

UDC 376

## “HAPPY TO SEE YOU HERE” AND OTHER CORNERSTONES OF HOSPITAL SCHOOL TEACHERHOOD

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### *Abstract*

*Hospital school teaching falls into category of education for students with demanding special needs. Therefore, hospital schools represent ultimate and special learning environments of basic education. The article is based on the long-term practical experience as a special education teacher at a hospital school and the researcher's diary of the everyday encounters in the teacher's work. The data have been obtained in the form of teacher diaries for 15 years. This article reports analysis of one month's diary entries. The results include carefully selected entries that are to illustrate hospital-pedagogical daily life concretely and variedly. Based on the analysis and information obtained from student feedback and hospital school developmental reports, the elements of hospital school teacher's work are introduced. The purpose was to highlight the special features of hospital school teaching from the special education teacher's viewpoint.*

*Key words: special education teacher's diary, hospital school, teaching, special education teacher, hospital school pedagogy, teacher as researcher*

### **Introduction**

In Finland, all children attend the nine-year-long basic education that is based on the law on compulsory education. The fundamental purpose is to provide every child with an opportunity to get education and thus secure equality regardless of background, life situation, or health-related factors. This means that children in special medical care must have provided a chance to perform compulsory education. They may attend hospital schools. In Finland, more than half (57 %) of the children in hospital schools are outpatients [1]. They attend the hospital school from their homes and go to treatments at the clinics or outpatient units. Likewise, psychiatric treatments are more and more often outpatient care in nature, instead of long periods at wards [2].

Students who attend hospital schools for a longer time usually suffer from child and adolescent psychiatric problems. When it comes to students of various grades, it is notable that the number of girls is bigger at higher graders. During grades in elementary education, boys with behavioral difficulties are the most common group while among middle schoolers, girls with depression, self-destructive behaviors, and eating disorders make the biggest group [1].

The variety among students in hospital schools is a challenge to special education teachers working there teaching these small groups of children of various ages and with various illnesses or conditions. In all, hospital school teachers form quite a marginal group of special education teachers [1].

In this article, the purpose is to describe special education teachers' work in practice and highlight successful practices and methods to support students' learning and development. By increasing information about the special features of these teachers' work, it is possible to support all teachers who work in inclusive classrooms worldwide [3] [4]. The development of hospital school teaching and pedagogy requires more research [5]—the study at hand adds to the discussion the viewpoint of work in practice thus making an important contribution to the relatively scarce research on hospital school teaching.

## The special nature of student groups in hospital schools

Students who go to hospital schools cannot attend their home schools [6]. They need abundant special support and therefore, in hospital schools, student groups are usually small [7]. Most students come to the hospital school from the child psychiatric wards and polyclinics, while children with intellectual disorders and autism are treated and rehabilitated elsewhere. Otherwise, school-aged children with special health care needs are directed in central hospitals and become students of hospital schools. The number of children with somatic illnesses has decreased due to increased outpatient care. Hospital school students who are outpatients have mainly psychiatric illnesses (95% of outpatient students), while in wards, the corresponding proportion is 80 % [1]. The child psychiatric problems include emotional dysfunctions and social problems, difficulties in attention and activity (e.g., ADHD), insufficient learning skills, learning difficulties, autism, various fears, and depression symptoms that are found in younger and younger students nowadays.

Learning experiences in the classroom may have become an over-whelming burden for students who come to hospital schools [8]. In regular schools, behavioral problems are still considered to be due to mostly intentional disobedience and “nastiness” that the child does deliberately at school. The child is difficult and disturbs everyone else. This kind of way of seeing the child who behaves inappropriately is negatively oriented and focuses on punishments [9].

The most usual reason for behavioral problems are insufficient or undeveloped social skills due to which the student cannot act otherwise for one reason or another [10]. In all, reasons for behavioral problems are varied [11]. At school, it is reasonable to approach behavioral problems through the development of emotional and social skills, which is emphasized also in the latest national core curriculum for basic education in Finland [12]. The basic objective from the teacher’s professional perspective is to have the child behave as expected and hoped *if the child is capable of doing so*. This perspective differs from the thought of the child behaving appropriately *if the child wants to do so* [13] [14]. Therefore, it is important to teach in a persistent and goal-oriented manner how to behave and express oneself appropriately.

Often children who go to hospital schools have not received any positive feedback or rewards and school has appeared as a difficult and repulsive place to be [15]. Consequently, some of these children have increased their disruptive behaviors and started to rebel against the school [16]. Some do not come to school regularly or at all, which is the most alarming sign of exclusion development [7].

Thriving at school is dependent on good peer relationships and friendships, parental support, and atmosphere at school [17] [18]. Despite the child and his or her home environment, the most important factor to influence the child’s thriving at school is the teacher. Many children who have behavioral problems do not understand that they should take studying seriously and that they would need more individual support in social situations and learning than other students [19]. In many situations, they might know how they should act but they have not had that information in the beginning and after that, they do not even want to act in line with the school’s objective anymore [20] [21].

No later than at the point when children come to hospital school teachers and other people around them must start to care for them, accept them as themselves, and consciously teach them how to behave as is acceptable in society [9] [22] [23]. This is not easy and therefore, the hospital school teachers’ work is extraordinarily demanding.

What kinds of pedagogical principles or methods should special education teachers employ in their work when encountering hospital school students with various backgrounds and learning abilities? This study looks for answers to the aforementioned question.

## Method

The purpose of this article to describe those principles that have proved functional in the hospital school teachers' work. This research aims to highlight methods that support students' development and studies in hospital schools. The research is based on the special education teacher's experiences and observations. The following research question was set for this study:

What are the main elements of teacherhood in hospital school teaching?

To find answers to this research problem, a research period was conducted in a hospital school located in one middle-sized Finnish central hospital. The daily number of students in this school is approximately 30. Students are taught in four small groups that also have school assistants with appropriate education. In addition, the hospital school has subject teachers who teach either specific subjects (e.g., languages, handicraft) or individual students (e.g., those who are not able to participate in group teaching or those being provided teaching at their homes). This study took place in the students' group with mainly 9-13-year-old students. Therefore, most of the students were boys whose symptoms appeared as behavioral issues.

This study leaned on the idea of teacher-as-researcher approach [24]. The teacher observed her work with an especial focus on encounters with students. Observations were written down in a researcher's diary, which formed the main data of this study. The research period took place in the spring of 2015. Authentic situations with students were described as such in the researcher's diary [25], complemented with descriptions of discussions after each situation. Eventually, the data formed a rich description of a teacher's work in a hospital school.

In this research, the analysis focused on one month's period reported in the diary. It was analyzed with the qualitative content analysis method [26]. The analysis was data-based [27] and thus focused on the emerging themes in the data [28]. Following this approach, the analysis focused on the varieties in student encounters and examples of the special features of the teacher's work.

In child research, it is crucial to make sure that this research would not harm children in any way [29]. The main issue was to secure the children's anonymity when reporting the findings from the observation data and therefore, nothing detailed is revealed about children's age and background. As the students change often in hospital schools, it is not possible to know who they are. That is also why the exact month that was chosen as the data in this particular study was not revealed either. In the Results section, the children are referred with pseudonyms that were selected randomly from an English name calendar.

Reliability of the research can be evaluated by relevance of observations marked down. It was also important that the researcher did not try to direct children's action or make hasty interpretations of the events. The extensive experience as a hospital school teacher secured this part of the research. However, a *lengthy observation* period was necessary: this way the researcher could obtain various kinds of situations and student encounters and become convinced that the descriptions of work are not just random but systematically collected during the specific period. To improve the reliability of the analysis, the findings, interpretations, and conclusions were discussed and revised in a research group consisting of the authors of this article [30].

## Results: What is a hospital school teacher's work like according to the diary entries?

As the results, we will represent an example week that combines analyses from the month-long period analyzed from the diaries in this study. This forms the basis for further analysis of the core elements of teacherhood in hospital schools.

**Monday**

*On Mondays, the school starts at 10 am. The late start is because students from various counties come to school after weekend at home. Some of them commute even hundreds of miles. Students enter the classroom and they have plenty to discuss. They are asking about the forthcoming day and week, complain that they are tired, and use rich language to scold stupid school. Some of them already miss their mothers and fathers and homes because the students will be spending the next five days at the ward separated at least one of their parents.*

*How the teacher could respond to everyone at the same time? The students need to practice how to raise their hand and ask for permission to speak. The telephone rings and the teacher becomes informed that Leonard would be coming late and that Pete's parents had not found his skates yet and if they would not find them at all, Pete would not be coming to school.*

*"Teacher, that one called me jerk. I'll beat him," "I don't have these tasks, what do you mean we have religion today," "I can't stand this shitty school."*

*The first lesson is supposed to be Finnish (the mother tongue), but it goes on by updating everyone's doings and scheduling the forthcoming week. The second lesson is math.*

*"Why he doesn't have to know multiplication tables but he can look for the right answers! Unfair."*

*At the beginning of the week, it is important to remind that each student has his or her own goals for education and the teacher has carefully selected reasons why each student is being taught differently. Everyone should pay attention to their own schoolwork and not focus on others. After that, the teacher tells why indeed one of them is allowed to look for answers in the textbook: this student is just practicing multiplications at this phase so that the student could keep on track when others are doing advanced multiplications. However, this student should soon be able to know multiplication tables by heart.*

*The teacher emphasizes how important it would be and easier too if students would trust in the teacher's word and action. Because teachers in cooperation with parents and teachers from students' home schools have deliberately chosen suitable methods to teach everyone so that they can meet their individualized goals.*

*Leonard comes a little late and sits down calmly. Pete arrives by the beginning of the next lesson even though the skates are still missing. The whole Monday passes by reminding about the general rules of the hospital school and repeating how much easier it is to be and do well at school if students accepted the rules and acted accordingly. By the end of the day, work starts to go smoother and students are happy about their successes. Still, the teacher hears how students think she is too tough and how they compare practices in hospital school and their home schools.*

*These are favorable situations to emphasize the meaning of rules and explain teachers' various ways of acting. The teacher reminds that adults are always responsible for their solutions, but the contexts also vary and thus influence on solutions. Students who have faced plenty of failures often doubt and question the teacher's action. Therefore, the teacher has to earn their trust by being the safe, trustworthy adult who explains his or her reasons so that the students understand them.*

**Tuesday**

*A new student comes to the classroom: Matthew. He has attended the hospital school earlier—so he is familiar with the school—but he does not know the current students. It turns out that some of the boys have met during leisure and do not get along. This is a surprise to all adults. Already after the first lesson, Matthew has a fistfight with the oldest student in the classroom.*

*Luckily, psychiatric nurses have already come to school and the situation is quickly calmed down without any major injuries. The boys did not even mean to hurt each other because their hits*

*did not cause any visible marks or pain. However, the schoolday ends for both of them and they will continue sorting the event at the ward.*

*In the next lesson, the teacher discusses the situation with other students. The teacher emphasizes how physical assault is always forbidden and even considered a crime. The same things are told to the fighting boys when the teacher meets them after the schoolday at the ward. Otherwise the day is relatively peaceful in the classroom. There are just some swear words thought “aloud” when doing some more challenging tasks. Although the students need plenty of help and support for their learning, the teacher and the assistant were enough.*

### **Wednesday**

*Yesterday’s events in their mind, the new day begins with a little tension that requires the teacher’s especial attention. The teacher starts the lesson by asking about the event in its right name:*

*“Does anyone, and I mean anyone, have something in mind regarding yesterday’s fight that should be discussed right now so that we all would find it safe and nice to continue our schoolwork?”*

*Pete raises his hand and asks whether the boys are going to fight again. This is a very important question, and the teacher thanks Pete. The boys are asked to answer. They are quiet and carefully glance at each other. The teacher waits for a while and then asks Matthew to answer first because he did the first physical move. Matthew is silently looking out from the window. Ryan answers for his part that he does not want to fight anymore and that he feels sorry about the whole thing. The teacher thanks and tries to show by her face how proud she is of Ryan at that moment. Matthew still does not say anything but the teacher asks whether it is safe to start the math lesson. He just nods and looks at the window without even glancing at the teacher. The teacher asks Matthew to keep the question in mind because it is the teacher’s responsibility to make studying safe for everyone.*

*However, the teacher is aware that the special health care nurse who is experienced of holding psychiatric patients has not left the school but is listening behind the classroom door.*

*The math lesson goes on well like in any dream classroom: the students work in a focused and goal-oriented manner. Before the recess starts, Matthew is somewhat restless and says quietly: “I won’t hit again if Ryan promises not to piss off me again.” Ryan promises before the teacher manages to react. Ryan tells that they have common friends who should not be mentioned at school. The teacher encourages boys to talk about them at the ward.*

*The teacher compliments students about the great lesson. As the boys promised, everyone could feel safe at school. The teacher also mentions that she will let the boys’ parents know about this incident so that they would help solving it in the leisure, too.*

*The rest of the day proceeds peacefully until Paul announces determinedly that he will not be doing grammar tasks today. Paul tells that his head is aching already. The teacher asks how Paul would like to solve this problem because they will be having a grammar test soon that therefore, these tasks are important. Paul suggests that he would study two hours of math today and tomorrow, instead of math, he would study grammar. In small-group teaching, this is easy to arrange without major problems. The teacher agrees and thanks Paul for creating a good solution. Yet, the teacher reminds that tomorrow he really has to study grammar without any exceptions.*

*Paul promises and thanks for flexibility. The teacher thinks that she probably will smile the rest of the day because these students do not thank too often!*

### **Thursday**

*On Thursday, students have a double-lesson of handicraft. Students are not allowed to work with knives and other sharp objects if they have not behaved well. Therefore, the subject in question serves also as a reward.*

*Mark is seemingly grumpy already in the morning. The teacher can see he tries to be quiet and work but she is expecting an explosion pretty soon. Mark has not been aggressive towards other children or adults but when he gets upset, he tends to break tools and throw things. The teacher stays next to Mark and tries to support him as much as possible.*

*When the teacher goes further and is not able to help immediately, Mark starts to curse and throws his possessions in the front of the classroom. He breaks his pencil and starts crying simultaneously cursing. Others are quiet as usually in these kinds of situations. The school assistant continues with others and the teacher goes silently sit next to Mark. When Mark finally looks at the teacher, she asks whether they could go to the “calm-down room” to have a look at the task together or to spend time otherwise (the teacher does not ask him to talk). Mark stands up, takes his books, and walks at the backdoor of the classroom to wait that the teacher opens the door. He does not say anything, sobs and is seemingly vexed. In the room, the teacher asks how she could help Mark.*

*Mark starts to cry that he cannot go home for the weekend. The teacher listens and asks whether she could come closer. Usually, Mark accepts that and he does it this time too. They sit for a while, he leaning on the teacher, the teacher stroking his hair. Soon the teacher has to go check how the rest of the group is doing. Everything has gone well and Paul was studying grammar. The assistant tells that Paul had reminded the assistant that he needs to study grammar. The teacher draws a heart in his notebook when passing Paul’s desk. Everyone is allowed to do handicraft, even Paul at the end of the day.*

### **Friday**

*Friday is often restless because students are already thinking about their trip to home. Mark is quiet but calm the whole day. He is not going home but has processed this issue so that the schoolday goes well. Tina is sad but the teacher does not find out why. Sometimes, the children are nervous about going home too, but the teacher is not sure if this is the case with Tina.*

*Tina uses the day announcing loudly that she cannot do anything and will not learn anything ever. The teacher tries to convince her by showing examples how she has solved tasks that are not even easy. At times, the teacher asks Tina to describe what she cannot do and tells that she has not noticed that Tina would have any learning difficulties. Tina is persistent the whole day: she clearly needs recognition and compliments of her learning abilities. Something is clearly bothering her. The teacher reports this to the nurse, too.*

*The week is ended by discussing what went well during the week. Everyone thinks about this through his or her own difficulties. The group has practiced this method and it seems functional because everyone’s good experience from the week was related to school. Leonard’s success was that he had arrived relatively in time at this shitty school.*

### **Conclusions: Good teacherhood in hospital school education**

The diary entries described the challenges and practices of special education teacher’s work in small-group teaching at the hospital school. When looking for the successful or important methods and practices promoting teachers’ and students’ schoolwork, it is possible to make interpretations about good teacherhood and its essence in hospital schools.

First, good teacherhood means that the teacher adopts the special professional identity of a special education teacher properly [31]. The professional image consists of various work contents and numerous prerequisites, skills and knowledge that are needed in this profession. In addition, various demands and expectations of the environment and set by the teachers themselves direct the professional image. Written directions and curricula as well as objectives and operations of the hospital school itself set the framework for teaching. Furthermore, various unwritten norms are reflected in the work of special education teachers at hospital schools.

Teacherhood in hospital schools is connected with the professional identity and role as a teacher [32]. This covers the teacher’s awareness of what he or she is like as a teacher, how he or

she perceives hospital school teaching and special medical care, and how he or she can handle the multiprofessional demands of the position. Teachers have to adopt the special professional ethics and accept and follow certain ethical principles of the hospital school teaching. Hospital school personnel has to be able to speak the languages of schooling and special medical care and thus serve as interpreters between the school and hospital. All this increasingly concerns today's inclusive schools too as outpatient care has increased and teachers work directly with special medical care personnel without hospital schools in between.

Good teacherhood in hospital school education can be described through its elements (see Figure 1). Crucial elements are the teacher's personal features and interaction skills, expertise and professional skills, and social adaptation to the special medical care and hospital schoolwork community.



Figure 1. Elements of good teacherhood in hospital school education

### ***Teacher's personal features and interaction skills***

For decades or centuries, good teacherhood has been described as a combination of various features suitable at various education levels and models [33]. The emphases have changed a little but the expectations do have some comment and stable too [34]. In hospital school teachers, the teacher's *ability to establish and maintain interaction* with the student is important. The teacher makes the initiative for interaction: ask how the student is doing, listen to the answers, be interested in the student's thoughts, and show appreciation. The teacher should not stick to minor matters in interaction situations all the time but guide students toward appropriate ways of interacting and expressing themselves [35].

The core words of hospital school pedagogy are caring and acceptance [9] [36]. Students who go to hospital schools expect teachers to be humane and mature, create and follow consistent rules



and limits, and show caring, compassion, and solidarity. The exact same time that an adult uses for treating a child negatively, can be used for positive action. Interaction that is a natural part of everyone's life can be constructive or destructive, positive or negative. Hospital school teachers can also choose which one they use.

The narratives of students who have not fully developed socio-emotionally emphasize the teacher's work upbringing dimension. These students expect teachers to have features that resemble much those of parents. These children have not received enough care at home, and therefore, teachers are sometimes expected to provide something more than is usually included in teachers' work traditionally.

The fundamental idea of students should be holistic and showing trust in their desire to learn. To find a right direction, students should hear commands and prohibitions but not without support and encouragement. The teacher has to set example about positive behaviors and guide students how to do and act right. Especially, when the student shows the worst of him or her, the teacher should act maturely and support the student, not abandon him or her. Giving emotions words helps students learn and practicing socio-emotional skills [37].

It is crucial to teach students to learn and be happy about their learning results [38]. Therefore, it is important to provide positive feedback for work well done without all the time setting new goals and pressures. Teachers need tact and sensitivity to realize which style of guidance fits each student—in small-group teaching this ability accentuates [7].

The teacher has to look for students' personal strengths and provide positive feedback frequently enough to every student [39]. This shows trust in their chances of progress and learn. The teacher has to create situations that provide students with opportunities to succeed and get feedback for their efforts.

By acknowledging one's own strengths and errors, the teacher can find the way of accepting and understanding others [40]. A perfect teacher does not exist, and therefore, the teacher cannot expect students to be perfect either [41]. Humor and joy are important [38], and in general, it is crucial that the teacher takes care of his or her well-being and positive mood [42].

### ***Expertise and professional skills***

Expertise develops through reflection at work. Teachers have to be able to critically analyze teaching practices and their possibly ingrained beliefs, and to find ways to make students learn and develop. Professional skills relate to design, implementation, and evaluation of teaching processes and other abilities. Multiprofessional collaboration is one of the most important factors of successful education not only at hospital schools but education in general [43] [44] [45]. The core partners are parents [46] [47] [48], which is emphasized in the current core curriculum, too. Relationship with parents forms the basis for all collaboration and influences greatly on teacher-student relationship too [49] [50] [51].

Methods of special education are well applicable in hospital school teaching [2]. In addition, special education teachers at hospital schools need special pedagogical and psychological expertise and medical knowledge and expertise [45] [52].

Hospital school teachers teach basics especially in Finnish, math, English but also other school subjects [53]. Teaching should provide students with experiences of successes so that they would regain trust in their learning [54]. Every student learns but in different pace and ways. While subject knowledge is important, students especially appreciate the feeling that the teacher makes schooldays smooth and shows that she or he cares for every student equally [36]. Actually, teaching of the subject is possible only after the teacher has created a positive foundation for interaction and sense of acceptance in the classroom.

Instead of teaching skills and substance knowledge, the core of teacherhood is moved toward human relationship work [33]. Observations from the hospital school support this notion. Nurturing for student well-being so that students feel that they are cared for even if they do not behave as expected is teachers' expertise at its best [55].



### ***Social adaptation to the special medical care and hospital school work community***

Special education teachers working at hospital schools have to be familiar with the culture of hospital school education and its many parties. The hospital environment includes various goals, tasks, and directions that depend on the medical treatments of students. In addition, special education teachers have to pay attention to the expectations of students' home schools.

Hospital school teachers provide guidance and consultation to schools the students would attend if they were not hospitalized [56] [57] [58], create models and support methods to solve challenging situations with students [9] [59], and are responsible for teaching of children with psycho-social special needs. All this necessitates expertise that cannot be developed without profound understanding about the nature of hospital school environment [60] [61] [62].

When students start at the hospital school, the beginning is always exciting to students. It is important to greet students positively and show that they are welcome to study at the hospital school first and then return to their home schools as soon as possible [63]. Hospital school teaching should support students' positive development in hospital schools and their home schools.

Equally important is to have the students participate in small-group teaching by creating opportunities of positive participation [64]. The classroom community and other students are important and therefore, it is crucial to pay attention to friendships and make sure that no one is left alone. Difference in students necessitate active attention to communality and therefore, showing acceptance to students and giving opportunities of showing their skills the teacher can foster positive atmosphere in the hospital school classroom [65].

As mentioned, multiprofessional collaboration is a part of hospital school teachers' work. This collaboration is to work for the best for students respectfully. In addition to teaching, teachers have to pay attention to well-being and share their observations, worries and remarks with nurses and other personnel. Hospital school teachers are also needed in regular schools to consult and help teachers arrange teaching to, for example, mentally ill students in their home schools.

### **Discussion**

Hospital school teaching and its development as presented in this article (see Figure 1) can be viewed from the perspective of teachers' professionalism [33] [66]. For example, Agarao-Fernandez and De Guzman [67] have defined the following stages of sense of professional identity, professional familiarity, professional expertise, professional security and stability, and professional synergy or development. However, stage-based models have been challenged by models that place greater emphasis on contextual, professional, and personal factors related to teachers [66] [68] [69]. Indeed, hospital school teaching requires the ability to reflect on the teaching reality and develop one's expertise based on practical experience and feedback from students, parents, and multiprofessional team. The diary data of this research illustrated those situations that special education teachers in hospital schools face and have to solve. These kinds of situations are important for the development of hospital school pedagogy.

In all, hospital schools provide a chance to get rehabilitative experiences of learning and development as these experiences might have been lacking from hospital school students' growth environments [70]. When children start at the hospital school, the special education teachers do not know how actively the children's home schools have tried to support them earlier. Yet, many children report that they should have been supported more comprehensively and intervention should have been more efficient.

When referring to children and adolescents who come from unstable homes and are in danger of exclusion, it is not reasonable to think whether they come late, have done their homework, or have their textbooks with them as long as they come to school. The option is that they drop out, which is a serious problem. The skills and knowledge that may be insufficient can be compensated later but those who become dropouts are harder to include back to society [71].

Those children who have a secure home environment and have sufficient support should not be spared from all demands and expectations the school generally set on students. They can face and respond to these goals of education. It is a different situation among children who have difficulties with their health, learning or home environments—they already have accumulated problems to deal with. They should not feel inferior in the place where they are forced with compulsory education; the school. Adults at school can show acceptance to those children too who do not appear as the ideal students in their classrooms.

Thus, suitable special education teachers in hospital schools are compassionate, safe adults. Children who can test limits safely at home, do not necessary feel the need to do so at school. “Happy to see you here” greetings [22] from the teacher even when the student comes late and has not done homework would have saved many students in danger of exclusion dropping out from school.

Many students in hospital schools would not do the effort to finish their basic education. From the perspective of hospital school pedagogy, the chance of dropping out can be prevented by making the compulsory school years tolerable to these students, too. This means actually that educators have to accept that educational goals do not interest all students similarly and that underperformance is not necessarily a problem to these students and their parents.

The way that special education teachers take their jobs and their students forms the basis of positive schoolwork. Teachers’ enjoyment at work enhances students’ enjoyment. Research has shown that positive teacher-student relationships are the most significant factor increasing students psycho-social well-being in all education models and levels [18] [72]. Caring teachers accept themselves as they are and are in the first name’s terms with their professional role and identity. This is important in hospital school teaching because it is the foundation of far-reaching support for well-being: thriving and caring teachers have thriving students.

Number of figures: 1

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Article received 2018-02-01