and emotional support figures, with their personalized attention linked to higher levels of student resilience (Thompson *et al.*, 2021). Nevertheless, teacher training in emotional support strategies varies, leading to inconsistencies in how students receive psychosocial care (Lum *et al.*, 2019). Standardized training programs for hospital educators may be needed to ensure that all students benefit from high-quality emotional support. Recent research has highlighted the effectiveness of mindfulness interventions in hospital schools as a means of promoting student well-being. Smith and Jones (2022) found that students who participated in structured mindfulness exercises exhibited lower levels of stress and greater emotional regulation compared to their peers in traditional school settings. These findings reinforce the importance of incorporating mental health interventions into hospital education programs.

Challenges in Hospital Schooling

Despite their many benefits, hospital schools face several structural and operational challenges that can impact their effectiveness. One major issue is resource limitations, including funding shortages, staff shortages, and inadequate infrastructure (Gendron, 2018). Hospital school educators also experience role conflict, as they must balance educational responsibilities with students' medical needs (Odom *et al.*, 2018). In some cases, teachers struggle to find their place within the hospital hierarchy, leading to unclear roles and responsibilities when working alongside healthcare professionals. Collaboration between hospital schools and medical teams is critical for student success but is often hindered by communication gaps and differing professional priorities (Shiu, 2001). Some frameworks, such as the Comprehensive School Health Model (Allensworth & Kolbe, 1987) and the HOPS model (Shiu, 2001), offer structured approaches to improving interdisciplinary collaboration, yet their implementation remains inconsistent across hospital settings. Another significant challenge is the transition back to mainstream schooling. Students who have spent extended periods in hospital schools often face academic gaps, social reintegration difficulties, and feelings of disconnection from their peers (Clemens *et al.*, 2021). A lack of formalized transition programs exacerbates these challenges, highlighting the need for clear reintegration strategies that support students both academically and emotionally. Longitudinal research has shown that students who attend hospital schools tend to experience fewer reintegration difficulties than those who do not. Thompson *et al.* (2020) found that students with continued access to education during hospitalization were less likely to develop school-related anxiety upon returning to their home schools. These findings suggest that hospital schools play a critical role in long-term student adjustment and should be further supported by policy initiatives.

Comparative Practices: Global Approaches to Hospital Schooling

Hospital education systems differ significantly across countries, with some nations offering well-integrated, government-supported programs, while others rely on nonprofit or volunteer-driven initiatives (Gendron, 2018). Lee *et al.* (2023) conducted a comparative analysis of hospital schooling models in Europe, North America, and Asia, identifying key variations in curriculum design, teacher training, and collaboration with healthcare professionals. For instance, in Sweden and Finland, hospital schools focus on highly individualized learning plans, while in North America, social-emotional learning (SEL) interventions are prioritized. These findings suggest that Israeli hospital schools may benefit from adopting best practices from international models, particularly regarding curriculum flexibility and psychosocial interventions.

Parental Perspectives on Hospital Schooling

In addition to student and teacher perspectives, parental insights provide valuable information about the role of hospital schools in children's recovery and emotional adjustment.

Garcia and Patel (2022) explored parental views on hospital education, finding that most parents saw hospital schools as essential in maintaining a sense of normalcy for their children. Parents identified several key priorities, including:

- Stronger communication between educators and families.
- Incorporation of mental health support into the curriculum.
- More structured transition programs to ease reintegration into mainstream schools.

Parents also reported that hospital schools helped alleviate their own stress, as they ensured their children were engaged in meaningful activities while undergoing medical treatment. These findings highlight the need for hospital schools to implement parent-teacher collaboration strategies, ensuring that families feel informed and supported throughout the hospitalization process.

Conclusion and Research Gaps

Hospital schools serve as critical educational and emotional support systems for sick students, yet several key research gaps remain:

1. Long-term impact assessment: While studies such as Thompson *et al.* (2020) demonstrate short-term benefits, further research is needed on post-hospitalization academic and social outcomes.
2. Best practices for collaboration: Current models, such as the HOPS model, offer potential solutions, but their real-world effectiveness remains underexplored.
3. Parental involvement: Garcia and Patel (2022) highlight the significance of parental perspectives, yet formal frameworks for parent-teacher collaboration are still lacking.
4. Mental health interventions: Mindfulness-based approaches (Smith & Jones, 2022) show promise, but more studies should examine additional psychological support strategies in hospital schools.

By addressing these gaps, future research can inform policy improvements, enhance student experiences, and strengthen interdisciplinary cooperation within hospital education.

RESEARCH DESIGN

This study explores the perceptions of school principals in hospitals regarding the contribution of hospital schools to promoting the mental well-being of sick children. The aim is to gain a deeper understanding of this social phenomenon in its real-life context. Due to the need for in-depth perspectives rather than isolated variables, a qualitative approach was deemed most suitable. This study seeks actionable insights to construct best practices and enhance the social capital of hospital schools, ultimately leading to an improved student experience.

Rationale for a Qualitative Approach

An interpretive, qualitative approach was employed to understand the experiences of school principals "as they are," without manipulation. Qualitative research is optimal for complex phenomena in natural settings, capturing nuanced experiences and perspectives (Creswell & Poth, 2018). Hospital schools, unique educational environments within healthcare contexts, require tailored strategies unsuited to quantitative generalizations. This study adopts an interpretivist epistemological stance, assuming a socially constructed and subjective reality. By engaging with principals' perspectives, the research illuminates their roles and responsibilities in supporting student mental well-being, uncovering the practices and challenges that underpin their work (Schwandt, 2015). In-depth interviews provide rich, detailed data inaccessible through surveys (Merriam & Tisdell, 2016), ensuring the study remains grounded in the complexity of hospital school settings.

Research Questions

This qualitative study aims to answer the following research questions:

1. How do school principals in hospitals perceive the role and contribution of their schools in promoting the mental well-being of sick children?
2. What strategies and practices do school principals employ to create supportive learning environments and foster emotional well-being among hospitalized students?
3. What challenges and barriers do school principals face in addressing the mental health needs of hospitalized students?
4. How do school principals collaborate with healthcare professionals, parents, and community organizations to support the well-being of hospitalized students?

Exploring these questions aims to uncover actionable insights and practical frameworks that enhance the role of hospital schools in fostering student mental well-being.

Sampling and Participants

A purposive sampling strategy was employed to select participants with extensive knowledge of the research topic (Patton, 2015). Ten school principals from diverse hospital schools across Israel were recruited, with the following inclusion criteria:

1. **Position and Experience:** At least three years of experience as a school principal within a hospital school, ensuring valuable insights and reflections.
2. **Diversity of Hospital Settings:** Schools were selected from general hospitals, specialty pediatric hospitals, and rehabilitation centers to capture a broad spectrum of practices and challenges.
3. **Regional Diversity:** Schools represented urban and rural healthcare settings to include geographical nuances in the findings.

The sample was designed to include diversity in hospital school size, student demographics, and served medical conditions, enriching the data for a more comprehensive understanding. Participants were contacted through professional networks, invited to participate, provided written consent, and assured of confidentiality and voluntary involvement.

Data Collection

Data was collected during the first semester of the 2021 school year. Semi-structured interviews were chosen for their balance between structure and flexibility in exploring emerging themes (Kvale & Brinkmann, 2015). Each interview lasted 60-90 minutes and was conducted in Hebrew for clarity and comfort. An interview guides structured discussions around four core areas aligned with the research questions:

1. The perceived role and contribution of hospital schools in promoting mental well-being.
2. Specific strategies, programs, and practices employed to support student emotional health.
3. Challenges and barriers principals face in fulfilling this role.
4. Collaborative efforts with healthcare professionals, parents, and community organizations.

FINDINGS AND DISCUSSION

This qualitative study reveals the critical role hospital schools play in promoting the mental well-being of sick children. Through in-depth interviews with ten hospital school principals in Israel, four key themes emerged: (A) Creating a uniform language, (B) Characteristics and features of teaching staff, (C) Unique study programs, and (D) The school as a familiar and safe place. These themes highlight the unique challenges and opportunities faced by hospital schools in supporting the academic, social, and emotional needs of students during hospitalization. Below, we discuss each theme in detail, integrating theoretical frameworks, addressing limitations, and offering recommendations for future research and practice.

(A). Creating a "Uniform Language": Bridging the Gap between Education and Healthcare

A fundamental challenge in hospital schools is the need to bridge the gap between the educational and medical environments. Principals identified this divide as a crucial barrier to providing holistic support for sick children, emphasizing the need for a "uniform language" that transcends professional boundaries and centers on the child's overall well-being.

Key Findings

Communication Divide: Principals highlighted the stark contrast between the languages and approaches used by educators and healthcare professionals. As Principal A noted: *"The education staff members speak the language of education compared to the other staff members from the health professions who speak a rehabilitation-medical language, a language which does not always go hand in hand with the educational language."*

This reflects differing professional cultures and priorities, often leading to a lack of coordination and integration.

Blurring Boundaries: Principal E emphasized the value of integrating therapeutic and educational practices:

"I have great faith in teachers who are therapists and therapists who are teachers... I believe in it and I think that people can enrich their field of specialization if they also open up to other fields and contribute to each other."

However, this integration requires careful navigation to avoid role conflict and confusion.

Collaboration Models: Principals stressed the importance of models like the Comprehensive School Health Model (Allensworth & Kolbe, 1987) and the HOPS model (Shiu, 2001) in fostering collaboration between education and healthcare. Yet, implementation remains inconsistent, highlighting the need for structured interdisciplinary coordination.

Interpretation and Implications

The theme of creating a uniform language underscores the importance of bridging the gap between education and healthcare to ensure comprehensive support for sick children. Effective collaboration requires shared understanding, clear roles, and structured processes to integrate social-emotional and medical services. This theme directly addresses Research Question 1 by revealing that principals perceive their role as mediators between these two worlds.

(B). Characteristics and Features of Teaching Staff: Beyond Pedagogy, Fostering Resilience

Hospital school teachers face exceptional demands beyond typical pedagogical skills. Principals emphasized the need for specific qualities and experiences that enable educators to support the academic, social, and emotional needs of sick children during times of crisis.

Key Findings:

Flexibility and Adaptability: Principal K highlighted the importance of flexibility:

"It requires some kind of flexibility, some kind of dynamism, some kind of ability to respond in very short periods to children from different populations... I think this is a tremendous quality that does not exist in other settings."

Teachers must pivot between diverse student needs, medical conditions, and emotional states, often within a single day.

Broad Perspective: Principal A.M. emphasized the need for teachers to see beyond immediate challenges:

"The ability that the teachers at the hospital have to see the student and think about his class, about his return to class and the specific needs that will help him get through this crisis safely."

This requires deep understanding of the student's academic progress, social relationships, and emotional well-being.

Experience and Emotional Maturity: Principal S. noted the value of experience:

"Only accept people who are not very young, who already have some seniority at work, who have worked with a population with needs... They are special, they all have a master's degree for teachers and therapists."

Emotional maturity, resilience, and a passion for working with vulnerable populations are essential qualities for success in hospital schools.

Interpretation and Implications

The theme of teaching staff characteristics underscores the unique demands of hospital schools. Teachers must balance academic instruction with emotional support, requiring targeted recruitment, training, and support strategies. This theme addresses Research Question 2 by highlighting the importance of teacher qualities in creating supportive learning environments.

(C). Unique Study Programs: Reimagining Learning as a Pathway to Healing

Hospital schools face the challenge of creating study programs that are educationally sound and responsive to the unique medical, emotional, and social needs of sick children. Principals emphasized the importance of tailored programs that promote healing and empowerment.

Key Findings:

Culturally Responsive Materials: Principal M. highlighted the importance of culturally responsive and emotionally supportive materials:

"The uniqueness of the school [lies] in choosing unique content for each culture and especially in universal international content such as the mention of 'special days' that touch everyone... [It also lies] in creating learning and treatment materials that are unique to us such as decks of cards, a hospital companion book, etc."

These materials help students cope with the stress and uncertainty of hospitalization.

Preparation for Medical Procedures: Principal S. emphasized the role of study programs in preparing students for medical procedures:

"Of course, the whole topic of the programs is mediation before the procedures they do, swallowing pills, there are procedures where you sometimes have to stay alert and it's very difficult, so we teach him, we explain."

This reduces anxiety and promotes a sense of agency.

Transferable Skills: Principal K described the hospital school as a "trampoline":

"I am precisely there and I am a little trampoline that helps him during this whole period to find the connections, the koshers, the skills, how do you come back later to the community, with tools and experiences you've had in rehabilitation, and this is our goal."

Hospital school programs should provide students with transferable skills and experiences that benefit them beyond hospitalization.

Interpretation and Implications:

The theme of unique study programs highlights the critical role of tailored educational experiences in supporting the academic, social, and emotional needs of sick children. These programs must be flexible, individualized, and empowering, addressing Research Question 3 by overcoming challenges related to limited resources and diverse student needs.

(D). The School as a Familiar and Safe Place: Anchoring Well-Being Amidst the Storm

For sick children, a hospital stay can be disorienting and isolating. Hospital schools serve as sanctuaries, offering a sense of continuity, routine, and connection to a world beyond their illness.

Key Findings:

Normalcy and Routine: Principal S. described the hospital school as a haven:

"When a child comes to the hospital, the line that guides us is that the school is the healthy part of the child... We are the normative part, in our class we do not do medical procedures... We have a lot of stimulation, a lot of materials, a lot of games, everything from the child's familiar world."

This provides a sense of normalcy and comfort.

Reducing Anxiety: Principal A. emphasized the role of routine in reducing anxiety:

"The child who comes is scared and usually in pain, the teachers come in and with the flexibility and tools they have, they offer employment and a place that allows, a child who enters such a place enter a familiar place, something that was taken from him."

Predictable routines help children regain a sense of control and agency.

Individual Differences: Principal M. noted that not all children benefit equally:

"Some recover in hospitalization and the overall experience is good... On the other hand, some avoid receiving services, - their desire to be free and their resistance to contact and receiving support is prominent."

This highlights the need for individualized approaches.

Interpretation and Implications:

The theme of the school as a familiar and safe place underscores the vital role of education in supporting the emotional well-being and recovery of sick children. By providing normalcy, routine, and connection, hospital schools help children navigate the challenges of illness with greater resilience. This theme addresses Research Question 4 by highlighting the importance of collaboration with healthcare professionals, parents, and the broader community.

Limitations

This study has several limitations that should be acknowledged. First, the sample size was relatively small (n=10), limiting the generalizability of the findings to other contexts and settings. Second, the study focused solely on the perspectives of school principals, without including the voices of teachers, students, or parents. Third, the study was conducted in Israel, which has a unique healthcare and educational system, potentially limiting the transferability of the findings to other countries. Finally, it is important to acknowledge the potential for selection bias in the sampling process, as principals who were more enthusiastic about the topic may have been more likely to participate in the study.

Implications

The findings highlight hospital schools as essential bridges between medical and educational realms, nurturing normalcy and providing individualized support for sick children. Key implications include investment in professional development to equip teachers with skills for interdisciplinary communication and emotional support. Hospital administrators should foster collaboration between educators and healthcare professionals through structured processes. Policymakers must ensure adequate resource allocation, recognizing the unique needs of hospital schools. Ultimately, these steps will strengthen the integration of education and healthcare, enhancing mental well-being for hospitalized students.

Further Research

Future research should address the limitations of this study by including a larger and more diverse sample, incorporating the perspectives of teachers, students, and parents, and exploring the effectiveness of specific interventions and programs in promoting the mental well-being of sick children in hospital schools. It is also important to investigate the long-term impact of hospital school attendance on students' academic, social, and emotional outcomes.

Conclusion

This study provides valuable insights into the complex and multifaceted role of hospital schools in supporting the mental well-being of sick children. By creating a uniform language, fostering empathy and resilience among teaching staff, implementing unique study programs, and providing a familiar and safe place, hospital schools help children navigate the challenges of illness and treatment with greater hope, resilience, and a sense of connection to the world beyond the hospital walls. The findings underscore the importance of routines, emotional support, and structured learning in mitigating anxiety and fostering well-being, aligning with

stress and coping theory. However, further research is needed to explore the long-term impacts of hospital school attendance on students' academic and emotional outcomes. Longitudinal studies could provide valuable insights into how the skills and experiences gained in hospital schools influence students' academic trajectories and mental health after hospitalization.

Ultimately, in order to truly understand what students need to be successful, it is up to hospitals and educators to create an atmosphere that addresses the needs of the students. By investing in professional development, fostering interdisciplinary collaboration, and ensuring adequate resources, hospital schools can continue to play a vital role in promoting the well-being of sick children, both during and after their hospitalization.

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