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# Hospital Pedagogy: Challenges and Development Prospects in Contemporary Society

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## Abstract

**Introduction.** Hospital pedagogy is an interdisciplinary branch of pedagogical science and practice dedicated to providing comprehensive educational support to children and adolescents undergoing long-term treatment in medical institutions, with the primary aim of ensuring educational continuity. This study's objective was to conduct systematic monitoring and analysis of the student cohort involved in the "WeTeach/TheyLearn" hospital schools project across Russia. **Methods.** Data collection was performed at the regional sites of the "WeTeach/TheyLearn" hospital schools project located in Belgorod, Volgograd, Yekaterinburg, Izhevsk, Stavropol, Tambov, Chita, and Yaroslavl. The study included 250 children requiring long-term treatment. Methodologies employed encompassed content analysis of documentation, collection of statistical data, and comprehensive analysis of the gathered materials. **Results.** The sample predominantly consisted of children with chronic somatic conditions, chiefly malignant neoplasms (C) and diseases of the circulatory system (I). A substantial portion of the participants were officially recognized as children with disabilities and required tutor support and specialized educational methodologies. Nearly all students were undergoing prolonged inpatient treatment. Psychological and

pedagogical assessments revealed that the vast majority of students had no significant learning limitations, maintained preserved learning performance, and exhibited high levels of learning motivation. Most students were also prepared for collaborative activities with peers. Children officially registered with disabilities demonstrated comparatively lower learning motivation and more frequent learning performance challenges; however, their readiness for joint activities remained notably high. Education within the "WeTeach/TheyLearn" hospital schools is delivered according to individualized learning plans that accommodate the talents and educational aspirations of each student. **Discussion.** A personalized educational approach, tailored instruction, psychological support for both the child and their family, along with the implementation of the "caring school" concept, collectively contribute to mitigating the challenges associated with prolonged illness and promote the maintenance of a satisfactory quality of life during extended treatment periods. These findings underscore the high effectiveness of the hospital schools system in supporting children in need of long-term treatment.

## Keywords

hospital pedagogy, children in need of long-term treatment, special educational needs, hospital schools

## For citation

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# Introduction

In 2024, children under 18 in poor or very poor health accounted for 5% of the total child population. During the same period, the proportion of children with disabilities increased from 2.3% in 2020 to 2.6%, representing 779,308 individuals, according to data from the Russian Federal State Statistics Service. Recent findings also indicate that fewer than one third of Russian children and adolescents are considered practically healthy, while the majority experience functional impairments or chronic conditions, some of which may result in disability (Loskutov & Purysheva, 2022).

This growing prevalence of health-related challenges among children has drawn increased attention from both the state and society to the developmental risks faced by children with life-threatening illnesses, as well as to the broader issue of educational inclusion (Sharikov & Volkova, 2023).

Severe illness in early childhood, along with associated adaptation difficulties resulting from prolonged hospitalization, disruption of daily routines, social isolation, uncertainty

and unpredictability of the disease trajectory, interruption of schooling, and a loss of confidence in the future, collectively contributes to a heightened risk of developmental disorders among children and adolescents with disabilities. In response to these challenges, the present research aims to identify effective methods for supporting the psycho-emotional well-being of hospitalized children with disabilities and for expanding their adaptive capacities (Di Padova et al., 2024; Almazroui, 2023; Sánchez-Jáuregui et al, 2023; Gorelov, 2024). Ensuring continuous access to quality education for all children—regardless of health status—remains a key priority, as it reflects the constitutional right of every child to receive an education (Sharikov & Volkova, 2023).

## *The Role of Hospital Schools in Ensuring Access to Quality Education for Hospitalized Children*

Ensuring continuous, high-quality, and accessible education presents a significant challenge for the Russian Federation and other countries. Addressing this challenge requires, first, a deep understanding of the educational and psychological needs of children and adolescents undergoing hospitalization, and second, the development of effective hospital school models and practices.

Hospitalization is a stressful and potentially threatening event in a child's life, further intensified by social isolation, maladjustment, and disconnection from familiar daily routines (Palatkina & Batyrshin, 2023; Dubinina & Alekhin, 2023). Chronic or prolonged illness often results in frequent school absences, causing delays in curriculum mastery or repeated enrollment in the same grade (Hen & Gilan-Shochat, 2022). Extended isolation disrupts children's social ties with family and peers (Gusev, 2022). Moreover, illness and medical treatments may impair developmental processes and adversely affect academic performance (Shamionov et al., 2023).

Research indicates that educational and psychological difficulties are nearly twice as prevalent among children with special educational needs (SEN), referred to in Russian national documents as children with limited health conditions (LHC), compared to the general population (Martinez & Ercikan, 2009). Consequently, the demand for psychological support within this group significantly exceeds that of their peers (Palatkina & Batyrshin, 2023). Additionally, repeated and extended hospitalizations increase the risk of long-term developmental challenges (Buslaeva, 2019).

Education extends beyond mere knowledge acquisition; it is a fundamental factor shaping a child's personal, cognitive, and social development (Feldstein, 1985). Hospitalization, especially when long-term or chronic, disrupts a key condition for healthy development: the continuity of education (Badil & Lyubimov, 2012). Interruptions in learning, loss of routine, and forced separation from the educational environment and peers lead to decreased motivation and heighten the risk of disengagement from the educational system (Hen & Gilan-Shochat, 2022; Glozman & Plotnikova, 2021).

Within this context, the teacher assumes a dual role: not only as a knowledge provider but also as a vital source of support. The teacher helps the child to comprehend and

process the experience of hospitalization, while mediating between the child, medical staff, and the external environment (Hen & Gilan-Shochat, 2022).

Consequently, specially organized educational support through hospital schools is essential to ensure continuity of learning and psychosocial well-being for children undergoing hospitalization (Loskutov et al., 2023).

## *Hospital Pedagogy and the Russian Model of Hospital Schools*

Currently, in nearly all developed countries worldwide, specialized educational institutions known as "hospital schools" (Inogamova, 2024) have been established within medical facilities to serve children and adolescents receiving treatment, regardless of their diagnosed illness or length of hospital stay. In Russia, hospital pedagogy—as a distinct field of scientific inquiry and an independent branch of pedagogy—gained significant momentum with the launch of the innovative project of Russian hospital schools, "WeTeach/TheyLearn," in 2014.

The "WeTeach/TheyLearn" project has since designed, tested, and implemented a nationwide model of hospital schools in the Russian Federation. Its primary objective is to safeguard children's constitutional right to quality education by providing both children and their parents with access to a comprehensive educational environment directly within the medical facilities where they must remain for extended periods due to life circumstances (Sharikov & Volkova, 2023).

Education within these hospital schools is organized through individualized educational trajectories based on an "Individual Needs Map" and delivered in hospital classrooms, wards, or remotely, with the involvement of specialized hospital teachers and tutors. Through these means, the "WeTeach/TheyLearn" project ensures the continuity of education, supports children's motivation to learn and their social adaptation, facilitates their reintegration into mainstream educational settings following treatment, and actively promotes hospital pedagogy as an independent academic discipline (Doluev & Arbuzova, 2017; Sharikov & Volkova, 2023).

The mission of hospital schools is "to ensure the continuity of physical, mental, and social development of children and adolescents undergoing long-term treatment in medical institutions" (Doluev, 2025, p. 7), as well as to integrate teaching and education within hospital settings. These schools create a comprehensive educational environment—including lessons, extracurricular activities, games, and events—directly within the children's hospital, tailored to the individual educational needs of each child. Educators must also recognize that hospitalized children and adolescents frequently face pain, fear, feelings of helplessness and insecurity, and loss of routine and autonomy (Hen & Gilan-Shochat, 2022). Accordingly, they adopt an individualized and supportive instructional approach designed to address these challenges.

"Hospital pedagogy" is defined as an educational practice within the hospital setting that extends beyond the traditional school environment, aiming to design and implement

pedagogical support adapted to the educational capacities and needs of hospitalized students (Oliveira et al., 2023; Äärelä et al., 2016). We conceptualize hospital pedagogy both as an emerging branch of pedagogy still under development and as a strategic approach that empowers children and adolescents with long-term illnesses to overcome their conditions while fostering interdisciplinary collaboration in recovery and health promotion. Moreover, it is understood as a process that "...goes beyond teaching formal content and takes on forms of expression and manifestation that are part of the evolution and comprehensive improvement of the human being" (Jimenéz et al., 2019).

According to researchers investigating best practices in educational support for hospitalized students in Queensland, Australia, the scholarship on hospital pedagogy is grounded in five core themes common across all countries. Around these central themes, additional, more specific topics arise, including those that reflect the unique national characteristics of education systems:

1. **Continuity of education** — ensuring smooth transitions between educational levels, consistent assessment, and active student engagement in learning activities;
2. **Access to education** — providing a comprehensive range of educational services throughout all stages of treatment and recovery, employing innovative teaching methods, ensuring adequate resources, and promoting equality among participants in the educational process;
3. **High quality of teaching and learning** — fostering a supportive educational environment, implementing federal educational programs, offering individualized and differentiated instruction, facilitating professional development for teachers, and incorporating social-emotional and vocational learning;
4. **Belonging to the educational community** — nurturing a cohesive educational community within the hospital school, including staff, students, families, and connections to both the school of residence and the wider teaching community;
5. **Interdisciplinary collaboration** — facilitating effective information exchange among healthcare professionals, educators, and parents, maintaining ongoing communication, fostering productive interactions, and clarifying roles and responsibilities (Bond, 2019).

In this article, we aim to systematically monitor and analyze the cohort of students enrolled in the hospital schools project "WeTeach/TheyLearn." We also explore existing challenges and prospects for the development of hospital pedagogy in modern society. To do this, we collect and analyze empirical data to describe the implementation of education for schoolchildren at regional sites of the "WeTeach/TheyLearn" project, as well as to identify current needs and challenges in the education and training of children with chronic somatic illnesses.

## Methods

In the following section, we present statistical data on the implementation of education for schoolchildren at regional sites of the "WeTeach/TheyLearn" project who participated in this study, along with key operational and everyday characteristics of hospital schools. We consider periodic monitoring and analysis of data from this student cohort essential, as it enables us to identify (1) their educational needs, (2) individual personal characteristics, and (3) psychophysiological profiles—insights that directly inform the design of the educational process, the internal organization of school activities, and the provision of psychological support.

The empirical study was conducted at regional sites of the "WeTeach/TheyLearn" hospital schools project, covering various constituent entities of the Russian Federation. The participants included 250 students undergoing long-term treatment and receiving education within hospital schools. The study sample was drawn from the following Russian cities: Belgorod (n = 5), Volgograd (n = 119), Yekaterinburg (n = 7), Izhevsk (n = 35), Stavropol (n = 32), Tambov (n = 15), Chita (n = 10), and Yaroslavl (n = 27).

Data collection and analysis methods included content analysis of documentation, examination of primary sources, compilation of statistical indicators, and subsequent analysis of empirical data using descriptive statistical methods.

## Results

### *Hospital School Students: Sociodemographic Characteristics*

The total sample of students enrolled in hospital schools comprised 250 individuals. Among the participants, there were 135 boys and 115 girls.

The age range of the students (n = 250; mean age = 11.88 years) spanned from 7 to 17 years. The distribution by age was as follows: 7 years – 5 students (2.0%), 8 years – 30 students (12.0%), 9 years – 22 students (8.8%), 10 years – 30 students (12.0%), 11 years – 29 students (11.6%), 12 years – 22 students (8.8%), 13 years – 32 students (12.8%), 14 years – 31 students (12.4%), 15 years – 24 students (9.6%), 16 years – 22 students (8.8%), and 17 years – 3 students (1.2%).

The family status of the respondents reflects a variety of social environments in which they are raised. The majority of children (n = 183; 73.2%) live in two-parent families, whereas 53 children (21.2%) reside in single-parent households. Three participants (1.2%) come from large families. Another three children (1.2%) are raised by single mothers, and four children (1.6%) are under state guardianship. Family status information was unavailable for four respondents (1.6%).

The children attending hospital schools suffer from various somatic diseases. The distribution of respondents by disease category is presented in Table 1.

**Table 1**
*Distribution of Hospital School Students by Disease Category*

| Disease category | Number of respondents (n) | Percentage of total respondents (%) |
|---|---|---|
| Malignant neoplasms (C) | 135 | 54.0 % |
| Congenital malformations, deformations and chromosomal abnormalities (Q) | 3 | 1.2 % |
| Diseases of the endocrine system, nutritional and metabolic disorders (E) | 6 | 2.4 % |
| Diseases of the circulatory system (I) | 47 | 18.8 % |
| Diseases of the digestive system (K) | 7 | 2.8 % |
| Diseases of the nervous system (G) | 10 | 4.0 % |
| Diseases of the musculoskeletal system and connective tissue (M) | 6 | 2.4 % |
| Other somatic diseases | 36 | 14.4 % |

The data indicate that malignant neoplasms are the most prevalent conditions among children admitted for treatment in medical institutions and enrolled in hospital schools during their hospitalization. Diseases of the circulatory system and nervous system are also commonly observed. The category "other somatic diseases" encompasses conditions such as purpura and other hemorrhagic disorders (ICD-10 code D69), beta-thalassemia, diseases of the eye and its adnexa (ICD-10 codes H00-H59), skin diseases (ICD-10 code L), vasculitis, among others.

A total of 167 children have been officially recognized as having a disability, while 62 children have received conclusions from the Psychological-Medical-Pedagogical

Commission (PMPC). According to PMPC recommendations, 54 children require individual tutoring support. Additionally, 19 children necessitate specialized teaching methods, which include extended rest periods, reduced academic workload, additional time for task completion, emotional support, joint activities, structured activity planning, frequent task transitions, task orientation, visual aids, and supplementary explanations. Furthermore, 10 children require specialized textbooks and educational materials tailored for individuals with visual impairments, intellectual disabilities, locomotor disabilities (LLD), and electronic formats. Lastly, 9 children need special technical aids and adapted workspaces, such as assistive technology for the visually impaired, alternative communication devices, computer access, specialized desks, wheelchairs, standing frames, and canes.

An analysis of hospitalization durations among children at the regional sites of the "WeTeach/TheyLearn" Hospital Schools Project reveals a predominance of prolonged treatment courses: 232 students (92.8%) were hospitalized for more than 21 days, reflecting the chronic or extended nature of their conditions. Only 18 children (7.2%) experienced short-term hospitalization (21 days or fewer). These findings underscore the imperative for systematic and continuous educational support for children undergoing extended medical interventions.

Regarding schooling before hospitalization, the majority of participants (n = 221; 88.4 %) attended full-time in-person education. A small number received home-based schooling (n = 2; 0.8 %), part-time blended instruction (n = 22; 8.8 %), distance learning (n = 4; 1.6 %), and one participant (n = 1; 0.4 %) was self-taught.

Prior to hospitalization, educational settings were as follows: public or private educational institutions (n = 233; 92.8 %), home-based education (n = 10; 4.4 %), educational provision in medical settings (n = 5; 2.0 %), and other forms (n = 1; 0.8 %). For one participant (n = 1; 0.8 %), no information regarding prior educational setting was available.

## *Psychological-Pedagogical Assessment of Hospital School Students*

Analysis of psychological and pedagogical assessment data of hospital school students revealed that the majority of respondents do not have significant limitations in learning activities: 224 children (89.6%) were assessed as having no learning limitations, 17 (6.8%) had mild limitations, 2 (0.8%) had moderate limitations, and 1 child (0.4%) had severe limitations. Six participants (2.4%) were not assessed.

The distribution of learning performance was as follows: preserved – in 205 students (82%), reduced – in 35 (14%), low – in 7 (2.8%), and not specified – in 3 (1.2%).

Readiness for joint activities with peers was observed in 237 children (94.8%), was absent in 9 children (3.6%), and not reported in 4 cases (1.6%).

The results of the students' learning motivation assessment are presented in Table 2.

**Table 2**

*Findings from the Psychological and Educational Assessment of Learning Motivation among Students of Hospital Schools*

| Learning Motivation Level | Number of respondents (n) | Percentage of total respondents (%) |
|---|---|---|
| High | 149 | 59.5 % |
| Moderate | 74 | 29.6 % |
| Low | 27 | 10.9 % |

The majority of students demonstrate high learning motivation, observed in 59.5% of respondents. A moderate level of learning motivation was noted in 29.6%, while 10.9% exhibited low learning motivation.

For a more detailed analysis of learning motivation among hospital school students, we conducted an examination of motivation levels across different disease categories. The results are presented in Table 3.

**Table 3**

*Results of the Analysis of Learning Motivation Levels among Students with Different Disease Categories*

| Disease category | High level of learning motivation, % | Moderate level of learning motivation, % | Low level of learning motivation, % |
|---|---|---|---|
| Malignant neoplasms (C) | 60.6 | 30.3 | 9.1 |
| Diseases of the circulatory system (I) (including blood diseases) | 62.6 | 27.7 | 9.7 |
| Diseases of the central nervous system (CNS) (G) | 50.0 | 50.0 | 0.0 |
| Diseases of the musculoskeletal system and connective tissue (M) | 83.3 | 16.7 | 0.0 |

| Disease category | High level of learning motivation, % | Moderate level of learning motivation, % | Low level of learning motivation, % |
|---|---|---|---|
| Diseases of the digestive system (K) | 57.1 | 42.9 | 0.0 |
| Diseases of the endocrine system, nutritional and metabolic disorders (E) | 16.7 | 33.3 | 50.0 |
| Congenital malformations, deformations and chromosomal abnormalities (Q) | 0.0 | 33.3 | 66.7 |
| Other somatic diseases | 66.7 | 0.0 | 33.3 |

The analysis of the distribution of learning motivation levels across different disease groups revealed that the highest motivation levels were observed among children with diseases of the musculoskeletal system and connective tissue (83.3%), circulatory system diseases (65.5%), and malignant neoplasms (60.6%). In contrast, a predominance of low motivation was found among children with endocrine disorders (50.0%) and congenital malformations, deformations, and chromosomal abnormalities (66.7%).

Additionally, the characteristics of learning motivation, work capacity, and readiness for collaborative activities were analyzed separately for students with and without disability status; the results are presented in Table 4.

**Table 4**

*Comparative Indicators of Learning Motivation, Learning Performance, and Readiness for Joint Activities Among Children with and without Official Disability Status*

| Indicator | Students officially recognized as children with disabilities, % | Students without disability status, % |
|---|---|---|
| Learning Motivation | | |
| – high | 54.2 | 69.4 |
| – moderate | 31.3 | 25.0 |
| – low | 12.7 | 5.6 |

| Indicator | Students officially recognized as children with disabilities, % | Students without disability status, % |
|---|---|---|
| Learning performance | | |
| – preserved | 79.5 | 87.5 |
| – reduced | 17.5 | 8.3 |
| – low | 2.4 | 2.8 |
| Readiness for joint activities | | |
| – present | 95.2 | 93.1 |
| – absent | 3.6 | 4.2 |

Children officially recognized as having disabilities demonstrate a substantially lower proportion of high learning motivation (54.2%) compared to their peers without disability status (69.4%). Conversely, the prevalence of low motivation among children with disabilities is more than double that of their non-disabled peers (12.7% vs. 5.6%). In terms of learning performance, children with disabilities show a lower rate of preserved performance (79.5% vs. 87.5%) and a higher incidence of reduced performance (17.5% vs. 8.3%), while rates of low performance are similar between the groups. Notably, readiness for joint activities with peers remains high and comparable in both groups, with 95.2% of children with disabilities and 93.1% of children without disabilities demonstrating this readiness.

Based on the psychological and pedagogical reports prepared for the students in the sample, the specialists of the "WeTeach/TheyLearn" Project identified the following priority areas for psychological work: harmonization of the emotional state (relevant for 72% of respondents); development of the emotional-volitional sphere and emotional regulation skills (50%); enhancement of self-awareness and increased self-confidence (46%); development of communication skills, expansion of social contacts, and formation of productive relationships (42%); support in adapting to new social conditions (40%); expansion of the motivational and needs sphere (26%); formation of motivational readiness for learning activities and the student's internal attitude (14%); development of independence and self-control skills (14%); formation of social and everyday orientation skills (8%); development of social competence and adherence to norms and behavioral rules (8%); and activation of personal and professional self-determination (12%).

### *Organization of classes at the hospital school*

At the regional sites of the "WeTeach/TheyLearn" Hospital Schools Project, students study subjects including Mathematics, the World Around Us, Russian Language, Native Language, Literary Reading, Foreign Language, Visual Arts, Technology (Labour), Music, Basics of Religious Cultures and Secular Ethics, Native Literature, Second Foreign Language, Computer Science, History, Social Studies, Geography, Physics, Chemistry, Biology, and Basics of Safety and Homeland Defence.

The hospital school's timetable is developed collaboratively by the attending physician, teaching staff, the child, and their legal guardians. It remains highly flexible and may be adjusted in consultation with medical specialists to accommodate the child's current health status. Individual lessons are paused if the child's condition worsens or they become fatigued; during group sessions, the child may leave if continuing poses a health risk. Canceled or postponed classes are rescheduled for days when the child's condition stabilizes. Unlike traditional schools, the hospital school prepares its schedule on a weekly basis and continually refines it as needed—ensuring education adapts in real time to each child's needs and well-being.

For foreign hospital schools, the primary objective is to ensure a seamless transition from the hospital school to the student's regular school upon completion of treatment, with final examinations typically administered at the regular school (though, in rare cases, exams may be held directly in the hospital). In contrast, Russian hospital schools have the authority to conduct the final state certification (in various formats) at the hospital examination site itself, without involving the regular school, thereby facilitating a smooth transition between the hospital school and the school of residence.

Regional sites of the Hospital Schools Project "WeTeach/TheyLearn" also offer additional educational programs across diverse fields, including arts, sciences, sports, tourism, social studies, humanities, and technical disciplines.

## Discussion

The total sample of our study included 250 students (135 boys and 115 girls) aged 7 to 17 years (mean age = 11.9 years). The most common medical diagnoses among students were malignant neoplasms (C) (54.0%), diseases of the circulatory system (I), including blood diseases (18.8%), as well as diseases of the central nervous system (CNS) (G) and other somatic diseases. For students diagnosed with cancer, who make up a significant portion of the sample, hospital-based learning is particularly important. According to the findings of Dinç et al. (2023), in situations where their lives are profoundly disrupted and everyday activities are restricted, attending hospital school serves as a crucial factor in supporting their psychoemotional well-being.

The majority of children (73.2%) are raised in two-parent families, 21.2% in single-parent families, 1.2% come from large families, and 4.4% are either under guardianship or

raised by a single mother. It is important to note that accounting for the sociodemographic backgrounds of respondents is essential, as predictors influencing learning outcomes in children with chronic illnesses include the child's attitude toward learning, consistent parenting style, and the family's socio-economic status. For children undergoing long-term hospital treatment, these factors significantly impact academic performance in later childhood (Barnett et al., 2018).

A total of 167 children were officially recognized as having disabilities, and 62 received conclusions from the Psychological-Medical-Pedagogical Commission (PMPC). Among them, 54 require tutor support, 19 need specialized teaching methods, 10 require adapted educational materials, and 9 rely on assistive technologies. The special educational needs of hospital school students have been highlighted in several studies (Holanda & Collet, 2011; Balfanz & Byrnes, 2012). An important task addressed by hospital school educational psychologists is the differentiation of these needs. In our study, the majority of students require psychological and pedagogical support aimed at harmonizing their emotional state, which is facilitated by creative and supplementary educational activities.

Among the participants, the majority experienced prolonged hospitalization — 92.8% of hospital school students had been hospitalized for more than 21 days. This underscores the significant role hospitalization plays in the lives of children and adolescents. As noted by Holanda and Collet (2011), it is essential that young patients do not perceive the hospital solely as a place of pain and suffering. Instead, the hospital environment should serve as a space for development, play, learning, and recreational activities to ensure that the child's development is not disrupted. Considering that 88.4% of the students in our sample were enrolled in full-time education prior to hospitalization, the experience of hospitalization represents a critical developmental juncture—a form of acute social deprivation—which demands the close attention of educators and psychologists in providing targeted support.

Learning performance was assessed as preserved in 82% of hospital school students, while 14% demonstrated reduced performance. A high level of learning motivation was identified in 59.5% of children, moderate in 29.6%, and low in 10.9%. Readiness for joint activities with peers was reported in 94.8% of respondents.

A comparison between children with and without officially recognized disabilities revealed a lower proportion of high learning motivation in the group with disabilities (54.2% vs. 69.4%), and a higher proportion of low motivation (12.7% vs. 5.6%). In terms of learning performance, children with disabilities were more likely to demonstrate reduced performance (17.5% vs. 8.3%) and less likely to demonstrate preserved performance (79.5% vs. 87.5%). Naeemya and Yoneda (2024) emphasize that students in hospital schools may exhibit relatively high levels of learning motivation, attributed to their desire to maintain a connection with the familiar educational environment, return to normal life, and continue their studies alongside their peers.

Absences from hospital school classes are typically due to valid and objective reasons related to the nature of the illness, periods of exacerbation, postoperative recovery, or

intensive medical procedures. According to the data obtained, the most common pattern is missing classes 1–2 times per academic year, reported by 65.4% of students. Absences once a month occur in 12.6% of cases, and once a quarter in 17.8%. Notably, 4.2% of students reported no absences at all. The duration of absences varies: approximately 20% of students miss classes for one week, 56.4% for two weeks, 9.6% for two to three weeks, and 14% for more than five weeks.

Repeated interruptions in the learning process during the school year, referred to as chronic absenteeism (typically defined as missing an average of 2 school days per month or 18 days per year, amounting to 10% of total school time), have significant negative effects on students. These include declines in academic performance and, in severe cases, expulsion from school due to persistent failure and inability to reintegrate into the educational process (Balfanz & Byrnes, 2012). Hospitalization, as a form of social isolation, may lead to disruption of peer relationships, reduced social interaction, and a lack of cognitive and emotional stimulation during treatment (Ludgerio et al., 2023).

Hospital schools are intended to mitigate the impact of school absences by enabling students to engage in learning at suitable times and at a pace aligned with their individual capabilities. Their primary aim is to minimize—or entirely eliminate—the negative academic consequences of unavoidable absences, particularly when regular school attendance is medically unfeasible.

## *Approaches to Studying the Effects of Hospital Pedagogy*

Researchers primarily employ legal, inclusive, and sociocultural approaches to address the educational challenges faced by children in long-term care (Lizasoain & Polaino-Lorente, 1996; Souza & Rolim, 2019).

The legal approach emphasizes the continuous interaction among all educational stakeholders beyond the medical institution and addresses the regulatory framework governing hospital schools, taking into account the socio-economic conditions at both regional and national levels (Molero & Romero, 2019).

The inclusive approach focuses on ensuring the holistic development of the child and their active participation in society, emphasizing equitable access to education and the practical implementation of inclusion (Ganem & Silva, 2019). Research on inclusion in foreign contexts tends to be predominantly descriptive, often reflecting an inductive methodology.

A smaller subset of studies adopts a sociocultural perspective on the education of students with long-term illnesses, concentrating on the unique challenges faced by educators working within hospital wards (Gomes & Marchesan, 2009; Souza & Rolim, 2019; Lozano, 2020). Pedagogical practice in this context is examined through the lens of deterritorialization—signifying a paradigm shift associated with the relocation of the teacher's professional environment from conventional schools to hospital-based settings.

## *Effectiveness of Educational Practices in Hospital Pedagogy*

The field of hospital pedagogy has accumulated numerous examples of educational practices that warrant systematic evaluation for their effectiveness. However, empirical evidence regarding the impact of educational support interventions on learning outcomes for children and adolescents with chronic conditions remains limited. One notable attempt to assess effectiveness was conducted by Barnett and colleagues, who performed a comprehensive review identifying four controlled studies focused primarily on educational support programs for pediatric oncology patients. The findings of this review were inconclusive with respect to the effectiveness of these interventions (Barnett, 2020). Specifically, the authors could not definitively conclude whether educational support programs lead to improved academic achievement or increased student engagement among learners with chronic illnesses. Furthermore, the reviewed studies did not provide clear evidence that such interventions facilitate students' successful return to school following treatment. Importantly, none of the analyzed studies employed standardized, validated measures of school engagement or quality of life. Given that quality of life is a critical outcome for both assessing the efficacy and the cost-effectiveness of educational support programs for children and adolescents with chronic health conditions, its systematic measurement is essential for advancing research in this area (Barnett et al., 2023).

When examining a systematic review of international publications presenting empirical research on the development of hospital pedagogy since 2000, it becomes apparent that descriptive studies predominate. This prevalence indirectly reflects the current state of pedagogical research abroad. The majority of these studies focus on the theoretical foundations of inclusive education for children with chronic illnesses and their civil rights.

Differences in the definition of "hospital pedagogy" in Russia and abroad, however, do not lead to significant distinctions in the focus of scientific research. This is because all educational programs, despite varying educational contexts, share a common goal—to provide academic support and continuity of education and development for children and adolescents with chronic illnesses, thereby improving their well-being.

Taking these factors into account, researchers have concluded that children and adolescents should be granted access to high-quality education during hospitalization: "Learning as the best medicine" (Almazroui, 2023).

An important aspect concerns the recruitment of personnel for the flagship site of the "WeTeach/TheyLearn" project, including the establishment of qualification criteria and the definition of required competencies, personal qualities, and values for hospital educators, as well as the development of an internal system for continuous professional development and methodological support (Sharikov & Volkova, 2023). Staff recruitment remains a critical challenge in the field of hospital pedagogy. The absence of clear policies and adequate teacher training specific to the hospital context, combined with the high

workload and challenging working conditions, significantly complicate the process of selecting qualified personnel (Ávalos & Fernández, 2021).

## *Development Prospects of Hospital Pedagogy in Contemporary Society*

The contemporary development of hospital pedagogy encounters several challenges, foremost among them being the need for evidence-based evaluation of the effectiveness of educational practices. Despite considerable experience in various countries in organizing education for children with chronic illnesses in hospital settings, systematic empirical data on the actual outcomes of such interventions remain insufficient. Consequently, the future advancement of hospital pedagogy largely depends on expanding rigorous scientific research in this field.

Modern hospital pedagogy in Russia is shaped at the intersection of psychology and pedagogy, defining the key directions for scientific research in the education and development of children requiring long-term treatment both in hospitals and at home. This approach fully facilitates the integration of psychological knowledge into the pedagogical domain. The educational process in hospital schools is founded on the unity of upbringing and education, characterized by continuous interaction between teachers and students, with a focus on the harmonious development of the child's personality during prolonged treatment. The pedagogical system of a contemporary hospital school comprises a set of interrelated components aimed at ensuring high-quality, accessible, and continuous education that addresses the individual developmental and self-developmental needs of each child. Looking ahead, the advancement of hospital pedagogy in Russia is linked to the deepening of an interdisciplinary approach, wherein psychology and pedagogy collaborate to create a holistic educational environment that considers the cognitive, emotional, motivational, and personal characteristics of children undergoing long-term treatment (Crespo Molero & Sánchez Romero, 2019).

A key prospect for the advancement of hospital schools lies in enhancing staff training, as the primary driver of children's development is the individual who engages them daily in meaningful and productive activities (Holanda & Collet, 2011). The development of professional development programs, the establishment of a system for methodological support and mentoring, and the implementation of professional standards for hospital school educators are all critical directions for the future growth of this field.

## *Conclusion*

Hospital pedagogy is an innovative field that still requires strengthening its theoretical foundations and accumulating empirical evidence, especially considering the current high-tech phase in the development of the human sciences.

Despite the diversity of national (state) approaches, the humanistic paradigm remains the systemic basis for educating children requiring long-term treatment. In the Russian

Federation, the most prevalent nosological group among children attending medical institutions comprises oncological and hematological diseases. Among hospital school students, there are children with disabilities, special health needs, palliative status, as well as those needing tutor support, psychological and pedagogical assistance, and corrective intervention from speech therapists, special educators, and social pedagogues. This underscores the urgent need to establish specialist positions within hospital school staff.

Analysis of individual learning plans demonstrated that all subjects included in the Federal State Educational Standard of the Russian Federation are taught to children receiving long-term care. Flexibility in scheduling, opportunities to implement hybrid instructional formats, individualized teaching or small group participation, conducting state final certification within the hospital setting, and a well-developed system of supplementary education are all key components of the educational environment in medical institutions serving children undergoing long-term treatment.

These elements unite hospital schools throughout Russia with the flagship site of the "WeTeach/TheyLearn" Russian Hospital Schools Project in Moscow.

It can be concluded that, thanks to the efforts of the "WeTeach/TheyLearn" Russian Hospital Schools Project, a program for the establishment and ongoing support of hospital schools is being implemented across the constituent entities of the Russian Federation.

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**Ekaterina S. Zorina** contributed to the study design, performed data analysis, actively participated in the interpretation and discussion of results, and took charge of the manuscript's linguistic and stylistic refinement.

**Nataliya M. Kurikalova** was involved in formulating the research objectives and tasks, systematically collected and organized the data, contributed to the analytical interpretation of results, and undertook critical editing of the manuscript.

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## Conflict of Interest Information

The authors have no conflicts of interest to declare.