CLOSE UP

Perception of the Hospital School experience

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Percezione dell'esperienza della Scuola in Ospedale

Fabio Manni*, Roberta Tornese**, M. Ermelinda De Carlo***

Abstract: L'ospedalizzazione è stressante per i bambini. Il progetto "CLOSE UP" della Scuola Ospedaliera di Lecce mirava a colmare la comunicazione tra i bambini ospedalizzati e le loro scuole attraverso 40 ore di attività che coinvolgevano 70 bambini e 8 insegnanti. Utilizzando musica, arte e narrazione, il progetto ha favorito una comunicazione inclusiva, aiutando i bambini a adattarsi alla vita ospedaliera mantenendo la continuità educativa. I risultati finali del progetto dimostrano che è possibile promuovere interazioni positive tra bambini con esperienze di vita diverse, attraverso linguaggi espressivi universali.

Key-words: scuola in ospedale, arte, musica, storytelling, arti performative

Abstract: Hospitalization is stressful for children. The "CLOSE UP" project in Lecce's Hospital School aimed to bridge communication between hospitalized children and their schools through 40 hours of activities involving 70 children and 8 teachers. Using music, art, and storytelling, the project fostered inclusive communication, helping children adapt to hospital life while maintaining educational continuity. The final results of the project demonstrate that it is possible to promote positive interactions between children with different life experiences through universal expressive languages.

* Istituto Comprensivo "Diaz" di Lecce.
** Ospedale "Vito Fazzi" Lecce.
*** Università degli Studi di Perugia.

1. Introduction

Hospitalisation can be a traumatic experience for children (Kanizsa & Luciano, 2006; Rivoltella, 2012). When students are transferred from their regular school, their education is often interrupted, which can cause emotional trauma. Therefore, it is important to design educational programs that ensure continuity in learning while also addressing the health-related needs of children in a playful manner (Capurso, 2014).

In Italy such programs are carried out by Hospital schools and began around the mid-twentieth century, as a right-to-education program for children with chronic diseases. Children must be guaranteed two rights: the right to study and the right to health. Schools capable of reconciling these two fundamental needs are represented by Hospital school and homebound education (Ministerial Directive n. 345 of 2 December 1986).

By validating the training provided in hospital settings, the DM 345 established these locations as legitimate extensions of the territorial school district. This recognition implied that the education and training offered in hospitals would be aligned with national educational standards and objectives, ensuring that students could continue their learning journey even while receiving medical care.

The directive emphasised the importance of maintaining educational continuity for students experiencing hospitalisation. It underscored the need to support these students in their academic progress, despite the challenges posed by their health conditions. By integrating educational services within hospital settings, the directive aimed to promote equal access to education for all students, including those facing temporary or long-term medical needs.

Overall, this Ministerial Directive played a crucial role in formalising the training of school branches in hospitals, thereby ensuring that students could receive quality education and support during their period of hospitalisation. This recognition not only addressed the educational needs of individual students but also underscored the broader commitment to inclusivity and equal opportunity within the Italian educational system.

The importance of Hospital school liaison – that is of a proactive, preventative and hence systematic and strategic nature – is highlighted.

The project wants to shift the focus to the consequences attached to the pupil's period of hospitalisation, not only in terms of a failure to attain the knowledge, skills and competences, but by focusing in particular on the reactions provoked by the child/young person's illness and hospitalisation.

Reactions or psychological stages that can be considered as regression, denial, identification and compensation. In the child's/young person's life, illness marks a fracture in the existential continuity and a profound alteration in the perception of reality; in fact, the condition of illness leads the individual, whether child or young person, to become aware, unfortunately, all too prematurely of the vulnerability and transience of existence as a whole, and, in particular, of his or her own life. It goes without saying, therefore, that such processes may inhibit or provoke a lack of predisposition to affective and friendship relationships even within one's own class context.

During the hospitalisation period, child patients are effectively isolated in a limited space in a hospital and their interactions with the world and their peers are profoundly reduced. In addition, children with chronic illnesses may have low self-esteem and feel forgotten by the world. These children have the right to be educated in the same way in a manner appropriate to their needs, as long as their health allows (Chen et al., 2015).

In order to counteract what has just been said, we started from a design, therefore, of a learning environment, as comfortable as possible to the real needs of children/young people, which goes to mark a greater attention to the variables, to the educational processes of the same, giving rise to continuous deconstruction and restructuring of our pedagogical/training offer.

2. Background

Cultural mediation tools play a significant role in hospital schools by facilitating communication, enhancing learning experiences, and promoting cultural sensitivity among students, educators, and medical staff. These tools serve as invaluable resources in creating an inclusive and supportive learning environment within the hospital setting.

They help bridge linguistic and cultural barriers, enabling effective communication between students, educators, and medical professionals. They include the performative arts designed to facilitate seamless communication and comprehension among diverse cultural groups.

These tools contribute to promoting equity and inclusion within the hospital school environment by ensuring that all students, regardless of their cultural background or medical condition, have equal access to educational opportunities and support services. They help mitigate disparities in access to education and promote educational equity for students facing temporary or long-term medical needs (Canevaro, 2008).

All of this plays a vital role in promoting effective communication, enhancing learning experiences, fostering cultural sensitivity, facilitating collaboration, empowering students, and ensuring equity and inclusion within the hospital school setting. By leveraging these tools effectively, hospital schools can create a supportive and enriching educational environment that meets the diverse needs of students undergoing medical treatment.

For students who need education at hospital it is important to create awareness in the society about hospital school or classes (Boztepe, Çınar & Ay, 2017).

If other classmates understand and accept my situation, I (child) will be more ready to stay in Hospital school and to be conscious of the environment (Gelati, 2004).

Cultural mediator tools can be intricately connected with the concept of maintaining continuity in child development through communication and peer relationships (Holmberg, 1980).

By providing resources and support that enable effective communication and encourage respect for cultural diversity, cultural mediators contribute to creating inclusive learning environments where all children can thrive and grow.

Research findings have shown that students with chronic conditions often report lower levels of perceived school belonging than their healthy peers (Perkins-Kirkpatrick & Lewis, 2020), and this affects academic and educational success (Shaw, Sicree & Zimmet, 2010).

Empathic listening becomes, therefore, the main tool of the hospital teacher, whose horizon of meaning is the reintegration of the patient pupil within the class. The twofold inclusiveness advocated in this project has as its aim the sharing of lived experiences, so that all pupils can understand the "diversity" of life experiences: in fact, only a culture that integrates all diversity brings real enrichment to the whole of society (Gelati, 2004).

Researchers and practitioners in the field of hospital education strive to create adaptable and inclusive educational environments that consider the

unique circumstances of each student (Jalongo, Astorino & Bomboy, 2004; Chesnut et al., 2012; Digby, Winton Brown, Finlayson, Dobson & Bucknall, 2021). It is not uncommon that children's hospitals and larger general hospitals hosting a school invest in teacher training projects or fund projects to encourage educational continuity and a culture of learning educational continuity and a culture of learning (Nisselle, Green & Scrimshaw, 2011).

Methodologically, performative arts constitute the collaborative and adaptive approaches that are essential to address the complex and multifaceted needs of students in hospital settings in different locations. Cooperative learning promotes mutual aid, increases student achievement (Allen-Meares, Montgomery, & Kim, 2013), but studies on social cohesion also emphasise its supportive relationships among group members (Nelson, Johnson & Marchand-Martella, 1996). The aim is to create an educational environment that is adapted to patients' medical conditions and that contributes to their educational and personal development despite physical or medical challenges. One of the effective educational methods to facilitate and improve health and create a suitable learning environment is peer education. A peer is a person who belongs to the same social group that people believe in in terms of their ability to resemble themselves and can have a powerful impact on learning (Ghasemi, Simbar, Rashidi Fakari, Saei Ghare Naz, & Kiani, 2019).

3. The development of CLOSE Project

The hospital school in Lecce (primary and secondary school), deals with the inclusion of chronically ill children on a daily basis. To achieve this, a project called "Close Up" was developed.

The CLOSE UP project was run from 2019 to 2020 in the departments of Paediatrics, Paediatric Surgery, Paediatric onco-haematology, Orthopaedics, Ophthalmology and the Paediatric Rheumatology and Immunology of the Vito Fazzi Hospital. It involved a total of 4 patients from the hospital, together with 3 classes (70 students) from the primary schools. The lead school is the Istituto Comprensivo Statale "D. Alighieri - A. Diaz" in Lecce.

The project strategy is to promote and sustain a strong sense of belonging through the involvement of ordinary and hospital schools in interconnected activities.

It is important to consider all students, regardless of their abilities, as central figures in this process. This necessitates a high level of collaboration and synergy between hospital teachers and the broader mainstream school community.

The project focused on the collaboration between normal school and hospital school to reduce student isolation. The aim is to shed light on the motivation and need for educational support of chronically ill children in hospital schools.

At the same time, the aim was to help the child accept their situation by presenting the hospital school with some of the activities of their regular school.

In particular, the focus was on educational facilitators as opportunities and possibilities to cross boundaries and build paths (Canevaro, 2008). Mediators make it possible to connect the resources of one community with the lack of resources of another community. Within the project, art, music and narration, three expressive languages loaded with educational potential, were used as communicative bridges and for sharing emotional experiences (Hen, 2020; Jordan-Decarbo & Nelson, 2002).

4. Design and Methodology

This is the issue that has guided the development in CLOSE UP was "How can we approach a teaching unit in order to render it fit both for regular school and hospital school?"

The essential components of the CLOSE UP support system were: the assisted design of educational interventions aimed at a special audience and the training of socio-educational operators; the centrality of the student; the use of cooperative methodologies and universal languages to communicate emotional experiences.

A project was therefore set up with a double inclusion approach: alongside the educational activities carried out daily in the various wards of the 'Vito Fazzi' hospital, in which the disciplines of Art and Music were initially involved, external training/educational paths were also set up in perfect synergy with the students' home educational institutions.

The plan uses a qualitative methodology based on music, storytelling and drawing as school subjects which are generally not regarded as being of paramount importance in the Italian Education system.

The School in Hospital teachers personally went to the sick children's schools of origin, practising transversal and integrated lessons with the entire class. The red thread of the teaching actions was the dominance of expressive languages. The idea was that integrating storytelling, music and art in the hospital school context could have a positive impact on students' well-being by providing them with tools to explore, express themselves and develop holistically.

Two different kinds of activities (*Ma che musica maestro, Ogni favola è un gioco*) are the best tools to bring out children's feelings and at the same time promote an inclusive learning environment. Below are two paths developed in the project.

4.1. *Participants*

The project involved about 70 children in the schools of origin (the regular schools hospital patients were enrolled in before going into hospital) and in hospital schools.

Table 1.

	Males		Females	
	Healthy	**Chronic Ill**	**Healthy**	**Chronic Ill**
III class	10	1	12	0
IV class	8	1	14	0
V class	12	1	10	1
TOTAL	30	3	36	1

The children's ages ranged from 8 to 10 years; the mean age was 9.01 years, the SD was 0.83, and the median was 9 years.

The table shows the gender distribution in percentage value and the mean value in classes with the corresponding standard deviation.

Table 2.

gender	N.%	N.
female	53	12.3 (SD 1.24)
males	47	11.0 (SD 1.63)

Participation in the project was 100%.

The teachers from Hospital School went to the regular school of some students creating a link with the classmates and teachers of regular school.

4.2. *Implementation of the Activities*

This plan aims to examine the education at hospital, which is an implementation supporting the approach of Education for All, to determine the situation related to the quality of education and to reveal the problem experienced in hospital classes.

The plan is composed by 3 steps:

STEP 1:

Schedule 6 meetings with regular schools' teachers. These meetings of about 2 hours each were attended by the 8 teachers involved in the project. Three meetings (one per pathway) were scheduled at the beginning to initiate the design, three meetings while the project was ongoing, to monitor the processes and recalibrate the activities if necessary, and three meetings at the end to evaluate the educational outcomes.

STEP 2:

Plan three pathways at school based on art, music and theatre. Three different kinds of activities are the best tools to bring out children's feelings. The teachers took care of the interventions within the school in a transversal manner, and in particular, included the following activities:

— MA CHE MUSICA MAESTRO: every everyday object can be transformed into an instrument, even objects that would normally be considered part of an unpleasant world such as that of hospital reality.

— EVERY FAIRYTALE IS A GAME: representation as an expressive means of one's own emotions, a world that teaches one to look at one's 'self' from the other side, to observe behaviour in a sort of mirror, but at the same time predisposes one to tell one's own story and to understand the other in its infinite expressive and emotional manifestations.

STEP 3:

Submit satisfaction surveys. At the end, a semi-structured questionnaire was given to the children to survey the impact of the project and the perceived benefits after the three pathways

The project, divided into three phases, made use of the intervention of experts in the fields of Art, Music and Theatre in a continuous interaction, collaboration and exchange of information between the pupil's school and the School in Hospital.

Pathway 1: Ma che musica maestro (trad. What music maestro)

The course aims to help people discover the potential of our bodies for learning music. Every part of our body, hands, feet, chest, legs can produce sounds and rhythms with different nuances, with the possibility of creating a varied world of different sounds and rhythms. By combining the use of various body parts, it is possible to learn music by "doing it" in a playful way.

Intended Audience: Classes III-IV-V of Primary School

Time frame: 6/7 hours

Learning Objectives:

— acquire awareness of one's body and its potential;
— acquire the concept of rhythm;
— stimulate compositional creativity;
— train coordination and musical skills.

Table 3.

Phases	Activity Description	Times
Group activation	The teacher arranges the children in front of him or her, and begins to show the parts of the body that can be used to produce sounds. It starts with the simplest movement that is the clapping of hands and feet.	20'
Repetition by imitation	The teacher plays different sounds with the body (Clapping hands, snapping fingers, beating on the chest and legs) and Children imitate the gesture to start acquiring it.	10'
Accessible representation of knowledge	The teacher will show the children different Body Percussion sequences, starting gradually from the easiest to the most difficult. — Clapping of hands lasting 4/4 — Alternating beat of the feet lasting 4/4 — Snapping of the fingers of the duration of 4/4 — Performance of 3 beats of 4/4 using the previously learned elements in succession. — Having learned these basic elements, the teacher begins to propose sequences by varying the duration of the different sounds: — Performance of a 4/4 Beat consisting of 2/4 with finger snapping and 2/4 hand clapping. — Performance of a 4/4 Beat formed by 2/4 with clapping and 2/4 and 2/4 with finger snapping. — Performance of a 4/4 Beat formed by 2/4 with clapping hands, 1/4 with the right foot and 1/4 with the left foot.	1 hour
Co-construction of learning	To stimulate creativity, each child will be called upon in turn to come up with a personal sound for all classmates to listen to. In this way it will be possible for everyone to learn about new sounds and combinations.	1 hour
	The class will be divided into groups of two, who will have to create an original sequence of two 4/4 beats to be performed in pairs, being able to draw from what they have learned with the teacher, what they have previously heard from their classmates and, above all, they will be free to add other original musical elements as well.	3 hours
The return	Each group presents its work to the class	1 hour
Participatory evaluation	Children will be asked: the best thing they learned…….	1 hour

Pathway 2: Every fairytale is a game

The course proposes representation as a means of expressing one's emotions, a world that teaches one to look at one's 'self' from the other side,

to observe behaviour in a sort of mirror, but at the same time predisposes one to tell one's story and to understand the other in its infinite expressive and emotional manifestations.

Intended Audience: Classes III-IV-V of Primary School

Time frame: 10 hours

Learning Objectives:

— Acquiring self-awareness in relation to the other;
— develop the ability to observe and imagine a place, graphically;
— represent the places seen or imagined with particular emphasis on the relationship between the self and the other and mutual understanding;
— train inferential and predictive skills by setting creativity in motion.

Table 4.

Phases	Activity Description	Times
Group activation	The teaching action is structured as follows: — A short theoretical reflection on how fairy tales help one to relate to oneself and to others. The teacher can propose some demonstrative examples. — Division into small groups. — The teacher will provide each group with a work scheme that plans the various operations and guides the students to the correct production of the content.	1 hour
Inventing and writing the story	1) Identify the theme to be developed and the characters. 2) Choose the setting and time in which the story takes place. 3) Briefly write the story by framing the initial situation, development and conclusion.	2 hours
Divide the story into sequences and set up the storyboard	1) Identify the sequences of the story by ordering the vignettes and organise them on the page and outline the texts	3 hours
Complete the storyboard and draw the vignettes	1) Complete all elements: drawing sketches and texts 2) Proceed with the final realisation.	2 hours
The return	Each group dramatize its work to the class	1 hour
Participatory evaluation	Children will be asked: the best thing they learned	1 hour

4.3. *Evaluation*

During the last part of the programme, teachers gave students some multiple choice satisfaction surveys. Moreover teachers, who wanted children to express their emotions, built up an emoji system board, in order to express their satisfaction through emoticons.

The purpose of the evaluation is to find out how well the learners liked the organisation of the project and the proposed activities.

To this end, satisfaction questionnaires were administered to students and families with the ultimate aim of obtaining any suggestions for improvement.

The questionnaire was organised into 8 statements in which each child had to give a liking score according to the likert scale from 1 (low satisfaction) to 5 (high satisfaction).

The statements were as follows:

1. Overall judgement of the practised project
2. By attending this project you gained new knowledge
3. A climate of participation and collaboration was created in the group
4. Functionality of the tools, materials and spaces made available to you
5. The lessons took place in a serene and learning-friendly learning setting
6. The topics covered were presented by the teachers in a clear manner
7. Expert teachers stimulated your interest
8. The exercises and activities carried out were well organised

The proposed graph represents the results of the project's final evaluation questionnaire. As can be seen, grouping the data by range, perceptions of the project are mostly in the positive range (Graf. 1).
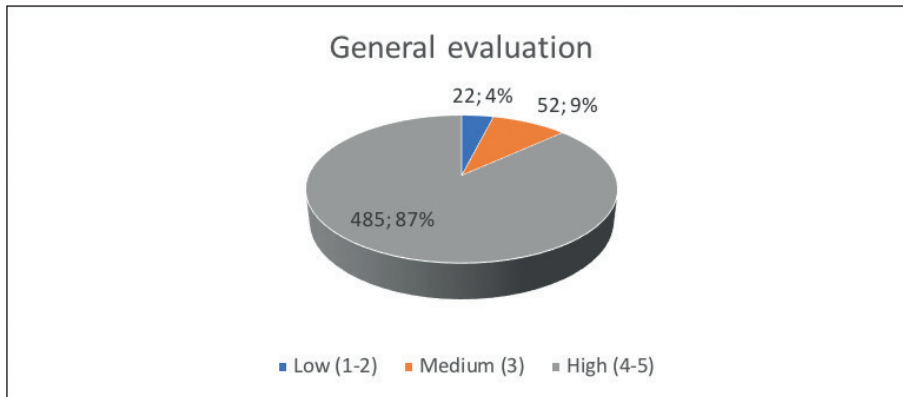
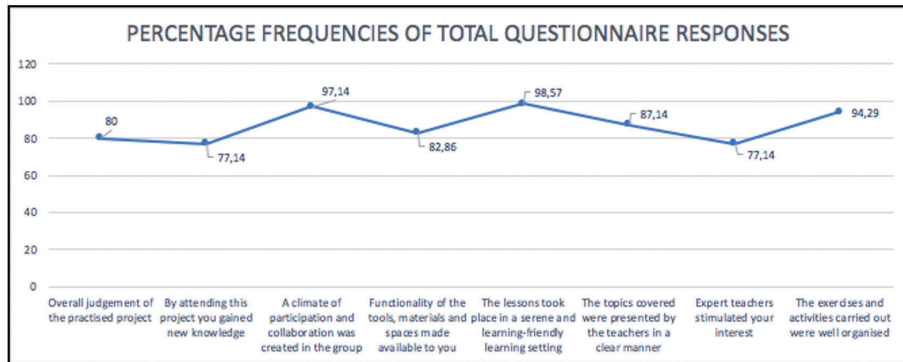**Figure 1.** The project's general evaluation questionnaire

Figure 2. Percentage frequencies of individual questionnaire item.

The graph shows that the highest scores were given to two items in particular:

— A climate of participation and collaboration was created in the group (97,14%).
— The lessons took place in a serene and learning-friendly learning setting (98,57%)

This means if out of a total of 70 children, 69 benefits with respect to both the serene and supportive environment and 68 like the collaborative climate in the classrooms.

5. Discussion

The project results show that children greatly appreciated the activities, especially for the social impact and emotional involvement. In fact, body percussion and music play a significant role in learning, offering a variety of cognitive, emotional and social benefits (Fuentes, 2023). The music pathway involves the movement of the body to create rhythms and sounds without the use of instruments. This promotes the development of motor coordination and body awareness. The ability to use the body to make music made all children feel equal, regardless of their health status. In-class teachers, in verbal exchanges, unfortunately not captured by the project, have also noted that music practice, including body percussion, has been associated with improvements in cognitive abilities such as memory, attention and problem-solving skills.

As numerous studies have shown (Pinchover, 1998; Metzl et al., 2016; Sarman & Günay, 2023; Truitt, 2023), CLOSE has also confirmed that art can reduce levels of anxiety and fear of the state and increase levels of psychological and emotional well-being in hospitalised children.

Indeed, the choice to promote arts disciplines within the School in Hospital triggers pragmatic and bodily behaviours in children that are completely absent in traditional schooling, creating a community climate rich in material work, reassuring sociability and individual initiatives (Gori, 1981).

Empathy is an essential relational competence in the personal development of a person. Thanks to the contributions of this project, children were able to develop in terms of their ability to relate to each other. As a consequence, students, sharing their own experiences, worked towards a real inclusion of every child, who thus feel calm, protected, well-received, accepted.

The three disciplines examined have made it possible to retrieve a broader spectrum of information aimed at the complete formation of individuals with the objective of acquiring awareness of diversity, interpreted as a fundamental value of the individual themself and not as an element of differentiation.

With the contribution of this series of interventions, the school has therefore facilitated the relational process, inevitably leading to an improvement in social dynamics and at the same time fostering communicative accessibility.

Consequently, this has led to the sharing of pleasant experiences for everyone, favouring the real inclusion of all the children/young people who, in this way, feel serene, protected, welcomed and accepted, making their diversity become an added value, favouring a reciprocal exchange of useful experiences also with their schoolmates. As proof of this, the work produced by the learners themselves are more than explanatory.

This plan could be a good starting point for the renovation of Primary and Junior High schools in the Italian Education System, giving a different approach to the creation of teaching units. Starting from Art, Music and Theater it is possible to set up a teaching unit based on emotions giving pupils the chance to express themselves and to reach more goals in their education.

After this project, the school has put this experimental and creative method into practice for the youngest patients. In addition to following the protocols established by the Ministry of Health and the Ministry of Public Education on training and educational continuity, the Fazzi hospital school has remodelled the disciplines and merged some modules of the Primary School and Secondary School, giving particular emphasis to Art and Music, creative and inclusive disciplines that best convey the emotions of the hospitalised pupil.

The hospital school in Lecce was one of the six best projects in the prestigious "Atlas Italian Teacher Award" established by United Network Europe, in collaboration with Repubblica and the Varkei Foundation.

The challenge of inclusion, the founding element of the project, is not simply that of inclusion, but that of opening a window on the world in which the horizon of happiness can be seen.

And the right to happiness belongs to everyone, as the American Declaration of Independence of 4 July 1776 proclaimed, claiming the natural rights of all men, to whom the right "to life, liberty, and the pursuit of happiness" should be recognised.

6. Limits

On the scientific-methodological level, there were limitations. No standardised tools were used to collect data and measure the effectiveness of the results. Furthermore, there was a lack of both a control group and an

external process observer who could note the learning dynamics. However, the feedback received allows us to state that this plan could be a good starting point for the renovation of Primary and Junior High schools in the Italian Education System, giving a different approach to the creation of teaching units. Starting from Art, Music and Theater it is possible to set up a teaching unit based on emotions giving pupils the chance to express themselves and to reach more goals in their education.

7. Conclusion

In conclusion, the aim of this project work was to give children/young people the real and concrete awareness that they always feel supported, gratified and enveloped by a strong understanding and trust, so that they always feel important to others. Children thus become bearers of an experience/knowledge to be shared with others, aimed at the birth of relationships that constantly need time to build, patience to get to know each other and dialogue to accept each other. Hospitalisation is a crucial and critical moment in a child's life and determines a sort of rupture between a 'before' and an 'after'. it is a stressful event that can sometimes bring about a devastating change in the daily life of young patients.

A hospitalised child may be frightened and also brave, their parents may be anxious but also a stable point of reference. The hospital may be considered a foreign place, but with the right educational and relational attention it can become comforting and safe.

Considering the fundamental importance of the school experience in every child's life and the sense of bewilderment due to a sudden interruption of school attendance following a hospitalisation, it could be useful to integrate school activities into the hospital routine as far as possible.

The hospital school, through dedicated projects that put the child at the centre, can ensure that hospitalisation is not traumatic and threatening, but is experienced as an opportunity for growth and development. It is therefore important for the teacher to be provided with adequate training and practices that respect the child and his or her learning times in such a delicate context.

It is of paramount importance to ensure the psycho-physical well-being of each young patient, so that a traumatic event can be an opportunity

for growth. This is why it is hoped that educational research will grow in this sector and that there will be more and more opportunities for experimentation between hospital, school, university and territory.

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