



School connectedness and pediatric hospitalization: a systematic review

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INTRODUCTION

What is hospital school?

Hospital school is structured to prevent school drop – out and promote children wellbeing. It is conducted into hospital school rooms or at patient's bed when he/she can't move because of therapies or surgical/clinical issues.

State of art

Literature shows long recovery often implicates emotional, relational and educational difficulties among hospitalized children and adolescents (Yilmaz, et al., 2014); returning to school appears stressful for sick students, teachers and classmates (Katz et al., 2011).

In this review we decided to focus on school connectedness (SC), scarcely considered in scientific literature.

What is school connectedness?

SC is a complex construct. As Libbey (2004) argued in his review, SC generally refers to the student's relationship to school. It implicates how much the student feels to be part of the class; school attachment; school involvement; sense of belonging to school. SC is a protective factor for the individual during development; in fact, improving SC reduce school dropout, emotional-relational problems and problematic behaviors (Gowing, 2016).

THE PRESENT STUDY

Starting from the above considerations, the present study aims to explore the literature on SC and hospital school experience of children with a chronic illness or a sanitary complex condition. We decided to focus on children and adolescents' point of view.

Method

Inclusion and exclusion criteria

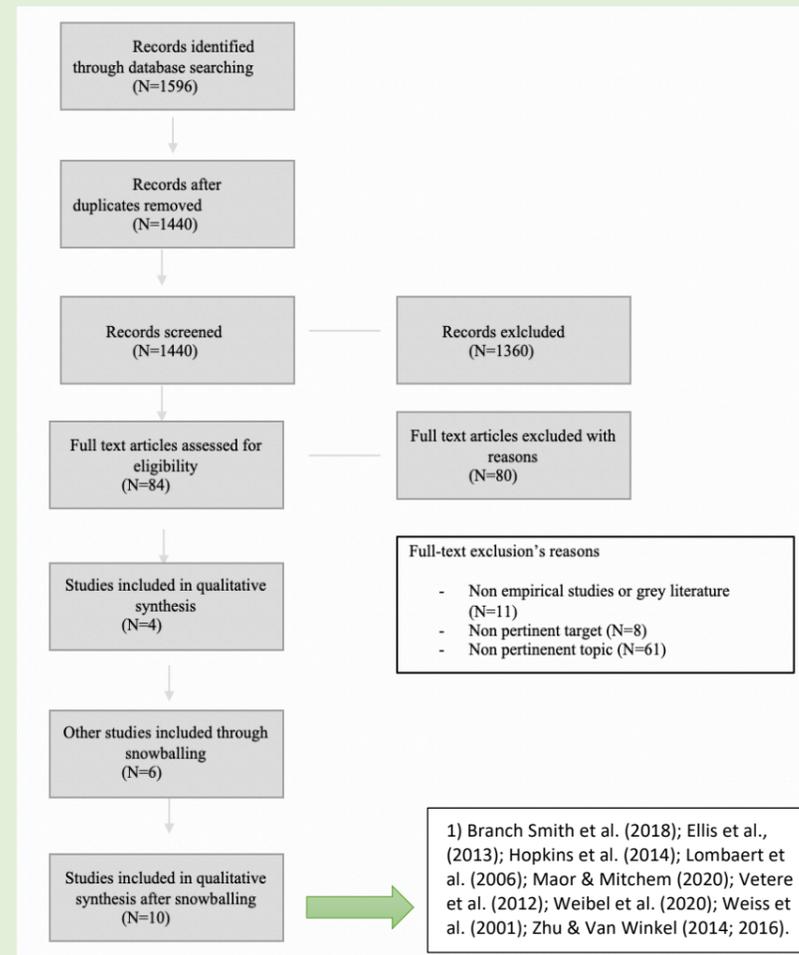
Four inclusion criteria were defined: 1) selection of studies on children with cancer or others complex clinical conditions, involving long recovery or recurring day hospital; 2) selection of studies on students 6-18 years old; 3) hospitalized students had to frequent hospital school; 4) empirical studies.

Search Strategy

Databases: PubMed, Scopus, PsycInfo, Education Source.

Query: (SC or SC's synonyms) AND (cancer or chronic illness).

RESULTS



Data synthesis

Varied pathologies, journals, methods (qualitative, quantitative, mix methods); 3 principle results emerged:

1. Needs of hospitalized children: feel part of the class; feel social supported; need to participate more in school activities;
2. Psychological outcomes of programs promoting SC: programs make children feel "thought" from peers; promote sense of belonging to class and sense of being "away but not forgotten".
3. Technology as "connecting" tool: robots or other technologies alone are good for SC, but still insufficient; human relation is essential.

Qualitative line of argument metasyntesis (Montù, 2015)

Long recovery can implicate SC or school disconnectedness (SD); if there's SC, children feels normal, thought from peers, present; go through less anxiety and bad feelings returning to school; focus less on pain and illness; have better formal and informal contacts with classmates; technologies seem central. If there's SD, students undergo psychological suffering, lack of participation to school activities, feelings of nostalgia towards classmates and regular teachers.

Discussion and conclusion

The present systematic review shows how much literature on SC and hospital school experience is varied; usually, authors overlap SC and social support and deepen literature is difficult. It's interesting to notice that we didn't find any article involving the SC of sick children towards hospital schools or studies implicating body image's issues correlated to the use of technologies to connect children to their classroom.

LIMITS OF THE STUDY

Mix methods forbid meta-analysis so studies can't be compared. It's not possible to generalize data because of cultural and organizational differences in the included studies.

IMPLICATION FOR FURTHER RESEARCH

In the future it will be interesting to increase empirical research on this topic and find out more on SC towards hospital school.

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