TEACHERS’ EXPERIENCE OF TEACHING IN A HOSPITAL SCHOOL

by

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DEDICATION

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ABSTRACT

This essay deals with the experiences of hospital school teachers, when teaching terminally and chronically ill children. Teachers form part of a multidisciplinary team of doctors, nurses, therapists, social workers and other caregivers. As a team they all share the same goal of assisting the child to better health with the minimum disruption to normal development and education. The effects on teachers personally; coping with emotional stresses of children being seriously ill and sometimes, unfortunately dying and professionally; by constantly adapting learning and teaching styles to suit the needs of these learners, are numerous when working in these conditions and often results in burnout. This essay explores these effects by inquiring into the lives of four teachers at one particular hospital school. This phenomenological study comes to a conclusion that hospital teachers need specific and distinctive characteristics to deal with issues out of the norm. They have to own extraordinary commitment and acknowledge the true value of teacher collaboration. Finally teachers needed ongoing support on a personal level; counseling, and on a professional level; teacher training and development in order to remain healthy, personally intact and at the spearhead of developments in the teaching profession. The essay ends with recommendations for hospital school teachers and hospital schools.
DIE ERVARINGE VAN ONDERWYSERS IN ‘N HOSPIAALSKOOL

OPSOMMING

Hierdie essay hanteer die ervaringe van onderwysers in ‘n hospitaalskool tydens onderrig aan terminale en chroniese siek kinders. Onderwysers is deel van ‘n multidissiplinêre span van dokters, verpleegsters, terapeute, maatskaplike werkers en ander versorgers. As span het hulle dieselfde doel voor oë naamlik die begeleiding van die kind in die verkryging van beter gesondheid met minimale versteuring in die normale ontwikkeling en opvoeding. Dit hanteer ook die uitwerking van hierdie taak op die onderwysers persoonlik asook professioneel; die verwerking van die emosionele stres wat veroorsaak word deur met kinders te werk wat ernstig siek is en in sommige gevalle, selfs sterf. Die voortdurende aanpassing van leer- en onderrigvaardighede om by die uiteenlopende behoeftes van elke individu te pas is talloos en hierdie toestande lei dikwels tot uitbranding by die onderwyser. Hierdie essay ondersoek hierdie invloede in die lewe van vier onderwysers by een spesifieke hospitaalskool. Hierdie fenomenologiese studie kom tot die gevolgtrekking dat hospitaal onderwysers oor spesifieke en onderskeidende karaktertrekke moet beskik om hierdie buitengewone probleme te hanteer. Hulle moet hulle buitengewoon betrokke en verbind wees tot hulle taak en die werklige waarde van spanwerk erken. Laastens benodig hierdie onderwysers voortdurende ondersteuning en berading op ‘n persoonlike en professionele vlak asook in-diens opleiding en ontwikkeling om gesond, ongeskonde en aan die spits van ontwikkeling in die onderwys te bly. Die essay eindig met aanbevelings vir hospitaalskool onderwysers en hospitaal skole.
SECTION ONE

ORIENTATION TO THE STUDY

1.1. INTRODUCTION

Teaching ill children is different from teaching children who are well. The environment, psychology and approach of the teacher of ill children demand an alternative viewpoint. Teachers have to deal with various side effects of treatments and need to take all barriers to learning and development into account. Teachers also form part of a multi-disciplinary team of doctors, therapists, social workers and other caregivers. As a team they all share the same goal of assisting the child to better health with the minimum disruption to normal development and education. In other words, they work together to normalize an abnormal situation.

Teachers in the hospital should not only have good communication skills and empathy to deal with ill children, but they also need good management skills in order to cope with issues out of the norm. These will include irregular teaching hours and different timetables of learners every day. Although these circumstances can be taxing, it is rewarding as noted by Ainsha (1981:397), “The teacher’s task when teaching chronic and terminally ill children is, although difficult, challenging and rewarding, it promotes professional growth”.

This section will provide the context, the motivation, problem statement and aims of the research. Thereafter follows the research design, ethical clearance, validity and reliability of the research conducted and lastly a summary of the section.

1.2. THE HOSPITAL SCHOOL IN CONTEXT

1.2.1. Hospital School Teachers

As mentioned above, teaching in a hospital school setting is different from teaching in ordinary public school settings. The teachers in the hospital school need specialized and additional qualifications in order to cope with the vast needs of these learners. They do
not work normal school hours, and they teach across all ages, grades and phases. Teachers either go from bed to bed, or ward to ward, teaching the ill children, or they work in a classroom where all the children who are well enough to walk can come for classes. Some hospital schools expect individualized teaching according to specialized educational programmes worked out by the teachers (Anonymous: Students with chronic illnesses: Guidelines for families, schools and students, 2003:131). Teachers in the hospital teach on a much more informal and relaxed basis, the result of which is that a very personal relationship develops between the teacher and the learner.

1.2.2. Hospital School Learners

Learners in hospital schools have been diagnosed with life-threatening and/or chronic illnesses such as HIV/AIDS, cancer, kidney failure, chronic heart and lung diseases. They undergo long periods of chemotherapy treatment (standard treatment for cancer is 3-5 years). Others receive dialysis three times per week, for four hours at a time, and often need to wait years for donor organs (kidney/heart) to become available. Chronically and terminally ill children are sometimes confined to the hospital and are in isolation for a long time, which can be very difficult for them (Perez-Bercoff, 1996:1). Even if these children are not on treatment, they are immune-suppressed and are not allowed to go to ordinary schools for a certain period of time, sometimes up to twelve months for fear of infections (Eiser, Davies & Gerrard, 2003:14). The teachers go from bed to bed (individualized teaching) preparing the programme for each child according to his/her needs and the specific grade/phase s/he is in.

According to Freyer, hospital school children have accelerated life experiences (practical knowledge),

as a result of their medical experiences. Normal development is altered profoundly in the child with life-threatening or terminal illness, and eventually they achieve an ‘adult awareness’ of death as something that is universal, unalterable, and permanent, whereas small children perceive death as only a temporary separation (Freyer, 2004:381).
On the one hand Eiser et al. (2003:17), believe that children who have experienced highly intensive therapies for life-threatening conditions are almost always emotionally mature and well behaved, therefore behavioural problems are rare, and need careful assessment only when they appear.

On the other hand chronically and terminally ill children who are forced into these accelerated life experiences are sometimes deprived of going through the normal development phases, as stated by Freyer, “In addition to the prognosis of their illness, prolonged hospital stays, frequent outpatients visits, and even intrusive daily home medication regimens alter the child’s normal routines, impedes school attendance, socialization, and contribute to poor self-image” (Freyer, 2004:381). The paradox in these children is overwhelming to the teacher as they have this “adult awareness” of death on the one hand but poor self-images on the other, because they see themselves as different from their peers.

Paulcevic, (2000) noted at an International Society of Pediatric Oncology (SIOP) and Children’s Hematology and Oncology (CHOC) parents’ meeting, that unfamiliar hospital environments and painful medical procedures often result in children experiencing loss over their lives. These children seem to develop resilience in rigid ‘coping’ behaviours. Although according to research they develop psychosocial and academic problems (Wallander & Varni, 1998:26) and should therefore be eco-systemically assessed. Eco-systems theory involves looking at the child from a holistic point of view taking all the child’s internal barriers (innate potential, strengths and obstacles) and external barriers (lack of education, learning in a second language, social and emotional difficulties) to learning and development into account. An individualized educational programme that is condition-specific is designed for such a child in need of educational and learning support. Most of the learners taught in the hospital school are in need of educational, emotional and social support, because of chronic illness and absenteeism from schools.

1.2.3. Benefits of attending the Hospital School

School is a normal place and normalcy is a luxury that quickly departs when a child falls seriously ill. In this sense school becomes a refuge, and teachers should understand their
crucial role in protecting this sanctuary (Schlozman, 2002:82). Schooling, according to a hospital school teacher at the Hospital for Sick Kids in Toronto, gives children a clear message that they are getting well (Ross, 2003:15). Hospital schools stimulate children and give some normality to the day’s routine (Eiser et al., 2003:4) with some teachers becoming “in loco parentis”, as most of the hospitalized children’s parents do not live with them in the hospital. This results in close relationships of trust developing between the child and the teacher.

Parents of children who have been absent from school because of an illness or accidents have commented on the value of school as an aid to recovery, and as a context in which children can succeed, experience friendships and be distracted from their illness (Mukherjee & Lightfoot, 2000:59).

Studying develops a sense of self-efficiency in children and school activities will enhance the children’s motivation to fight against their diseases. This underpins the above claim that school is beneficial to children with chronic health conditions. Socially, emotionally and academically these children blossom if appropriate support is provided.

Appropriate support would be helping the child to accept and manage his/her condition, to keep up with the curriculum, and to manage his/her social life. This is borne out in the statement that “school is one of the primary psycho-social aspects of cure as it helps the learner to develop age-appropriate behaviour and emotional responses as well as cognitive skills” (Perez-Bercoff, 1996:2). The focus of hospital schools is to normalize this abnormal situation and restore health to the patient/learner. Therefore hospital school teachers realize that “caring for terminally ill and chronically ill children is a multidisciplinary task, commonly involving not only pediatricians but also psychiatrists, psychologists, social workers, therapists and teachers” (Khaneja, & Milrod, 1998:909).

Collaborative work with medical staff and other support resources is essential for teachers. Teaching under these conditions is not an easy task as the hospital school places additional and distinctive demands on the teachers (Ainsha, 1981:397, Eiser et al., 2003:14).
1.3. STATEMENT OF THE PROBLEM


Considering the complexity of factors involved, the following general research question was formulated for this research essay:

What are the experiences of teachers, who teach chronically and terminally ill children in a hospital, in this context?

1.4. AIMS OF THE STUDY

The aim of this essay is two-fold:

1. The research aims at describing and understanding the experiences of teachers who teach chronically and terminally ill children in a hospital school.

2. Guidelines, specifically for hospital schools, will be recommended to support teachers in these contexts, if necessary.

1.5. RESEARCH DESIGN

1.5.1. Qualitative Research Design

In accordance with the problem stated and the aims, the research will be conducted from a qualitative research paradigm. The researcher wants to understand what teachers experience when working in a hospital school setting with children with chronic and life
threatening illnesses. The qualitative research design, a phenomenological case study, is suitable for this research as it allows for rich descriptions of the process and the problems to be recorded as they unfold over time. One of the major distinguishing characteristics of qualitative research is the attempt to understand people in terms of their own definitions of their world. Therefore the research will be an interpretive approach holistic in nature as it attempts to understand the social life and the meaning people attach to everyday life (De Vos, Strydom, Fouche & Delport, 2002:273).

The study will be a phenomenological case study as these are lived experiences (Brink, 2003:119) of four teachers at one school. “A phenomenological study is a study that attempts to understand people’s perceptions, perspectives and the understanding of a particular situation” (De Vos et al., 2002:268). A phenomenological study also expects a distinct philosophical point of departure (De Vos et al., 2002:268). The researcher’s understanding of the world is based on philosophical assumptions of Bronfenbrenners’ eco-systemic perspective (Donald, Lazarus & Lolwana, 2002:45) and the belief that humans have the capacity to self-reflect (Purkey & Novak, 1996:24), and that they have freedom of choice, responsibility and accountability through choice (Glasser, 2000:xv).

The method used for this interpretive inquiry, will be by means of a case study. The focus will be on the everyday life and natural experiences of the respondents. The process of participatory observation, the use of documents as a source of information and individual interviews is holistic in nature (De Vos et al., 2002:268) and is well suited to the hospital setting and provides the “goodness of fit”. This methodology refers to the coherent group of methods that complement one another and that have the “goodness of fit” to deliver data, and findings that will reflect the research question and suit the research purpose (Henning, 2004:33).

1.5.2. Data Collection Techniques

The following data collection techniques will be applied:

(i) Participatory observation: Teachers will be observed on a daily basis. This will include their teaching practices, interactions with children and
with other colleagues as well as other disciplines in the hospital. Natural interaction of teachers and children will be documented, by keeping comprehensive field notes (Brink, 2003:120).

(ii) Interviews: Qualitative, in-depth interviews will be conducted with teachers and broad, open-ended questions will be posed by the researcher. This will be suited to the understanding of particular interventions from the point of view of everyday knowledge, expertise and perceptions of the teachers in the hospital. The interviews will be tape-recorded so that transcriptions may be analyzed afterwards.

(iii) Documentation such as any written material, policies, reports from teachers, newspaper articles, teachers’ reflections about children, artifacts (photos) as well as the researchers’ own field notes will be used as a source for information. These will be collected over the period March-October 2004.

1.5.3. Qualitative Data Analysis Methods

Data collected from four of the teachers at the hospital school via semi-structured interviews at the school will be tape-recorded and transcribed. The use of semi-structured interviews allows teachers to raise issues they consider important. The interview data collected will then be analyzed through discourse and content analysis, qualitatively by marking patterns, categories and themes. Content analysis will also be applied to the artifacts, photos, newspaper articles, reports, letters from parents and children and any other relevant written material. These methods are very significant for this type of data and for the research topic overall, as they reflect interaction, collaboration and participation and are best suited for hospital workers as part of a multi-disciplinary team. The proposed research process and section divisions are presented in figure 1.1.
1.6. ETHICAL CONSIDERATIONS

Gaining entrance into the empirical field is a matter of being transparent, open and honest with the principal of the school and following the correct and prescribed channels (e.g. applying through the governing body’s ethical committee). The Department of Educational Sciences of Rand Afrikaans University, Gauteng Department of Education and the hospital’s ethical committee need to be notified and the relevant forms need to be completed. The educators to be interviewed will be approached for their co-operation.

The teachers at the hospital school will be approached personally and will be given written information. They may choose to freely participate in the research through informed consent, typed information and free choice (Brink, 2003:42). Individuals who agree to participate have the right to expect information collected from them to remain private. This will be achieved through the anonymity procedure. The researcher will provide the individuals with sufficient clearly written information regarding his/her participation in this research programme.

1.7. TRUSTWORTHINESS

Trustworthiness ensures validity and reliability. Validity reflects the way in which the researcher observes, measures and identifies all data collected for authenticity (Mason, 1996:24). Authenticity implies “a fair, honest and balanced account of social life from the viewpoint of someone who lives and experiences it everyday” (Neuman, 2003:185). “Validation depends on good craftsmanship in an investigation, which includes continually checking, questioning and theoretically interpreting the findings” (Kvale, 2002:309). Validity within a qualitative research is seen as a goal which is constantly moved, and this movement is questioned about the “credibility, description, conclusion, explanation or interpretation” (Maxell, 1996:89). The best way to validate is to ask the participants and this will be done through member checking. The participants must feel that what is documented is a true reflection of “everyday” tasks and experiences and in the end will help them to cope better. The researcher will have continual contact and open communication with all participants. During the research data will be gathered from many different sources: interviews, observations and documents, in order to
triangulate the evidence. Reliability involves the accuracy of the research methods and techniques (Mason, 1996:24), and should guide the reader systematically towards the end result to ensure reliability. The raw data will also be given to an independent coder to verify patterns and categories. A copy of the research will be supplied to the participants as well as the school and any other interested stakeholders.

1.8. SUMMARY

The distinctive and specific demands which hospital schools place on the learners and teachers were discussed. The researcher has highlighted that teachers who teach chronically and terminally ill children will go through certain continual changes. In the following section what is expected of all teachers and more specifically hospital school teachers will be discussed. Section 3 will give a broader outline of the research design and methodology followed by section 4, the data analysis and presentation, lastly section 5, will provide recommendations for hospital school teachers and hospital schools.
SECTION 2
EDUCATION IN SOUTH AFRICA
A FOCUS ON HOSPITAL SCHOOLS

2.1. INTRODUCTION

This section gives an overview of education in South Africa, followed by what is expected of hospital school teachers. Thereafter follows recommendations on how to provide the necessary support to all hospital teachers.

2.2. EXPECTATIONS FOR TEACHERS: AN OVERVIEW OF EDUCATION IN SOUTH AFRICA

Education in South Africa is presented in the metaphor (figure 2.1) representing a theoretical framework to demonstrate an understanding of learning, teaching and development as holistic, creative and life-long processes of interaction with different contexts and knowledge forms. The metaphor will be explained according to the headings in the flag namely: Inclusion and Inclusive education, Curriculum 2005, Outcomes Based Education and the Revised National Curriculum Statement, internal and external barriers to learning and development, followed by the need for an embedded knowledge of the eco-systems approach and constructivism and finally whole school development.

2.2.1. Inclusion and Inclusive Education

According to Engelbrecht, Green, Naicker & Engelbrecht, (1999:6), “Inclusion is a shared value which promotes a single educational system, dedicated to ensure that all learners are empowered to become competent and contributing citizens in an inclusive and diverse society”. Inclusive Education in South Africa is informed and shaped by two major policy developments. These are Education White Paper 6 on Special Needs Education (2001) and the Revised National Curriculum Statement for Grades R-9 (Schools) (2003). Both policies build on the vision, values and principles of the Constitution and Curriculum 2005. These principles include social justice, a healthy environment, human rights and inclusivity. The main emphasis of inclusive education is
to make it possible for all learners to access the curriculum. The reception of Inclusive Education has caused change and reform in general educational practices. Inclusion and Inclusive Education starts with the teacher as stated in the White Paper 6 (2001:18), “classroom educators will be our primary source for achieving our goal of an inclusive education and training system”.

As change agents, teachers can never forget the importance of PEOPLE in the process “as education is just and foremost a way of being with people and a delicate relationship between people” (Purkey & Novak, 1996:9). To assist the teacher to be part of this change is to start the

- Process of change by:
- Exposing teachers, parents, learners and other stakeholders as much as possible to the change by taking
- Ownership for the
➢ Policies to be implemented by becoming professional
➢ Leaders that are
➢ Empowered to do so.

Once teachers have been included in the process of change at the policy making level, they will take ownership for the change, which will in turn empower them to take on and accept the demands placed on them by the change. South Africa has chosen Curriculum 2005 and Outcomes Based Education (OBE) to be the vehicles to implement Inclusive Education (GDE & Vista University OBE Educator’s guide, 2002:11)

2.2.2. Curriculum 2005, OBE and RNCS

Curriculum 2005 is an OBE curriculum derived from the nationally agreed on cross-field outcomes that sketch South Africa’s vision of a transformed society and the role education has to play in creating it. Curriculum 2005 marks a major shift from the previous school curriculum toward an OBE curriculum (Department of Education (DOE) Curriculum 2005. Implementing OBE: Philosophy. Vol.4:25). During the previous education system, education was separate from training. Education focused on knowledge, while training focused on skills. Education was concerned with the content of the syllabus which had to be taught to the children in each subject, while training taught skills without requiring knowledge or understanding. By separating these two fundamental aspects the education system failed to prepare learners for life in the South African society and the workplace. Von Glasserfeld stresses the point clearly when he says in Littledyke & Huxford, (1989:viii), “something is wrong because children come out of school unable to read and write”. Alternatively OBE focuses on learning outcomes based on skills, attitudes, values and knowledge, in other words what learners should demonstrate at the end of each learning phase. OBE accepts that learners learn differently, at a different pace and at different rates. OBE is also underpinned by the constructivist approach that teaches the individual constructs all knowledge, by being active with the learning process through participating in real life experiences.

The recent Revised National Curriculum Statement (RNCS) is not a new curriculum but a streamlining and strengthening of Curriculum 2005. “It keeps intact the principles,
purposes and thrust of Curriculum 2005 and affirms the commitment to outcomes-based education” (RNCS Foundation Phase, 2002:2). The RNCS adopts an inclusive approach by specifying minimum requirements for all learners. The RNCS has refined outcomes for knowledge and skills in each learning area so that they are not only measurable and achievable but easier to identify. They are stepping stones to improve standards and to ensure progress. Both the RNCS Foundation Phase Document (2002), and RNCS Intermediate Phase (2004) has set out the minimum requirements (assessment strands) for each grade and made it easier for teachers to see if learners are achieving outcomes and are progressing. The special educational, social, emotional and physical needs of all learners with barriers will be addressed in the design and development of appropriate Learning Programmes (RNCS, 2002:5).

2.2.3. Barriers to Learning and Development

A barrier to learning and development is any factor, either internal or external to the learner, which causes a hindrance or “barrier” to that person’s ability to benefit from schooling (Donald, Lazarus & Lolwana, 2002:4). Internal barriers could be innate lack of potential, physical barriers, neurological barriers, sensory barriers, mentally challenged and chronic illnesses. External barriers could include poverty, social and emotional difficulties, a lack of education or second language learning. For teachers to accommodate and teach all learners with barriers to learning and development an embedded knowledge of the eco-systemic perspective is necessary as all children with barriers to learning and development should be eco-systemically assessed and viewed (Donald et al., 2002:57). The following is a brief discussion on the eco-systemic approach to assess and view learners holistically and constructivism as a necessity for teachers to know how and when children learn.

2.2.4. Eco-Systemic Approach

The eco-systemic perspective is a blend of the ecological and systems theory views of human reactions between individuals and between different levels of the social context
Eco-systemic perspective is a meta-approach that attempts to move away from the simplistic analysis and interpretation of human behaviour to developing an understanding that human actions and experiences are complex interactions with different levels of the social system. This expects a holistic view of the child and takes all internal and external barriers to learning into account as well as the social levels of interactions of family, peers, school, class, local community, wider community and society. Following is figure 2.2 explaining the eco-systemic perspective (Bronfenbrenner, 1979 in Donald et al., 2002:51) and the influence of the various systems on the learner internally and externally (White Paper 6, 2000:17).

**Figure 2.2 BARRIERS TO LEARNING AND DEVELOPMENT- ECO-SYSTEMICALLY**

<table>
<thead>
<tr>
<th>EXTERNAL</th>
<th>INTERNAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Socio-economic</td>
<td>Biological</td>
</tr>
<tr>
<td>Inflexible curriculum</td>
<td>Intra-psychic</td>
</tr>
<tr>
<td>Lack of human resources</td>
<td>Societal</td>
</tr>
<tr>
<td>Lack of basic services</td>
<td>Meta-physical</td>
</tr>
<tr>
<td>Poverty</td>
<td>Self-image</td>
</tr>
<tr>
<td>Inappropriate &amp; improper provisions</td>
<td>Self-concept (How?)</td>
</tr>
<tr>
<td>(Who?)</td>
<td></td>
</tr>
<tr>
<td>Learner at risk</td>
<td></td>
</tr>
<tr>
<td>Lack of parental Attitudes</td>
<td></td>
</tr>
<tr>
<td>Inaccessible &amp; unsafe environment,</td>
<td></td>
</tr>
<tr>
<td>Inflexible curriculum</td>
<td></td>
</tr>
<tr>
<td>Lang &amp; communication</td>
<td></td>
</tr>
</tbody>
</table>
2.2.5. Constructivism

Constructivism is a philosophy of learning founded on the premises that, by reflecting on own experiences; we construct our own understanding of the world (Littledyke & Huxford, 1998:2). Different individuals with different experiences, frame of references, knowledge and cognitive structures at the time, will understand information differently. Constructivists believe that learners need to construct their own knowledge as their understanding of the concept depends on their mental construction. Learners must therefore be actively involved in their learning, as passive learners only receive knowledge and active learners construct knowledge. For teachers to really be effective in providing quality education for all learners, by assisting and viewing them holistically as discussed in constructivism and eco-systemic approach, the full support of all stakeholders are needed through whole school development.

2.2.6. Whole School Development

Whole school development is, according to recent literature, the general term that includes concepts like, school effectiveness, school improvement and school organization development (Fullan, 1992, Dalin, 1998, De Jong, 2000 in Donald et al., 2002:137). Whole school development is also in accordance with and compliments the eco-systemic framework as the emphasis is on systematic educational change on four levels. There should be a ‘top down’ ‘bottom up’ change with all the components of the system supportive to change. ‘Top down’ refers to the strengths, weaknesses, opportunities and threats (SWOT analysis) of the society, wider community, local community and school. ‘Bottom up’ refers to the SWOT analysis starting with the child (person), class and school, followed by the local community, wider community and society. Everyone, on all different levels: management, teachers, parents, learners and all other stakeholders need to be accountable in whole school development. All stakeholders’ strengths, weaknesses, opportunities of and threats to learners, teachers and parents should be considered for the smooth and effective running of the school. It will be difficult for teachers to be inclusive and provide effective teaching to all learners with barriers if they do not have the full co-operation of the schools and all
stakeholders. Whole school development brings terms like ‘inclusive schools’ (Engelbrecht et al., 1999:45), ‘health promoting schools’ (Donald et al., 2002:137), ‘comprehensive schools’, ‘effective schools’, ‘self-reliant schools’ to mind. The common factors of these schools are that they are all concerned with the developmental aspects of well-being and quality of life for all people, not only for those who are ill and experience problems (Donald et al., 2002:133). The Ottawa Charter in Donald et al., (2000:138) identifies five major actions that constitute the core of whole school development:

(i) building healthy public policy (broad policies that promote inclusion);
(ii) creating supportive environments (inclusive, safe buildings and grounds that are easy accessible);
(iii) strengthening community action and participation (stronger links with parents and the community);
(iv) developing personal skills (staff development and life skills education for students) and
(v) re-orienting health services (co-ordinate services and make services accessible to all who need them). The aim is Whole School Development in supplying comprehensive programmes that are preventive, curative and health promoting.

2.2.7. Teachers as Change Agents

“Any belief in human agency must see strategies of change as including a focus on people changing their minds through education, empowerment and other person directed strategies” (Donald & Lazarus, 1995:53). Therefore if teachers are included on policy making level they will become change agents and be empowered to work in collaboration with the department of education and in partnership with parents and other stakeholders of the school through whole school development. This will motivate and assist teachers to change their classroom management, teaching theories and teaching styles while including inclusive teaching practices.
The following figure (2.3) is an attempt by the researcher to explain the change and reform that needs to take place in the educational system considering the above, and gives a suggested framework for the people in the process. This will enable teachers and other stakeholders to be more positive in accepting the change and in providing quality education to all learners, also those learners with barriers to learning and development.
FRAMEWORK FOR CHANGE (PEOPLE IN PROCESS)

PROCESS of change by EXPOSING teachers, parents and children as much as possible to the change by taking OWNERSHIP for the POLICIES to be implemented by becoming professional LEADERS that are EMPOWERED to do so!

1. ALL LEARNERS
   With or without barriers to learning and development.

2. EDUCATION CHANGE
   Educational Specialists
   Research Policies
   Training Restructuring

3. TEACHERS CHANGE
   Teaching Styles
   Attitudes
   Perceptions
   Behaviour
   Stance
   Philosophy

4. CLASSROOMS CHANGE
   Inclusive/Practices
   Inviting for all
   Learning theories
   Constructivism
   Eco-systemic approach

5. PARENTS CHANGE
   Open communication
   Ownership
   Responsibility

6. SCHOOLS CHANGE
   Whole School Development
   All Stakeholders involved

7. SUPPORT SERVICES CHANGE
   Learning Support Psychologists
   Speech therapy
   Occupational & Remedial therapy

FIGURE 2.3
As noted in figure 2.3, increasingly high demands are placed on teachers to fulfill the multifaceted roles identified for them. A passion to teach from an overflow of a full life and a certain attitude towards life in general and the educative process are necessary to become an effective teacher. The success in the calling as an effective teacher depends therefore not only on the teacher’s knowledge and skills but on the teacher as a person and most strategically on the teachers’ attitude, in other words his or her willingness and openness to learn and change. Hospital teachers need this attitude, openness and flexibility to cope with what are expected of them.

2.3. EXPECTATIONS FOR HOSPITAL SCHOOL TEACHERS

The primary aim of educating children who are ill is to minimize, as far as possible, the interruption to a child’s normal schooling by continuing education as normally as the incapacity allows. Common reasoning for educating children in hospitals is threefold.

1) To offer every school-age child a school experience designed to meet his/her special needs. According to the International Confederation of Childhood Cancer Parent Organisations (ICCCPO), education support children psychologically and empower them to fight against their diseases. Education helps children cope with their fears and anxieties about their illness and staying in hospital. Education assists children in expressing feelings they cannot put into words (ICCCPO Newsletter 1/2003).

2) To provide normal routine for hospitalized Grade R-12 patients.

3) To provide an opportunity for children to keep pace with their classmates and peers. Many hospitalized children are behind in schoolwork because of their frequent absence. Education provides experiences that promote self-esteem and foster growth and development.

Madison Hospital, in the United Kingdom, has summed this up “as being able to attend school connotes normalcy and familiarity and offers a welcome and reassuring routine in an abnormal environment” and therefore hospital teachers, as professionals play a very important role in educating the chronically and terminally ill child (Madison online).
2.3.1. Hospital School Teachers as Professionals

Hospital school teachers teach all children of school going age in the hospital. They do not distinguish between chronically and terminally ill children. Unfortunately, there are still children who cannot be cured, and education plays an enormous role to these children as they get a chance to participate in normal activities and making their remaining days as good as possible. When a child is diagnosed as being terminally ill, the child is set a two fold task. S/he has to cope with their immaturity as well as the illness. From literature study it is evident that the meaning such a child attaches to the situation primarily depends on the developmental phase s/he is in (Schlozman, 2002:82). Therefore it is required of hospital teachers to have sufficient knowledge about the different developmental phases of a child.

It is necessary for hospital school teachers to teach across all ages, grades and phases, and they should therefore have a sound understanding of both the curriculum and current teaching methods. In addition to this the teacher should know the minimum requirement for every grade according to the policy of the education department (RNCS, 2003 & 2004). Teachers do an enormous amount of planning and preparation for every grade and child. Teachers should accept that because they are part of a multi-disciplinary team (Khanenja & Milrod, 1998:909), their job, although very important for the child’s well being, emotional state and cure, is last in line when it comes to the child’s medical state. The medical staff (doctors, nurses, occupational therapist, physio-therapist and speech therapists) gets preference. The hospital school is after all an interim school with the challenge and the focus of returning a healthy child back to ordinary public school with the help of the other disciplines.

Teaching in the hospital school is demanding, as teachers must continuously and flexibly adapt their own teaching styles to teach children effectively who already have a huge backlog in their education (Perez-Bercoff, 1996:2, Eiser et al., 2003:14). Teaching in the hospital is informal and teachers can choose to have delicate and precious relationships with the learners while busy assisting those with educational problems. It is demanding to develop individualized learning programmes to meet the learner’s individual and
specific needs but very rewarding and fulfilling for teachers, as they can eventually send some of these children back to their home schools better off than they were when they first arrived at the hospital.

Ill children are usually very vulnerable when they are sick but they are motivated to learn and give their all. The child’s strong desire to get back to their regular schools and education helps them to fight against their diseases. According to recent research “it is important for children with cancer to continue school during treatment because; seriously ill children see school in an entirely new light; it helps children to maintain a ‘normal life’ and it gives them faith in the future” (Vasankari-Vayrynen, 2001:1). The child that returns to school is normally more mature and independent in certain respects, especially if the child has had to stay alone in the hospital because caregivers or parents had to return to their jobs. As a result of the continuing of their education some of these children develop resilience which is the ability to bounce back from difficulties; feedback from the parents and from the home schools confirms this (Eiser et al., 2003:17). In contrast to this, the chronically and terminally ill child can experience fewer maturing responsibilities because parents are always involved in everything they do and have the tendency to overprotect them. Therefore these children tend to learn to be passive. They can also be socially rejected when self-esteem is being undermined by peer non-acceptance, be in social isolation, resulting from difficulty participating in social, athletic or intellectual activities, and experience other social and behavioural problems as a result of lack of sexual outlets by forming normal interpersonal relationships (Freyer, 2004: 381). According to Eiser et al., (2003:17) teachers have to deal effectively with this paradox in the hospitalized child by meeting the needs of these children holistically and professionally. This places high demands on the teacher to draw personal and professional boundaries when working so closely with a child, and can create emotional stressors for the teacher.

Hospital teachers also have accelerated life experiences emotionally because of their contact with children who are terminally ill. According to Khaneja and Milrod, (1998: 909), “the death of a child is disturbing because it contradicts the natural order of things:
children are not supposed to die”. The dying process and the death of children are highly stressful experiences and trigger the grieving process. Hospital school teachers perceive the loss of a child by either expressing or avoiding grief as “it is widely recognized that such care evokes intense fear and increased feelings of helplessness” (Oehler & Davidson, 1992:81). In any care-giving job there are boundaries that should not be overlooked, and because of the nature and sensitivity of teaching ill children and the relationships (with the parents, siblings as well as the child) involved, it is very difficult for the teacher to remain professional and be objective.

2.4. SUPPORTING TEACHERS IN A HOSPITAL SCHOOL

As discussed in the previous section, with the increasingly high demands education makes on teachers in general, as well as the extra pressures particularly on hospital school teachers - they need support in various areas of their professional and personal lives. As teachers are a major source of support for chronically and terminally ill children, it is important for these teachers to feel both able and well equipped to respond to the specific needs of these children. However, a number of teachers reported that they felt ill-informed about various children’s illnesses (diabetes, cancer, leukemia, epilepsy and asthma) and had particular difficulty knowing how to deal with emergencies and how far knowing to “push” a child both academically and physically to keep up with school activities (Court, 1994, Lynch, Lewis & Murphy 1992, Chekryn, Deegan & Reid 1987). Disciplining a child with chronic life-threatening illness was also an aspect of concern for hospital school teachers (Chekryn et al., 1987). The most important concerns of the hospital school teachers that need to be addressed also emerged from the literature study discussed in this section. These aspects are:

- Staying emotionally healthy and dealing with loss;
- Keeping to professional boundaries in relationships;
- Remaining focused and abreast of all developments in education while also teaching children with particular internal and external barriers to learning and development;
- Overcoming isolation by networking with other teachers;
- Remaining personally and professionally ‘whole’ in all areas of life;
Recognising and making allowances for the various side-effects from which learners suffer;

Teaching across all ages, grades and phases;

Cultivating self-efficiency skills such as self-motivation, adaptability, flexibility, optimism and being well organized;

Being knowledgeable about illnesses, teaching methods, teaching practices, policies and learning and teaching methodologies;

Knowing how to ensure that quality contact time with learners.

In order to assist and support teachers in the hospital, a perceptually based, self-concept approach, education model will be investigated, namely Invitational Education “as it provides a language that expresses care and a practice that exhibits it” (Purkey & Novak, 1996:9). According to Purkey and Novak:

Invitational Education is a democratically-orientated, perceptually-anchored, self-concept approach, to the educative process that centers on five basic principles:

- People are able, valuable and responsible and should be treated accordingly.
- Educating should be a collaborative, co-operative activity. The process is the product in the making.
- People possess untapped potential in all areas of worthwhile human endeavour.
- This potential can best be realized by places, policies, programmes and processes specifically designed to invite development,
- and by people who are intentionally inviting with themselves and others personally and professionally” (Purkey & Novak, 1996:3).

Invitational theory supports teachers in the hospital in the following way: Becoming an effective teacher in the hospital depends on how the teacher views him/herself and others. The assumption of Invitational Education that all people are able, valued and responsible must firstly apply to the teacher and then to others. If the teacher views him/herself as incompetent that is how s/he will view others. Teachers should also apply this
assumption to all chronically and terminally ill children. The teachers’ attitude, behaviour and stance will portray this. The following figure is an attempt by the researcher to explain the invitational theory, as regards attitude, behaviour and stance of teachers (Purkey & Novak, 1996:9).

The aspects of greatest concern to hospital school teachers are staying emotionally healthy and dealing with loss. Teachers in a hospital school are on a constant emotional roller-coaster where anything can happen at anytime. To get beyond the loss and the pain of losing a learner, one must face and acknowledge the pain and loss rather than avoiding it (Kübler-Ross, 1997:6). For support teachers could apply the two interlocking theories of self-concept, which deals with how a person views him/herself and perceptual tradition, how the person perceives the world according to his/her interactions with others. The perception of the teacher when having to deal with the sudden death of a child is hopelessness, senselessness and despair. According to Kübler-Ross, (1997:6) the teacher can evaluate the situation through inner dialogue, change the perception if needed and both confront the pain and move on beyond it.

Concerning professional boundaries in relationships: ‘Respecting the net’ is a term used by invitational education practitioners. “The ‘net’ is a hypothetical boundary between the teacher and the learner, which marks an inviolable territory for each” (Stafford in Novak, 1992:210). The teacher should respect this boundary when working with chronically and
terminally ill children and the teacher should know when the ‘thin veil’ is lifted temporarily or completely, and respond to it effectively and sufficiently. Chronically ill children often open up to teachers about managing their illness and about giving up hope, terminally ill children talk to teachers about some of their most private fears. In both instances teachers should know how to respond, when to get professional support and when just to listen, in other words ‘respect the net’.

The ‘Four Corner Press’ of invitational education theory could address all the other above-mentioned aspects of concern where teachers need support. The ‘Four Corner Press’ deals with being personally and professionally inviting towards self and then being personally and professionally inviting towards others.

Being personally inviting towards oneself could involve preventing oneself becoming isolated, stressed-out, overworked and emotionally unstable. When professionals constantly sacrifice their own wants and needs to meet the demands of others, the sacrifice gradually builds up resentments (Purkey & Novak. 1996:104). The following suggestions for being personally inviting towards oneself:

1. Looking after one’s own health by eating correctly, exercising and getting sufficient sleep could achieve this.
2. Taking time out and sending self-invitations that will be accepted and acted upon.
3. Spending enough time with family, friends and praying and stimulating one’s mind by for example by reading, writing, and watching news broadcasts. One should never stop dreaming and making life interesting and worthwhile (Purkey & Novak, 1996:104-106). In a caring profession it is so easy to get emotionally involved with others’ life struggles and burdens that one does not remain emotionally stable or keep perspective. This results in burnout, which according to Farber (1983:14) is experiencing stress without having a support system. Treatment for burnout is the development of stronger social support systems such as family and friends, peer and colleague support groups (Farber, 1983:16). Hospital schoolteachers should take advantage of such support and neither neglect themselves nor their personal relationships.
Professionally inviting towards oneself means to be involved in one’s field of work; by participating in programmes, joining professional development groups, becoming a lifelong learner, networking with other schools and teachers. The upgrading of one’s skills and knowledge helps one to stay enthusiastic. In this way teachers stay knowledgeable and at the spearhead of all the latest theories and learning and teaching practices (Purkey & Novak, 1996:108-109). Hospital school teachers have to take the initiative here as they alone will know where and when they need professional support. In a hospital where so many disciplines work together information about the different illnesses, conditions or treatments for side effects are relatively easy to access: sometimes one just needs to be open and assertive and approach the right person. Only when one is personally and professionally inviting towards oneself can one become personally and professionally inviting towards others.

Being personally inviting towards others means that one has to be genuine, sharing one’s own feelings and emotions and acknowledging those of others. Respecting and accepting others unconditionally can only achieve this. By being considerate, civil and polite towards others and by being an active listener, one demonstrates care. It is important to keep relationships up to date by being positive believing the best of others that is being an optimist when working with people (Purkey & Novak, 1996:106-108). In the hospital the children respond positively to the teacher whose genuine inviting approach reflects friendliness, optimism and normality. By actively listening, accepting and acknowledging the child’s feelings and being positive about his/her situation and future, the teacher will discover that the child willingly takes part in the educating process because s/he feels able and valued.

Being professionally inviting towards others means to allow others to realize their potential, meet the democratic needs of society, and participate in the progress of civilization. The teacher should have a clear understanding of the term self-concept by realizing the importance of how others perceive themselves and their ability. Research provided the Florida Key (Purkey, Cage & Graves in Purkey & Novak, 1996:110) an
An inventory of student behaviour designed to infer student’s self-concepts as learners, could be applied. The Florida Key limits itself to the situation specific self-concept that seems to relate most closely to school success or failure: self-as-learner. Four factors are suggested to help teachers to be professionally inviting towards others. These are: relating, asserting, investing and coping. Firstly the teacher must relate to the level of trust and appreciation that students maintain towards others. Human relationships influence both self-concept and school achievement, therefore the teacher should encourage positive relationships. Secondly the teacher should assert him/herself in socially acceptable ways. The teacher could start by building on what students know and allow them to speak up for themselves, ask questions and allow them to raise their own point of views. Thirdly investing in learning is achieved by posing open-ended questions, interpreting meaning, and giving opinions, even comparing contrasting ideas, or combining facts to form general principles. The teacher can help students cultivate image of themselves as able and willing to meet school expectations, believing in themselves, and being proud of their performance. Fourthly coping with school and school success is equal to coping with life’s experiences. Teachers must encourage learners must be encouraged to be actively involved in the learning process so that experience eventually emerges from inexperience. Children must become confident about overcoming and learning from their errors (Purkey & Novak, 1996:110-118). According to Purkey and Novak, (1996:104) “the teacher who successfully employs invitational education, balances the demands of the four areas, and integrates them into a seamless pattern of functioning.”

The implication of an inviting approach for the hospital school teacher is enormous. Children who come to hospital have a history of absenteeism at schools, numerous educational gaps and learning problems. Once the invitational approach empowers them to see themselves as able and valued they blossom.

2.5. SUMMARY
The researcher has highlighted that there are important theoretical frameworks in the education system that all teachers should know and value in pursuing inclusive education in South Africa. There are also certain additional demands on hospital school teachers in their work context. A democratic, self-concept model of education namely Invitational Education was suggested as it may provide the necessary support teachers need in all areas of their work. The following section discusses the research design and the research process.
SECTION 3

RESEARCH DESIGN AND RESEARCH PROCESS

3.1. INTRODUCTION

In section two the theoretical framework and literature review were discussed. This section focuses on the research design and the research process.

3.2. RESEARCH DESIGN

A research design is a series of guidelines and instructions when addressing a research problem, (Mouton, 1996:107). The research design adopted for this study is qualitative, exploratory, descriptive and interpretive, and contextual in nature. It is a study inquiring into the lived experiences of teachers in the hospital.

3.2.1. Qualitative Research Design

The qualitativeness of the study focuses on lived experiences of teachers in a hospital school, teaching terminally and chronically ill children. This study is characterized by the fact that the researcher is trying to get to the essence and “heart and soul” of the issue in order to understand what these teachers are experiencing when teaching chronically and terminally ill children (Mouton & Marais, 1992:175).

Explorative, according to Mouton and Marais (1992:45), implies that the research is being done on a relatively unknown topic which can be explored. Considering the scarcity of literature concerning teachers’ experiences and perceptions when teaching chronically and terminally ill children, the term is acceptable.

Smith (1993:35) describes a descriptive research strategy as a systematic, actual description of a situation or issue made in order to gain increased understanding, insight
and knowledge. Rich descriptions of the lived experiences of the teachers formed the foundation for this interpretation.

The interpretive paradigm aims at understanding the subjective world of the individual, rather than explaining it. Insight and understanding will be gained through individual interviews. It was the researcher’s attempt to understand the ways in which people managed their day-to-day situations. People were portrayed as part of a social world and their actions and interactions were viewed in a particular context. The study is contextual in nature in the sense that it was conducted in one specific hospital school where the experiences of four teachers were the focal point of the inquiry.

3.2.2. A Phenomenological Study

This is a phenomenological study as it examines human experience through the “rich and thick descriptions” provided by the involved people, their lived experiences (Denzin in Brink, 2003:124). Phenomenology is an approach that concentrates on the subjects’ experiences, rather than on subjects themselves or objects (Brink, 2003:119), and attempts to understand peoples’ perceptions and perspectives of a specific situation (De Vos et al., 2002:268). The researcher focuses on how and what the teachers experience when working with chronic and terminally ill children in the hospital.

The phenomenological approach, like other qualitative approaches, consists of steps to guide the researcher in studying a phenomenon. According to Brink, some basic actions used during the enquiry process associated with education and health care are bracketing, intuiting, analyzing and describing. ‘Bracketing’ is the process of identifying and setting aside any preconceived beliefs and opinions one might have about the phenomenon under investigation. ‘Intuiting’ (Brink, 2003:120) requires the researcher to develop an awareness of the lived experiences and to become immersed in the phenomenon under investigation, without forcing prior expectation.
This interpretive inquiry will mainly utilize participatory observation and interviews with the teachers at the hospital school. Data will be collected systematically over a period of time. ‘Analyzing’ the conversations and interactions, involves the task of contrasting the final raw data into patterns, categories and themes. A prerequisite for ‘describing’ the knowledge gained is that the knowledge should not only be relevant to other stakeholders but should also benefit them.

3.3. RESEARCH METHODOLOGY AND DATA COLLECTION

Hospital schools are ‘special schools’, maintained by the local education authorities on the premises of the hospital. Therefore the hospital school teacher needs to comply with

- the demands expected of all teachers, as well as
- the demands of the hospital school and the unique situation in which they, the teachers, find themselves.

3.3.1. Background to the Hospital School

The hospital school in question is registered as a “Learners with Specific Educational Needs” (LSEN) school and falls under the auspices of the Gauteng Department of Education (GDE). All the teachers in the hospital school are employed by the GDE and need to comply with the GDE policies of inclusion that states, “we acknowledge and respect differences in learners, whether due to age, gender, ethnicity, language, class, disability, HIV or other infectious disease” (White Paper 6, 2001: 6-7). The teachers in the hospital school also acknowledge that all learners can learn and all children need support. Curriculum 2005, Outcomes Based Education (OBE) and the Revised National Curriculum Statement (RNCS) are the vehicles through which these will be channeled and implemented. It is required of hospital school teachers to have qualifications in the Special Needs field as well as a recognized Remedial and or Learning Support qualification or experience.
The hospital school provides tuition from grade R-12 in all the required learning areas in most of the official languages of the country. The hospital school also offers a Life Skills programme for children who cannot cope with the academic classes, due to the side effects of their illnesses and/or their treatment (Eiser et al., 2003:17). This Life Skills programme includes knitting, cooking, small business and entrepreneurship; such as making articles to sell, and basic life orientation skills.

White Paper 6 recommends programmes that are flexible, in order to accommodate a variety of needs. Through individualized educational programmes (IEP), specialized high-need support to learners in need of it, are developed by the teachers. This is done by adjusting the curriculum to suit the needs of the particular learners.

In addition to this the hospital school provides a “Fast Tracking” programme for children who have been out of the system for so long because of illness that they lack basic skills like reading, spelling and writing (Eiser et al., 2003:17). The Life Skills and Fast Tracking programmes are initiatives of the hospital school in question and are in accordance with the White Paper 6 stating:

Education and training should be responsive and sensitive to the diverse range of learning needs, in providing comprehensive education programmes that provide life-skills training and programmed-to-work linkages (White Paper 6, 2001:12, 21).

The Comprehensive Education: Life-skills training and Programmed-to-work linkages of the Hospital School are clearly outlined in the following table.

Table 2.1 Programmes provided by the Hospital School

<table>
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<tr>
<th>Teacher</th>
<th>Foundation Phase Gr R-3</th>
<th>Intermediate Phase Gr 4-6</th>
<th>Senior Phase Gr 7-9</th>
<th>Secondary Phase Gr 10-12</th>
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<th>Fast Tracking</th>
<th>Remedial Gr 1-12</th>
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3.3.2. Participants and Context

The researcher in her role as Head of Department has been teaching at the hospital school in question for the past eight years. During this time she has been involved with staff development about inclusion, learning strategies, learning theories, counseling skills, time management, learning support strategies for teachers, parents and learners and Invitational Education. The hospital staff numbers in total, including the principal, eight. The following criteria were used to select the participants for the interviews conducted in this investigation. The teachers had to be permanent staff members, and had to have taught at the hospital school for longer than four years. The reason behind this was that teachers needed time to adapt to the routine and the ambivalent setting in the hospital of constantly having to deal with emotional issues of children being very ill and even dying. The other teachers teaching at the hospital have all only been there for between seven to nine months.

3.3.3. Data Collection

The collection of data consisted of participatory observations, documents as a source of information, and semi-structured interviews. The data collection was conducted in two phases. Phase one consisted of the daily observation of teachers’ practices and interactions with learners, colleagues and other disciplines, as well as the gathering of documents over a period of time. Phase two consisted of in-depth, individual interviews scheduled over a period of four days. Phases one and two took place simultaneously.

PHASE 1

3.3.3.1. Participatory Observations
Research data was collected through participant observation at the abovementioned hospital school. The researcher has worked closely with the staff at the hospital as a Head of Department for the past eight years and is therefore not merely a passive observer but may take a variety of roles and may participate in events being studied (Yin,
Observation is a technique for collecting descriptive data on behaviour, events and situations and was conducted through unstructured observations by the researcher. These unstructured observations were an attempt by the researcher to describe events (interactions) or behaviours as they occurred, with no preconceived ideas of what was seen (Brink, 2003:150). The researcher kept comprehensive field notes of all the interactions between the teachers and learners and other disciplines in the hospital.

In addition to this the researcher kept a journal of observations, notes, inquiries and discussions. Maykut and Morehouse, (1994:73) advocate the use of this data collection technique by stating: “The keen observer and important observations one has cannot be fully utilized in a rigorous analysis of data, unless they are written down”. The researcher, as a teacher in the hospital, was in daily contact with the teachers and the learners and there was ample opportunity for informal observations and interviews.

3.3.3.2. Documents as Source of Information

Documents were collected for use as a source of information to verify both the interactions and verbal statements made during interviews and participatory observations. These documents consisted of newspaper articles about the hospital school collected over the previous three years, photographs of special events such as the end-of-the-year concert, a concert raising awareness of child abuse, ‘AIDS Day’ and the other various open days that had been held in the hospital. During 2001, the researcher kept a diary of all the daily interactions with teachers, learners and other stakeholders, in order to research effective schooling. The researcher as a Head of Department, had access to many other relevant documents such as the school’s staff development and community development plan, which helped her to draw conclusions, including reports by professionals, and planning and preparation documents.

PHASE 2

3.3.3.3. Individual Interviews
Interviewees were all given informed consent forms to explain the interview procedure and inform them of the questions. These interviews were spread over a period of four days. All interviews were tape-recorded and immediately transcribed to ensure authenticity and reliability. Tape-recorded interviews allowed the researcher to listen attentively and to preserve a permanent record of what was actually said, preventing the possibility of researcher bias having influence (Slavin, 1992:89). These interviews were semi-structured interviews (interview guide approach) where the topic is selected in advance but the researcher decides the sequence of wording during the interview (Straus & Corbin, 1990:44). Semi-structured interviews have the advantage of being objective whilst permitting thorough understanding of the respondents’ opinion. Straus and Corbin (1990:46) support this by arguing that it allows the researcher flexibility and freedom to ask questions depending on the direction of the interview.

All the interviewees were asked the same open-ended questions:

- How do you experience teaching in a hospital school setting?
- What do you like/don’t like when teaching in the hospital school?
- What do you find difficult/challenging in the hospital school?

3.4. DATA ANALYSIS PROCEDURE

Data analysis (Miles & Huberman, 1994:428) is a process of bringing all data collected together and organizing them in such a way that they make sense. This process occurs the moment the research is thought about (Babbie & Mouton, 2003:97) and continues up to the final report. Miles and Huberman (1994:10) define data analysis as consisting of three current flows of activities: data reduction (consolidation), data display (clustering) and conclusion. Qualitative data can be regarded as a systematic process of selecting, categorizing, comparing, synthesizing and interpreting to provide explanations (Miles & Huberman, 1994:10). Before one can start with data analysis all data need to be transcribed. Transcriptions are then analyzed by taking words, sentences and paragraphs apart that are relevant to the research in other words, one consolidates the data.
Subsequently the data was analyzed using the constant comparative method described by Maykut and Morehouse (1994:126), to find recurrent themes. This meant the recurrent themes were continuously compared and ultimately grouped together to form categories.

3.4.1. Data Consolidation

The content was analyzed where key words, phrases and sentences were marked. This method is one of the many ways of open coding. Open coding, according to Strauss and Corbin (1990:61) is the process of breaking down, examining, comparing, conceptualizing and categorizing data. Codes are constantly reviewed as new interpretations are made of data. The researcher keeps an open mind and uses the intuitive process of developing an awareness of the lived experiences of teachers and becomes immersed in the phenomenon under investigation in order to interpret qualitatively (Brink, 2003:10).

3.4.2. Data Clustering

Codes were established through axial coding. Axial coding is where the data identified and separated in open coding is put back together in a new way to make connections between the categories or codes (Henning, 2004:132). According to Strauss and Corbin (1990:96), axial coding looks at how categories crosscut and link. The focus is on the relationship between the categories and codes and will be verified through various means.

3.4.3. Data Verification

Data verification was done through triangulation, and will be discussed under measures to ensure trustworthiness in more detail.

3.4.3.1. Triangulation
Triangulation implies a combination of methodologies in research of the same phenomenon (Mathison in Merriam & Simpson, 2000:102). The researcher used different methods of collecting data (observation, documents, field notes, journal and interviews) with literature control in order to test reliability of the data. Differences that may occur reflect the varied perceptions and perspectives which different teachers might have when teaching chronically and terminally ill children. To ensure trustworthiness the researcher also triangulated by crosschecking the findings of the research with various stakeholders.

3.5. MEASURES TO ENSURE TRUSTWORTHINESS

Trustworthiness is responsible for credibility and dependability in qualitative research (Lincoln & Guba, 1985:57). The use of different data sources helps the researcher to “validate and crosscheck findings” (Patton, 1997:244). Throughout this study the researcher collaborated with the supervisor, senior management of the school, the participants, as well as independent coder, to crosscheck findings.

3.5.1. Independent Coder

A set of raw data; transcriptions of the interviews and field notes were given to an independent coder who analyzed the data and then met with the researcher for consensus discussions regarding identified categories. The participation of the independent coder ended here.

3.5.2. Member Checks

All participants were given the transcriptions of their interviews, as well as the coding and clustering of the provisional categories. Member checks are defined as “taking data collected from the study participants and your tentative interpretations of these data and transcriptions back to the people from whom they were derived and asking them if the results are plausible” (Merriam & Simpson, 2000:102). This enabled the participants to
check if they agreed with the transcribed interviews and provisional categories that arose from the data. They could ask questions concerning the categories in order to make further sense of them.

3.5.3. Senior Management Team and Supervisor

The researcher had regular meetings with the senior management team at the school concerning the research as well as with the supervisor at the university.

3.6. ETHICAL MEASURES

Research ethics starts with the identification of the research topic and proceeds throughout the publication of the study (Burns & Groves, 1993:89). This implies that the governing body of the hospital school had to be approached for consent to conduct the research in the beginning of the year (Appendix A). The ethical committee of the hospital was then approached for further consent to conduct the research in the hospital (Appendix B). Thereafter permission to conduct the research from other involved institutions like the Rand Afrikaans University and Gauteng Department of Education was gained (Appendix C, D). The following step was to approach the selected teachers for their co-operation, through informed consent and free choice in the research as the researcher is morally obliged to consider the rights of the participants (Streubert & Carpenter, 1995:44).

The teachers at the hospital school were approached personally and were given written information about the research. They could choose to freely participate in the research through informed consent, typed information and free choice (Brink, 2003:42). Individuals who agreed to participate were given the right to expect all information collected from them to remain private. This was achieved through the anonymity procedure. The researcher provided the individuals with sufficient clearly written information regarding his/her participation in this research programme (Appendix E).

3.7. SUMMARY
In this section the research design and research process were discussed. In the next section of this study, the data analysis will be explained and the findings will be presented.

SECTION 4  
DATA ANALYSIS, PRESENTATION AND FINDINGS

4.1. INTRODUCTION

The previous chapter focused on the research design and the research process. This chapter is a discussion and a presentation of the data analysis. A detailed description of the patterns and categories identified and finally the main themes will be analyzed, interpreted and presented.

4.2. DATA COLLECTION

4.2.1. Data Collection Methods

In this study data was collected through in-depth individual interviews, participant observations, field notes and documents such as newspaper articles, journals and interviews. During the past year field notes, a journal and various artifacts such as photographs in the hospital were collected. The unit of analysis for this study comprised permanent teachers with more than four years experience of teaching chronically and terminally ill children in the hospital. An in-depth interview was conducted with each of these teachers.

4.2.2. Background and Context of Data Collection
The researcher has been teaching in the hospital for the past eight years. Although it has been very challenging and very rewarding she often found herself in emotional turmoil. It was difficult to teach chronically ill children knowing that they would probably never get well and had shortened life expectancy. It was equally difficult teaching terminally ill children, some of whom knew that they were dying while others had no understanding at all of the seriousness of their illnesses. The most upsetting experience for teachers was arriving at the school in the morning to be told that one did not have to go to Ward 286 because the patient one had been teaching had passed away during the night. The researcher felt strongly that teachers, in such situations were very vulnerable and needed additional emotional and practical support.

4.3. DATA ANALYSIS PROCEDURE AND PRESENTATION

The data was analysed in two phases. During the first phase the data from interviews were analysed for provisional categories. The second phase was the interpretation of the provisional categories in order to identify the main themes. Thereafter the themes were discussed using the other collected data as well as a literature study, for control.

PHASE 1

4.3.1. Individual Interviews

All four tape-recorded individual interviews were transcribed (Appendix F). The analysis process began with reading the transcripts to gain a holistic view of what might emerge from the data. The researcher focused on the research question: What do teachers experience when teaching chronically and terminally ill children in a hospital school setting? The transcriptions were read and re-read in order to focus specifically on the experiences teachers had and to identify units of meaning through open coding. Open coding is when one works with the data and write notes using arrows to link sentences and words. In this process the researcher composes codes as she works through the data by dividing the sentences in segments or phrases using markers. Different codes are
grouped together to form categories and this “process of inductive making of meaning is highly interpretive” (Henning, 2004:105). From the interviews it became evident that hospital teachers experienced teaching in the hospital as challenging, rewarding and fulfilling although emotionally demanding. The following provisional categories emerged from the interview data and are grouped together for discussion purposes.

4.3.1.1. Provisional Categories

4.3.1.1.1. Characteristics of the Hospital Teacher:

Hospital school teachers are expected to exhibit characteristics such as passion, sympathy, empathy, flexibility, teamwork, and organizational skills. The American Psychological Association, after surveying teachers who had won teaching awards at all levels of the education system, reported that passion was mentioned first among the several aspects of what these teachers agreed made a good teacher. Passion is important in any job and the most successful people are passionate about their work. The hospital school teacher must portray a passion for children, teaching and life. Good teachers are excited about learning and that spreads to those they teach, as confirmed by one of the participants who said, “My main thing is in the classroom with these kids, I think we have a special way of working with them, with our sick kids, I enjoy it! I love it!” (P1 lines 48-51). The teacher’s passion (for life, teaching and learning) carries over to the child, who will in turn be motivated to value learning for him/her. A passion for living is very important in the hospital and should also be conveyed to sick children to equip them mentally to fight their diseases and experience quality of life they can. A teacher who was quoted in a newspaper said: “Children heal quicker if they are optimistic about their illness.” (Govender, 22 April 2003. The Star).

Other verbal statements from the personal interviews illustrate this further: “Kids need teachers exercising a lot of empathy and sympathy” (P1 lines 21, 22) and “maybe it’s the warmth, they seemed more relaxed than at other schools” (P1 line 138), suggests that the hospital teacher needs a certain temperament to teach in the hospital school.
Temperament can be described as a person’s distinct nature and character, especially as determined by physical constitution and permanently affecting behaviour (Collins Concise Dictionary, 2001). One of the participants noted that “the teachers they’ve got different personalities, I think it is in the character that makes them the best teachers ever in giving support to these kids” (P3 lines 172-176). Flexibility in practice is of utmost importance. One participant noted that hospital teachers “have to be organized, prepared, and flexible by trying different teaching practices and teaching methods in order to reach these children” (P4 lines 15, 16 and 28-34). The hospital teacher also has to be a team worker as all the disciplines in the hospital are interrelated to work towards the same goal: “we work together as a team…doing what is best for the child” (P4 lines 120, 127). “Because of all the disciplines who are invited to counsel us, talk to us, teach us. I love it! I know so much (sic) medical terms I did not know before.” (P1 lines 165-169). “Working in a multidisciplinary team is very rewarding, you get so much insight of what makes up the world…not just the speech therapists, occupational therapists, or the physiotherapists but also the doctors and nurses” (P4 lines 130-136). As a result of the interaction with the other disciplines “the hospital school teacher is a well rounded person, not focusing on one aspect only” (P4 line 36).

4.3.1.1.2. Lifelong Learning

It became evident through the interviews that all participants experienced teaching in the hospital school as professionally challenging. Skills for lifelong learning are very important for most hospital school teachers, as they hold posts involving more than only the phases and learning areas for which they are qualified to teach. For example: Teacher 3 in table 2.1 is a qualified Intermediate trained, Zulu language teacher; in the hospital she teaches all the Nguni languages from grade 1-12 as well as English Additional language. The onus thus rests with the teacher to get additional training in Foundation Phase as well as Senior and Secondary Phase and any other learning areas for which she is responsible.

Hospital school teachers therefore experience ongoing professional development. Of the four teachers interviewed, three have chosen to further their studies since starting to teach
at the hospital school: they realized a need to empower themselves to provide quality teaching.

Participant 1: “Teaching in the hospital school is challenging…” (line 14), “I wanted to study to be able to integrate Arts and Culture in other learning areas like Life Orientation” (line 99), “I think I got the motivation from the hospital school feeling, they (the children) miss a lot” (line 106).

Participant 2: “Teaching at the hospital school is quite challenging” (line 18), “because the child is sick and has been left behind, wasn’t going to school for some time. Remedial needs to be done in order to catch up with the work s/he has missed” (lines 32-37).

Participant 3: “You have to prepare for different grades and levels and adapt the very same worksheet to the learners for their different pace and levels. So the experience is quite challenging” (lines 30-40).

Participant 4: “It is challenging in the sense that you have to be very organized, prepared for any eventuality. It is an ever changing scenario” (lines 14-18).

Staff members acknowledge the importance and need for human resource development as well as support at the hospital school. Two of the participants commented as follows, “I had to try different teaching methods and teaching practices to get to them in a way that they can understand. So I have grown educationally” (P 4 lines 31-34). “The school is doing so many things like taking us to courses, paying for the courses to develop us, so we have all these tools for our kids in the hospital” (P lines 160-164). Lifelong learning became a way of life for these particular hospital school teachers.

4.3.1.1.3. Child Centeredness

The special needs of the hospital school learner are fundamentally important at the hospital school. Most learners, because of ill health, frequent absenteeism and lack of continuity in their schooling experience education as a challenge as noted by participant 4: “there is little continuity in work because they get ill and you can’t carry on with the
work” (P4 lines 91-93). One participant said: “If you regard teaching as a calling and you really has that touch that you have to reach out to the kids more than reaching out to your life as a person… you’ll make a difference by adapting to their needs and their educational needs” (P3 lines 41-48). As another participant noted, hospital school teachers have to adapt to the child’s needs in the hospital. “Some of the children in the wards are confined to the beds …. the child cannot sit upright, you still have to teach the child” (P2 lines 23-26).

Children should be accepted as unique and special and should be assisted in keeping up with their classmates. “Achieving at school is good for children even in the hospital. They need to know that they will not miss a grade because they are sick. They must also know that they are doing the same school work in hospital, as their friends at school” (Govender, 20 April 2003. The Star). Participant one explains why a teacher has to persevere in getting the child to wants to take part in school activities. “They come here withdrawn, they pull the sheets over their heads…they don’t want to look at us….but after two, three consultations you try to explain to them and to invite them to join the others, they love it and they even come voluntarily, you don’t have to push or drag them to come to school” (P1 lines 118-136). The chronically ill child’s perception of school and the problems s/he experienced at school should sometimes be reflected upon (by the teacher as well as the child). The child should be invited repeatedly to join in and eventually they voluntarily come. Children should be viewed as able, valued and responsible and should be treated that way.

One of the participants noted that the hospital children are ‘small adults’, “because emotionally they are a lot more adult than their peers. They have to cope with illness, life threatening illnesses and they are aware of the fact that they might die and that they have to cope with that” (P4 lines 65-72). Therefore the teacher needs to adopt a child-centered approach in the hospital and work for the good of the child, while at the same time involving professionals from all the other disciplines.

4.3.1.1.4. Teachers as Caregivers
The teacher should not only have a passion for teaching, but for all the different roles s/he needs to fulfill. According to one of the participants, “we have to be mothers, friends and counselors” (P1 lines 10-11). Participant 3 added “you become so attached, because you understand their backgrounds as you get closer…..some have got their problems at home, there is no mother, and there is no sister. So sometimes you feel that motherly love inside of you in such a way that you feel like giving all that you have got” (P3 lines 69-78). When a child whom one has become so attached to passes away it is very difficult “as you experience hurt and a feeling of loss. You have mixed feelings and at the same time there are these other kids who need your support” (P 3 lines 87-90). Children who receive transplants and are later discharged keep in contact with the hospital teachers because of the close relationships (sometimes over four years) that have formed. The teachers are their friends, “they come around just for a chat, and then they tell you that they are outclassing all their friends at the regular school….then you feel you have done something…..you made a difference!” (P3 line 119).

4.3.1.1.5. Knowledge of Inclusive Education

Knowledge of and a belief in the philosophy of inclusive education is imperative in a hospital school. Teachers have to work with the totality of ill children in the hospital. Participant 3 (lines 13-39) explains why teachers in the hospital needed an embedded knowledge of inclusive education theory and practice to be able to provide quality education to these learners. “They have all got different problems and needs. You have to plan for their needs and adapt the same worksheet to suit their needs and pace”. Hospital children are all at different levels, grades and phases educationally so the teacher has to know how to view all learners eco-systemically and how to teach constructively so that each child can reach his/her own full potential at his/her own pace. Planning for each phase has to be thoroughly well thought through and teachers must adapt worksheets to each need. Moreover hospital school teachers need to believe wholeheartedly in inclusive education in practice and “after two, three times, you try to explain to them and invite them to join the others, then they come even voluntarily, you don’t have to push them or drag them” (P1 lines 131-136).
4.3.1.6. Personally Intact

At the hospital school teachers talk openly about how teaching terminally and chronically ill children has changed their lives (Govender, 22 April 2003. *The Star*). Most interviews exposed the difficulty of coping with children deteriorating in health and dying. Participant 3 (lines 81-90), reflected that “when you lose such a child (that you have close relationships with) it is a blow, it becomes very difficult”. Participant 1 (lines 70-74) commented that: “What I find difficult is coping with death and coping with the very sick. It gets to me and emotionally I feel shattered sometimes”. Participant 2 mentioned that it is very disturbing when a child dies. “Sometime later the child is sick, chronically ill and then the child eventually dies and it leaves us with a lot of pain” (P2 lines 70-75). For this reason hospital teachers have to be emotionally stable. “The one thing I was worried about all along is this thing of kids dying. It’s a loss…….my experiences from the past……I couldn’t deal with loss….but now I can cope with it (P2 lines 108-113). The hospital teacher has to be emotionally intelligent, personally intact and in harmony with him/herself and others in order to cope with these abnormal stresses. The following insert describes the experience of the teachers accompanying one learner had, through the last phase of her life at the hospital school (Field notes 2003).

She was a grade three, cancer patient, who had a relapse. Her mother discussed with her the possibility of dying. They discussed openly what she still wanted to do. She completed a “Reach for a Dream” request to swim with dolphins. She achieved this dream and also worked out, with the help of her mother and the social worker, a will covering what she wanted to leave to her cousin and her best friend and what her mother had to do with the rest of her belongings. She also wanted to be the best reader in her class in grade three at her school, and that was where the teacher could assist and support. She wanted to read one book per day and at the end she read the most books in her class. She was only nine years old but had a reading age of fourteen. This little girl had the strength and courage to
work through major life and death issues and the teacher had the privilege of sharing this “out of the norm, emotional experience” with her.

4.3.1.1.7. Workload in the Hospital

Hospital teachers can easily become overwhelmed because of the workload in the hospital as they teach in more than one learning area for three different phases at one time (See table 2.3 programmes provided by the hospital school). This can result in a sense of isolation as they do not have a colleague teaching the same learning areas to the same phase as in the case of regular schools - and as a result hospital school teachers also have a greater burden of planning and preparation. Three participants noted that the workload was heavy. “The workload is too much, teaching grade 1-12, in all learning areas” (P1 line 75). “The most difficult thing is teaching a lot of grades” (P 2 line 87). Participant 3 (line 199) agreed by mentioning “The difficulty is teaching all the grades. It’s a big problem because when you plan, you need to consult each and every book for each and every language then prepare for all the kids”. Added to the workload, teachers also need to know about the various illnesses the children have and how to handle emergencies and stressful situations. Teachers have to be able to read situations correctly and know how to respond immediately and this became clear through the interviews when one participant noted; “I know a renal is like this and that….and chemotherapy…the kids when their machines goes cling! Cling! I know how to switch it on again so it starts running again. We’re doctors, we’re nurses!” (P1 lines 169-171).

According to the provisional categories that emerged from the study it became evident that hospital school teachers work in stressful environments and had to own certain characteristics to deal effectively with it. In phase 2 categories are refined and further discussed.

PHASE 2
The data collected from interviews, participatory observations and documents as sources of information (Appendix F) will be used as supplementary evidence in the discussion of the main themes. Thereafter these themes will be substantiated by evidence in literature.

4.4. THEMES

The provisional categories will be grouped together and will be discussed further to develop the main themes. These are: characteristics of the hospital school teacher; teacher commitment; teacher collaboration; teacher support and burnout. The following figure shows the categories grouped into main themes.

![Diagram of themes]

FIGURE 4.1
4.4.1. CHARACTERISTICS OF A HOSPITAL TEACHER

One of the ‘myths’ of our society is that ‘anyone’ can be a teacher. The principal of the hospital school stated in an article on the hospital school in the Star, that “not just any teacher” is suited to work with our ill children (Thom, (23 November 1998) *The Star*). In fact hospital teachers have to be extraordinary teachers, teaching extraordinary learners in extra ordinary environments. According to Lindell, (2003:1) there are six characteristics extraordinary teachers have to embody to accomplish teaching success namely:

- Passion for their work, children and life;
- they know what to teach; how to teach and how to improve
- they connect exceptionally well with learners;
- they excel at creating exciting learning environments;
- they challenge children to reach their full potential and
- they get extraordinary results.

4.4.1.1. Extraordinary teachers have great passion for their work.

Hospital school teachers have to own a passion for making a difference in the lives of these children. Extraordinary teachers have passion for four things namely: Learning, teaching, their learners and their fields. They are lifelong learners and they try to keep up with changing learning and teaching theories and practices as confirmed through the interviews with the four teachers at the hospital. Participant 4 confirms this when she stated in her interview that she has to try different teaching methods and teaching practices trying to get the children to learn and understand (P4 lines 28-35). The hospital school teachers have to present caring natures with empathy and sympathy for these children with their shortened life expectancy and other life difficulties and this was confirmed by participant 1 who noted: “These kids need teachers exercising a lot of empathy and sympathy because there are many pressures of their sickness (P1 lines 21-25). Good teachers are patient and flexible as they needed to adjust to some degree to the needs of the learner. The learner must be allowed to learn according to his/her own pace and sometimes to need a second or a third time to go over the procedure to make the
knowledge their own. The need therefore for flexibility and adaptability in such an
ambivalent setting was obvious in a hospital school setting where all the learners are on
different levels in education. Flexibility allows the learning environment to be fluid and
creative. Participant 3 commented that “These children have all got different problems
educationally. You have to prepare for all the different levels and then adapt the
worksheet to suit the needs of all the learners in that particular grade or level (P3 Lines
26, 27, 30, 31, 36, 37). Extraordinary teachers have an “uncommon and intense desire to
master their ‘craft’ and become ‘benchmarks’ for their profession” (Lindell, 2003:1).
Seeing their learners learn, grow, succeed give them great joy because they feel they have
played a part, however small in the growth process. Participant 3 refers to this as her
“aha moment, you feel great, when you work with a child in the hospital coming from a
deprived background, in the rural areas, who had never been exposed to the different
things. When you introduce the child, then you see the change and you feel great! When
learners come back and tell you that they are outclassing their friends you feel great. You
realize you have made a difference! (P3 lines 101-110, 120-122).

4.4.1.2. Extraordinary teachers know what to teach and how to teach.

Good teachers keep up on knowledge and research that can improve their teaching and
make them experts in their fields. Teachers have ample opportunities to attend local,
district and national conferences and workshops to discover and experiment with the
latest learning and teaching theories. In addition attending such conferences and
workshops and/or hand on sessions provides teachers time to connect with other
colleagues and share ideas. Participant 1 commented: “The support being offered at the
hospital school is great. The educators are given a chance to develop and empower
themselves by attending courses” (P1 lines156-161). The teachers will then be
empowered to assist learners to provide what Vygotski called, scaffolding for learning.
Most of the children in the hospital have learning problems due to their frequent
absenteeism and lack of continued schooling. They needed an adult to provide them with
help so they can perform at their own zone of proximal development.
4.4.1.3. Extraordinary teachers connect well with learners and other stakeholders

Interpersonal skills play a very important role in the hospital, as teachers have to work with all disciplines and have to form part of a multidisciplinary team working together for the good of the child. Good social, people and communication skills are vitally important in the hospital setting for interacting on a daily basis on all levels in all spheres. Intrapersonal skills are just as important as the hospital teacher has to have inner drive, be self-motivated, well organized, well prepared and a good manager of time especially in times of stress, upset and change. Hospital teachers should exemplify extraordinary dedication and according to a study made on teachers for effective schooling, repeatedly going the extra mile for their learners, they have to be ‘living models’ (Dunne & Delisio, 2001).

Hospital teachers have to portray a world view in which they see ‘the bigger picture’ rather than illness as ‘the end of the line’. This world view needs to be portrayed in their perceptions of themselves and their learners and by the behaviour and stance they adopt as discussed in figure 2.1. in section 2, the Invitational Education Approach. By the teacher’s stance in treating these children as able, valued and responsible and by investing time and effort into their lives, the teachers give them hope for the future. The teacher is in the position to develop personal relationships with these children in order to gain trust by respecting them as unique and special. By doing this purposively, teachers are inviting towards these children. Journal entry (January 2003):

| Tshipho, thirteen-year-old diabetic: I taught Tshipho for the past three years. Tshipho is blind in one eye and could not speak English. Tshipho lived at the safe house because his parents could not look after him because of his chronic illness. The last Thursday in December his mother came to fetch him for the holidays. He complained of a headache. Mom waited the Friday and the Saturday. He started vomiting on the Sunday. She took him to another hospital on the Monday and that evening Tshipho passed away! Teachers and children were devastated! Nomsa is fifteen, she is Tshipho’s sister and also a diabetic living in the safe |
The best teachers are those who teach the whole child. Teaching must go beyond the basics of mathematics, science and language skills, but should include valuable life skills. One very important concept a good teacher helps develop is self-esteem. This can be created by an atmosphere that is physically and psychologically safe for all learners. It includes having a warm personality to provide this comfortable environment for the learners. The hospital teacher has to be a person that can motivate and change the perceptions, in order for them to have quality of life. The teachers must respect learners as the goal is to create a bond, an educational partnership where learners are willing to work with students and not against them. Mutual respect is vital for successful connections. Learners notice and comprehend the importance of a teacher’s character, credibility and role model potential.

4.4.1.4. Extraordinary teachers excel in creating exciting learning environments.

Therefore they capture the learner’s interest. Teachers have to prepare, be organized and give serious thought and effort to do what they desire to accomplish every day. Boundless energy, enthusiasm and general zest for life and knowledge are noticed by learners. Participant 1 complains about the workload and feels that it is too much to prepare for all the phases but she realizes that it is a necessity and must be done (P1 lines 76-93).

4.4.1.5. Extraordinary teachers challenge learners to reach their full potential.

Extraordinary teachers are demanding and hold learners responsible for their learning and to deliver quality work. Teachers provide learners ample opportunities to try to succeed, fail improve and learn. This approach tells learners that the teachers value their opinions and believe in their capabilities. Extraordinary teachers are tough but fair (Lindell, 2003)
4.4.1.6. Extraordinary teachers get extraordinary results.

The mediocre teacher tells, the good teacher explains, the superior teacher demonstrates and the extraordinary teacher inspires (Lindell, 2003). Teachers help their learners find direction, meaning and satisfaction in their lives by effectively passing on knowledge and preparing learners for meaningful careers.

4.4.2. TEACHER COMMITMENT

Teacher commitment and engagement has been identified as one of the critical factors in the success and future of education (Huberman, 1993:3, Nais, 1981:181). ‘Commitment’ is a term teachers frequently use in describing themselves and each other (Nias, 1981:181). It is a word they use to distinguish those who are ‘caring’, ‘dedicated’ and ‘who take their jobs seriously’ from those who put own interests first. Commitment is part of teacher’s affective or emotional reaction to their experiences in a school setting, and part of a learned behaviour (Ebmeier & Niclaus, 1999: 220). From these affective reactions to school experiences teachers make decisions about their level of willingness to personally invest to that particular setting, or particular group of students. Teachers’ behaviour will be influenced by what they are committed to in their professional life. Teacher commitment therefore, stems not only from their professional practice but also from a core set of personal values and beliefs. This personal component is central to understanding how teachers view their work.

From the individual interviews it became apparent that teachers at the Hospital School, according to one of the participants, view their work ‘as a calling’. “You had to have that touch that you could reach out more to these kids than reaching to your life as a person” (P3 line 43). Various newspaper articles also had very positive comments about the teachers’ commitment at the hospital school: “There is stress working with children with special needs, but these teachers love their jobs” (Govender, 22 April 2003. The Star).
The participation of learners in end-of-year functions and various open days in the hospital points to extraordinary teacher commitment and collaboration. The hospital teachers work together as a team to provide the best opportunities for these children. Realizing that these children are deprived of normal development due to their chronic illnesses (Freyer, 2004:381), teachers create a chance for them to participate in these events so that some sort of normality—performing in age-appropriate activities—is experienced (Mukherjee & Lightfoot, 2000:59). The following is an example from a journal entry (November 2003) of such a participatory observation.

All the children in the hospital take part in an end-of-the-year-concert, which is the highlight of the year. The teachers ensure that all children participate. They sing and dance and their courage and resilience strengthen the audience. Some children, who are not able to walk, come in wheelchairs or sit on chairs or even lie on their beds on the stage. The biggest hall with the largest stage available is used, as most of these children have never been on stage or taken part in a concert. The children who receive chemotherapy or drips have their medical equipment plugged in next to them and if a child needs medical care while performing on stage, a doctor from the audience runs up on stage, to assist. All the teachers are involved and all family members come to support and are entertained and acknowledge what the teachers are doing for their children. It is a very rewarding and fulfilling day for all involved.

The hospital school teachers demonstrate extraordinary commitment in making this day a special day for all the chronically and terminally ill learners. They also show commitment as a team by inviting representatives of the other disciplines in the hospital to attend.

4.4.3. TEACHER COLLABORATION

Collaboration means to work with another or others on a joint project according to the Concise English Dictionary (2001:291). In the hospital school teachers need to collaborate with others on three different levels. Firstly they need to work with the
medical staff in order to know as much as possible about the prognosis of the child. The teacher needs to find out when to teach the child, for how long and how much they can “push” the child to take part in school activities. Secondly it is expected of teachers to closely co-operate with the regular school teachers to clarify what support the child needs and will receive during his/her stay in the hospital (Eiser et al., 2003:17). Thirdly it benefits the hospital school teachers to collaborate with other teachers teaching the same learning areas as they and with other hospital schools in order to lessen the workload and risk of isolation. Hospital schools jointly could do broad planning and then adapt to the specific needs of each child.

Teaching in South Africa according to Inglis (2003:3) is a lonely profession. It is not a team effort. Teachers go to school, go to their classes on their own, and face all the problems of the classroom alone resulting in isolation. Isolation has been shown to be the biggest cause of depression and burnout in the world according to literature. “It is the strategy of our times to trivialize human existence in a number of ways: By isolating us from one another while creating the delusion that the reasons are time pressures, work demands and anxieties” (Zimbardo in Inglis, 3003:2). In the hospital teachers have their own specific job descriptions, they do not have a colleague that teaches the same learning areas as in the bigger schools and could therefore fall into the trap of not working as a team and becoming isolated because of the workload. One person is in charge of a particular learning area from grade R-12 and therefore plans and teaches on her/his own across all phases, grades and ages. According to participant 2 (lines 87-99) “the most difficult thing is teaching a lot of grades”. Collaboration is therefore essential for hospital school teachers. Collaborative ways of working helped most teachers feel better about themselves and their work and provided opportunities to learn from one another (Johnson, 2003:337). The benefits of collaboration are not only that collegiality breaks the isolation of the classrooms and learning areas but also lessens the workload, one issue all the participants raised during the interviews. “The workload is too much, teaching grade 1-12, in all learning areas” (P1 line 75).
Over time, teachers who work closely together on matters of curriculum and instruction find themselves better equipped for classroom work. They take considerable satisfaction from professional relationships that withstand differences in viewpoints and occasional conflict. Teacher teamwork makes complex tasks more manageable, stimulates new ideas and promotes coherence in a school curriculum and instruction for example the end of the year function. Together teachers have more organizational skills and resources to attempt innovations that would otherwise exhaust the energy, skill or resources of an individual teacher. The accomplishments of a proficient and well-organized group are widely considered to be greater than the accomplishment of isolated individuals (Little, 1987:496). Hospital school teachers could greatly benefit by this practice as proved by participant one: “….because of all the disciplines that are invited to talk to us, to show us, to teach us and to council us” we are empowered (P 1 line165).

4.4.4. TEACHER SUPPORT

In Section 2, Education in South Africa: A focus on Hospital Schools, the uniqueness of the hospital school and the distinctive demands hospital schools place on teachers were discussed. From the interviews it became apparent that hospital school teachers need on-going, on-site support systems in place for dealing with the constant emotional trauma. Participant 2 noted; ”it is quite difficult… but social workers help… they talk to us…… they put us together with the children, those who want to cry, cry……..though we cannot cry in front of the children, deep inside of us we are crying…..and we feel better” (P2 line 70). Participant 4 noted; “I had to learn to cope with loss and sorrow, and I had to learn to distance myself a lot from being too emotionally involved with the learners” (P4 lines 41-45). It is clear that teachers need support on a personal as well as a professional level and this will now be discussed in those terms.

4.4.4.1. Personal Level

On a personal level teachers need coping skills and strategies to cope with the constant emotional turmoil. It is well-researched that health care workers go through sequential
phases of adaptation when caring for chronically and terminally ill children (Papadou et al., 2000:235, Eiser et al., 2003:17, Kübler-Ross, 1997:24). Hospital teachers can relate to these sequential phases as they are similarly affected. The five psychological stages for all humans as to the awareness of imminent death and coping mechanisms are defined as the following by Kübler-Ross, (1997:24);

- Denial and isolation;
- Anger-rage-envy, resentment;
- Bargaining;
- Depression and
- Acceptance

These stages or phases may be experienced more than once and not necessarily in the chronological order stated. Teachers should be supported effectively when going through these phases so that they remain emotionally healthy. According to all four respondents, dealing with the death of children was the most difficult aspect: not only coming to grips with the loss of a child, but also managing one's own emotions while supporting the other children in their loss of a close friend or classmate. Participant 1 noted: “What I find difficult is coping with death and coping with the very sick. It gets to me and emotionally I feel shattered sometimes”. The following is a journal entry by one of the teachers, revealing the devastating effect when one of the long-term learner-patient passed away after four years.

Journal Entry: 9 June 2004

They came to call me to say good-bye to Sekgamatsi. Why? I could not understand. I saw Sekgamatsi on Friday and reminded her that she had to write one of her languages on the Monday. I was waiting for her in my office, her table ready with the paper, pencil, and rubber. I ran to ward 296, the renal ward. When I got there Sekgamatsi’s mother was standing next to the bed and the sheet was over her face. I went ice cold as I realized she was dead and I had never seen a corpse before. Fear went through me. The mother said it was fine, I could still say goodbye to her as she had only just passed away. When I saw this little Albino girl, whom I had taught for four years, I just cried. I touched her and she was still warm. I still could not understand what had happened. Sekgamatsi went home
on the Friday and overloaded (drank too much fluid). On Sunday the mother phoned for an ambulance and she was brought to the closest hospital. The Monday morning they transferred her to the hospital where she had always been treated. When she arrived here it was too late, the doctors could not save her. The teachers were devastated and did not know how and when to tell the other children as they were writing exams that day. We decided to wait until after the exam on that day and then tell them. It was difficult for the teachers to keep their emotions under control until twelve o’clock. The staff decided to tell Sekgamatsi’s best friend privately and then all the other children in a group. The presence of two social workers helped when we told the children. The Sesotho teacher told the children and the teachers and social workers assisted them as a team.

Reactions such as those above from respondents’ interviews and field notes included a sense of hopelessness, uselessness, disbelief and questions like ‘what now’? and ‘why’? This emotional language links very closely to the psychological phases mentioned by Kübler-Ross (1997:24). After each death of a child the teachers met with another professional with expertise in bereavement counseling to discuss reactions and coping strategies. Without this emotional support the teachers might have become depressed, despondent and eventually burned-out. During counseling teachers had to reflect on their perceptions continually in order to cope. The teachers themselves completed courses in bereavement counseling as well as basic counseling skills. The basic needs of the terminally ill person, child or adult according to Goldson, (1979:13) are:

- The need to know that s/he is dying
- The need for meaningful communication
- The need to live to the end with dignity
- The need to be listened to without anger and with acceptance
- The need for hope
- The need to know that s/he is a valuable person
- The need to maintain self-esteem

Some responses teachers had after counseling sessions included: “Now I understand why he (teenager) did not want me to go. He kept on saying, I don’t want you to go, I want to do more schoolwork. It was because he knew he was going to die”. Another participant
noted that “I was cross when I heard that the doctors told him that he had a relapse and there was nothing they could do for him. How can they tell a child (teenager) that if adults can not bear to hear that they are HIV positive?” (Field notes 2003) Counseling is very important for teachers after a traumatic incident as it helps them to stay emotionally healthy by discussing openly such issues.

4.4.4.2. Professional Level

Hospital teachers should take the initiative of forming their own support groups as the need arises. Support groups are meaningful ways to grow professionally. As a teacher, one fulfills a number of roles, both intellectually and socially. In addition to learning about different teaching techniques, support groups can help one deal with the responsibility and pressures that come with the profession (Joyce & Showers, 1997:1). Collaborating with other hospital schools, special schools or even on-line forums could achieve this. To start a focus or interest support group is professionally very rewarding and fulfilling and leads to professional growth and professional leadership. If teachers do not get sufficient, ongoing support from their schools they become victims of burnout.

In the hospital school teachers started various support groups to support them:

- Participant one joined an Arts and Culture support group
- The researcher started a HOD Support group for LSEN Schools
- Various other support and focus groups were initiated by the teachers at the hospital to assist them, children and parents with information on the various illnesses the children had like renal, cancer, diabetes and cystic fibrosis.
- A volunteer remedial support group for the referred cases from the district was established (field notes 2003,2004)

Without these support groups hospital school teachers will be overwhelmed by the workload and that could lead to burnout.

4.4.5. TEACHER BURNOUT
Burnout has been defined as “a state of mind resulting from prolonged exposure to intense emotional stress and involving three major components: physical, emotional and mental exhaustion” (Pines, Aroson & Kare, 1981:245). Pierce and Molloy (1990:42) describe three aspects of burnout. The first aspect of burnout is; the development of increased feelings of emotional exhaustion and fatigue as mentioned by participant two, when he noted “you are tired all the time and you don’t know why” (P2 line 90). The second aspect of burnout is the tendency to develop negative attitudes towards learners or colleagues, as noted by participant 2. He states that some of the children in the hospital are ”manipulative, they take advantage of their sickness, they say they are sick but you can see that they are not” (P 2 lines 49-52). The third aspect of burnout is the tendency to evaluate oneself negatively, resulting in feelings of lack of personal accomplishments as stated by participant two: “My experiences that I have about these kids, sometimes if we’re pressurizing them, like the children, more especially the cancer patients, they seem to hate us. They duck and dive” (P2 lines 42-47).

Teaching has many mental and emotional demands and is a profession particularly susceptible to burnout (Renskaw, 1997:57). Teaching chronically and terminally ill children is emotionally taxing as teachers have to deal daily with the unexpected. The mental demand of providing individualized instruction in a very complex way is strenuous and often results in burnout. When coping capacities are seriously challenged, symptoms of teacher burnout include stress, fatigue, frustration, unfounded dread of work due to workload, and a decrease in level of performance as well as ruptured interpersonal relationships at work and home (Kyriacou, 2001:50). “The most typical trigger to stress response is the perception that one’s coping resources are inadequate for handling life’s demands” (Wood, 2002:24). Participant two experiences teaching in the hospital as difficult when he perceives ill children as manipulative (line 49) and taking advantage of their sickness (line 50) because of an imbalance to his coping mechanisms. He says that he could not deal with loss (line 115) and that he was exhausted at the end of the day teaching all the grades, but he was adapting to the situation (line 90-94). Later on in the interview he states that is it getting better as he is now coping with the loss of children’s lives as well as the workload. If our resources appear equal to the demands we view
them as challenges. If however demands are viewed as exceeding our resources, they become stressors and trigger the stress response. Accordingly teacher stress may be seen as the perception of an imbalance between the demands at the school and the resources teachers have for coping with them (Esteve, 2000:197). Workload must be in balance with time and abilities. The teacher, who does not balance time with work required, will be a target for burnout. Time management is one of the most important aspects for the teacher in the hospital as all the disciplines are interconnected with one another and everything must be done in the working hours of the day. The teacher has to do the planning and preparation after school. A decreased level of performance, because of not being ready and organized can lead to low self-esteem which is another symptom of burnout.

4.4.6. SUMMARY

The analysis of data confirms the theoretical stance adopted in section two of this essay. Hospital school teachers experience a number of challenges in their daily endeavours. In figure 4.1 the researcher has highlighted why hospital teachers have to own specific characteristics in order to cope with the unique situation in which they find themselves in. Hospital school teachers have to demonstrate extraordinary commitment and should value collaboration to counter isolation and to assist with the workload. Ongoing support on a personal and professional level is needed for all hospital teachers and they have to be monitored very closely to prevent burnout and to ensure continual professional growth. The following is a diagrammatical representation of the findings of the study.
TO BE IN THE RIGHT PLACE FOR THE RIGHT JOB!!!!
The importance of the characteristics of the hospital school teacher!

CHARACTERISTICS OF THE HOSPITAL SCHOOL TEACHER
Sympathetic Empathetic Respectful Loyal Team worker Flexible Adaptable
Passionate Child Centered Self Motivated Worldview Creative Initiative
Good Inter- and Intra-personal Skills Good Communication People Skills
Empowered Good Organizer Good Time Manager Emotionally Stable Commitment

TEACHER COMMITMENT
Passion to Teach
Commitment to the Team and Theme
Dedicated and Caring
Advocate of Inclusive Education

To prevent burnout………..TEACHER COLLABORATION
Team worker: Medical staff
Other teachers: In order not to become isolated
Network: With teachers of other school to become partners in education
Must enjoy sharing expertise

BURNOUT
Emotional exhaustion and fatigue
Negative attitudes
Tendency to evaluate oneself negatively
Coping resources inadequate for handling life’s demands

To deal with burnout………….TEACHER SUPPORT
Teacher Training Teacher Development
Coping Strategies
Management Skills Organizational Skills

Figure 4.2
5.1. INTRODUCTION
The aim of the study was two-fold: to understand the experiences of teachers who teach chronically and terminally ill children in a hospital and to recommend guidelines, if necessary to teachers and hospitals schools.

5.2. SUMMARY OF FINDINGS
It emerged from the study that a teacher, with a specific temperament should teach in the hospital, to be able to cope with the constant emotional turmoil and ambivalent circumstances. Hospital school teachers should demonstrate extraordinary commitment. They need to be team workers as it is required of them to collaborate on various levels with other disciplines as well as other hospital teachers. Such collaboration would lessen the workload and keep teachers at the spearhead of latest teaching and learning theory and practices. Figure 4.2 is both a linear and cyclic representation of the findings. The teacher may have all the characteristics required as well as the commitment but if s/he cannot collaborate or work in a team will most likely suffer from burnout. If appropriate professional support is given the cycle will continue and the teacher will become empowered. To prevent burnout, hospital school teachers need ongoing support on a personal and a professional level.

Chronic illnesses such as leukemia, dystrophy, cancer, cystic fibrosis, muscular dystrophy and renal failure often lead to childhood deaths and hospital school teachers must accept the reality of teaching terminally ill children. Kübler-Ross’ (1979) five psychological stages of for human’s awareness of imminent death and coping mechanisms are denial and isolation; anger-rage-envy and resentment; bargaining; depression and acceptance. According to Kübler-Ross children and adults should pass through all of these phases although not necessarily in that order. The teachers in the hospital school perceive the
loss of a child by either expressing or avoiding grief. Participant 4 mentions: “We work with severely ill children and I had to learn to cope with loss and sorrow. I learned to distance myself a lot from being and becoming too involved with these learners” (P4 lines 40-45). Kübler-Ross also maintains that one should rather go through the pain when losing someone, than by avoiding the issue. The problem hospital teachers faces is that they go through the first two or three stages with one death and then another child dies and they are ‘back to square one’. They sometimes do not get sufficient time to grieve or heal emotionally before the next death occurs. From experience teachers feel better equipped to accept the worst prognosis for a cancer patient, by preparing for and going through the stages with the child, than a sudden death by renal failure of a chronically ill child. Such a sudden death of a child over the weekend is devastating to teachers as well as learners; there is no adequate preparation emotionally for either the teacher or the other learners. The five stages are cycles through which the teacher goes continually, therefore teachers need ongoing support in order to remain psychologically healthy and cope.

5.3. RECOMMENDATIONS FOR HOSPITAL SCHOOL TEACHERS AND HOSPITAL SCHOOLS

5.3.1. Application of the Invitational Theory in the Hospital School

The second aim of this essay is to support hospital school teachers and hospital schools and it is for this reason that a “democratically-orientated, perceptually-based, self-concept approach to the educative process” was investigated (section 2 page 23) and now recommended according to the findings of the essay.

5.3.1.1. The Invitational Eco-system

Supporting teachers in the hospital school was explained in section 2.4 of this essay. Teachers in hospital schools who ascribe to the assumptions, values and stance of the Invitational Education theory, can ‘redesign’ the ‘people, places, policies, programmes
and procedures’ in the hospital schools to be more conducive to supporting all involved at an educational, emotional and physical level.

People: The hospital school teacher must support the chronically and terminally ill child by demonstrating a stance of optimism, positivism, showing respect and care. The characteristics of the teacher are of vital importance as explained in section 4.4.1. The hospital school teacher must plan purposefully to change the child’s perception of him/herself, his circumstances, moods, attitudes and behaviour towards education and his illness and themselves. The chronically and terminally ill child typically has low self-esteem and has sometimes lost hope and therefore should be viewed and treated by the teacher as valued, able and responsible. The Star Newspaper described the hospital school as the “Hospital of hope…..and learning” (Govender, 2003) and “School offers children hope” (Thom, 1998). Hospital school teachers work in collaboration with other disciplines (nurses, doctors, physiotherapists, occupational therapist, school psychologists, social workers and speech therapist) and should apply this inviting approach by respecting their expertise and by being courteous to all. Hospital school teachers should be emotionally intact and intelligent, possess basic counseling skills as well as sufficient coping mechanisms for their own needs.

Places: Most people visiting the hospital school for the first time are pleasantly surprised by the warm, relaxing atmosphere, energy and synergy (a sense of everyone working together for the best of the child) at the school. “Despite the gloom which pervades any hospital, the school is like an oasis. The atmosphere is colourful with brightly coloured walls and vibrant floral curtains. Although all pupils are very sick, the school is ‘lively’. The passage walls are covered with photographs of previous concerts, drawing and projects” (Govender, 2003). The trolley (mobile classroom) must express ‘the invitation of learning’ extended to them in an appealing way that is; it must look interesting and attractive and well organized. Many people in the
hospital, when they see the ‘teaching trolley’ comment: “I wish I were a child!” District officials who regularly visit the school have even suggested changing the name of the school to ‘Sunshine or Rainbow School’ as that is the perception they get. The classrooms should be attractive, clean and functional, for those children who come in wheelchairs, cancer patients who arrive with their drip stands for chemotherapy which needs to be plugged in. The atmosphere in the classrooms should be warm, attractive and inviting with sign language posters for deaf children, and large font displays or magnifying devices for the visually impaired. All structures in both fixed and mobile classrooms should create an experience of normalcy for the child.

Programmes: The educational programmes presented to the children should be challenging, worthwhile and meaningful. For too long hospital school teachers tend to keep learners busy mainly with worksheets. All learning programmes should be well prepared according to the specific needs and barriers of the child. Practices should involve OBE and outcomes should be planned to ensure progression for the learner, according to the assessment strands of the RNCS. Inclusive practices should be implemented in the hospital namely: co-operative learning, multiple intelligences, circle of friends and whole language approach. Most learners in the hospital experience learning difficulties, either because of the side effects of the treatment of their illness, or because of frequent absenteeism or lack of educational opportunities because of their disabilities. Most learners in the hospital are second language learners and although they receive tuition in their primary language, the whole language approach is well suited for them in the hospital.

Procedures and Policies: Hospital school learners receive schooling mainly for three reasons:

- It takes their minds of their illness;
- it gives them hope for the future
and helps them to keep up with their peers by promoting self-esteem. thus bringing some sort of normality in their lives.

Identification of problems learners experience must be reported to School Based Support Team (trained learning support specialists) in order for an individualized educational programme to be worked out to support the child academically. The teacher must have policies and procedures in place as it provides learners with structures and to strengthen his/her inviting approach. According to documents “Community School Profile” the school forms part of a holistic team in the hospital working towards a physical, mental, psychological and educational ‘cure’ for ill learners spending an extended time in the hospital. The school has become an integral part of a multi-disciplinary team as the involvement with the learners does not focus on education only, as the school has become committed to the community uplifting and support. The staff of the school actively participates in programmes and procedures to support and uplift and guide learners and parents to seek the best for their children. These programmes and procedures include:

- Attending ward meetings for discussions about learners.
- Using social services to de-brief learners and teachers after the death of a fellow learner.
- Participating and attending medical conferences to empower the staff and advertise the school and the district and its commitment to better education for all.

5.3.1.2 Teacher Perceptions, Behaviour and Stance

The hospital school learners’ perception of how s/he views themselves and how the world views him/her must be understood in the light of their illness. The child’s behaviour is based on interactions with other human beings for example, if the child is diagnosed with cancer it could mean death, if a child has renal failure it could mean dialysis three times a week for four hours at a time and waiting years for donor-organs, and if a child was chronically ill, it could mean daily medications and frequent visits to the hospital. These
children are prone to depression and low self-esteem. The teacher must be able and willing, by choice and through the inviting approach, change the child’s perception and to promote self-concept by having the correct stance of trust, optimism, respect, and intentionality (Purkey & Novak 1996).

Hospital learners all suffer from low-self-esteem because of the stigma attached to their illness, whether it is HIV/AIDS, cancer or renal failure or cystic fibrosis. Low self-esteem is also a result of being constantly rejected socially by peers, isolation and their own perception of being different from their peers. Self-concept according to the invitational model can be developed and promoted by changing their perception (Purkey & Novak 1996).

Teachers must realize the choice is theirs to be intentionally inviting towards others. To be intentionally inviting means to perceive, choose and act with consistency and sensitivity. This stance or behaviour the teachers portray is the ultimate in the hospital and teachers should purposively plan for it. Inviting teachers think in a special language of “doing with” and not “doing to” and it is a skill “the craft of inviting” that they can learn (Purkey & Novak, 1996:58-60). Being ready to invite means to prepare the environment (places) and prepare oneself. Doing with the child means to develop trust, planning to reach each child, reading situations correct, making the invitations attractive so the child wants to take part. Following it through means when a teacher extends the invitation but it is not accepted by the child to negotiate and send new invitations. (Purkey & Novak, 1996:61-83) even when conflict arises.

Sometimes discipline problems and conflict arises in the hospital as the children become very spoilt, manipulative, have learned passiveness and become defiant in managing and taking responsibility for their own illness. ‘Inviting in the rain’ is an invitational approach to discipline by applying and managing conflict by the rule of the five C’s. “It takes trust, respect, optimism and intentionality to resolve conflict at the lowest possible C, beginning with concern” (Purkey & Novak, 1996:92).
• Concern: When any problem arises the teacher must show concern and talk to the child informally and show concern for the aspect of conflict. If the concern is sufficiently troublesome it requires action and it is time to confer.

• Confer: The teacher now initiates an informal and private conversation with the other person, in an intentionally non-confrontative and respectful way, what the concern is, why it is a concern and what is proposed to resolve it.

• Consult: This is more formal than conferring and involves clear and direct talk about issues not yet resolved. “Should consultation, after repeated attempts, not work, then it is time for confrontation” (Purkey & Novak, 1996:94).

• Confront: This is a no-nonsense effort to resolve the concern. It is time for the teacher to be frank about issues not resolved and state the consequences.

• Combat: This is the ultimate level and the purpose is to combat the situation and not the person. This requires direct, immediate and firm action. Some teachers by pass the previous C’s and starts with combat first.

Invitational Education “provides the language that expresses care and a practice that exhibits it” (Purkey & Novak.1996:9). To support teachers ‘invitationally’ the researcher proposes a model for learning support, a diagrammatical representation, based on the Invitational Education Theory (Figure 5.1)
Figure 5.1 A MODEL FOR LEARNING SUPPORT
5.4. RECOMMENDATIONS FOR FURTHER RESEARCH

Further research in this field is recommended that will enhance and supplement the study on the experiences of hospital school teachers. This is a relatively unknown field as the researcher found that there was a lack of literature on the effects on the teacher when working with chronically and terminally ill children. Research not covered in this study that is recommended:

- The professional adaptation the teacher experiences is a probable research topic as teachers are compelled to become lifelong learners in order to be empowered to teach in the ambivalent hospital school setting.
- The personal adaptation teachers go through when working in such a setting.
- A comparative study at other hospital schools to refine and validate the findings of this essay is necessary.
- An Ethnographical Study of a school implementing the Invitational Education Theory and principles as part of the teacher’s development and management could be researched in order to refine the model.
- The need for hospital schools in other hospitals as participant 3 noted: “I think maybe the other hospitals….can give such education it could be very useful to most kids, it’s one of the things which they overlooked, the schools in the hospital”.
- To implement and refine and research the proposed model of support based on Invitational Education at other hospital schools.

5.5. CRITICAL REFLECTION ON THE RESEARCH

This study was conducted at one hospital school and only on four teachers who had more than four years experience. It was a very limited group as the staff was very small. An ethnographical design could probably have been more suited to this study. The researcher was personally involved as a teacher in the same hospital and could have been
too subjective even though verification was done on different levels to ensure trustworthiness.

5.6. CONCLUDING REMARK

Ill children need reassurance, diversion from their illness, sympathy and nurturing. Hospital schools and hospital teachers are in the favourable position to provide this. Seriously ill children see school in an entirely different light as they see it as normalcy in abnormal circumstances, and this gives the teacher the chance to change whatever perception the child had about school. The hospital school helps children to maintain “normal life” and give them hope for the future. According to Purkey and Novak:(1996:56) “Education is an imaginative act of hope”. On the basis of the gathered information and experiences of hospital school teachers it was concluded that the education of children with terminally and chronically illness has a profound emotional, personal and professional effect on the teachers. Given the correct and sufficient support and guidance personally and professionally teachers in the hospital school make a difference. Hospital school teachers have to view teaching as a calling where they could make a difference to one life at a time.
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INTERVIEW 1        INTERVIEWEE 1

5 August 2004

Researcher: How do you experience teaching in a Hospital School?

Interviewee: Uh, uh, it is very different from mainstream school / and there are so many things I have
picked up and uh in a HS. / I think in a HS you need to be more of a mother, a social worker, a teacher, ooh,
there’s so many in one to care for these kids. / Again teaching in a HS is a challenge you know / and uh I
feel.. that’s how I feel and that uh should you with people, most people they go like open mouth let me tell
you I work at the H/S and coming. They will tell you, you need to really be God sent to work in a H/S / and
uh basically I, I think these kids need teachers who are very….exercising a lot of empathy and sympathy / 
and again because there are many pressures because of their sickness, / we really have to exercise our
discipline, but in a very friendly manner and not very harsh and they must know us when we say no it is no
and because the thing that makes them like that. I think at home even if I had a child who is sick obviously
I’ll spoil the child. (In a begging tone)…Please don’t do this and… some of these kids can really get away
with it (Ha..ha…ha laughing lovingly). We have to be very strict and show them the right way, not spoil
them they must know when to do things and when not. The time… this is the time for play and this is the
time for work. /

Researcher: What do you enjoy most of the Hospital School over the past eleven years teaching in a
hospital.

Interviewee: I think I enjoy kids themselves / and I enjoy the other disciplines in the Hospital./ My main
thing is in the classroom with these kids. I enjoy it. In the HS I think we have a special way of working /
with our sick children and we have um… a special way of you know communicating with them / and uh,
what I enjoy most is …. I don’t miss the big classes any more, you know the, the classes are very small,
very small, though with different grades but I enjoy it. / And I love it sometimes when you teach this other
group because they are in the same classroom, different grades, and they know what you are saying maybe
the grade sixes you ask them a question and the grade fours answers and they don’t know…You don’t
know!!! And you are in a higher grade and they tease each other. /

Researcher: What in the Hospital School do you find very difficult?

Interviewee: What I find difficult is coping with death and coping with the sick, when they are very sick.
I…. really it really gets to me and emotionally I feel shattered sometimes and um…./ the workload, whooh I
think, the workload is too much. Teaching grade 1-12, in all different Learning Areas. The workload when
it comes to preparing for them …you know… You have to prepare for the Foundation Phase, the
Intermediate Phase and the Senior Phase. So this must be done first because I mean any time any day a
child from any grade can come in and you have to be ready you know,(it’s a pity) you just have to cope
with the load (laughingly). It’s getting to me. Sometimes I just close my books…. Hissh….. I’ll finish of
some other time when I can’t… because when I’m preparing for the intermediate phase I just get a mental
block and stop and close my books.
Researcher: You are studying at the moment, tell me a little more about your studies?

Interviewee: I wanted to study to be able to integrate Arts and Culture (A&C) in my other Learning Areas like Life Orientation and the kids love it even if it is a Life Orientation period they don’t want it they want A&C and stuff like that. Yeah, I think I got the motivation from the HS feeling that they miss a lot and then attending the courses of A&C really pushed me further to pursuing this thing, this course that I am doing.

Researcher: Is there anything else you still want to share about teaching in the hospital?

Interviewee: The Hospital School has many, many challenges and the kids what I find from the learners OK they come here withdrawn and very much withdrawn and then when you come in contact with them, they pull these sheets over their heads, they don’t want to look at us because kids hate school. Because in the mainstream school things are happening... some of them I, I can vividly remember but in the HS they feel ummm. I wish something can be changed in the mainstream-schools because these kids... when you talk about school they become frightened and they don’t want to work at all.... But after two, three consultations or if you go to them two or three times and try to explain to them and invite them to join the others when they are mobile in the classroom, then they love it and they even voluntary come, you don’t have
Push them or drag them to come to school. I don’t know, maybe it’s the warmth or I don’t know they seem to be more relaxed than in their schools. And what I love most is the individual teaching they all get the attention they need but in the … well I know I was in the mainstream school, in the mainstream school before, and I know how difficult it is to reach 60 kids in one classroom and to attend to their various problems difficulties but here we pick things up very easy and very fast and according to, we don’t just standardized these kids and I like that.

Researcher: Tell me about the support you get in the hospital?

Interviewee: The support is great, Kids are being offered everything they need’ and educators are also given the chance to develop, they are empowered. The school is doing so many things like taking us to courses, paying for the courses to develop ourselves, so we have all these tools for our kids here at the hospital school. / Emotionally I love it! Because of all the disciplines that are invited to council us, talk to us, show us, teach us about it. I love it! I know so much, so much medical terms I didn’t know before; I know a renal…. When a renal is like this and that…. And chemo-therapy…. the kids, when their machine goes “Cling!!! Cling!!!!” I know how to switch it on again so it starts running again. We’re doctors, we’re nurses. I love it, I love it. I love this situation/ though stressful it is and becomes sometimes when we come back after the holidays… and one of our kids is dead and it becomes…. It touches my heart very much because they go when we are getting to know each other more… that is when they decide to just move… /But uh it’s the same HS. And the school it really does wonders to these kids. /

INTERVIEW 1 INTERVIEWEE 2

Date: 5 August 2004

Researcher: How long have you been teaching at the hospital?


Researcher: How do you experience teaching in the Hospital School?

Interviewee: Um my experience about teaching here um those years that I have been here… compared to a normal schools….because I have been to normal schools before, three other schools I see this one at the hospital as quite challenging because the situation is abnormal compared to the other schools you have to deal with the situation. Sometimes you…..most of the learner/some of the children in the wards are confined to the beds and you find that teaching… the kid cannot sit upright or the kid cannot sit, you have to teach the child while s/he is on the bed. And one other thing some of them are chronically ill and then you have to take that into consideration as well. Some had traumatic experiences about these. One other thing, the kid is sometimes left behind because the child has been, sick for some weeks or the child wasn’t going to school for some time, you know, he or she arrives here. Remedial needs to be done in order to catch up with the work s/he missed.

Researcher: What are your experiences about the children that are terminally ill?

Interviewee: My experiences that I have about these kids, sometimes if we’re pressurizing them, like the children, more especially the cancer patients, They seem to hate us. They duck and dive, sometimes he’s
not on the bed, not in the toilet and sometimes we feel they are manipulative, they take advantage of their sickness and when you go there to try and teach them they say they are sick and you can see that they are not. That is my problem.

Researcher: What about the children who die?

Interviewee: That’s very disturbing as well. Sometimes we develop this bond with the child, work with the child for sometime and you have good relationships with the child only to find sometime later the child is sick, chronically ill and the then child eventually dies and it leaves us with a lot of pain………

Researcher: How do you feel then?

Interviewee: Issh….. it is quite difficult, but the social workers that help us, you know after every incident, like this they come and talk to us and they put us together with the children, those who want to cry, though we cannot cry in front of the children, but deeply inside of us we are crying… and it feels good….you are happier… you see the children crying there and you also crying, because as grownups you can’t cry in front of children, but we feel better as well.

Researcher: What do you find the most difficult thing in the Hospital School?

Interviewee: The most difficult thing…. teaching a lot of grades, you know when you are after school, then you find yours are tired. I just realized this thing, what makes you tired, sometimes you in the
the office and it’s after school and then it’s like you don’t want you know do any thing and you don’t know what causes this and then I realized but then I said they not so many these kids you can’t just get tired, but I realized it’s because you teach this then this the various grades and you jumping from the one grade to the other you go to grade 7, going to grade 9, going to grade 12 so all these things that’s what is making you so tired.

Researcher: What don’t you like in the Hospital School.

Interviewee: No I won’t say there’s nothing that I don’t like. Because I can cope with… the one that I was worried about all along is this thing of kids dying, getting used to the child and then the situation of the child dying… it’s the loss at first my experiences from the past I couldn’t deal with loss, you see… It’s very difficult on you. And then when you losing someone ai…but now that I can cope with it… I’ve been here for some time now it doesn’t matter to me at all. That was the most difficult thing here. I’m getting used to it. Even this thing about teaching different grades, I am getting used to I can see it now.

Researcher: Is there anything that you still want to share about teaching in the Hospital School?

Interviewee: I didn’t know about the Hospital School before I arrived here even when I applied. I didn’t know about it. So I was just picking up the government gazette so I saw this post so I applied. Johannesburg Hospital School. Johannesburg Hospital School. And then I applied and I was surprised. When I arrived here I liked the place, when I arrived you know when I came before. The principal told me that you have to deal with this kind of situations the children sometimes die you go to the ward and they are not there, so what I like is that the children when they are hospitalized they don’t I mean they are not left behind we’re keeping their education up to date so when they go back to their schools at least they won’t … their teachers won’t struggle to let them go up to the next grade.

Researcher: Would you ever leave the Hospital School and go back to normal education?

Interviewee: At first it was hard for me and I thought about that but now I am used to it and I don’t think about that but maybe I won’t leave here for another school maybe if I decide to leave it will be to do something else doing some other doing something else.

Researcher: What do you enjoy the most in the Hospital School?

Interviewee: What I enjoy the most in the Hospital School is we get to know different learners and our.. we in our staff members we get on well together, we respect one another even the principal that’s what I like most about this working environment, that’s what I like the most and one other thing the sisters in the ward they respect us and we respect them and we get on well together. In normal schools what we used to have ai… it’s very difficult. I remember at the other school where I was one of my colleagues ask me “ Where do you belong because there were some groups. To which group do you belong and then I said No I don’t belong to any group, I am neutral so that’s what I like about this school there’s no such thing… I don’t like that.

INTERVIEW 1     INTERVIEWEE 3
12 August 2004

Researcher: How long have you been teaching in the hospital?
Interviewee: This is my fourth year now I started in 2001.

Researcher: What are your experiences of teaching in a Hospital School?
Interviewee: Normally in the mainstream schools you work in a classroom situation or maybe in one grade so there you only have that class and you know all the kids, it’s only that subject or learning area so if you are teaching English for the grade four you know that you prepare for the grade fours and that’s it. But with the hospital kids it’s quite different, because the setting there is totally different there’s no classroom situation all the time, you have to go to the wards, teaching at bedside, the kids are sick. They have got all different problems and also their needs need to be looked at and also the preparation which you have to take when you go to class, it’s quite different. You have to prepare for the different levels that you find with the kids in the same grade. You find that you are teaching the grade ones but they are not coping the same way so you have to adapt, even if you are teaching one worksheet you have to adapt the very same worksheet so that it can suit all the levels inside the classroom and also the pace that you are working with the kids. So the experience is quite challenging I may say! But if you regard teaching as a calling and you really have that charge that you have to reach out to the kids more than reaching out to your… the other things that you like you will be
sure that you’ll make a difference by adapting to their needs and their educational needs and also your growth… and your colleagues around you also find them helpful if you use them. (laughingly)

Researcher: What grades do you teach?

Interviewee: The grades I’m teaching are the grade R up to grade 12, gr 1-12 with the second language speakers, those are the Nguni speaking, Zulu, Xhosa those groups and also the second language English which are… I find it a challenge.

Researcher: How do you cope with the children that die in the hospital?

Mmm… It’s difficult especially when the kid has been with you for a long time, you become so attached to these kids because you understand their backgrounds as you get closer to them, so you just have that feeling that I must give them that, whatever I’ve got, all the love that I got, because some have got their problems at home, there is no mom, there’s no sister, they staying all around with their aunts, who sometimes abuse them. So sometimes you feel that motherly love inside of you, in such that you feel like giving all that you’ve got, so when you lose such kid it is a blow, I must say, it becomes very difficult but then at the same time there are also these kids who are still there which you need to give support. This happens and one day it will happen to you and to everybody, life still goes on and at the same time, so you’ve got those mixed feelings at the same time giving support, you are hurt at the same time you have the feeling of loss and all that… Issh… it becomes a frustration, but there is a time that you will say if you understand the problems of the kids you’ll say that was supposed to happen so that the child may get, maybe get a relief but with you it is quite difficult.

Researcher: What do you enjoy most in the hospital?

Interviewee: What I can say I enjoy most is when you find a child who’s coming from a very deprived background, in the rural areas, who’s never been exposed to different things then when you introduce the child then you see the change in the child and you see that he has started from this point and you have taken him to another point, It’s like an AHA moment, you feel great! You get something as a teacher even though you won’t have the time to see all the progress around that has passed this grade for sometimes they stay three months and they go, so you never know what is going to happen, how did that child go from his school and what has happened to but when they come around you and just chat with you…”OOHH, I’m outclassing the others”….. then you feel it’s…. you’ve done something. There is a difference that you’ve made in his life, then you feel great!

Researcher: What in the Hospital School frustrates you?

Interviewee: Hmmmm What I can say is when you go into the ward and it’s that chaotic moment when they dress the kids especially in 275, the bands that one… issh…that one…I can’t handle it. Especially when it is that time in the morning they bath them…hey…it frustrates me, but the kids if they see their teacher, they got the hope, so we Have to reach out at the same time. I remember that other time… my first time I went to 275. The first day there was a mom that was crying there she had just lost her child I don’t know whether my first attachment was made with 275. I’ve got that fear…. but I got used to it…. trying….

Researcher: What did you get used to?
Interviewee: (Laughing nervously) Going there and expecting the unexpected.
Researcher: Anything else that you would like to share?
Interviewee: I think this is the best school ever! It is quite a different school, looking at the work which is being taught to the kids the quality of education which these kids are getting is a good quality of education which most of the parents would like to have because sometimes you meet the kids from the locations and different schools and when you go and check the work that you do you will see that you are far, very far beyond what they are doing, the kids are getting all, all the best education and with all different kinds of support. They’ve got the psychologist, social workers, all the support services they got near them all the time so they are free. Also I think the teachers they’ve got different personalities, in the character which make them to be the best teachers ever in giving all the support for the kids. I think it’s the best school! I think if most of the hospitals maybe they can give such kind of education it could be very useful to most of the kids, it’s one of the things which they overlooked, the schools in the hospitals! Most of the people they know if their child go to the people they know if their child go to the hospital, he’s sick, he’s missing out school, forget about that, and start fresh people they know if their child go to the hospital, he’s sick, he’s missing out school, forget about that, and start fresh next year which is not a good thing for the self esteem of the child and the time because this thing that say the child must not be in a phase for more than four years, so they just pass the child because you want him to pass the phase but the child will miss out what he was supposed to get so the Hospital School is just great.
Researcher: What difficulties do you experience teaching these children?
Interviewee: Mmmm…. The difficulty is teaching all the grades. It’s a big problem because when you have to plan, you consult each and every book for each and every language then you have to prepare those worksheets for all the kids. Then you end up not teaching the kids what they supposed to get. You end up yourself being busy with papers mostly and you’ve got nice good files but to reach out for the child I mean the brain that you supposed to give to the child then you find out that you are less competent but you know you are, you’ve got all the best, but it makes it difficult because you’ve got all these grades with all these suitable needs but with all these resources that we have I think we are working on it too. I am working on it. Just to try to at least get to a certain standard. I’m trying!
By Puleso Molefe

The week beginning 26 May to 31 May was Child Protection Week, and Johannesburg Hospital hosted its Child Protection Awareness Day on the 29th May 2003. This year’s theme was: “CHILD PROTECTION IS EVERYBODY’S BUSINESS”.

This event was headed by Shirley Kgopotsso of the Hospital’s Paediatric Social Workers unit, and together with the help of other community organizations in the field of childcare such as TMI, Childline, and CPU, the event proved to be a success.

“Government alone cannot protect children on its own. Communities, leaders, police and all stakeholders should join hands together in protecting and promoting the rights of children”, says Shirley.

As a nation we have an obligation to ensure that child abusers should pay. Let the justice system revive its laws (on the death palty).

The main aim of the day, and the week as a whole, was to make people aware of child abuse issues, the services available to protect and help children, and educate people on the rights of

- Children’s rights should be promoted
- Abused children’s plight should be highlighted and reported
- Partnerships to protect the rights of children should be promoted.

The children from the Hospital School put on a lovely show on the awareness of child abuses, and how they as children deal with them. The message was loud and clear: “LOVE & PROTECT US FROM ALL FORMS OF ABUSE”
Hospital of hope... and learning

Just like any other school, it's just like any other school.
Lillian Carstens, an expert in educational needs, is the Head of Department and a remedial teacher. Doctors will start chemotherapy soon and it is a long time before he

Teachers have to be mothers, friends and counsellors. The stress of working with children with special needs, but this does not bother them. They love their jobs at the school where everyone knows everybody and cares. But the most difficult thing is dealing with pupils who are dying.

Van Biljon said: “People say you will get used to it because it happens to so many pupils, but you never do. Accepting that you cannot change things and the children sometimes die is the hardest part.”

After 11 years at the school, dealing with the death of a pupil still hurts. Pupils may die, but they are never forgotten. A special register is kept.

“So far, there are 200 deaths,” she said opening the book.

Updating the book is an exceptionally painful exercise, as each pupil becomes a part of her, she explains.

Sometimes nurses do not inform the school of a patient’s death and teachers begin their “pupil hunt” throughout the hospital for the “true cause” only to hear they have died.

“You cannot get attached to the pupils. Every time I think about the ones who died, I get goose bumps on my skin,” the principal said.

She said children also build strong friendships at the hospital and it is very hard on them when they lose a friend. After every death, the hospital counsellor has to do trauma counselling with pupils and teachers.

“I always say that our children are still children, even though they become small adults. They live through much trauma and pain and yet they still excel. Being with them gives me joy being able to help them.”

But for the teachers at Johannesburg, their greatest moment is when their pupils leave.

“It’s unlike an ordinary school when a teacher can say that the pupils have left to achieve something great or become famous … the best for us is to say that our pupils have become healed and healthy,” Van Biljon said.
School offers

Children Hope

Teachers are often surrogate parents.
Facelift ... cancer patient Tshegofatso Selokane (10) from Bushbuckridge with hospital teacher Lillian Carstens in Johannesburg Hospital's oncology unit, which is being given a facelift. Its walls and beds are being repainted, mattresses replaced, lockers installed and a kitchen is being built. Sister Sadie Curland said the hospital was painting the beds, but the other work was being financed by the Children's Haematology Oncology Clinics (CHOC), which has done much to improve life for those in this unit.
Vision and Mission

The vision and mission of the Johannesburg Hospital School states that we undertake to provide an educational programme of excellence for all our learners while acknowledging the individual's right to respect, independence of thought and freedom of religion. All our learners are encouraged to be creative by giving them opportunities to develop skills.

To put structures in place to develop the school so that it can achieve the goals set out in our mission statement.

- Our Grade 9 learners attending a natural science lesson in the 204 seminar room.
- Our first grade 12 learner and prefect.
- The Foundation Phase + LSEN group.
- Learners creating models with LEGO blocks.

Future Projects

The school has been functioning for twelve years and the learner profile has changed as we have children attending school for long periods of time. These learners need a playground where they can talk freely and socialize during breaks.

We have received provisional permission to develop a playground on the roofspace outside Ward 274. To raise funds for this project will be a priority for 2005.

- The proposed new playground area for the Johannesburg Hospital School.
- Another project for the future is to organize a conference for all the hospital schools in Gauteng. As we face worldwide threats to general health, we know that the hospital schools are faced with challenges. We feel that these schools are so unique that we need to network and share our knowledge, experience and expertise.

Johannesburg Hospital School

The Johannesburg Hospital School is situated in the Johannesburg Hospital. The purpose of the school is to work with learners who are admitted to the hospital and are being treated for long periods of time.

The Johannesburg Hospital School has a primary section at TMI and the staff at the hospital is qualified to work with learners from grade R to grade 12. The school can accommodate the learners to work in most languages and learning areas or subjects.

It is our aim to make it possible for these learners to receive treatment without it having a detrimental effect on their schooling. Research has shown that ill children receiving schooling while on treatment recover quicker or have a more positive attitude towards their illness.
Background

From 1923 there has been committees working with ill children, from 1943 teachers were seconded from other schools to work with these learners. In 1981 the Johannesburg Hospital School was officially opened but closed down in July 1992. The "new" Johannesburg Hospital school re-opened on 1 August 1992 under the auspices of the then DET. The staff at that time consisted of Mrs Ria Louw (principal) and two educators Mrs Mima Williams and Mrs Ronel van Biljon. Mrs Tia Nieuwoudt was appointed as administrative assistant.

The school has grown to such an extent that we are able to cater for learners from the Pre-primary phase to grade 12.

Present Staff

Mrs R van Biljon - Principal
Mrs L Garstens - HOD FP + Remedial
Mr G Walker - HOD SNR + Sec Phase
Mrs L Ramosoue - LG, LO, Af C
Ms S Mbeli - HSS
Ms N Anderson - CMC, MLMMS
Mrs J Atterbury - Pre-Prem, TMI
Mr C Moser - NS, Technology
Mrs T Nieuwoudt - Admin Assistant
Mr M Soyeke - General Assistant

Activities

Working in a hospital environment requires flexibility. We try to normalize the learners’ situation by taking them out of the wards to classrooms as frequently as possible. Sometimes the learners are receiving treatment which makes it too difficult to take them out of the wards and the educators then go to the learner and work with them while they are in bed.

The school offers a wide range of extra-curricular activities such as computer skills, crafts, singing, life skill programmes and reading skills for our over-aged learners (even our GA was assisted to achieve basic reading skills).

End of Year Concert

The high - light for educators, learners, parents, care-givers and hospital staff is the end of year concert. This is an event that takes place in the fourth term. Some of our learners have never before taken part in a concert and we found it tremendously exciting for all - doctors, nurses, patients and their parents too.

Our learners will do anything to be part of the concert - even if it is on crutches.

Our learners will do anything to be part of the concert - even if it is on crutches.

Singing, Silent Night

Our Foundation Phase learners as little sheep with their shepherd

Our learners will do anything to be part of the concert - even if it is on crutches.

Doing what they like best - singing and dancing.

The school of the Johannesburg Hospital School (2004)