Teacher education is a deeply pedagogical process rooted in values, ethics, and the social purpose of schooling. Globally, it sits at the core of educational quality and fairness, as research in comparative and international education demonstrates: the training of teachers directly influences students' learning chances, social inclusion, and the democratic aims of schools. Teachers are not simply transmitters of curricula, but active professionals whose convictions, reflective skills, and ability to manage the complexities of classroom life give shape and substance to the educational experience itself.

The pedagogical dimension of teacher education frames teaching as a relational, context-aware, and ethically grounded profession rather than just a set of procedural skills. From a research perspective, this demands robust research methodologies that can critically examine the complex realities of schools and inform evidence-based policies. Equally important is the connection between theory and practice, which helps to bridge the persistent gap between universities and schools.

The contributions gathered in this volume reflect the richness and diversity of experiences showcased during the ATEE Spring Conference 2024, held at the University of Bergamo from May 29 to June 1, 2024. The volume presents 70 selected papers out of more than 300 presented by researchers representing over 40 countries.

This broad spectrum of studies highlights promising directions that can inspire renewed inquiry and concrete proposals aimed at improving contemporary educational systems.

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Teacher education research in Europe: trends, challenges, practices and perspectives

May 29th – June 1st, 2024
S. Agostino, Bergamo

Edited by Nicole Bianquin and Francesco Magni

UNIVERSITÀ DEGLI STUDI DI BERGAMO

2025

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ATEE
Association for Teacher Education in Europe

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POSTER SESSION

The contributions published in this book of proceedings have been evaluated through a double-blind peer review process. We would like to thank the members of the Scientific Committee, as well as the many other professors, researchers and experts who agreed to act as reviewers.

Promoting and supporting learner resilience in the hospital school

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Abstract

While research on childhood resilience is growing, limited attention has been given to the resilience of hospitalised children, who face unique challenges beyond their illness and treatment. This study addressed this gap by exploring the narratives of hospital school teachers in the Republic of Ireland. Through 16 semi-structured interviews, the dynamic and holistic role of teachers in fostering and supporting resilience emerged. Teachers proactively and reactively provided emotional support within the 'safe' environment of the hospital school. Leveraging the 'normalcy' of school, children's social needs were nurtured by teachers facilitating peer connections and social skills, which in turn, supported belongingness, identity formation, and reduced isolation. These findings underscore the vital teacher role and offers valuable insights for educational and healthcare professionals.

Keywords: resilience; socio-emotional needs; hospital school; hospital school teacher.

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1. Introduction

Schools are important social spaces for children's socio-emotional development, providing opportunities to establish positive relationships and develop a sense of belonging (Darling-Hammond et al., 2019). The social interactions and opportunities to socialise within schools contributes to children's identity formation and socio-emotional skills and habits, highlighting the school's role in fostering their holistic growth, beyond academic learning (Chafouleas & Iovino, 2021; Shin et al., 2016).

1.1 Hospitalised children

However, children who experience illness, warranting hospitalisation, face removal from this environment, presenting challenges outside their medical treatment. Depending on the severity of the illness, treatment plan, and hospital policies, hospitalised children may be restricted in peer interactions and have extended absences from their 'base' school, often resulting in social isolation and emotional challenges (Sawyer et al., 2023). It is well documented that hospitalisation can present stressors and adverse experiences requiring emotional adjustment (Macias et al., 2015; Moses, 2011; Savina et al., 2014). To this end, many children struggle with this disconnection, isolation and maintaining close friendships, potentially contributing to developmental disruptions (Desjardins et al., 2019; Schulte & Barrera, 2010; Yates, 2012).

1.2 Cultivating Resilience

To understand how children navigate such challenges, Masten's (2019) resilience framework is employed. Defined as "the process of, capacity for, or outcome of successful adaptation despite challenging or threatening circumstances," (Masten et al., 1990, p.426), children's resilience can be considered from the environmental and individual stressors encountered, alongside the accrued protective factors, which allow them to continue to function and cope (Greene, 2008). Therefore, resilience encompasses not just 'bouncing back' from adversity but also growing and developing through challenges. Masten points to the many factors surrounding the child as key, including individual characteristics (e.g. age, self-regulation), familial support (e.g. secure caregiving, significant others), and social connections (e.g. positive relationships, supports; Bain & Durbach, 2021; Masten, 2001, 2019).

Through this lens, schools play a pivotal role in fostering resilience through the social and emotional provisions afforded. For example, children have regular opportunities to experience mastery, success and achievement as well as nurture intrinsic motivation, self-efficacy, and persistence during setbacks (Masten et al., 2008). Not surprisingly, teachers are instrumental in creating these supports (Masten, 2014). Teacher's social support and reassurance of children that they are respected, valued, and cared for, positively impacts them when navigating challenges (Agbaria & Bdier, 2020; Rigby, 2000). In turn, this support enhances children's relationships and socio-emotional well-being (Cohen et al., 2000; Li et al., 2022). Notably, teachers' provision of social support is particularly important for those with limited familial support or fewer reliable social networks (Wentzel, 2016).

1.3 Hospital Schools

Despite a growing body of research on childhood resilience, little is known about the experiences of hospitalised children, as most studies are situated within mainstream educational settings. Yet, we do know that these children are removed from their usual 'base' school during hospitalisation, and some may have the opportunity to attend a hospital school. These schools are complex and flexible educational settings that offer personalised learning opportunities, tailored to the child's unique and multifaceted needs (Angstrom-Brannstrom et al., 2008). Specifically, holistic approaches, which support their socio-emotional needs, beyond their medical care, are warranted (Darling- Hammond, 2019; Hopkins et al., 2014; Maor & Mitchem., 2018). However, research exploring resilience in this context remains limited, as does the understanding of the role of the hospital school and their teachers. How is resilience promoted and supported in this setting? Are children offered opportunities to derive strength from their hospital experiences?

To address this gap, this study explores hospital school teachers in the Republic of Ireland. In particular, the teacher's role and the approaches employed in promoting the socio-emotional needs of hospitalised children are considered. The following research question frames the study: How do hospital school teachers support the socio-emotional needs of learners in hospital schools?

2. Methodology

2.1 Design

A narrative inquiry (NI) design was employed, allowing participants to provide their experiences through thick, rich stories. Connelly and Calandinin (1990) first employed NI to explore teachers' perceptions and personal stories, arguing that education and educational research involves the construction and reconstruction of personal and social stories, with the key storytellers being learners, teachers, and researchers. More specifically, narratives have been used to examine resilience, pointing to its suitability (Wyman, 2003). In this study, we aimed to explore the role and practices of hospital school teachers by leveraging NI through storytelling, where teachers share their professional experiences with hospitalised children (Haydon & der Riet, 2017). This approach also captured cultural, personal, and environmental influences shaping these experiences (Squire et al., 2014).

2.2Participants

The researchers purposefully recruited participants from three hospital schools in the Republic of Ireland, based on the following criteria: fully qualified teacher status and currently working with hospitalised children in one of the three hospital schools targeted. Information pertaining to the study was initially sent to the school principal of each school. Following their permission, the researchers visited the hospital schools to outline the study in detail and distribute consent forms to teachers. Participants subsequently contacted the researchers, using the provided contact information, to express their willingness to take part and agree a mutually agreeable time for interview. Participation was voluntary.

The final sample included 16 hospital school teachers, with teaching experience in the hospital school setting ranging 6months (n=2) to 26 years. Teachers had qualified teacher status at primary (n-11) or post-primary (n=5) levels. The sample included 14 females and 2 males.

2.3 Research Tool

Semi-structured interviews served as the research instrument. Each teacher participated in one face-to-face interview with one researcher, lasting approximately 45 minutes. This format facilitated authentic, honest dialogue and allowed probing for deeper insights when necessary (Sigad, 2023). With participant's permission, each interview was recorded for accuracy. The interview schedule contained a range of open-ended questions under four sections: teaching background, teaching day, learner needs, and teacher supports and approaches. The interview schedule was piloted in advance with a qualified teacher, who did not take part in the study.

2.4 Procedure

Interviews were conducted between April and July 2023, in the respective teacher's hospital school. The time and date for each interview was agreed in advance to ensure it did not present an additional burden for the teacher and suited their schedule. The interviews were recorded by the researcher for accuracy, providing comprehensive documentation of each interview (Cohen et al., 2018).

Two weeks prior to the interview, each teacher who had indicated their willingness to take part, received an information sheet pertaining to the study and their involvement. This information reiterated the details provided during the researchers face-to-face meeting in each school. The researchers' contact details were also repeated, should the participants have any queries. Participants returned their signed consent form prior to their interview.

2.5 Analysis of Data

Interview data were analysed using Braun and Clarke's (2006) six-step thematic analysis: repeated readings of the transcripts for familiarity, identifying codes, arranging codes, reviewing and removing irrelevant material, and naming of themes. Although presented linearly, the analysis was iterative and reflexive, with the overarching objective to highlight the participants' voices. Both researchers were involved in the analysis to increase rigour, discussing each step collaboratively. Two key themes emerged: (1) proactive and reactive emotional support and (2) fostering connections.

2.6 Rigour and Trustworthiness

To ensure rigour and trustworthiness underscoring this qualitative research (Morse, 2015), all analyses and original data were kept (Petty et al., 2012). Participants were also provided with the opportunity to review their transcript for accuracy (Morse, 2015). The researchers also meet regularly during data analysis to discuss and debrief on each stage (Nowell et al., 2017). In the presentation of findings, the researchers' interpretations were grounded by the participants' direct quotations, therefore allowing rigour to be assessed and transparency provided (Patton, 2015).

2.7 Ethics

Ethical approval was granted by the ethics board of the researchers' University, and all ethical standards were strictly observed in adherence with these guidelines. Prior to the start of the study, the researchers informed the participants of the nature of the study in writing and in person, as well as the voluntary nature of participation. Participants signed a consent form prior to being interviewed, with the understanding that they could terminate or refuse to answer any question, without repercussion (BERA, 2024). Participants data was anonymised to protect their identity, with all identifying information removed during transcription. The researchers' contact details were shared in the distributed information sheet and in person in the school. The contact details of mental health professionals were also provided, should they be required.

3. Results

The thematic analysis resulted in the emergence of two themes, both demonstrating hospital school teachers as integral in the promotion of hospitalised children's resilience. Accordingly, teachers supported children's needs by providing (1) proactive and reactive emotional support and (2) fostering connections. In documenting each theme, the respective elements are discussed in line with their prominence in the interviews.

3.1 Theme 1: Proactive and reactive emotional support

The first theme highlighted teachers as key sources of emotional support for children attending the hospital school. This support was both proactive and reactive. Proactively, teachers anticipated the emotional needs of learners by planning lessons and interactions that accommodated each child's emotional, physical, and medical circumstances. For example, if a teacher was aware that a learner had experienced a challenging day or received difficult news, they carefully considered how this might impact their ability to attend and engage in lessons, adjusting their approach to offer appropriate support.

> «…their energy levels can be compromised, their attention span can be compromised, their cognitive processing can be altered due to medications or just fatigue, whatever the case may be».

This proactive approach was informed by teachers periodically visiting learners at their bedside or in the ward, observing and engaging in conversations with them, and obtaining updates from parents, other teachers and members of the multidisciplinary team.

> «…you can almost sense it by their face, by their words, by their tone of voice even, you know. 'He's not going to be able for this».

These efforts allowed teachers to build a holistic understanding of each child's emotional and medical state, enabling tailored support that addressed the unique challenges each child faced.
To further support children's emotional needs, teachers shared their observations and interactions with the teaching and multidisciplinary teams in a more formal manner, affording a consistent and coordinated approach to care and education.

> «I've a multi-disciplinary team meeting for the ward…one member of each discipline who works on the ward, meets up to discuss certain children and it's at that meeting that you get the information and then you've to relay that to the teachers that you work with. Thankfully we work together, we talk it out».

Emotional support was also reactive, with teachers responding to children's emotions as they surfaced during lessons and their time in the school. This support was immediate, spontaneous, and individualised to meet the child's needs in the moment. A subtle and gentle approach was evident in many accounts, highlighting the comforting role teachers assumed. They encouraged children to openly express and process their emotions in response to their experiences. One teacher recounted:

> «'You don't have to explain yourself if you don't want to, you just enjoy [the lesson]. Come in and enjoy it, it will give you a break'. It's never, as I say to them, about the academic. It's about the child's well-being. That's what I'm chasing».

In doing so, children were provided with a safe and supportive space for self-expression. Interestingly, two teachers intimated that some children only felt comfortable expressing themselves within this school environment.

> «…they can take ownership because there's so much that happens here [hospital] that's not their choice. They have to do this and that, their parents telling them, the doctor telling them, you know, so this is their chance».

The reactionary approach also acknowledged the dynamic nature of children's emotions, shaped by their immediate and ongoing experience of hospitalisation, medical treatments, and the challenges of their illnesses.

> «I walked in and out of a lot of rooms and was told 'No' and the level of politeness can vary in the no. You can have some [children] shout at you and tell you get the hell out. Some can be quite abusive».

Alternatively, when a child preferred not to discuss their emotions, teachers offered distraction through the planned lessons or gently redirecting conversations. This approach aimed to uplift the child's mood, offering a buffer against the broader hospital environment and their ongoing circumstances. Teachers stated that lessons were intentionally designed to be stimulating and engaging, while avoiding any additional stress.

> «…having them distracted, whether it's a piece of maths or whatever, because we usually try and focus on their area of interest because then, it makes it easier and just gives them a 'feelgood' factor».

More broadly, teachers provided children with both immediate and long-term reassurance, emphasising that they were valued beyond their illness and treatment, and that their learning and engagement was important. By encouraging regular attendance at the hospital school and offering flexible, interesting, and appropriately challenging lessons, teachers conveyed the message that the children mattered and that their education remained a priority. This often subtle and covert communication reinforced hope, reminding children that they would get better and continue their educational journey.

> «We're actually telling you, 'There's going to be an end to this, and you will get back to being an ordinary pupil or teenager and everything that goes with that'. Yeah, they're unwell but come on, it's only a small part of who they are».

3.2 *Theme 2: Fostering connections*

The second theme, fostering connections, centred on teachers' efforts to provide social support and peer interaction and connection. This included regular and varied opportunities for children to interact, where teachers actively endorsed school attendance, regardless of the length of time a child could manage.

> «It [school] gives them a focus. It gives them something to get up for. It's a well-being piece in cases where kids are cleared for classroom, they're able to get out of their room, they're able to see other people».

Teachers facilitated opportunities for children to meet and connect, using lessons as a vehicle for social interaction, rather than purely academic purposes. The emphasis was on social connections with peers and teachers. Teachers believed this approach helped children build new peer relationships and supported the development of their social skills, as shown by their accounts:

> «…we like doing the multi-grade [lesson] because it's just good for their social skills and it's good for them to get out and talk to other people…»

> «… we get a lot of teenagers, so we do a lot of student voice, student choice, you know that kind of way».

Teachers regarded attendance and interaction in lessons as a success for children, prioritising these over academic progress or traditional learning outcomes. Consequently, the focus shifted from academics to fostering connection and offering social support during this challenging time. In this supportive environment, teachers observed that children gain a sense of belonging and felt less isolated. One teacher reflected:

> «Just meeting other children, really. The social aspect. It all comes down to that- not feeling alone in their illness or isolation, realising they're not the only ones. We can fit two students in our small classroom on the ward at a time, so I really try, if possible, to bring two children of similar age together. Sometimes they don't talk or acknowledge each other, but you see them looking- realising they're not alone».

Another echoed this sentiment:

> «And look and see, it's not just me. Make friends, chat, do ordinary teenage stuff and chat about music or art, whatever it is but they see other…»

Finally, teachers affirmed that the hospital school was perceived as a familiar and 'normal' space amidst the new and often unfamiliar hospital environment. Children's familiarity with what a school and teacher does, provides them with a sense of continuity through routines and supportive interactions. One teacher explained:

> «We're non-medical. We're teachers- everyone knows what a teacher is. They know how to interact with a teacher because they've presumably done it before. They can talk to their friends about things like, 'Oh I did this today' or 'This teacher is driving me mental'…»

This sense of normalcy was seen as crucial in helping children maintain their identity and feel a sense of belonging, separate from their illness and hospitalisation. As one teacher noted:

> «One thing I always push with the kids is there are no medical interventions in the classroom. You try and encourage as positively 'Please come to school,' because in the setting, it's probably the only normal part of the entire day».

From this perspective, the hospital school is a sanctuary - a space where children can temporarily escape the realities of their treatment and immerse themselves in familiar routines and social interactions.

4. Discussion

This research explored how resilience is fostered and supported in hospitalised children, with particular attention to the role and approaches adopted by hospital school teachers in the Republic of Ireland. Previous research has emphasised the multidimensional nature of the development of resilience in children, with the support systems and environments in which they operate instrumental (Bain & Durbach, 2021; Masten, 2001, 2019). Using a narrative inquiry design, this study identified two themes that highlight the critical role of hospital teachers in nurturing children's resilience through provision of emotional supports and fostering connections. Both themes underscore the importance teachers place on addressing children's socio-emotional needs, echoing research which argues that schools are key to children's holistic growth, beyond academic learning, and equipping children to navigate adversities (Chafouleas & Iovino 2021; Shin et al., 2016).

4.1 Placing holistic needs to the fore

Hospitalised children experience significant needs beyond their medical treatment, including emotional, social and academic supports (Maor & Mitchem, 2020). Separation from family and friends, along with the disruption of familiar environments and routines in the unfamiliar hospital setting, can have a negative impact on children (Hopkins et al., 2014). The results of this study suggest that hospital teachers take a holistic approach in supporting the dynamic and related needs of these children (Darling-Hammond, 2019), ensuring they are supported in ways that aid both recovery and growth during this difficult time. The teachers placed importance on children's socio-emotional needs, whilst facilitating their learning. Interestingly, the often-central position of academic learning was secondary to the more immediate socio-emotional needs of the child. By integrating socio-emotional considerations and supports into their lessons and interactions, hospital teachers not only give children a recognisable space and routine, but also cultivates their resilience, in the face of upheaval (Masten, 2019).

4.2 Teacher as emotional buffer

Teachers assumed an adaptive and individualised approach to support children's emotional needs, serving as emotional buffers to mitigate stress and emotional challenges. This approach aligns with previous research showing the positive influence of school support on healthy development and stress reduction (Lackova Rebicova et al., 2021; Tennant et al., 2015). Hospital teachers anticipated children's emotional needs during lesson planning and communication, intentionally providing positive and stimulating experiences while avoiding any potential stressors. Bishop (2010) emphasised the role of positive, engaging experiences in enhancing well-being, a strategy also beneficial for hospitalised children, as highlighted by other scholars (Hutton, 2003; Keehan, 2021). Teachers also reported carefully responding to children's changing emotions, gently guiding them to participate in planned activities and redirecting conversations, to maintain and improve their mood.

4.3 Capitalising on normalcy

The sense of normalcy provided by hospital schools, through planned lessons, familiar teacher roles, and opportunities to establish peer connections, was another key finding. Early research by Karl et al (1999) underscored the positive impact of engaging in familiar activities and routines on the well-being of hospitalised teenagers. Similarly, Bishop (2010) stressed that participation in routines and activities, that mirror life outside the hospital, can help children to maintain a positive outlook. By attending hospital schools, teachers provided children continuity in their education, fostering connections with peers and reinforcing their identity, beyond that of a patient (Capurso and Dennis, 2017; Keehan, 2021). This engagement positions them as active participants in their own lives, generating a sense of agency as students and individuals (Bandura, 2006). Moreover, participation in the hospital school, whether academically or socially, enhances self-esteem and affirms their capabilities to navigate challenges in both their health and broader life (Bang et al., 2020).

The normalcy of hospital schools also alleviated feelings of isolation, providing psychological relief and hope, amidst the challenges of illness and hospitalisation (Keehan, 2021; Yates, 2012). In this

familiar environment, teachers recognised the importance of facilitating social connections, which could boost children's support networks. In the same vein, Bishop (2010) confirms the importance of companionship, social interaction and support for hospitalised patients. By encouraging these positive peer interactions, teachers created opportunities for children to share both their struggles and achievements, creating a common ground and camaraderie. These shared experiences also reassured children that they were not alone in their illness and hospitalisation, thus reducing feelings of isolation (Keehan, 2021).

4.4 School as sanctuary

The final mechanism facilitating teachers' promotion of children's resilience is the representation of the school as a 'sanctuary', within the broader hospital environment. Sigad (2023) identifies these alternative "spaces of being" as environments where individuals can temporarily escape adverse conditions and experience different forms of reality. Importantly, these safe spaces provide opportunities for coping and stress reduction (Ferrara & Flammia, 2013; Carmel et al., 2015). However, some argue that this dynamic can also reflect emotional dissociation and repression (Filipušic et al., 2015).

This study found evidence of both outcomes, with teachers expressing knowledge of when to pursue each. In some cases, the school served as a refuge where children could disengage from discussions about illness and treatment. Instead, they could immerse themselves in the planned lesson. Conversely, teachers provided opportunities for children to express their emotions openly, if they felt comfortable in doing so. Interestingly, the findings revealed that some children only felt comfortable expressing themselves in the hospital school, rather than the busier hospital environment, again pointing to the significance of this non-threatening, supportive setting and the compassionate teachers there. The ability to express emotions in a supportive environment is essential for emotional regulation, helping children process their experiences and develop effective coping strategies for future challenges. According to Lackova Rebicova et al. (2021) higher levels of teacher support are linked to reduced emotional distress among children. Additionally, such support reaffirms to children that they are respected, valued, and cared for (Agbaria & Bdier, 2020; Rigby, 2000).

4.5Limitations of the study

While this study highlights the dynamic and holistic role of hospital teachers and the diverse approaches they employ to support children's resilience during hospitalisation, several limitations must be acknowledged. The majority of participants were female (n=14), with only 2 males interviewed. This reflects the gender distribution within hospital schools in Ireland. Secondly, the research was conducted solely in hospital schools within Ireland, limiting the applicability of findings to other jurisdictions. Thirdly, given the qualitative nature of the study, the findings are not intended to be generalised across the entire population of hospital teachers.

Despite these limitations, the study provides a valuable foundation for further exploration. Future research could benefit from a broader range of stakeholders, such as parents and members of the multidisciplinary team supporting hospitalised children. The next phase of the study will explore some of these additional perspectives, including those of teachers in 'base' schools and parents of hospitalised children. This will help to further illuminate the multifaceted and socially informed nature of resilience.

5. Conclusions

This study revealed the essential role of the hospital teacher in fostering resilience among hospitalised children, by addressing their holistic needs. Teachers provided emotional support, created a sense of normalcy, and offered safe spaces that allowed children to express or temporarily disengage from their emotional challenges. These strategies helped to reduce distress and nurtured socio-emotional growth, supporting children in coping with the complexities of illness and hospitalisation. By adopting individualised approaches and affording supportive connections, hospital teachers not only contributed to children's immediate well-being but also empowered them

with coping mechanisms, essential for future challenges. This affirms the vital role educational environments play in promoting resilience, even in the most adverse conditions.

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