

# The Role Of The Teacher In The Psychological And Pedagogical Support Of Children Undergoing Long-Term Hospitalization

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## ABSTRACT

This article explores the importance of hospital pedagogy in ensuring the continuity of education for children undergoing long-term treatment in medical institutions. The study highlights the psychological and pedagogical challenges encountered by hospitalized children, such as anxiety, emotional instability, and difficulties in social adaptation. It emphasizes the crucial role of teachers in providing psychological support, maintaining children's motivation for learning, and creating a safe and engaging educational environment. Furthermore, the research underlines the significance of innovative approaches in addressing children's cognitive and affective needs during hospitalization, contributing to their emotional resilience and social integration. The findings suggest that effective hospital pedagogy not only supports the academic development of children but also plays a vital role in strengthening their psychological well-being.

**Keywords:** - Long-term treatment, hospital pedagogy, teacher's personality, psychological support, educational process, children's anxiety, social adaptation, cognitive development, emotional stability, socio-psychological assistance, innovative approaches, continuity of education.

## INTRODUCTION

Today, the organization of education and upbringing for children undergoing long-term medical treatment is regarded as one of the urgent directions of modern pedagogy worldwide. For children who are temporarily deprived of schooling in medical institutions, not only the need for acquiring knowledge but also the necessity of psychological support is strongly felt. Therefore, continuing education in hospital settings, supporting the child's personality, and ensuring social adaptation are becoming important tasks of

the pedagogical process.

In this process, the teacher's personality occupies a central place. The teacher is not only a provider of knowledge but also serves as a source of psychological support and a mediator connecting the child with social life. The teacher's personal qualities—kindness, patience, empathy, communicativeness, and the level of pedagogical culture—significantly determine the child's attitude toward the treatment process and his or her motivation to return to educational activities. For children, hospitalization means not only

separation from home, relatives, and siblings but also the disruption of their daily activities and habitual routines. This process often undermines the child's psychological balance. Furthermore, hospital wards are frequently associated with a "cold and medical" environment. In such conditions, the child faces fears of medical examinations, experiences of pain, uncertainty, loss of control, and deprivation of a sense of safety. In such situations, the participation of the teacher's personality becomes especially important. The teacher strives to restore the child's usual educational environment within the hospital setting, bringing the child back to familiar activities through books, notebooks, and lessons. This creates a sense of safety and stability for the child, reducing stress and anxiety. Furthermore, the teacher's sincere communication, compassionate approach, and supportive attitude provide the child with a feeling of not being alone. As a result, the process of adaptation to the hospital environment becomes easier and has a positive impact on the child's mental and psychological well-being.

In international experience, hospital pedagogy is also gradually developing as a distinct scientific field. Research has shown that ensuring the continuity of educational activities for children undergoing long-term treatment has a positive effect on their emotional stability, social adaptability, and the effectiveness of the rehabilitation process. From this perspective, developing the teacher's personal qualities, improving professional training, and expanding psychological competence require special scientific investigation. The support of these issues at the level of state policy can also be observed in the Resolution of the Cabinet of Ministers of the Republic of Uzbekistan No. 577 of July 12, 2019, which approved the "Regulation on the Organization of Psychological Services in General Secondary and Secondary Specialized State Educational Institutions." This document outlines the mechanisms for providing psychological and pedagogical support to children in educational institutions and also serves as a methodological basis for meeting the educational needs of children undergoing long-term treatment. According to statistical data, more than 3 million children are hospitalized every year. A child's hospitalization is a major source of stress for parents, especially mothers, and this process significantly affects not only the child but also the emotional state of the parents and the physicians directly involved in the

treatment. Research shows that parents, particularly mothers, experience severe anxiety when their children are hospitalized. Anxiety is one of the natural and protective mechanisms that arises when a person encounters threatening situations or events. However, a high level of anxiety can impair concentration, decision-making, and cognitive abilities, as well as negatively affect physical health. Auditory memory is the accurate storage and reproduction of information heard, such as music or speech. This type of memory is essential for musicians and translators. Motor memory is the ability to learn from mistakes, when we do something, we remember it. So we learn everything from childhood in everyday life.

During long-term medical treatment, a child's hospitalization becomes a major psychological challenge for parents, especially mothers. Psychological studies note that in such situations, the level of anxiety among mothers is significantly high, which weakens their attention, cognitive functioning, and decision-making processes. As a result, parents are often forced to resort to ineffective coping strategies. Moreover, the mother's psychological state directly transfers to the child's emotional experiences and affects the effectiveness of treatment. Long-term treatment also distances children from their everyday social environment — such as school, classmates, and teachers. This, in turn, may lead to a decline in learning motivation, educational disruptions, emotional instability, sleep disorders, stress, and other psychological difficulties. From this perspective, education remains one of the key factors ensuring the child's normal development. The educational environment organized in hospital settings plays a crucial role in stabilizing the child's psychological state, reducing stress, and supporting social adaptation. In this process, the teacher's personality occupies a central position. This is because the teacher serves not only as a provider of knowledge but also as a psychological support for the child. During the course of treatment, the teacher helps create emotional relief and restores the child's sense of "normal life." At the same time, the teacher's activities serve as an effective factor in reducing parental anxiety, particularly the mother's concerns. Scholarly literature also emphasizes that the establishment of school classes in hospitals, the possibility of teachers conducting lessons directly at the child's bedside, or the continuation of the educational process through the mother or nurse contributes

to reducing the anxiety of both the child and the mother. Therefore, the teacher's personality should be recognized as a leading figure

The American Academy of Pediatrics has developed the "Child Life Services" policy as one of the key directions of psychological and pedagogical services provided to hospitalized children. This policy places particular emphasis on the close collaboration between hospitals and schools. . Because prolonged treatment due to illness often separates children from the educational process, it creates various difficulties in their intellectual, emotional, and social development. Therefore, pediatric specialists strongly recommend organizing children's education in hospitals or at home in cooperation with schools, and regard the teacher as an integral part of this process. This approach demonstrates that, in a hospital setting, the teacher occupies a special role not only as a provider of knowledge but also as a psychological support figure, a source of emotional stability for the child, and a factor in reducing parental anxiety. The teacher monitors the child's academic progress, reinforces prior knowledge, and delivers new material in an adapted form appropriate to the child's condition. Through this process, the child partially returns to a sense of normal life prior to illness, which facilitates adaptation to the hospital environment and serves as an effective form of psychological support. Thus, international practice also emphasizes that the teacher plays a central role in the education of hospitalized children. This highlights the importance of pedagogical approaches in ensuring the child's social adaptation, emotional stability, and educational development during long-term treatment. This is a type of disease that causes pain in the joints of the jaw and the muscles that control the movement of the jaw. Temporomandibular syndrome - strong, long-lasting, frequent pains in a certain part of the body without organic causes.

Scholarly literature particularly notes that organizing education for hospitalized children involves a number of challenges. In particular, establishing an effective educational process during the initial days of hospitalization proves difficult, as the child's psychological state is a crucial factor. For example, a resistant, irritable, or depressed child may refuse to accept the teacher's educational support. This situation requires the teacher to demonstrate significant patience, emotional resilience, and initiative. At the same

time, fostering and maintaining the child's motivation to learn holds special importance. Experiences show that a sincere, kind, and understanding teacher can establish a trusting relationship with the child even in a hospital setting and successfully engage them in the educational process. In this regard, lessons conducted either in the hospital classroom or directly at the bedside serve as an important tool. Otherwise, there is a high likelihood that the child may become rebellious, passive, or indifferent in other activities. By using relatively neutral didactic tools such as books, pens, and paper, the teacher captures the child's attention and involves them in educational activities. Through this, the educator helps to ease the child's psychological state and ensures the effectiveness of the learning process. Poor development of emotional-volitional and behavioral management skills in children with attention deficit syndrome and hyperactivity causes serious problems in the educational system, interpersonal relations in the group and family, organization and management of educational activities. Having fixed on the behavior dictated by the need to test the outside world in order to restrain its aggression, the child acquires the skill of aggressive behavior. But natural aggressive impulses can be controlled through training and education. The child learns to control his aggression by meeting the approval or disapproval of his parents. At the same time, his anxiety is twofold: on the one hand, it is the fear of punishment, on the other, the fear of offending, irritating parents and depriving them of support. Many signs of PSD have the appearance of neurotic symptoms, therefore, along with this term, it is used in the literature as an alternative name "school neuroses". Sometimes they appear as a symptom complex. For example, a child may have fears about school, an acute reluctance to go to school in the morning, crying, nausea, asthmatic or skin reactions. Sometimes PSD looks like a neurotic monosymptomatic that catches everyone's eye. Several years ago, when not all Russian schools had yet switched to the 1-4 program, in one state school-gymnasium the elementary school worked on the 1-3 system. There were strict age restrictions for admitting children to this gymnasium - due to the great complexity of the programs and high requirements for school readiness, children under 7 years old were not accepted there.

It should also be emphasized that the teacher's

success in this process largely depends on their ability to employ innovative didactic approaches. For example, the use of interactive methods adapted for children with special needs, visual materials, or digital resources plays an important role in increasing the child's interest in learning. Since doctors and nurses are primarily occupied with treatment procedures, it is the teacher who becomes the leading figure in the hospital educational environment by establishing close communication with the child. In a study conducted by a group of researchers, children who were not hospitalized were selected as a separate control group. They were matched to hospitalized children in terms of age and gender, but children with psychiatric symptoms, severe cognitive impairments, or significant difficulties in social adaptation were excluded from this group. Written consent from parents was obtained, and children were included in the research. Participants met with the researcher individually during the school day in a specially designated room, where they engaged in play activities and completed questionnaires. During these sessions, a trusting relationship between the child and the researcher was carefully established.

The inclusion of the control group made it possible to conduct a more comprehensive analysis of the psychological and cognitive state of children undergoing hospital treatment. Indeed, the differences between a child growing up in a healthy environment and one experiencing a long-term hospitalization process become most evident in the educational setting. Difficult experiences related to a person's search and recognition of himself as a person, an individual person, can turn into a depressive state, which in turn leads to the emergence of suicidal desires. In fact, most people who suffer from depression have a bad mood, but not always. For example, it is in teenagers that we often do not see subjective forgiveness of grief even in cases of strong crisis. At the end of the first year of the child's life, it is necessary to actively combine behavior - the level of management to the point of use of changing conditions. Transition to other than the preferred methods of adaptation is painful can be. This is reflected in the increase in the temporary affective unity of the child, its worries, fears. With adults with the environment with its environment in the process of continuous contact Managing and sorting affective interactions, her behavior to master the various psychotechnical methods of affective structures, They help to expleal affective processes. If some

The causative to the causing childhood is primarily a quantitative If affected, others are of signal, quality significance from the beginning. Last, the child is active, it is aimed at searching for them.

From this perspective, the role of the teacher is of particular importance. The teacher is responsible for increasing the hospitalized child's motivation to learn, preventing them from falling behind their peers, and providing psychological support. While healthy children in their daily school activities have the opportunity for consistent development, hospitalized children are deprived of this. The teacher, therefore, emerges as a crucial pedagogical factor that reduces this gap and balances the child's educational, psychological, and social needs. During long-term treatment, children require not only physical but also psychological and pedagogical support. Hospitalization disrupts the child's daily routines, learning activities, and social interactions. This leads to fear, anxiety, stress, and difficulties in adaptation. Research indicates that the presence of a teacher, their kind and sincere approach, and efforts to continue the educational process significantly reduce the child's level of anxiety and help them feel safe and stable. Moreover, children who participate in educational activities with a teacher during hospitalization demonstrate preserved cognitive activity, expanded opportunities for self-expression, and restored psychological stability. In turn, this also contributes to a reduction in anxiety among mothers or other close relatives. Comparing hospitalized children with their healthy peers provided a deeper understanding of their educational and psychological needs. While the control group of healthy children exhibited consistent development, the role of the teacher for hospitalized children proved to be a decisive factor in bridging this gap.

Thus, during long-term treatment, the teacher is not only a continuer of the educational process but also a key pedagogical resource that ensures the child's psychological adaptation and supports their social development. Therefore, the effective organization and support of teachers' activities in hospital settings hold crucial significance for the holistic development of future generations.

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