



Research Design of a study that masters the role of Sense of School Belonging (SoSB) in the school experience of pupils with chronic illness.

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INTRODUCTION

Hospitalization leads children to move away from their daily life and potentially to lose normal activities such as sport or school. School experiences are very important during development because they allow pupils to have relational experiences and to learn useful knowledge and skills to face the world (*Life Skills*) (Pini et al., 2012).

Literature has shown how to feel the school as a supporting and as a participatory context favors a greater level of wellbeing and greater school results (Gowing, 2016).

Numerous authors showed how to feel part of the school context (and therefore possess a good **sense of school belonging**, called **SoSB**) correlates with lower psychological, behavioral and social disorders (Gowing, 2016; Libbey, 2004).

Few studies focused on the role of SoSB in the school experience of pupils with a chronic condition, hospitalized for long recoveries. However, recently several tools and programs have been implemented to allow the student with a medical condition to be connected with the class (Tomberli & Ciucci, 2021).

THE PRESENT STUDY

Before designing the structure of this study, a **scoping review** was conducted on the subject, to understand the possible directions and methodology to deepen SoSB topic in the school and relational experience of students with chronic illness, starting from the gaps in the current research.

AIMS

- **General aim** of the study is to understand how the pupil-school connection is made.
- **Specific aims** of the study are:
 - Understand if the connection is made or not and if there are differences between before-Covid 19 and the current state;
 - Understand how the connection is carried out in Tuscany;
 - Understand the limitations and resources of this connection.

METHODOLOGY

RESEARCH DESIGN

STEP 1 - CONDUCT A REVIEW ON THE TOPIC

Tomberli, L., & Ciucci, E. (2021). Sense of School Belonging and Paediatric Illness: A Scoping Review. *Continuity in Education*, 2(1), pp. 121–134. DOI: <https://doi.org/10.5334/cie.32>

STEP 2 - APPROVAL OF THE ETHICAL COMMITTEE

Meyer Children's Pediatric Hospital Ethical Committee
Judgment n. 138 of 05/02/2021 (University of Florence Ethical Committee)

STEP 3 IDENTIFICATION AND RECRUITMENT OF PARTICIPANTS

4 types of target have been identified: 1) *hospitalized children*; 2) *hospital teachers*; 3) *regular teachers*; 4) *territorial associations* that deal with connecting pupil with their class.

STEP 4 - DATA COLLECTION

Data is collected through the use of:
- semi-structured interviews;
- Children drawings;

STEP 5 - DATA ANALYSIS

Content analyzes are conducted with QCAmap

STEP 6 - DISSEMINATION OF RESULTS THROUGH PUBLICATIONS

FOCUS ON STEP 3

- The **children** were recruited at Meyer Children Hospital before Covid-19; due to Covid-19 it was not possible to recruit them after lockdown;
- **Hospital teachers** were recruited before Covid-19 (1° data collection); the second data collection is currently underway to compare the pre-covid and post-lockdown results;
- **Regular teachers** were contacted prior to Covid-19 and the second data collection is currently underway;
- We have not yet recruited all the **local associations** that deal with hospital-school connection (e.g. *Noi per Voi, Inclusion Project*); currently, **mapping** of the territorial associations has been completed and soon the data collection work will begin.

REFERENCES

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