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Educator, Supporter, and Collaborator – A Narrative Study of Teachers' Self-Perception of Their Roles in a Finnish Hospital School

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It is believed that up to 30% of children in developed countries have a chronic health condition such as cancer or other genetic diseases (Hopkins, 2016, 1). These children are disrupted from their regular routines and forced to face social exclusion within the period of hospitalisation, depriving them from the daily lives that their healthy peers experience. Additionally, they are challenged in accessing quality education compared to those who are able to attend regular schools or special schools in society. Undeniably, literature has pointed out that chronic health conditions put students at a higher risk of educational underachievement (Caggiano et al., 2021, para.15; Hopkins, 2016, 1) and school disengagement (Caggiano et al., 2021, para.15), as they cope with academic and social challenges (Nabors et al., 2008, 217).

This research is a narrative study that explores the experiences and perceptions of teachers working in a hospital school in Northern Finland. The focus is on teachers situated within the context of hospital schools as they play a crucial role in providing education and support to students facing physical, emotional and academic challenges, as well as promoting their social skills and capabilities, self-esteem, satisfaction and encouragement. Five narrative interviews were conducted to gain insight into the complex working environment of hospital teachers, and the data was analysed using thematic analysis. Findings suggested three interdependent dimensions that emerged through the five narratives, which were the roles of Educator, Supporter, and Collaborator. Each dimension highlights the teachers' multiple roles of teaching their students with love and attentiveness, as well as taking part in the collaborative activities with multiple stakeholders.

This study can be significant for hospital teachers to deeper understand and perceive their working lives and environment as a hospital teacher. Furthermore, it can be beneficial for administrators of hospital schools, medical staff, and conventional school teachers working with hospital teachers to improve the quality of education and healthcare provided to hospitalised children. The research aims to offer a glimpse into the intricate work of teaching in a hospital setting and shed light on this significant topic from their perspective.

Keywords: Hospital school, hospital teacher, teacher roles, hospital pedagogy

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Contents

1 Introduction

The topic of hospital schools emerged from my previous experience when perusing my studies on nursing and medical care. Through my specific interest within paediatric nursing, I continuously faced children with chronic diseases moving in and out of hospitals, with some of them hospitalised for weeks or months while being treated. It is believed that up to 30% of children in developed countries have a chronic health condition such as cancer or other genetic diseases (Hopkins, 2016, 1). These children are disrupted from their regular routines and are forced to face social exclusion within their period of hospitalisation, being deprived from the daily lives that their healthy peers experience. Additionally, they are challenged in accessing quality education compared to those who are able to attend regular schools or special schools in society. Undeniably, literature has pointed out that chronic health conditions put students at a higher risk of educational underachievement (Caggiano et al., 2021, para.15; Hopkins, 2016, 1) and school disengagement (Caggiano et al., 2021, para.15), as they cope with academic and social challenges (Nabors et al., 2008, 217).

Furthermore, population-based research in New South Wales, Australia by Hu et al. (2022, para.26) has shown that hospitalised children with chronic diseases had a substantial risk of performing poorly in literacy and numeracy, especially those who were hospitalised longer or more frequently. In recent years, there has been more focus on inclusive education since the Sustainable Development Goal 4 "to ensure inclusive and equitable quality education and promote lifelong learning opportunities for all" (United Nations, 2022) has been set. However, as Ávalos and Fernández (2021, para.1) mention, there is still only a limited amount of literature based on hospital school and hospital pedagogy in the field of academia, regardless of the significance the topic carries. Therefore, a gap between the need and the actual focus on hospital pedagogy is evident which strengthens the relevance and significance of my research topic.

This research focuses on teachers situated within the context of hospital schools as they play a crucial role in providing support to students facing physical, emotional and academic challenges, as well as promoting their social skills and capabilities, self-esteem, satisfaction and encouragement (Äärelä et al., 2016, 9–17; Äärelä et al., 2018, 1–11; Ávalos & Fernández, 2021; Benigno & Fante, 2020; Caggiano et al., 2021; Cousins & DeLuca, 2017; Hen, 2018, 215–225; Hen, 2020; Hen & Gilan-Shochat, 2022; Jiménez et al., 2019; Mourik, 2008, 1–69). Within this paper, the term 'hospital teachers' will be used to describe these teachers working in hospital

settings. Moreover, the research will be based on a Finnish context, due to mainly two reasons. First is Finland's high reputation in education. Since the beginning of the Programme for International Student Assessment (PISA), Finland has attained a prominent global reputation in education due to its scores in the assessment which is conducted by the Organisation for Economic Corporation and Development (OECD) every three years. In 2018, Finland scored higher than the OECD average in reading, mathematics and science and rated second in reading literacy and third in science literacy among OECD countries (OECD, 2019). Additionally, the standard deviation in the Finnish results were distinctly below OECD mean in 2006 (Hausstätter & Takala, 2011, para.3), indicating the relatively minor differences between the best and worst performances, thus presenting itself as a country with schools 'for all'. The current Finnish government has also set an ambitious vision for 2025: "Finland will be a country where everybody wants to learn more all the time" (Finnish National Agency for Education, 2022, para.5). Therefore, an investigation into education in Finland, especially in specific environments and in the aspect of inclusive education such as hospital schools, is deemed valuable.

The second reason this research is situated in a Finnish context is feasibility. I worked as an intern in a hospital school in Northern Finland for four months before beginning this research. Due to the pre-existing relationships with the teachers, it was feasible to find potential participants who had adequate English sufficiency to participate in interviews. Thus, this paper will explore the experiences of teachers in a hospital school in Finland, focusing on their perceptions of the diverse roles they play in the educational and healthcare settings. Based on the aims and purposes of the study, the research question for this research study has developed as the following: ***How do teachers in Finnish hospital schools perceive their roles?***

This research is a narrative study that explores the experiences and perceptions of teachers working in a hospital school in Northern Finland. The study utilised five narrative interviews to gain insight into the complex working environment of hospital teachers. The interviews allowed participants to express their experiences and perspectives of their roles, which provides a valuable contribution to the literature on this significant topic. The research aims to offer a glimpse into the intricate work of teaching in a hospital setting and shed light on this significant topic from the teachers' perspective.

In the following chapter, a comprehensive explanation of hospital schools and the role of teachers in such settings will be presented to provide a firm foundation for this research. Chapter 3 will provide an overview of the methodology employed in this study, including the use of narrative research and thematic analysis to analyse the data collected. Chapter 4 will present the findings of this study, which consists of three themes that address the research question. In Chapter 5, results will be discussed in detail and the research process will be carefully reflected upon. Finally, recommendations for future research will be presented in the concluding chapter.

2 Theoretical and Contextual Framework

In order to establish a solid foundation for discussing and evaluating this research, this chapter will provide an overview of the general context of hospital schools. Furthermore, it will delve into the job responsibilities, necessary skills and challenges faced by teachers working in a complex hospital environment. Finally, the crucial liaison roles performed by hospital teachers will be examined in more detail.

2.1 Hospital schools

Due to the limited number of publications on this significant topic, it is challenging to locate information regarding the background, policies and practices of hospital schools (Ávalos & Fernández,2021, para.1; Murphy & Ashman, 1995, 29). Despite the scarcity of information, this section aims to explain the concept of hospital schools and provide a clear definition of hospital schools within the context of this research.

The United Nations have clearly stated the right for every person to have access to education in Article 26 of the Universal Declaration of Human Rights in 1948 (United Nations, 1948). However, it has taken time for the needs and rights of children with illnesses and/or injuries to be recognised and addressed widely. In 1988, Denmark introduced the Charter for Children in Hospital during the first European Conference of Children in Hospital, aimed at raising government awareness of the needs of hospitalised children (Murphy & Ashman, 1995, 31–32). The Charter stipulated young patients' rights including the entitlement to receive quality medical treatment, to have unrestricted visits by parents and families, and to have access to education based on their age and condition. In 1990, after the Charter was accepted by the Commission of the European Communities, guidelines and aims for the education of hospitalised children were discussed at various meetings and seminars held by European hospital teachers. At the Second Congress of European Hospital Teachers held in 1991 in Germany, participants advocated for the right of hospitalised children in every European country to receive education according to the appropriate school system, regardless of the duration of hospitalised period, and by specially trained teachers in hospital pedagogics. As a result of these initiatives, there is now a growing recognition that hospitalised children have the same right to education as their healthy peers, and efforts are being made to ensure that they can continue learning in hospitals (Murphy & Ashman, 1995, 31–32). However, despite its

widespread acceptance, the application of this principle has not been universal. There is currently significant variation in the provision of education in hospitals depending on factors such as the country, city, size of hospital, and number of patients (Murphy & Ashman, 1995, 32). Therefore, it is currently challenging to provide a comprehensive and universally applicable overview of hospital schools worldwide.

The history of hospital schools has also been ambiguous. It is claimed that the first documented hospital school in practice dates to more than a century ago in 1916 in the United States, where teachers were assigned to teach at University of Michigan hospitals (Breitweiser & Lubker, 1991, 28). However, Murphy and Ashman (1995, 30) highlight educators in New Zealand as pioneers in the notion of a "hospital class teacher". They note that Education Boards were given the authority to assign teachers in hospitals in 1914 and the first hospital class teacher was allocated to Aukland hospital in 1920. Interestingly, Caggiano et al. (2021, para.3) note another different background that "the hospital school programme" was established in the 1950s in Italy, and Hen (2020, para.2) states that hospital schools were established in England and in the United States. It is evident that the concept of hospital schools has emerged in various regions from divergent settings such as assignment of teachers and establishment of programmes, resulting in different backgrounds and histories of hospital schools in each regional context. Despite these conflicting backgrounds and history, authors generally agree that hospital schools combine two crucial and fundamental aspects in society: healthcare and education. They emphasise how hospital schools ensure that children, regardless of their health conditions and difficulties in studying, are guaranteed with both the right to health and the right to study. (Breitweiser & Lubker, 1991, 27; Caggiano et al., 2021, para.1; Murphy & Ashman, 1995, 29–30).

2.1.1 Purpose and process of education in hospital schools

According to Breitweiser and Lubker (1991, 31), Caggiano et al. (2021, para.1–12), Hen (2020, 3) and Murphy and Ashman (1995, 30–32), it appears that hospital schools serve two primary roles. The first is a "therapeutic process" (Caggiano et al., 2021, paragraph 12) in the medical field to mitigate patients' physical and mental stress, promote and maintain their confidence, self-esteem, satisfaction, and encouragement (Murphy & Ashman, 1995, 32) by "promote[ing] normalizing activities in an abnormal environment" (Breitweiser & Lubker, 1991, 31). Here,

the child or adolescent is seen as a ‘patient’, and hospital schools aim to support the patient in overcoming their fear of medical treatment and adjusting to a complex hospital environment (Caggiano, et al., 2021, para.12; Hen, 2020, para.1–3; Jiménez et al., 2019, para.41). Breitweiser and Lubker (1991, 35) especially emphasises this aspect of the role hospital schools carry, as can be seen from the following quote:

> Children are always hospitalized for health-related events and not for educational purposes. The hospital school is a support service with the responsibility to assist health care providers in meeting educational needs that, in this context, are secondary needs.

Furthermore, Caggiano et al. (2021) have highlighted that the "therapeutic process" (para.12) can potentially prevent psychopathological problems in patients upon their return to their original schools. This could be attributed to the development of coping strategies, improved social skills, enhanced self-esteem, and better stress and emotion management resulting from the therapeutic process.

The second role of hospital schools is to “minimize interruption of studies when children are hospitalized” (Breitweiser & Lubker, 1991, 31). In this aspect, children or adolescents are viewed as students, and hospital schools seek to provide continuity in education for the student, ensuring that they do not fall behind in their studies (Breitweiser & Lubker, 1991, 31; Caggiano et al., 2021, para.1–12; Murphy & Ashman, 1995, 30; Tilus, 2007, 277). Halinen and Järvinen (2008, para.73) emphasise that holding on to regular life and retaining the joy of learning is especially pivotal when a student is facing severe illness. Minimising the interruption of and supporting the continuity in study can contribute to preventing student’s disengagement from school, which can lead to dropouts and low academic performances after transition (Caggiano et al., 2021, para.15; Hu et al., 2022, para.20–25). Murphy and Ashman (1995, 32) further point out the importance of incorporating elements from both the hospital school and the student's original school in each educational programme to address the student’s unique academic, physical, and emotional needs. By combining the strengths of both schools, a more comprehensive approach can be adopted to ensure that the student's education continues seamlessly during their hospitalisation period and leads to preparations for a smoother transition back to their original school.

The process of education in hospital schools is based on a premise that “children are first and foremost patients of special health care” (Äärelä et al., 2016, para. 5). Therefore, teaching in

hospital schools is conducted within the limits of children's capabilities with medical treatment taking the priority. Teaching in hospitals can occur in the wards by the bedside, or in the school classroom (Breitweiser & Lubker, 1991, 31; Hen & Gilan-Shochat, 2022, para.10; Hopkins, 2016, 3), depending on the child's condition. One distinctive feature of hospital schools is that there is a frequent turnover of students, as students join and leave the programme based on their health conditions (Äärelä et al., 2016, 10; Hen, 2018, 219). Additionally, children have varying schedules due to treatments, doctors' rounds and other factors every day (Murphy & Ashman, 1995, 33; Hen, 2018, 219). Therefore, teaching is typically not based on a fixed schedule. The content of the study is usually based on the curriculum of the child's original school as closely as possible, enabling the child to maintain the same learning as their peers and leading to facilitating a smoother transition upon their return (Äärelä et al., 2016, 9; Hen, 2018, 218; Hen, 2020, para.3; Hen & Gilan-Shochat, 2022, para.8; Murphy & Ashman, 1995, 32–33). However, hospital schools have their own curricula regarding pedagogical practices and school environments, and learning goals are established on an individual basis for each child based on their abilities and needs (Äärelä et al., 2016, 10; Hen, 2018, 219). When children are disrupted from their daily lives, whether through inpatient or outpatient treatment, they lose touch with their regular routines and may experience being overwhelmed and feel that they are losing control over their lives. This can be threatening to their autonomy, integrity and confidence, which can result in negative effects on their psychological, emotional and social conditions (Caggiano et al., 2021, para.14–15; Clemens et al., 2011, 202; Murphy & Ashman, 1995, 29; Rodrigues et al., 2018, 53). Through the process of learning, hospital schools support children in regaining their emotional balance after their lives have been disrupted by illnesses or injuries and work as a bridge between the hospital and the outside world to regain perspectives and encouragement for the future and the need to study (Murphy & Ashman, 1995, 33).

Breitweiser and Lubker (1991, 28, 35) have argued two critical views on hospital schools. To begin with, hospital schools can be utilised as "hospital's marketing and public relations strategies" (28) by showing appearance in hospital brochures and public advertising. Second is the "dysfunctional system of hospital schools" (35). The authority to determine students' readiness for school enrolment is typically held by healthcare officials, despite the fact that hospital school personnel possess crucial information about students' educational needs and implications for individuals. Regardless of these critiques, authors agree on the importance of hospital schools in promoting social justice and equality in health and education, and emphasise

the need for a greater attention (Äärelä et al., 2016, 9–17; Álvarez, 2018; Ávalos & Fernández, 2021; Breitweiser & Lubker, 1991, 27–35; Caggiano et al., 2021; Clemens et al., 2011, 210–212; Coyne, 2006, 61–69; Halinen & Järvinen, 2008; Hen, 2020; Hu et al., 2022; Jiménez et al., 2019; Murphy & Ashman, 1995, 29–35; Rodrigues et al., 2018; Stabback, 2016; Tilus, 2007, 277–282).

Hospital schools have been defined by various authors, including Breitweiser and Lubker (1991, 27) who described them as; "educational programs within hospitals that provide school services to child or adolescent patients", and Caggiano et al. (2021, para.1); "a tool that can guarantee the right to study for children and adolescents with chronic disabilities and/or illness, and for which frequent treatments and prolonged hospital stay are required". Considering the aforementioned background and roles, hospital school will be defined as the following within this research: *"a space within hospitals to provide a nurturing and supportive learning environment for inpatient or outpatient children and adolescents, with the aim of mitigating their physical and psychological stress and enhancing their capabilities, self-esteem and social skills for life beyond their health issues."*

2.2 Teachers in hospital schools

Studies on hospital schools have also focused on teachers' roles and skills in hospitals and have highlighted them as crucial factors (Äärelä et al., 2016, 9–17; Äärelä et al., 2018, 1–11; Ávalos & Fernández, 2021; Benigno & Fante, 2020; Caggiano et al., 2021; Cousins & DeLuca, 2017; Hen, 2018, 215–225; Hen, 2020; Hen & Gilan-Shochat, 2022; Jiménez et al., 2019; Mourik, 2008, 1–69). Depending on the authors, teachers working in hospital schools have been referred to by varying terms such as 'hospital school teacher' and 'hospital teacher'. For consistency, this research will use the word 'hospital teacher' to describe teachers working with child and adolescent inpatients or outpatients in healthcare facilities. This section will explore the necessary skills, general responsibilities and challenges faced by hospital teachers based on past studies. The liaison roles performed by hospital teachers have been especially recognised as important in various literature (Äärelä et al., 2016, 9–17; Äärelä et al., 2018, 1–11; Ávalos & Fernández, 2021; Benigno & Fante, 2020; Breitweiser & Lubker, 1991, 31, 34–35; Caggiano et al., 2021; Hen, 2018, 215–225; Hen, 2020; Hen & Gilan-Shochat, 2022; Mourik, 2008, 1–69; Murphy & Ashman, 1995, 32–35), and hence will be subsequently discussed in detail.

In many countries such as Finland, Japan and Israel, teachers working in hospital schools are generally required to be qualified in special education (Äärelä et al., 2016, 9; Hen, 2020, para.3; Hen & Gilan-Shochat, 2022, para.8; Sakai, 2021, 3). However, in some countries, basic teaching qualifications are sufficient to teach in hospital schools, and transferring to hospital settings from conventional schools is a voluntary decision. In these cases, no additional training is provided nor required, which, for example, is the case in Italy (Benigno & Fante, 2020, para.4). Benigno and Fante (2020, para.4) point out that in such cases, teachers are exposed to risks of their psycho-physical well-being being disrupted, as they lack the support to acquire the necessary instrumental and emotional skills to work in a unique and complex environment. Despite the varying qualifications required for different countries, Mourik (2008, 1–69) created a universal professional profile of hospital teachers which outlined the tasks and general characteristics of the profession, and the qualities and competences needed to perform these tasks. It was categorised into three levels; General professional tasks, Supporting tasks, and Specific supporting tasks. General professional tasks include acting as an individual professional such as developing one's own skills and acting as a member of a professional team and organisation. Supporting tasks identify the tasks and competencies to support multiple stakeholders such as parents, pupils and teachers, and tasks as an adviser and a member in a multidisciplinary team. Finally, specific supporting tasks clarify the tasks as an educator, such as various educational responsibilities, and tasks as a remedial didactic teacher dealing with students with specific and complex needs and difficulties. This professional profile provides "the collection of essential characteristics" (Mourik, 2008, 3) of the hospital teaching profession. As such, it serves as a foundational framework for the delineation of hospital teachers' roles and skills in the upcoming paragraphs.

2.2.1 Skills and responsibilities of hospital teachers

Due to the high turnover of students and the unfixed schedules of each student with medical treatment as the primary focus, situations in hospital schools are typically unpredictable (Ávalos & Fernández, 2021, para.19; Caggiano et al., 2021, para.19; Hen, 2018, 219; Hen & Gilan-Shochat, 2022, para.9; Marchesan et al., 2009; Murphy & Ashman, 1995, 33). Therefore, hospital teachers must be "dynamic, flexible, creative, and open-minded to function efficiently" (Hen, 2018, 219) and able to "intensively adapt to an ever-changing work environment" (Hen

& Gilan-Shochat, 2022, para.10). In hospital classrooms, students who will be present that day will be unknown until they arrive, and the length of stay in classrooms can differ (Äärelä et al., 2016, 9–10; Caggiano et al., 2021, para.19; Hen, 2018, 219). Hence, hospital teachers are unable to plan activities and teaching schedules in advance and must work with no fixed timetable (Caggiano et al., 2021; Murphy & Ashman, 1995). They teach contents based on each student's original school curriculum, which are adjusted to their age, physical and psychological conditions and knowledge (Caggiano et al., 2021, para.19; Hen & Gilan-Shochat, 2022, para.10). On the other hand, prior to teaching in the wards by the bedside, teachers should have a personalised teaching plan for the student, with materials prepared that are safe and appropriate for the environment and the child (Ávalos & Fernández, 2021, para.19). Similarly, when teaching in hospital classrooms it is important to prepare safe learning materials that consider the students' health conditions, within the permission of medical professionals (Ávalos & Fernández, 2021, para.19–20).

Additionally, hospital schools can require teachers to be flexible in the linguistic and cultural contexts that they teach in. Hen (2018, 219) raised an example of Israel, where hospital teachers may encounter students from diverse cultural and linguistic backgrounds, such as Jewish, Druze, or Arab students. The identity of the students that hospital teachers will work with is often unknown until shortly before their arrival. Students in a hospital school are heterogeneous, and their conditions and home situations can vary significantly. Thus, it is essential for hospital teachers to understand the students' home background to act appropriately and flexibly (Äärelä et al., 2016, 9–10; Äärelä et al., 2018, 1–2). Given the flexibility that is demanded from hospital teachers, Hen and Gilan-Shochat (2022, para.40) emphasise the necessity for specialised training for hospital teachers to support them in establishing a clear professional identity within a fluctuating working environment.

In addition to flexibility, it is also expected from hospital teachers to exhibit warmth and attentiveness towards the diverse needs of each student (Äärelä et al., 2016, 16; Ávalos & Fernández, 2021, para.21; Caggiano et al., 2021, para.24; Jiménez et al., 2019, para.41, 48–49). Hospital schools have a unique approach to pedagogy that goes beyond the transmission of knowledge and learning skills (Äärelä et al., 2016, 16–17; Caggiano et al., 2021, para.24–25; Hen, 2020, para.2–4; Jiménez et al., 2019, para.48–49; Nabors et al., 2008, 223–224). Äärelä et al. (2016, 16) describes it in the following way:

> The core of hospital school pedagogy could be based on caring, positive, and encouraging teacherhood that pays attention to students' abilities and positive resources.

Their focus is on helping students cope with anxiety during their treatment periods (Hen, 2020, para.3–4). This is often seen as "an act of love" (Jiménez et al., 2019, para.41), aimed at supporting students in rediscovering their values and potential for learning (Jiménez et al., 2019, para.41). Caggiano et al., (2019, para.24) similarly states the following:

> The teacher is involved in a careful and constant work of receiving, decoding, and responding to the signals—even if not explicit, but equally significant—emitted by the sick child. This requires an intentional attitude of "listening" and of authentic interaction with the sick child.

Therefore, hospital teachers need to possess the ability to interact with children through a "pedagogy of love and tenderness" (Jiménez et al., 2019, para.48) and in a child centred manner (Hopkins, 2016, 5) to respond to their individual needs. By doing so, they can create a warm and nurturing environment that fosters students' emotional well-being and academic success. Furthermore, in addition to providing love and warmth, hospital teachers are also recognised to understand the complex emotions by students marginalised in society while on treatment. By acknowledging and addressing these emotions, they can serve as a bridge connecting the lives of inpatient or outpatient students with their daily lives outside of hospitals (Äärelä et al., 2016, 16; Ávalos & Fernández, 2021, para.11; Caggiano et al., 2019, para.15; Murphy & Ashman, 1995, 33). This connection can be instrumental in reassuring and encouraging students about their future and their need for education. In this way, hospital teachers play a crucial role in helping students navigate their challenges while also facilitating their academic and emotional well-being.

2.2.2 Challenges faced by hospital teachers

Given the complex skills and responsibility lying within the scope of hospital teaching, there are undoubtedly challenges faced by hospital teachers (Äärelä et al., 2016, 10,16; Ávalos & Fernández, 2021, para.23–27; Benigno & Fante, 2020, para.8,48,56–59; Caggiano et al., 2019, para.15,26–27; Hen, 2018, 215–225; Hen, 2020, para.71–77; Hen & Gilan-Shochat, 2022, para.33–34; Jiménez et al., 2019; Murphy & Ashman, 1995, 33; Nabors et al., 2008, 221–224).

They can be broadly categorised into two main areas: those related to the situational and technical factors of teaching in hospital settings, and those related to managing emotions and professional identity.

Regarding the situational and technical challenges, one major challenge raised is the fact that parents and medical professionals have authority over the child or adolescent, making it difficult to meet the diverse educational needs of each student (Hen, 2018, 224). It has also been more demanding to identify students' learning difficulties and adjust teaching accordingly within a short or temporary hospitalisation period (Äärelä et al., 2016, 16). Additionally, hospital teachers are often requested to perform tasks that do not align with their educational work (Hen, 2018, 224), which can be a consequence of conventional social expectations not aligning with the actual educational roles of hospital teachers (Äärelä et al., 2016, 10,16; Hen & Gilan-Shochat, 2022, para.33). Hospital teachers have further argued that traditional teaching methods and conventional curricula are unsuitable in hospital settings, which creates a sense of uncertainty regarding their teaching context, role and professional identity (Benigno & Fante, 2020, para.56; Hen, 2018, 224; Hen & Gilan-Shochat, 2022, para.33). There are also no policies in many countries such as Brazil, Colombia, and Israel that take into account the unique challenges of teaching in hospital schools (Ávalos & Fernández, 2021, para.25). Teachers are therefore required to complete administrative tasks and reports that are irrelevant to their context, resulting in increased workload and a loss of sense of meaning in their administrative work (Ávalos & Fernández, 2021, para.25). Finally, it has been pointed out that hospital teachers lack specific training for teaching in hospital settings (Ávalos & Fernández, 2021 para.26; Benigno & Fante, 2020, para.58–59; Caggiano et al., 2019, para.26; Hen, 2020, para.77; Hen & Gilan-Shochat, 2022, para.34; Nabors et al., 2008, 224), with insufficient tools to deal with the multiple emotional needs of students and their parents (Ávalos & Fernández, 2021, para.24; Benigno & Fante, 2020, para.8; Hen, 2020, para.71–77). As Murphy and Ashman (1995, 33) state "working with parents and children under stress is more demanding than working with children alone" thus, providing support and equipment to assist with medical knowledge, communication skills and coping strategies for dealing with intense emotions and relationships are deemed necessary (Caggiano et al., 2019, para.15; Nabors et al., 2008, 221–224).

Teaching in hospital settings also present emotional challenges for hospital teachers. One of the main stressors that has been mentioned by several experts in the field (Ávalos & Fernández,

2021, para.24; Benigno & Fante, 2020, para.7,48; Caggiano et al., 2019, 27; Hen, 2018, 224; Hen, 2020, para.77) is emotional overload from working with students and families who are experiencing physical and psychological pain. Teachers can experience burnout and "feeling depressed, inefficient, and helplessness [sic] when teaching children with complicated medical conditions" (Hen, 2018, 224). This emotional overload is seen to be a product of the unique environment, rather than self-states such as fear of failure or low self-esteem (Hen, 2018, 224). In addition, the intensity of relationships between hospital teachers and parents adds to the stressor (Ávalos & Fernández, 2021, para.23). Due to the lack of tools as mentioned above, the difficulty in dealing with the multiple needs of students and their families can be an emotional burden. Teachers may also struggle in recognising and managing their own feelings of fear and anger in a complex workplace, which may hinder their ability to effectively manage the demands of the job (Hen, 2020, para.71–77). Furthermore, navigating professional role ambiguity and dealing with a heterogeneous student population are also significant challenges (Ávalos & Fernández, 2021, para.27; Hen, 2018, 224), leading to procrastination and feelings of incompetence. To ensure effective teaching in hospital settings, it is essential to provide further support for teachers' emotional wellbeing and coping strategies.

2.3 Collaborative roles of hospital teachers

Authors have consistently noted the significance of the liaison activities undertaken by hospital teachers with medical staff, personnel from students' original schools, and students' parents. (Äärelä et al., 2016, 9–17; Äärelä et al., 2018, 1–11; Ávalos & Fernández, 2021, 22–24,30–31; Benigno & Fante, 2020, para.3,39,42; Breitweiser & Lubker, 1991, 31,34; Caggiano et al., 2021, para.14,24,26; Goodman, 1988, 335–336; Hen, 2018, 219,224; Hen, 2020, para.3,45–50; Hen & Gilan-Shochat, 2022, para.2,8–13; Hopkins, 2016, 3–5; Mourik, 2008, 1–69; Murphy & Ashman, 1995, 32–33; Nabors et al., 2008, 221–224). This underscores the crucial role played by hospital teachers in facilitating effective collaboration with different stakeholders involved in the healthcare, education and development of the children and adolescent patients.

As mentioned, it is important to acknowledge that students in hospital schools are first subject to medical treatment, and not to education (Äärelä et al., 2016, 9; Äärelä et al., 2018, 1). Thus, hospital teachers must work tightly with medical officials to support in accomplishing necessary medical treatment and to ensure the comfort and emotional well-being of each child

(Äärelä et al., 2016, 9–10,16; Äärelä et al., 2018, 1–2; Ávalos & Fernández, 2021, 22–23,30; Benigno & Fante, 2020, para.3,42; Breitweiser & Lubker, 1991, 31; Hen, 2018, 219; Hen, 2020, para.3; Hen & Gilan-Shochat, 2022, para.2,8–12; Hopkins, 2016, 5; Mourik, 2008, 1–69; Murphy & Ashman, 1995, 32–33). Hospital teachers have been expressing critical views on the interdisciplinary approach, highlighting how medical treatment is often prioritised over education (Caggiano et al., 2021, 25–27; Hen, 2018, 224), and how health teams impede educational activities and hinder students' educational development (Jiménez et al., 2019, para.42). However, Breitweiser and Lubker (1991, 34) have mentioned that if both the hospital and the hospital school are inflexible, the objectives and goals of medical treatment and education may conflict. Hence, they emphasised assertion that the ability to resolve these conflicts will rely greatly on the hospital teachers' comprehension of the premise and nature of hospital schools (Breitweiser & Lubker, 1991, 34). In addition, due to the teacher's familiar presence for inpatient or outpatient children and adolescents (Goodman, 1988, 335), hospital teachers can serve as a mediator between the child and medical staff by building a strong relationship. Therefore, working as a hospital teacher requires not only pedagogical and psychological proficiency, but also medical knowledge and the ability to act as an advocate and interpreter between medical staff and children (Äärelä et al., 2016, 10,16; Goodman, 1988, 335; Hen, 2020, para.45–50; Hen & Gilan-Shochat, 2022, para.8–13).

Hospital teachers and personnel from students' original schools must also engage in consolidation efforts as students' official enrolments remain in their original schools even during their temporarily attendance in hospital schools (Äärelä et al., 2016, 9–16; Äärelä et al., 2018, 1–2; Ávalos & Fernández, 2021, 22–23,30; Breitweiser & Lubker, 1991, 31; Caggiano et al., 2021, para.13; Hen and Gilan-Shochat, 2022, para.9; Hopkins, 2016, 3–5; Murphy & Ashman, 1995, 32–33). When a new student joins the hospital school, careful communication should be taken with teachers and personnel from the student's original school to acquire information on the student's curriculum and academic skills and needs (Äärelä et al., 2018, 1–2; Ávalos & Fernández, 2021, 22–23,30; Caggiano et al., 2021, para.13; Breitweiser & Lubker, 1991, 31). This process is crucial in ensuring that the student's learning continuity is maintained, allowing them to continue the same education as their peers seamlessly during their stay in the hospital school. Similarly, this communication and cooperation are considered necessary when the students transition back into their original schools (Äärelä et al., 2016, 9–16; Äärelä et al., 2018, 1–2; Ávalos & Fernández, 2021, 22–23,30; Breitweiser & Lubker,

1991, 31). Hospital teachers initiate communication with the original school when the students are ready for reintegration. In addition to providing information to the teachers, hospital teachers also maintain a close relationship with students by accompanying them on their first day back and visiting them at their original schools (Ávalos & Fernández, 2021, para.21), and stay in contact with the original school after transition (Äärelä et al., 2016, 16). This ensures a smooth transition for the students back to their regular school environment. Moreover, Äärelä et al. (2016, 10) raises consultation work and provision of guidance as another example of cooperation with conventional school personnel. Hospital teachers support in evaluating learning environments from the perspective of special education experts, and aid in developing models and approaches to tackle students' challenging situations in their original schools before and after transition (Äärelä et al., 2016, 10; Mourik, 2008, 1–69; Murphy & Ashman, 1995, 33).

Finally, students' parents have been mentioned in various literature as a core partner within liaison activities of hospital teachers (Äärelä et al., 2016, 9–10; Äärelä et al., 2018, 1–11; Ávalos & Fernández, 2021, 21,23–24,31; Benigno & Fante, 2020, 39–40; Caggiano et al., 2021, para.25; Goodman, 1988, 336; Hen, 2018, 219; Mourik, 2008, 1–69; Murphy & Ashman, 1995, 33). Äärelä et al. (2018, 2–3) point out that the objective of collaboration between parents and schools, which is to promote student's academic success, remains the same regardless of the educational context. Therefore, regardless of the schooling forms, collaborations between home and school can be perceived similarly. Having made that statement, the authors highlighted the viewpoints on responsibilities of parents and teachers in the upbringing and education of students stated by Epstein (1992, 482–502). Epstein (1992, 484–485) claims that parents have the primary responsibility for preparing their children for school, with teachers taking over responsibility for their education once they are within the school environment. Furthermore, in the overlapping influence viewpoint, the responsibilities of teachers and parents are seen as interdependent, with both working together to support children's learning and development (Epstein, 1992, 484–485). Such collaboration is particularly essential in sharing information about the student in transition periods, as it enables the teacher to understand the student's unique home environment (Äärelä et al., 2018, 3). Murphy and Ashman (1995, 33) emphasised the significance of teachers' efforts in encouraging parents to be involved in their children's education, in order to foster more effective communication and collaborative relationships between them. As seen in the figure below (Figure 1), Äärelä et al. (2018, 10) distinguished the

four types of collaboration between parents and schools, and they noted that the ideal form of collaboration involves a synchronized and cooperative exchange among the hospital school, the students' original school, and their parents. On the other hand, they mention the challenges to collaboration that arise from parents who are uninterested in their child's education and leave problem-solving to the teacher, as well as those who question curricula and challenge teacher expertise.

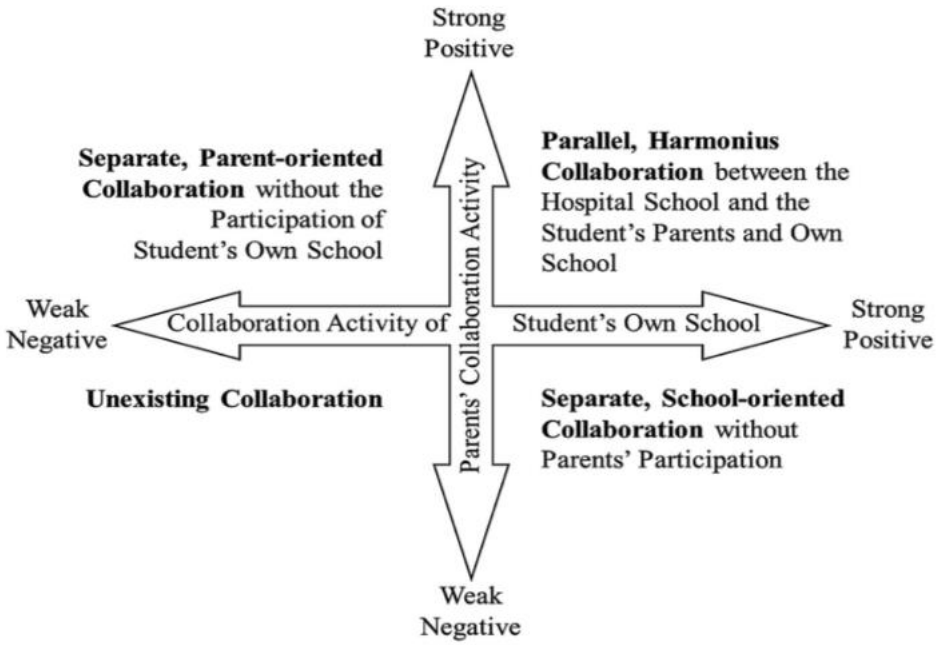

Figure 1. Collaboration forms with the hospital school students' parents and students' own schools (Äärelä et al., 2018, 10)

The collaborative relationship between hospital teachers and parents also involves providing consultation and support to the parents (Äärelä et al., 2018, 2; Ávalos & Fernández, 2021, 21,23–24,31; Benigno & Fante, 2020, para.46; Caggiano et al., 2021, para.24; Coyne, 2006, 65–69; Moruik, 2008, 1–69). This involves clarifying problems, discovering solutions for the parents' concern and their child's issues, serving as an interpreter and mediator between the students' original schools and the parents, and conveying general information (Äärelä et al., 2018, 1–11; Moruik, 2008, 1–69). Goodman (1988, 336) states that parents often receive insufficient information about their child's condition as a patient. The author highlights the importance of providing accurate and adequate information to parents so that they can prepare their child for treatment. This can prevent the transmission of stress and anxiety from the parents to the sick child, expressed as "emotional contagion" (Goodman, 1988, 336), which can further

distress the sick child. Thus, effective collaboration between hospital teachers and parents involves various liaison activities, including acting as an interpreter and mediator between the student's original school and the parents, providing accurate and adequate information to parents about their child's condition, discovering solutions for the parents' concerns and the students' issues, and holding advisory communications to build a relationship of trust, all of which contribute to providing emotional support for the students' parents and ultimately enhancing the students' learning and development.

3 Methodological Framework

3.1 Narrative research

The research methodology to be used in this research is narrative research. As narrative in qualitative research aims to interpret and understand the meanings people relate to their world (Joyce, 2015, 36–37), narrative is an interpretive approach in the qualitative research paradigm. Interpretive paradigm can function as a support to describe reality with considerations of the researcher's assumptions and beliefs, as it enables researchers to consider different factors such as participant's experiences and the behavioural aspects developed from it (Alharahsheh & Pius, 2020, 42). Interpretivism handles in-depth variables and factors of a context, and hence, interpretivism can be said to be most suited to gain deep and rich insight of a specific context. Therefore, it was considered most suitable for this research where the purpose is to explore deeply into perception of teachers' roles in hospital schools.

The term narrative and its definition has continuously been a discussion amongst researchers, but the common feature that has been utilised to describe narrative has been synonymous with 'story' and 'storytelling' (Joyce, 2015, 36–40; Larsson & Sjöblom, 2009, 272; Lieblich et al., 1998, 1–7; Polkinghorne, 2007, 471; Sandelowski, 1991, 161–165). Just as seen in any story, multiple voices and various identities are included, which allows the researcher to explore how identity is constructed within individuals (Larsson & Sjöblom, 2009, 272). Additionally, Muylaert (2014, para.18) states that narrative research is not just about transmitting and interpreting information but further provides space for researchers to understand the subject of the interview as both an individual and as an individual in a certain context. Unlike other qualitative research methods, narrative research provides no general rules or guidelines in materials or ways in which the research is conducted (Andrews et al., 2013, 2–3). Hence, despite the popularity and the increasing attention in various fields (Andrews et al., 2013, 2–3) it has also been criticised as "over complex, over simple, too long, too conventional" (Andrews et al., 2013, 3). Furthermore, Polkinghorne (2007, 471–482) has challenged narrative research regarding the validity of its research claims, assembled narrative texts, and the interpretation of narrative texts.

In this research aiming to understand the teachers' perception of their roles in hospital schools, narrative research was employed to better understand the participants' experience as a teacher

in a hospital school, and to explore how they developed their identity as a hospital teacher, and how they have come to perceive their roles in hospital schools. Out of the four types of approaches in narrative research that Lieblich et al. (1998, 13–18) present, this research will utilise the categorical-content approach to analyse the stories of multiple hospital teachers by extracting and categorising their narratives.

3.2 Research participants

In order to explore the aforementioned research question, this research selected participants who are working as a teacher in a hospital school in northern Finland. The process of participant selection started by sending an email with a message about the call for participants to the director of a hospital school in northern Finland that the researcher already had connection with. The message in English included the research aim, details of the interviews and call for teachers with working experience of over one year willing to participate (see Appendix 1). This was shared with all the teachers by the director in every unit of the hospital school, and the researcher waited for responses from teachers willing to participate in my research. Fortunately, five responded and an appropriate time was set up with each participant through email which also contained the consent form (see Appendix 2) to be signed by the participants prior to the interviews. For a rich data collection with various experiences, perspectives and diverse backgrounds, the research participants were not limited by their age, sex or gender. However, teachers with working experience of over one year were purposely selected in order to gather stories from teachers with autonomous working experiences and not just training periods. The participants were teachers working specifically in one school in Finland. For consistency, all the participants attributing to the same school was not considered as an issue, although it is one aspect to be considered as a limitation of the research.

Within this paper, pseudonyms will be incorporated to protect the anonymity of the participants. Table 1 provides an overview of the participants' information. The five research participants all differed in their age and working years, ranging from Olavi who had one and a half years to Anneli who had 22 years of experience as a hospital teacher. Before working in a hospital school, four participants had previous work experience in special education. Currently only Kristiina teaches in the wards full time, although Olavi also conducts private teaching in the wards two hours a week for children with cognitive problems. All the four teachers except for

Kristiina teaches in three different units with psychiatric patients, and frequently visits general schools for consulting work.

Table 1: Overview of the participants

	Working years as a hospital teacher	Previous work experience
Anneli	22 years	Special education teacher in a mainstream school
Johanna	7 years	Kindergarten teacher, class teacher and special education teacher in a mainstream school
Emilia	15 years	Substitute special education teacher in a special school
Kristiina	10 years	Class teacher and special education teacher in a mainstream school (2 years abroad)
Olavi	1 and a half years	None

3.3 Data collection

Greenhalgh and Swinglehurst (2005, 443–448) distinguish four methods in approaching narrative research which are: narrative interview, naturalistic story gathering, organisational case study, and collective sense making. To collect data that provides an open and a bold view of the participants from their own words, a narrative interview was employed in this research. The interviews were constructed by several open-ended questions and were intended to ask in a free and opened form such as "Tell me about your experience" to allow the participant to speak freely and without interruption. Given the main purpose of the research, the interviews were semi-structured in order to collect data in the relevant and consistent context. Additionally, as chronology is one strategy in a narrative interview by making connections between events and time (Greenhalgh & Swinglehurst, 2005, 444), the interview first provided time for the participant to reflect on their past experiences and were conducted to keep a basic flow of their experiences in chronological order, starting from looking back on why they decided to become a hospital teacher. In addition to general questions to clarify the participants' sex, gender and years of working experience which may have an influence on the results of the data, the four main questions that constructed the interviews were the following:

1. Tell me why you decided to become a hospital teacher.
2. What do you do in your daily work as a hospital teacher?
3. Tell me what you think your role is as a hospital teacher.
4. How would you describe your experience as a hospital teacher in a word or a phrase?

It was ideal for the participants to speak freely about their 'stories' by expanding on each question through connecting with different fragments of their lived experiences. However, in circumstances where they struggled to expand or elaborate on each of the main questions, the follow-up questions listed below were utilised.

1. How do you work together with other staff (e.g., medical staff, teachers in regular schools) to support the students?
2. What do you keep in mind when working with your students?
3. Tell me the challenges you faced as a hospital teacher.

All five teachers spoke Finnish as their first language, but English was chosen as the language of the interviews. This factor may be considered as one of the main limitations of this research. However, it was decided that selecting participants confident in their English skills, rather than conducting interviews in Finnish, would be more effective in collecting narratives necessary for this research for mainly two reasons: 1) the researcher herself was not sufficient in the Finnish language to conduct the interviews 2) having a translator as a mediator is most likely to include different interpretations and sentiments. During the interviews, the researcher spoke as minimally as possible aside from the questions and backchannelling, ideally to guide the participants' stories to be told in chronological order, or to guide the story back to the main purpose when necessary.

The participants were all interviewed separately, thus amounting to five interviews in total. Due to COVID-19 restrictions and the participants' schedules, Kristiina and Olavi were interviewed online through Teams. The other three interviews (Anneli, Johanna and Emilia) were conducted in person. Regardless of the ways in which the interviews were conducted, all interviews lasted from 30 to 60 minutes, which were audio recorded by the researcher's personal devices. They were transcribed and analysed using thematic analysis which will be described in the next section.

3.4 Thematic analysis

In narrative research, there are no clear rules or ways offered in analysing the data (Andrews et al., 2013, 2–3), and thematic analysis was selected as the method of analysis within this research. Thematic analysis is a method of qualitative data analysis which has been popular through the recognition of 'flexibility' in a sense that it allows the researcher to analyse the data in varying ways, and 'accessibility' that it offers simple and systematic ways to analyse data which are connected to wider theories and concepts (Braun & Clarke, 2012, 58). It is one of the descriptive qualitative approaches and is considered suitable for research aiming to employ a low level of researchers' interpretation (Vaismoradi et al., 2013, 6–7,17). Furthermore, it has been identified as a method used to gain insight into patterns of themes and meanings across several data by systematically organising and identifying them (Braun & Clarke, 2012, 57). Therefore, it was chosen as the method of analysis in this research in which the purpose is to explore the shared meanings and common perceptions of five different teachers with minimum interpretation of the researcher.

To analyse the data, this research followed the six phases of thematic analysis introduced by Braun and Clarke (2012, 60–69) which are: 1) Familiarising yourself with the data 2) Generating initial codes 3) Searching for themes 4) Reviewing potential themes 5) Defining and naming themes 6) Producing the report. The following sections will go through the six phases and how they were manifested within this research.

1) Familiarising yourself with the data

All the interviews were audio recorded, and each was transcribed firstly by using a software Otter.ai, and then carefully edited by the researcher by repeatedly contrasting it to the recordings. As the participants seemed challenged in expressing and explaining in English in particular parts, their grammar was sometimes non-standard. However, this did not affect in the process of initial coding or categorisation. Furthermore, as Bailey (2008, para.18) suggests, verbal and non-verbal interactions such as laughs, breaths and movements were removed to avoid the cluttering of the transcription texts. For an efficient analysis for the upcoming procedures, unnecessary parts of the interviews such as initial greetings and explanations of the privacy notice were omitted at this point, but every other material sought to be relevant were transcribed verbatim. During this process, the researcher familiarised herself with the data by

continuously listening to the recordings and reading through the texts to accurise the transcriptions.

2) Generating initial codes

The flexibility of thematic analysis provides the analyst with numerous options of coding, such as deductive or inductive, and constructionist or essentialist (Braun & Clarke, 2012, 58). As Braun and Clarke (2012, 58) has pointed out that "In reality, coding and analysis often uses a combination of both approaches" (Braun & Clarke, 2012, 58), there were both deductive and inductive coding approaches used within this research. Through the process of creating accurate transcripts, the researcher was familiar enough with the contents of the texts that several codes were already in mind before beginning to code. Hence, some codes which are mostly included in the theme 'Collaborator' were coded deductively. The texts were reread iteratively to be coded inductively, and in total 68 codes appeared. However, as the coding process was done closely with each sentence, 22 included materials such as background information of participants and about hospital schools in general, which were considered irrelevant to the research aim and was omitted from the initial codes.

3) Searching for themes

Unlike the name of this phase, themes from the codes are actively generated and constructed instead of being found (Braun & Clarke, 2012, 63). This is done by reviewing the codes and identifying similarities, common points and overlaps between them. At this phase, codes with similar or overlapping contents were merged, names of the codes were reviewed and modified, and unnecessary codes which would not contribute to answering the research question were removed. Before constructing the themes, categories were formed by combining codes with common features into groups. At this point, a total of 29 codes were placed into the nine categories that were produced. Based on the advice by Braun and Clarke (2012, 63), relationships between each other were considered when the themes were generated from the categories. three distinctive and independent themes were produced in a way that they work to provide a holistic vision of one main topic: the perception of teachers' roles in hospital schools.

4) Reviewing potential themes

As Braun and Clarke (2012, 65) clearly states, "this phase is essentially about quality checking". Questions about the qualities, boundaries, and sufficiency of the themes were recursively asked

and considered. Although the categories had minor changes with their names and some codes were moved from one category to another, they were not significant enough to affect the three main potential themes. The three themes at this point were Sympathiser/Supporter, Educator and Co-operator. They were distinctive and answered the research question "How do hospital teachers perceive their roles in Finland?", which functioned as a deciding factor to move on to the next phase.

5) Defining and naming themes

This phase is a continuation of the previous phase in a sense that it is iterative modification of the themes, and the border between the two is vague (Braun & Clarke, 2012, 66). Within this research, the names of each theme were reviewed from their initial ones. First was the 'Sympathiser/Supporter'. This theme represents hospital teachers' roles to provide various types of support for the pupils and their families, and for teachers from regular schools. It includes both emotional and instrumental support, and hence the words sympathiser and supporter were selected. After careful consideration, 'Supporter' was decided sufficient as the name for the theme. 'Auxiliary' also appeared as a potential word that encompasses both the meanings of someone who supports another and sympathises with them. The definition of the word auxiliary as a noun was written as "a person whose job is to give help or support to other workers" (Cambridge dictionary, n.d.). When compared with the definition of supporter "a person who actively helps someone" (Cambridge dictionary, n.d.), 'Supporter' was decided as the most appropriate for the theme name as it does not limit the subject of the 'support' and has a stronger impression of providing support from their own will. The second theme, 'Educator' included categories about teaching, carrying responsibility as a teacher and developing students' social skills and capacities. The theme named appeared fitting for the content and was given no modification. The last theme, 'Co-operator' was replaced with the word 'Collaborator'. They have both been potential names as these words are usually used interchangeably, and the words 'Cooperate' and 'Collaborate' in the Cambridge dictionary (n.d.) shared the same meaning. However, Moseley (n.d., para.4–8) has pointed out that 'Cooperation' is the act of support by a group of people to achieve another's goal whereas 'Collaboration' has a shared objective or purpose. Given these concepts, 'Collaborator' was selected as the final name of the three themes.

6) Producing the report

The final themes and categories can be seen in the next chapter. Braun and Clarke (2012, 69) have clarified that the order in which the themes are presented are important and should follow a coherent and logical story. In the upcoming chapter, the theme ‘Educator’ will be presented first as it represents a teacher’s prerequisite role in teaching in a hospital school. ‘Supporter’ will follow, to clarify the further roles hospital teachers carry other than as a general teacher in mainstream schools. Finally, ‘Collaborator’ will be presented to describe the roles in how and with who their purpose in work is achieved. Although they will be presented in these orders to follow one story, it must be clarified that these themes are not hierarchical, and that they are not allocated with any greater value from one another.

4 Findings

This chapter will be dedicated to explaining the findings through the thematic analysis process from the five research participants' narratives; the three themes that emerged from the data set, and the meanings of each concept. Table 2 below shows the three themes and the categories that construct them. Each theme will be explained in detail within their own sections. It is necessary to mention that for clarity, the following sections will be explanations of each theme and going down to their categories and codes. However, the thematisation process was proceeded in a bottom-up approach from codes up to themes as described in 3.4.

Table 2: Overview of the thematic analysis of teachers' perceptions of their roles in a Finnish hospital school

Themes: Perceptions of roles	**Categories**
Educator	Teaching
	Responsibility as a professional
	Developing students' social skills and capabilities
Supporter	Providing instrumental support
	Providing emotional support
Collaborator	Collaboration within hospital schools
	Collaboration with medical professionals
	Collaboration with students' original schools
	Collaboration with families

4.1 Teacher as an *'Educator'*

One of the roles that teachers in hospital schools perceived was the role of an educator. The word educator was described as follows by Cheney (2022, para.9) "... a person who focuses on non-theoretical knowledge and educates children or students about ethical, moral, intellectual, and social values". The research participants described their roles in teaching as going beyond imparting knowledge. They emphasised the importance of cultivating students' social and emotional development while maintaining a safe learning environment for everyone involved,

even if they must be strict at times. Therefore, the word 'Educator' was chosen as most suitable to describe this theme. The theme 'Educator' included three categories: Teaching, Responsibility as a professional, and Developing students' social skills and capacities (Table 3). They will each be explained in the sections to come.

Table 3: Categories and codes that construct the theme 'Educator'

	Categories	Examples of Codes
Educator	Teaching	Academic teaching
		Intellectual teaching
	Responsibility as a professional	Risk management
		Responsible relationships
	Developing students' social skills and capabilities	Develop students' self-esteem and capabilities
		Develop students' emotional intelligence
		Raise students' awareness

4.1.1 Teaching

All five teachers described that the basic role as hospital teachers is to fulfil their teaching responsibilities. For the two teachers working in the units with multiple teachers, they explained that the subjects are distributed between all the teachers every year in the beginning of the academic year:

> *I have teaching like basic teaching mostly mathematics and also some other subjects. … So we always have to choose like, who knows enough of this, that we can be in charge of this subject. (Anneli)*

Although there is a rough designation for the subjects to teach, they are required to be able to teach any subject, and to be flexible in the ways they teach:

> *But usually we have, so we have to be prepared to teach about almost anything. (Anneli)*

> *Also a little bit music. Not much but sometimes because my pupils can be at school anything from five minutes to six hours. (Johanna)*

Emilia has a small group of students with psychiatric issues alone with one teaching assistant, and Olavi works with another teacher in one classroom with primary school students who are inpatients or outpatients of psychiatric wards as the co-teaching system is employed in his unit.

Kristiina, who teaches in wards for students from first to ninth grade has described her teaching experience as follows:

> *So most of my work is that I, I teach individual kids next to the bedside or if there is two children in the same room and they are both in the condition that they are able to study so I take both of them at the same time. Or sometimes I take maybe three of them in kind of a different room. ... We have even a classroom, a tiny little class classroom in the basement ... (Kristiina)*

She also repeated the difficulties of being flexible with teaching depending on the conditions of her students:

> *So sometimes they are recovering from huge accidents or brain damage or something like that and ... they have life threatening condition so, so then we are not, of course, teaching them before they are in the condition that they are safe ... and they have the energy at least that they can lie in the bed and they are able to take our teaching like at least a little, maybe 15 minutes or half an hour if that is all what they can can do. ... I have to find out who are my students and if they are in the condition that I can go and teach them ... (Kristiina)*

All teachers have mentioned these teaching work first when asked about their daily work content. Anneli has further described her aims and ingenuity in teaching:

> *But as a teacher, I might see myself more as an instructor. So I'm not giving, giving the answers and just lecturing. But I try to get the students to think themselves and find the answers. So, but of course, still can take the teacher part also, but not as a very, not such a like old fashioned teacher, but more of like, a teacher who teaches skills on how to learn then not just this content. (Anneli)*

These comments have implied that the teachers find teaching as their initial roles. Moreover, ingenuity was seen in teaching in hospital schools, such as being compatible with both generalist and subject teaching, and co teaching in a classroom. All teachers were prepared to

teach in a flexible way, as situations are unpredictable depending on the students' conditions and treatment schedules, regardless of teaching in wards or in hospital schools.

4.1.2 Responsibility as a professional

This category was formed from codes which represented the teachers' roles to be responsible and, in some ways, strict to provide a safe space for both teachers and students. One of the main codes within this category was 'Risk management'. Some talked about their experiences of risk management from the perspective of protecting students. These included both physical and pathological risk management as Johanna and Kristiina explained:

> *And if we are going somewhere there must be a lot of adults. Maybe not so many students because when we are going out I mean for example, some, when we go out and by cars somewhere or or seeing orchestra or something, whatever. Because there can be things afraid them a lot. There's many new people, … you don't know what places look like and there can be people that you don't know and everything. (Johanna)*

> *We have even a classroom … but now when we have had this Corona time, like it has been too big risk to take all the children from the different units to the classroom because … they are either recovering from an operation or they have a cancer or they have something, something else which kind of put them in risk somehow. Like they, they shouldn't get any infections. (Kristiina)*

The hospital teachers also brought up comments about the safety of teachers, especially as a hospital teacher working with students with mental health issues:

> *… maybe I'm a little bit I wouldn't say cynical, but sceptical, maybe, in those terms that because we can have very severely psychiatrically ill students. Some aren't… some of them have been quite violent and aggressive so I wouldn't want to find myself in a situation that they know exactly where I live if I have made them mad. Nothing like that has ever happened. But I think there are certain ways that you can make sure that it doesn't. (Anneli)*

Additionally, as a teacher working with younger students Olavi noted the necessity of physical restraints in order to create a safe environment for all students in the same space:

And … sometimes there is very, very hard situations that we have to like… we have to restrict them physically. Like that they don't hurt themselves, or other students. (Olavi)

For teachers working in hospital schools, building a close relationship is seen crucial. However, the teachers have expressed their responsibility of undertaking the 'strict' role at times. One teacher has talked about keeping a responsible distance with the students and always keeping in mind the relationship between them:

But I think it's important to remember that I am the adult and they are still students. And even though we are like [close] I'm not supposed to be their friend or their pal or something … I also think that as teachers, we have to be aware of our responsibilities as teachers if they… if the student tells us something that we need to tell forward like to the officials, then we just have to do it. Even though the student would have been, would have thought that this is confidential information. So I think that in such cases I always tell the student, "you know that I have to take this forward if you're telling me something like this". (Anneli)

Emilia expresses her role to push the students from their limits and out of their comfort zones:

… these students have to face the challenges, not to run away from the challenges. … And I have to always say them, that "but this is the problem. You have to practice it. It doesn't go away by running away" (Emilia)

Another interesting perspective regarding their responsibility as professionals was seen from Kristiina, who works with hospitalised children including those are given limited time to live. She expressed her strong responsibility to provide education which all children are entitled to:

I think maybe the main, main guideline for me is to make sure that every single child no matter how severe the damage is; maybe they have been in an accident or they have just received the cancer diagnosis or, or they are severely disabled, mentally even, and they they might not be able to communicate, they might not see anything, or like no matter what is the child condition at the hospital my main job is to make sure that that child is having possibility to get study … and make sure that when they, they… if they get better and they will be able to get back to the classroom so they will be able to continue their studies in the same level of what their peers who have been in the classroom all the time [and] that they have got all the most important skills and the knowledge that they… they

are not kind of left behind with their classmate so that they… they shouldn't be suffering, because they are ill. (Kristiina)

It was vivid that whether it be in the aspect of risk management, undertaking the difficult role, or serving as a provider of the basic rights of students, the hospital teachers are always under a sense of responsibility as a professional.

4.1.3 Developing students' social skills and capacities

The final category of teachers' roles as an educator was the role of developing students' social skills and capacities. This was a crucial category to generate the theme 'Educator' instead of 'Teacher' as it encompasses the roles teachers carry in educating their students about "... ethical, moral, intellectual, and social values" (Cheney, 2022, para.9). As most teachers are working with students from psychiatric units unable to attend their own schools, one of the main points in focus amongst all teachers was about developing students' self-esteem and their capabilities in society. All five teachers have talked about showing them positive attitude in their days at school and hope for the future. One example is about giving students the feeling of success:

And success. There is… all can participate and include themselves in, in learning process… process and they can work and be like "yes, I did it!" (Olavi)

And with success, of course not nothing like "Oh, I'm big and famous" and but just that "I could do this." (Anneli)

The teachers have also mentioned developing motivation and the feeling of capability in their studies:

I think the first thing is to motivate them to study and see that they have a hope in the future and see they are worthy, worthy of achieving their studies to go to high school or vocational school after the secondary school. To set goals and motivation and self-esteem problems to show them that they can do it (Emilia)

Johanna also talked about mitigating negative emotions toward schools so that they will be able to adapt in different environments:

Sometimes I try to find ways that they feel that school is okay place. It's not bad. Everything, every school, they are not full of bad things. But they can get feeling that I can go to school, I can manage and there's nothing happening to me. I can be myself and I can go away when it feels so. And something like that. Because if they get such feeling they can go again to another school, or back to their own school. (Johanna)

A different aspect in this category was developing students' emotional intelligence. One factor of this was for the student to gain a deeper understanding of themselves:

... and also to ... guide them to get to know themselves better their feelings and their inner thoughts and things like that. (Anneli)

Another was about handling their emotions for an appropriate behaviour when interacting with others:

Like when our pupils are young, they need more guidelines for how to be a human to another human. For example, in form of social and emotional skills. (Olavi)

So that like to support the students to like the age-appropriate behaviour to find that (Anneli)

Anneli has furthermore described the importance of raising students' awareness of society and their ignorance, for them to understand their capacities:

But also to make them see realistically, 'cause sometimes we also we can have students who already think that ... they know everything that they can do everything. So it's also our job to show them that you still have something to learn and try to find that what would be the most important thing to learn now. (Anneli)

In summation, the narratives by the teachers showed the important role of teachers in developing students' social skills and self-esteem for them to eventually move back to their original schools. This category, along with 'Teaching' and 'Responsibility as a professional' constructed the secure role of hospital teachers as Educators.

4.2 Teacher as a *'Supporter'*

As was explained in section 3.4, this theme of 'Supporter' identifies hospital teachers' roles of sympathising and providing support to multiple stakeholders such as students, their families and teachers in general schools. Morelli et al. (2015, 484–491) has clarified the two distinct types of support provision: instrumental and emotional. It has been proved that they both have the potential to influence the recipients' wellbeing, especially when the provider is emotionally engaged in the provision process (Morelli et al., 2015, 485). From the narratives in this research, a pattern emerged that the codes related to support were able to be categorised into these two – instrumental and emotional– types, which led to the categories that can be seen in Table 4. Instrumental support includes support that can be visualised, such as consulting work with general schools and taking part in the students' rehabilitation process. Emotional support encompasses codes which refers to the deep relationships with students and their families and their daily attitudes which leads them there. It is crucial to mention that as with any categories, instrumental and emotional support are intertwined, and they cannot be separated distinctively. Especially with these categories, as mentioned above with the research by Morelli et al. (2015, 485), most instrumental support can fall under emotional support since they are usually driven by emotional factors.

Table 4: Categories and codes that construct the theme 'Supporter'

	Categories	**Examples of Codes**
Supporter	Providing instrumental support	Guide
		Consulting work
		Rehabilitation
	Providing emotional support	Understanding, accepting and embracing the students
		Having a close relationship with students
		Advocate
		Supporting the family

4.2.1 Providing instrumental support

Apart from teaching, all five teachers had experience or were working as consultants during the time the interviews were conducted. The content of consulting work is usually visiting regular schools that have requested for support to observe classrooms and specific students with certain difficulties. The teachers then give advice from the perspectives of a special education teacher, sometimes suggesting conventional schools to consider temporarily transferring students into hospital schools. Anneli describes the process as follows:

> *Well, the main thing that we go to the classroom and we observe the, of course the set [discussed] student and also the whole classroom how, how its functioning and how is the communication between the student and teacher maybe and what, basically everything that there is and we'll try to then together with the teacher will try to figure out if there still something they could do in the classroom or do they need some other support there. (Anneli)*

Olavi talked about the necessity of this consulting work from the perspective of inclusive education and the best solution for students:

> *This is this is like an inclusive solution. So they could stay in their own schools, so they don't all have to come here (hospital school) at all. So usually, the cases [students] that we take, they are the most, most like, they need very strong support. (Olavi)*

Emilia has visited schools as a consultant, but consequently brought together students unable to go to their regular schools to create a small group of her own so that they can carry on with their studies in any kind of way. In this consulting work, most have described the importance of sympathising with, and reassuring teachers in general schools, which is a factor that can also be considered as a part of emotional support:

> *A lot of time, the schools have, have already done a lot and we don't really have a lot … to give them but sometimes it also helps that they can hear that, that someone is telling them that you're already doing a good job here, so that's one part of the work too. (Anneli)*

Another type of 'instrumental support' that appeared in the narratives were acting as guides for the students. They can be approached in emotional aspects as Anneli describes:

... guide them to get to know themselves better their feelings and their inner thoughts and things like that. (Anneli)

And guiding them through challenges regardless of whether it is physical or mental:

We, we want to make a difference and we want to help, help kids no matter if it's a mental problem or if it's physical challenges or no matter what. (Kristiina)

Olavi also mentioned the importance of providing a visualised guide especially for those with learning difficulties, which can be in forms of guidelines and structures of the day:

I think that the most important is that I... I want to be like, safe and... and not in old way strict, but there must be guidelines and structures in our day ... (Olavi)

The final type of instrumental support was taking part in the students' rehabilitation process, which only Kristiina who works in wards was involved in. This rehabilitation is aimed at addressing both the mental and physical ailment of the patients:

I'm also part of that team which takes care of the rehabilitation and, and we, we will work together to help the child get back to normal or as normal as possible. (Kristiina)

Varying from consulting work which also entangles into 'emotional support', to acting as guides and playing a part in rehabilitation, the teachers carried underlying roles of fundamental support provision, which in this research was named instrumental support. The stakeholders in this support provision were mainly identified as students and teachers in general schools.

4.2.2 Providing emotional support

One of the major roles that the teachers expressed in this category was facing each student with sincerity to understand, accept and embrace them for who they are:

Because we have to meet everyone and take everything what they give, they can be whatever and and you have to understand their problems and trying to find out why things are going wrong in their own schools. (Johanna)

I wanted to like have more personal contact with each student and kind of have the opportunity to embrace the own individual kind of personalities (Kristiina)

… I try to keep always my mind open and try to face and encounter every student as they are and get to know them through, through their… their interaction with them. Not through papers first or, kind of those. Like, like really to get to know them through interaction with them. (Olavi)

Furthermore, especially as most students that the participants work with are those unable to attend their own school for psychiatric reasons, to let them know that they are seen and heard are necessary elements in their hospital school lives.

… because this school is very small, we talk a lot to the students … they do need an adult to listen to them. (Anneli)

That's what I'm trying to do, that, make those feeling just like there's someone who really saw them and really wants to meet them… every time when pupils come here, he or she is really welcome. And we are here just for them. Not for ourselves or not for other teachers but we are for those kids or young ones who are coming. (Johanna)

In relation to the above quotes, they see importance in how they connect with the students to build a close relationship with each other:

… we can play together with cards and games, and we can have fun and laugh together, and stuff like that. So we can be sort of in a friendly basis there. (Anneli)

I try to be present and forget everything else and be present for that child because that might be the last time you ever be able to see the child and work together. (Kristiina)

Additionally, as there are multiple stakeholders working together to support each student, the teachers work as advocates for the perspectives of students. One example is Johanna attending a multidisciplinary meeting:

I'm not [attending] every week, but sometimes I'm [there] because it's a situation where I can see the people who are dealing with the pupils and we can try to find same same points which are important for every one of us and what we are trying to suit the student … And I can say "now, this young woman needs time. And the steps must be very little." (Johanna)

Kristiina also describes her experience as follows:

I find myself as a lion, mother for all the … kids. (Kristiina)

In contrast to the provision of instrumental support, the main stakeholders that appeared in emotional support were students' families as well as the student themselves. The code 'Supporting the family' represents how hospital teachers work to emotionally support students' families. Although the word 'parents' was used in most narratives, Kristiina mentioned the presence of grandparents and siblings. Moreover, since there is no certainty that every student has parents, the word has been replaced with 'families' within this research's findings. Communication with families is important for providing a better environment for students, but it is also crucial for the teachers to reach out to the families to ask how they are dealing with the situation on a regular basis:

> *… we tend to call [the families] also sometimes that just to check up that "how are you doing in home" and we talk, talk also the things that are good here. (Olavi)*

Teachers also play a role in informing families about students' conditions and study content and behaviour to support them in feeling reassurance or in preparations for whatever may come ahead:

> *… there's always a mum or dad or grandma or someone. The guardian of the child in the hospital. So we go and we say hello and we kind of have a little chat with the parent also and then we do our job and then when we leave, we will give feedback also to the parents. How did it go and what did we do? We always try to find something positive to… to tell also. But if we have worries and if we have concerns, and if I find out something which I think is valuable and something that is maybe something new for the parent, we will always talk about them, and also with behavioural things. (Kristiina)*

It was distinct from the narratives that teachers who also have their own children feel a firmer sense of responsibility and motivation to support families emotionally, especially with Kristiina who teaches in wards with sometimes severely ill children:

> *And then it's like you feel… because you are a parent yourself you will feel of course, you know like what it means to be in a situation where you… you lose your child. (Kristiina)*

This highlights how personal experiences can have an influence on how teachers shape their perspectives and approaches towards their roles in hospital schools. To summarise, teachers in hospital schools perceive the roles of supporting not just their students, but also teachers in general schools and students' families. The types of support provision can be instrumental such as consulting work as a professional in special education, and emotional which includes embracing students for who they are and creating a safe space for students and their families.

4.3 Teacher as a *'Collaborator'*

It is efficient for teachers to work together within schools, in a local level, or peripherally to develop their new ways of teaching (Butler et al., 2004, para.6). In this research, the narratives described the teachers in hospital schools working together in a multidisciplinary team which became the final theme: 'Collaborator'. As described in 3.4, the word collaborator demonstrates the meaning of working together with different stakeholders to accomplish a shared goal, purpose or meaning (Moseley, n.d., para.4–8). This research identified four main stakeholders that hospital teachers collaborate with, which were; colleagues, medical professionals, students' original schools, and the students' families. Each has been a category to form this theme as can be seen in Table 5. Hospital teachers collaborate with these stakeholders to together aim for a healthy physical and emotional development of students.

Table 5: Categories and codes that construct the theme 'Collaborator'

	Categories	**Examples of Codes**
Collaborator	Collaboration within hospital schools	Collaborative teaching
		Working as a team with colleagues
		Hospital school meetings
	Collaboration with medical professionals	Discussion with hospital staff
		Work with social workers, caretakers
	Collaboration with students' original schools	Organising study content
		Communication with students' original teachers
	Collaboration with families	Working together with families

4.3.1 Collaboration within hospital schools

This category was originally named ‘Collaboration with colleagues’. However, in the dictionary the word ‘colleague’ was defined as ‘one of a group of people who work together, a person that you work with’ (Cambridge dictionary, n.d.). It seemed too vague as a word under the theme ‘Collaborator’ where the premise is that they all work together regardless of the stakeholder. Hence, it was named ‘Collaboration within hospital schools’ to clarify who the teachers collaborate with; in this case, other hospital teachers and teaching assistants.

One of the clear collaborations seen within hospital teachers and teaching assistants was collaborative teaching. Teachers can work together in one classroom, as mentioned in the case of Olavi in 4.1, or can work with teaching assistants:

> *We have two teachers in our class. We have this co teaching system in our class. (Olavi)*

> *… fortunately, I have [special education assistant] here. So it's nice to have her here with me so I don't have be alone. (Kristiina)*

Furthermore, there are cases where they combine classes together for certain subjects. All teachers –expect Kristiina working with individuals in wards– have their own class where they teach and oversee their students’ conditions and social, emotional and academic development, to consider for any kind of further support. However, as described in 4.1, teaching plans in the school is based on a premise that there are allocated teachers for each subject, and there are specific subjects executed regularly that combine all classes together:

> *And maybe not just that, when we have this, these subjects like arts and music and this kind of thing, crafts. Then we mix the groups always and … And PE yes. … everyone who is allowed to take part is there. Yeah. So those those subjects we also mix well. (Anneli)*

> *And usually on Friday we have this music class, and it's a home-school music class. We all come together in one classroom and we have like, different songs that we sing together and rhythms and things like that. So that's like our, our school's own little get together every Friday. (Olavi)*

It was visible that these collaborative teaching is no novelty nor a burden for the teachers, since they elaborated on how they constantly work together as a team flexibly. There are regular

hospital school meetings and teachers communicate whenever they feel the necessity to, which works to create an atmosphere of collaboration and support between each other:

> *We have this weekly meeting with the school, our school staff, where we try to always because it's on Monday morning, so we look for the coming week or two, what's what's coming and we try to have more of those kinds of get together meetings, that we would have more time to talk about students. (Anneli)*

> *... of course when we see each other in the corridors and because the school is such a small place. So it's quite easy to then walk to the other classroom and ask, "how did you think about this?" If we haven't remembered to talk about something. (Anneli)*

> *And then I also have my, my pair like (Colleague) who's working with me, so, so we can support each other and divide tasks also. (Olavi)*

Additionally, depending on the situation of each day, the teachers actively join different classes or welcome different students to support other classes which require more help, which also creates a space for students to feel they can rely on any teacher in the school:

> *... So then we can go to the other classroom and ask if they need someone or if they want to send someone to the other class. So we like trade? Students sometimes. So we always say that even though we have like nominated groups that these students are in this group and these students are in this group ... we like to think that every teacher is for every student ... [and] every time a new student comes here we always tell them that you can ask if you have to ask something you can ask for anyone, any adults. We are all there for them. (Anneli)*

Not only do teachers collaborate with each other in the same school, but they work together with colleagues in different hospital schools to develop their work and mentally support each other:

> *I am working together ... [with] other teachers in other hospital like university hospitals who also teach cancer kids. So we, we meet with teams regularly and we discuss how to kind of improve our job and what can be done, what [is] done better in other hospitals. So, so they they are a big part of... kind of my cooperation ... and also, we support each other when, when one is having a difficult time because of the children who are dying*

or who died recently. So we, we support each other and be kind together. And hold hands even it's distant but still. (Kristiina)

From collaborative teaching to constant communication between one another, hospital teachers work together not only to develop a better environment for their students, but to mentally and physically support each other, which consequently leads to a higher quality of their work.

4.3.2 Collaboration with medical professionals

The distinctive feature of teachers in hospital schools is that they teach students with physical or mental chronic, terminal or temporary illness. Therefore, the collaboration with medical professionals is inevitable. Hospital teachers play a crucial role in actively collaborating with healthcare professionals to provide better support for students. They communicate with doctors and nurses on a regular basis to be kept informed about students' health conditions and share any important information:

... I think that's mainly that form of working with the hospital staff, is like talking with them and about this student's issues and things how they have been doing in school and should we need to know something, and it's done mainly by phone ... (Anneli)

Their collaboration is not only reporting and sharing students' conditions, but also discussions on finding solutions in unfavourable situations. This can be seen as crucial to be done by the perspectives of medical experts and teachers who are constantly overseeing the situation and can be advocates of the students:

... if pupils or student ... has harmed him or herself we have to talk a little bit but then there's always or quite often, almost always some kind of nurse or someone we ask because we have to make planning. Planning for those situations or something. (Johanna)

Furthermore, different fields of experts such as social workers and psychologists participate in these meetings:

I do this work with parents and social workers and with caretakers and medical staff … We set meetings where we can we try to together find solutions, how to help them to come to school. (Emilia)

I work together with doctors and social workers and psychologists and psychiatrist, physiotherapist … and occupational therapist. So I am part of at least two or three different teams also inside the hospital where we, where we work together when we have most complex or demanding patients, which means I need many types of support. (Kristiina)

Working in hospital wards, Kristiina inescapably has more frequent involvements in communications with hospital staff. Confirmation of her students based on their conditions are required before teaching, but at the same time she has no authority to go through medical records or documents within the hospital. Therefore, being in contact every day with nurses and doctors is essential:

… I work with the staff every day, like I never go to the patient room before I have been in contact with the nurses or doctors sometimes who treat the patients. So we have to, we don't go and teach unless we get permission that they will tell us that "okay, he or she is now in that condition that you can go and say hello and you can start your work". … like we can't do our job, we are not able to go to the hospital records and go and read the patient's papers and find ourselves, so we have to ask. And that is kind of non-stop, everyday job. (Kristiina)

From the five narratives collected, it was clear that teachers in hospital schools collaborate with multiple medical experts to ensure the safety of students and make an effort for the healthy development of their students/patients.

4.3.3 Collaboration with students' original schools

As part of the multidisciplinary team that surrounds the students, it is crucial for the communication between teachers in hospital schools and teachers in students' original schools to be taken constantly for all information to be in alignment. They are usually in touch by phone or email:

… cooperation with the old school it should be regular. And depends a little bit of course on the timeline, time period, how long it is that how often do you do it. And that can be done lot by email also. (Anneli)

I work with original school teachers. We send emails and phone, and change information (on) how this pupil are doing. (Emilia)

In addition to sharing information regarding students' situations, organising study content for students and arranging the evaluation process was seen as the main duty within this collaboration:

Because sometimes they want to send the exercises and exams from the old schools, and if we can do them here. And we have noticed that it's quite good in such a way that they can do the same exams that they would be doing in the other class in the old school would be doing and then we don't have to make the exams from scratch. (Anneli)

But basically, if the child is let's say a week or more than a week, then we will for sure take contact to the old school also to ask advice and they send us kind of tests for the students. And we sent them back for the old school so they can evaluate … (Kristiina)

Furthermore, hospital teachers work to provide adequate support in students' school transfer processes:

And then afterwards like to go to the school and help them to get back to the normal and follow up and things like that. (Kristiina)

As the third category of 'Collaborator', collaboration between hospital teachers and students' original school was identified. Exchanging views and staying on the same page regarding students' academic progress and conditions lead to expediate a smoother school transfer process for students.

4.3.4 Collaboration with families

The final category in the theme 'Collaborator' was 'Collaboration with families'. The relationship between hospital teachers and students' families has been described in 4.2 in the perspective of providing support. This category identifies a flat relationship between them, and a collaboration to work towards a shared aim: a safe and healthy development of students. As was with teachers from students' original schools, communication between hospital teachers and students' families is constant to share necessary information to stay on the same page:

> *... something like once in a week or once in two weeks, with all of parents. And we have we have good, good and open connection with all of all of their parents. (Olavi)*

> *... we will communicate with the parents also, like at least twice a day before we go to the patient room. (Kristiina)*

Communication is especially valued in challenging situations:

> *So we have issues; some kids are kicking, shouting, and not always so happy and willing to study. So there are all kinds of issues and those are the ones we will discuss with the parents immediately so they always know what has happened and, and why, why did it happen. (Kristiina)*

> *... usually when we call, we call about situations that are... when there's very bad conflict or something ... (Olavi)*

Thence, families are involved to together with the teachers find solutions on improving the situation or considering ways for students to get back to their original schools:

> *We [Teachers and parents] set meetings where we can we try to together find solutions, how to help them to come to school. (Emilia)*

Teaching in the wards, Kristiina has described her experience of receiving support from the families regarding schedules and study content:

> *Sometimes if I know the patient well from before, ... sometimes even parents let me know that they are coming tomorrow at two o'clock, so then I don't have to go and ask the nurses ... If the child is there only for one day or two day, then we might not have time to take the contact [with their school] also. So then we rely on the parents' advice and what the parent will tell us what, what was the homework for the yesterday, so we*

know where they are in the math and where they are in the English, and we continue from there. (Kristiina)

From these situations, she has mentioned how their relationships have developed:

Also, you'll become really close also with the parents… and the siblings sometimes also they visit in the hospital so the whole family become, become really close. (Kristiina)

Emilia has also noted challenges with the students' families, especially when they are protective about their children:

They might say, she or he doesn't come to school today because she has this and this and this. And I have to always say them, that "but this is the problem. You have to practice it. It doesn't go away by running away". I always have to do the same discuss(ion) every time. It's very difficult to make them understand that … this is a very safe and secure environment for them. (Emilia)

In precis, the final role that hospital teachers perceive was the role of a collaborator. There were four main stakeholders identified that they collaborate with; colleagues in hospital schools, medical professionals, teachers from original schools, and students' families. Hospital teachers work together with each stakeholder to accomplish a shared goal of providing adequate support, solutions and creating a safe environment for students.

5 Discussion

The aim and purpose of this paper has been to explore teachers' perceptions of their roles in a complex setting of hospital schools in Finland. In this chapter, the research findings will be summarised and discussed along with the reflections on the research and research process examining the trustworthiness, ethical considerations and limitations of this study.

5.1. Overview of the results

By conducting a thematic analysis of the five narratives of Finnish hospital teachers, it became evident that these teachers perform multidimensional roles when teaching in intricate healthcare settings. Among these, three prominent emerged as the key roles of teachers working in hospital schools: Educator, Supporter and Collaborator. It is important to note that these themes are all interconnected and carry equal significance. Table 2 as presented in the previous chapter displays the identified themes and their corresponding categories. Each theme will be discussed in detail, in relation to the current literature and studies explained in Chapter 2.

Table 2: Overview of the thematic analysis of teachers' perceptions of their roles in hospital schools

Themes: Perceptions of roles	Categories
Educator	Teaching
	Responsibility as a professional
	Developing students' social skills and capabilities
Supporter	Providing instrumental support
	Providing emotional support
Collaborator	Collaboration within hospital schools
	Collaboration with medical professionals
	Collaboration with students' original schools
	Collaboration with families

Educator

The initial role that hospital teachers recognised was that of teaching. They were conscious of their roles in providing continuity in education and ensuring that each child receives an education suitable to their needs. Curriculums from students' original schools are adapted and adjusted to ensure appropriate learning content for every student. In addition to delivering knowledge, teachers also highlighted the importance of cultivating students' social skills. This is particularly crucial since these students are out of conventional schooling for extended periods of time, and for those with chronic illness this can be a recurring situation. Developing emotional intelligence to understand and handle their emotions, and raising students' awareness on society were given as examples of practicing social skills. Especially in the situations of working with psychiatric patients, hospital teachers underlined the importance of developing students' self-esteem, motivation and capabilities by creating opportunities for them to experience the feeling of success and mitigating negative feelings associated with themselves and schools. Such efforts are deemed critical in preparing students for a smooth reintegration back into their original schools. This dimension of teaching is tied to the unique pedagogical approaches in hospital settings that goes beyond the transmission of knowledge and learning skills highlighted in multiple literature (Äärelä et al., 2016, 16–17; Caggiano et al., 2021, para.24–25; Hen, 2020, para.2–4; Jiménez et al., 2019, para.48–49; Nabors et al., 2008, 223–224).

Along with nurturing students' social skills and capabilities, the necessity of enforcing boundaries and maintaining a responsible distance as a professional between the teacher and the students were mentioned in the narratives. As hospital teachers working with children and adolescents subject to medical treatment, they were acutely aware of the cruciality of risk management to ensure the safety of everyone involved. This can be an aspect that is currently lacking in the field of hospital pedagogy, as most literature tends to focus heavily on the warmth and attentiveness of hospital teachers (Äärelä et al., 2016, 16; Ávalos & Fernández, 2021, para.21; Caggiano et al., 2021, para.24; Jiménez et al., 2019, para.41, 48–49), while giving less attention on their strict roles that they must carry.

Additionally, teachers emphasised the significance of being innovative and adaptable in their teaching approach, considering the unique and dynamic circumstances that arise in the hospital setting. As Villegas-Reimers (2003, 32–38) has pointed out, the role of a 'teacher' has been

described in various terms such as ‘artists’, ‘researchers’ and ‘clinicians’, but in most cases policies work as hindrances for them to develop these roles. In reality, the skills and knowledge expected from teachers are in the common thread of pedagogical knowledge, skills of evaluation of learning and skills in implementing technology (Villegas-Reimers, 2003, 32–33). However, within this research the data set suggested different roles that the teachers recognise in themselves in hospital schools. Not only do they see themselves as professionals in teaching subjects, but they are also aware of the importance of possessing skills such as ingenuity and flexibility to teach in a complex environment. As authors such as Hen and Gilan-Shochat (2022, para.10), clarify, research participants mentioned the need to be open minded, creative and flexible when teaching in unpredictable hospital settings. These qualities are evident in examples such as being proficient in both generalist and subject teaching, and co teaching in a classroom.

Supporter

The narratives of hospital teachers also revealed their supporting roles beyond teaching. The supports provided by hospital teachers encompassed two types: instrumental and emotional. The former involved fundamental support provision such as consulting work, guidance and participation in rehabilitation. Emotional support on the other hand, entails providing empathy and a safe space by understanding and building a close relationship with each student and their families. It is essential to note that these two supports cannot be clearly separated since most instrumental support can be said to be driven by emotional factors. The distinct feature of this supportive role is that it was extended beyond hospital teachers’ own students to include other stakeholders such as conventional school personnel and the students’ families. Hence, this role of supporter highlighted how hospital teachers were conscious of their impact of their work on multiple stakeholders, and as such, their responsibilities extend beyond the confines of the hospital classroom.

Äärelä et al. (2016, 10) has mentioned consultation work and provision of guidance as critical components of hospital teachers’ roles, which has been echoed by the participants in this research. One crucial aspect of the instrumental support that the participants described is the consultation work they conduct with conventional school personnel. When requested, hospital teachers visit conventional schools to assist in identifying and resolving problems in the

learning environment, leveraging their expertise in special education. In contrast to the literature reviewed in this study, the narratives of teachers further emphasised serving as sympathetic consultants to teachers in conventional schools by providing encouragement, reassurance and sympathy. This role is also closely tied into the dimension of emotional support.

Through their narratives, hospital teachers conveyed a distinctive feature of hospital pedagogy within the emotional support role. They demonstrate an accepting and empathetic attitude towards each student, creating an environment where students feel heard, valued and safe. This approach illustrates what Jiménez et al. (2019) refers to as "an act of love" (para.41) and "pedagogy of love and tenderness" (para.48). Such an approach in hospital schools is crucial to nurturing positive relationships with students and promoting their emotional well-being. Additionally, working as advocates for the students has been recognised as an essential factor of emotional support. A strong quote from one participant that reflects this role was "I find myself as a lion, mother for all the … kids". This aligns with the statement made by multiple authors such as Äärelä et al. (2016, 10,16) and Hen and Gilan-Shochat (2022, para.45–50), who underscore the importance of hospital teachers serving as mediators between medical staff and children. Hospital teachers are uniquely positioned to act as a bridge between medical professionals and students, particularly as a familiar adult presence for the child or adolescent.

Furthermore, findings of this study indicated that hospital teachers provide emotional support not only to students and conventional school personnel but also to students' families. This aspect of the hospital teachers' role highlights their ability to provide comprehensive emotional support to all stakeholders involved in the students' education and well-being. The literature has acknowledged the significance of hospital teachers offering consultation to the parents of their students, by helping them to understand and address any issues related to their child (Äärelä et al., 2018, 1–11; Moruik, 2008, 1–69). Along with this already acknowledged support, the findings of this study indicated that the hospital teachers also formed personal relationships with the families. For instance, during interactions aimed at providing positive feedback about the students, the teachers consciously engaged the parents in conversations about their well-being, demonstrating care and empathy towards them. Moreover, unlike the limited focus of prior studies, the narratives of the participants revealed how their personal experiences, such as having their own children, could shape their perspectives and approaches towards the students and their families.

Collaborator

The final theme that was identified through the narratives was the collaborative roles that Finnish hospital teachers play in a multidisciplinary team. Hospital teachers recognise the importance of working together with other professionals to accomplish a common objective of ensuring the emotional and physical well-being of child or adolescent patients. Four main stakeholders emerged as the core partners with whom hospital teachers collaborate: hospital school personnel, medical professionals, personnel from students' original schools, and students' families. While collaborative activities of hospital teachers have been emphasised in various studies, the liaison activities among hospital teachers and teaching assistants within the hospital school have not been previously discussed in the literature and can be considered a unique finding in this research.

The notion of working as a team with other hospital teachers and teaching assistants was consistently emphasised in all five narratives. Hence, it is noteworthy as it appears to have been overlooked or given less attention to in the existing literature on the collaborative roles of hospital teachers. Continuous communication between teachers and teaching assistants is considered crucial, as the number of students and their condition can vary, leading to the need for spontaneous adjustments such as joining or welcoming students from different classes. Furthermore, as previously mentioned in the flexibility of teaching, hospital teachers engage in collaborative teaching, and regular hospital school meetings are held to discuss various topics ranging from students to the schools' structures, and teachers themselves. Another interesting perspective on the collaboration among hospital teachers was the provision of mental support for one another, as revealed by one participant who works in wards with students who face serious illness and short life expectancy, often resulting in the death of students. The participant shared an example of the regular meetings with teachers from other hospitals where they discuss their work and provide emotional support to those who are struggling with the loss of their students. The participant stated that they would "support each other and be kind together", and "hold hands even [though] it's distant" as a sign of solidarity.

Regarding the liaison activities with medical professionals, it was evident from the narratives that the hospital teachers work closely with multiple experts such as nurses, doctors and psychologists to ensure a safe treatment and promote healthy development of students. Effective communication and regular information sharing was deemed critical. In challenging

situations such as psychiatric patients' self-harm, joint discussions involving both medical and educational perspectives are conducted to find optimal solutions. Some literature (Caggiano et al., 2021, 25–27; Hen, 2018, 224; Jiménez et al., 2019, para.42) has emphasised on the negative views of hospital teachers towards medical staff, and Klerman (1985) has pointed out the issue of medical professionals paying inadequate attention to the educational needs of paediatric patients and the unwillingness to collaborate with different stakeholders for medical management. However, the participants in this study did not share such views and regarded the collaborative activities as crucial and fundamental in ensuring both medical treatment and education for each child.

The narratives of hospital teachers have echoed previous research (Äärelä et al., 2016, 9–16; Äärelä et al., 2018, 1–2; Ávalos & Fernández, 2021, para.22–23,30; Breitweiser & Lubker, 1991, 31; Caggiano et al., 2021, para.13; Hen and Gilan-Shochat, 2022, para.9; Hopkins, 2016, 3–5; Murphy & Ashman, 1995, 32–33) on the collaborative relationship between hospital teachers and teachers from the students' original schools. The hospital teachers prioritise careful communication to ensure a smooth transition process for students entering and exiting the hospital school. Information about the students' curricula, academic abilities and needs are shared from the original schools, while the hospital school shares information about the students' progress and facilitates discussions about their transition back. Additionally, hospital teachers play a crucial role in accompanying students on their first day back to their original schools, as emphasised by Ávalos and Fernández (2021, para.22–23,30). The alignment of both hospital schools and conventional schools is necessary for this transition to be as smooth as possible. Based on the findings, hospital teachers consider collaboration with students' original school as essential to ensure a successful transition between the hospital school and their original schools.

The final core partners that hospital teachers recognised was the students' families. As mentioned in chapter 2, Äärelä et al. (2018, 10) has categorised four types of teacher and parent relationships, and most participants in this research expressed that they experience a "Parallel, Harmonious Collaboration" (10) with families, which is seen as the ideal form of collaboration. This type of partnership involves a collaborative and coordinated exchange between the hospital school and the parents. Narratives highlighted constant communication with families, where they share vital information and discuss to find solutions in challenging situations. Especially for teachers working in the wards, findings suggest that these collaborative activities

lead to fostering a close and personal relationship with the families, which is closely tied to the supportive role that has been mentioned earlier. On the other hand, one narrative presented the difficulties in collaboration with families, particularly when the parents become overly protective of their children and are hesitant to accept teachers' advice. According to Äärelä et al. (2018, 10), parents who lack interest in their child's education, or who constantly question and challenge teachers' expertise can be difficult to collaborate with. However, this participant noted a new type of parent who is overprotective yet unenthusiastic about sending their children to school, which has not been previously discussed.

5.2. Reflection on the research and research process

Reflection on the research process is a crucial element in qualitative research. According to Lichtman (2012, 164), reflexivity plays an important role in being aware of the biases that researchers bring into the research process and how these biases can affect the research itself. It is therefore essential for the researcher to engage in a process of reflection to examine their own biases, assumptions, and values that may influence the research design, data collection, and analysis. This reflective process in this section can enhance the credibility and trustworthiness of this research and contribute to the overall quality of the research.

5.2.1. Trustworthiness

In any research, it is essential for the researcher to ensure the validity and reliability of their findings. Especially in narrative research, it is important to clarify the intended representation of the narratives (Polkinghorne, 2007, 479). In this study, the narratives are comprised of stories and experiences from the past and present, aimed at exploring the experiences of hospital teachers and their perceived roles. To maintain consistency, all five interviews were conducted using the same set of questions, with additional follow-up questions as needed to encourage deeper discussion.

Riessman (2002) argues that complete neutrality and objectivity are unattainable in presenting narrative research as researchers can never have direct access to the personal experiences of the participants. The researcher's interpretation can impact several layers of performances in research, from evidence collection to data transcription and analysis of the narratives (Larsson

& Sjöblom, 2009, 276). The two levels of data collection and transcription have been discussed in detail in sections 3.3 and 3.4. The researcher was careful to speak as little as possible to allow participants to tell their stories without interruption, and all necessary data was transcribed verbatim. With respect to analysing the narratives, thematic analysis was used to identify and categorise words and phrases with the least possible researcher interpretation. This ensures that interpretations are consistent with the data.

In addition to the importance of validity and reliability, Lieblich et al. (1998, 9) argue that the richness of information and the use of numerous quotations can enhance the credibility and meaningfulness of the findings in narrative research. As such, in this study, the researcher made a deliberate effort to incorporate a variety of quotations from the participants to ensure that their voices were represented accurately and to minimise the potential for researcher interpretation. The use of direct quotes from the participants can also serve as evidence to support the claims made in the analysis and interpretation of the data. By including a range of participant perspectives, this research aimed to provide a comprehensive understanding of the experiences of hospital teachers in Finland.

5.2.2. Ethical Considerations

As Josselson (2007, 537) states, "narrative researchers have an ethical duty to protect the privacy and dignity" (537) of their research participants. This necessitates a constant awareness of ethical considerations throughout the whole research process. Christians (2000, 144–145) underscores four distinctive aspects of ethics to keep in mind in qualitative research. These include obtaining informed consent, avoiding deception, protecting the privacy and confidentiality of the participants, and ensuring the accuracy of the data. Several of these aspects within this research have been previously discussed in chapter 3; thus, this section will provide the summary and a more detailed examination of these ethical considerations.

As a first step, an informed consent (Appendix 2) was sent out to each participant by email prior to the interviews. This was developed following the format developed by the Faculty of Education in the University of Oulu, which included the research's general information such as its aim and purposes, and a clear note that the participation is entirely voluntary and could be withdrawn at any time. This was reiterated verbally in the beginning of each interview, and a

final confirmation of the participation was obtained. In narrative research, where participants often reveal deeply personal stories, protecting their anonymity and privacy is crucial to encourage open and honest discussions without fear of judgment or negative consequences. (Josselson, 2007, 541). Therefore, to ensure anonymity, the participants were explicitly informed and educated before the interviews to refrain from using any identifying information such as proper names, and to instead use more generic terms such as ‘colleague’ or ‘student’. Proper names that could contribute to identifying people or places were omitted during the transcription process, and all participants were replaced with pseudonyms. The accuracy of data was ensured through a meticulous transcription process as described in 3.4, where the interviews were transcribed verbatim.

It is also worth noting that each interview was concluded with care, taking into account the nature of narrative research. According to Josselson (2007, 544), the end of narrative interviews can be experienced as the end of psychotherapy for the participants, as it is a moment when they express vulnerability after sharing deeply personal stories of their lives and feeling emotionally connected to the interviewer, while also realising that they may never see each other again. Given the emotional weight of this experience, the interviews were ended in a thoughtful and respectful manner, with the interviewer acknowledging the participant's contribution and thanking them for their time and willingness to share their story. Participants were also given the time to express any feelings or thoughts they have, serving to minimise any kind of emotional harm that may arise from the participation in this research.

5.2.3. Limitations

This study’s limitations are largely related to the participant selection and the data collection process. As the study involved five participants from different units in the same school, the sample size is small and limited to a specific context, which can affect the generalisability of the findings. Despite this, the study's results align with the existing literature on the topic, indicating that the findings can contribute to the field. Additionally, the study could have benefited from a more diverse sample in terms of the teaching environment. Four out of the five participants were teachers working in classrooms in hospitals, and only one was teaching in the wards. This limited the variety of perspectives on the experiences of teachers working in different environments, such as those who deal with students' deaths. Thus, including more

hospital teachers working in wards would have provided a more comprehensive understanding of the research topic.

The ways in which the interviews were conducted is also a significant limitation to consider. As stated in section 3.3, all interviews were conducted in English with Finnish hospital teachers. While the participants acknowledged the use of English, some commented that it was challenging to express certain experiences and emotions in English rather than Finnish during the interviews. Given that this was a narrative study aiming to encourage participants to speak freely, the language barrier may have limited the amount of stories that the participants could express. Additionally, two interviews were conducted online, which may have impacted the nature of the conversation and the data collected. It is possible that face-to-face interviews would have resulted in different data and more detailed accounts.

The limitations identified in this study have the potential to impact the richness of the data and the scope of the research. However, they present valuable opportunities for future research to explore different modes of communication and participant selection, ultimately expanding the breadth of the research. As such, this research can serve as an informative starting point and an additional resource for further study in this field.

6 Conclusion

This thesis has investigated the experiences of Finnish hospital teachers in a complex hospital environment, exploring their perceptions of their multidimensional roles. The study revealed three interdependent dimensions that emerged through the five narratives, namely the roles of educator, supporter, and collaborator. As this research has contributed to expanding the current knowledge on this topic, it also offers opportunities for further studies in this area. Therefore, this thesis concludes with suggestions for further research and implications.

When conducting research on hospital schools, one important consideration is the perspective of the students. However, in this study, several factors hindered the focus on students' perspectives. Firstly, the participants were underaged, which could have presented ethical issues. Secondly, there was a risk that participating in the research could have negatively affected their mental and physical health conditions. Finally, the participants' English skills were uncertain, which could have impacted the quality and accuracy of the data collected. As a result, this research instead explored the perspectives of hospital teachers and their perceptions of their roles, which can contribute to a better understanding of the needs of hospitalised children and the challenges that teachers face in their work. However, further studies could focus on developing the perspectives of children and adolescents in hospital schools to directly identify their needs and the roles that hospital teachers play in meeting those needs.

In order to further explore experiences and perceptions of hospital teachers, it may be beneficial to delve deeper into exploring the experiences and perceptions of hospital teachers in different contexts and conduct comparative studies in various countries to identify cultural and contextual differences. It may also be important to conduct separate studies on teachers working in classrooms in hospitals and those working in the wards, as this study recognised significant differences in their experiences and emotional challenges. Furthermore, it may be useful to investigate the impact of hospital teachers on the academic and emotional well-being of the children and adolescents, as well as examining the effectiveness of the training and support provided to them. In line with the literatures reviewed in this study (Ávalos & Fernández, 2021 para.26; Benigno & Fante, 2020, para.58–59; Caggiano et al., 2019, para.26; Hen, 2020, para.77; Hen & Gilan-Shochat, 2022, para.34; Nabors et al., 2008, 224) future research could also investigate the effectiveness of training and support provided to hospital teachers, as it appears that support and training are essential for the demanding work of hospital teachers.

Therefore, future studies should focus on this aspect to ensure that the needs of hospital teachers are adequately met.

This study can be significant for hospital teachers to deeper understand and perceive their working lives and environment as a hospital teacher. The findings of this research can be beneficial not only for hospital teachers but also for administrators of hospital schools, medical staff, and regular school teachers working with hospital teachers. By having insight into the hospital teachers' roles, they can work together to improve the quality of education and healthcare provided to hospitalised children. Finally, this research study wishes to partly contribute to bringing light to this significant topic and raise awareness and the lacking cognition of the experiences and issues occurring in hospital schools. The poignant words of a participant, shared in this thesis's conclusion, aim to touch the readers' hearts and shed light on the crucial work of hospital teachers in supporting and educating hospitalised children:

> *… it makes you appreciate little things in life and it is life changing. Like you are not the same person. And I think nobody could be the same person. I think I knew quite a lot of about life and… and I had my values in right position already when I started but it makes you really humble, and you appreciate things. Little things in life and you don't take any, like anything [for] granted … And when it's about children, it's always like they have all the future ahead of them. So that is something I try to remember every day … I try to be present and forget everything else and be present for that child … thank you for taking this important topic.*

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Appendix 1 – Call for participants

Call for participants

Dear teachers of [redacted],

Hello, my name is Megumi Nagano and I am a second year masters student of Education and Globalisation at the University of Oulu. With a previous degree in Nursing and Medical care and specific interest in paediatric nursing, I am currently conducting research for my masters thesis on hospital schools. The aim of this research is this to focus on teachers in hospital schools, and to understand their perception of their roles as hospital school teachers.

I am looking for 3-5 teachers of hospital schools to help me in my research by participating in my interview about the perception of your role as a hospital school teacher.

The details of the interviews:

- **In English, estimated to be about 30 minutes to 1 hour.**
- **In person, but online options can be considered if necessary.**
- **Any teacher with working experience of over 1 year.**

I believe that this study can be significant for hospital school teachers to deeper understand and perceive their working lives and environment as a hospital school teacher. Further, it can be important for other workers such as administrators, medical staff and teachers in regular schools collaborating with hospital school teachers to have an insight of hospital school teachers' perception of their roles to further improve the quality of education and health care provided to the children. Finally, this research study can play a role in bringing light to this significant topic, and raise awareness and the lacking cognition of the experiences and issues occurring in hospital schools.

If you are willing to take part or have any questions, please email me to the following address by 04.11.2022:
[redacted]

You can also contact my thesis supervisor Riikka Sirkko for any questions or inquiries: [redacted]

Your participation will truly be appreciated.
Thank you so much!

Best regards,
Megumi Nagano
Masters in Education and Globalisation
University of Oulu

Appendix 2 – Informed consent form

Informed consent for participating in research

This informed consent form provides you as a research participant general information about the research, its purpose and your rights as a participant.

General information

I am a master's student in the Education and Globalisation programme, at the Faculty of Education, University of Oulu. As a part of my studies, I am conducting a research on hospital school teachers in Finland. The purpose of my research is to understand the perception of teachers' perception of their roles in hospital schools. I kindly request your consent for collecting information from you for the research purpose by interviewing.

All information will be used anonymously, respecting your dignity. No personal details that enable identifying you will be included in the analyses and reporting. Systematic care in handling and storing the information will be ensured to avoid any kind of harm to you. After all the information leading to identification of a person has been removed, the information will be either destroyed after the thesis has been assessed and approved by the Faculty of Education and published, or latest by 2 years after completion of study.

Voluntary participation

Your participation is completely voluntary. You have the right to withdraw from the research at any time without any consequences (e.g. withdrawal does not affect your studies or grading). Observe that information collected before your withdrawal may be used. You have the right to get information about the research and may contact me/us, if you have questions.

Confirming informed consent (USE BOXES THAT ARE RELEVANT, DELETE OTHERS)

☐ I am willing to participate in the research.
☐ I allow the use of audio recordings from the interviews for research purposes.

Date ___/___ 20___

_____
Signature and name (in capital letters)

Researcher

_____
Signature
Megumi Nagano [redacted]

This thesis research is supervised by:
PhD Riikka Sirkko, University lecturer of special education, University of Oulu

More information about research ethics and informed consent:
Finnish Board on Research Integrity
http://www.tenk.fi/en/ethical-review-in-human-sciences
Social Sciences Data Archive
http://www.fsd.uta.fi/aineistonhallinta/en/informing-research-participants.html#partIV-examples-of-informing-research-participants
http://www.fsd.uta.fi/aineistonhallinta/en/anonymisation-and-identifiers.html