Thematic Article

Hungarian Educational Research Journal
2015, Vol. 5(2) 49–65

http://herj.lib.unideb.hu
Debrecen University Press
DOI: 10.14413/herj.2015.02.04.

Hospital pedagogy, a bridge between hospital and school

Rita Veronika Csinády

Abstract

Hungary has offered bedside teaching by establishing schools in sanatoriums even at the beginning of the century. Since then the education of children undergoing long-term treatment has undergone many changes but the need remained in fact, strengthened. The hospital teacher is responsible for the education of children undergoing long-term therapy. The diagnosis, the living conditions and the drastic changes in the quality of life, the hospital environment, the physical and mental injuries caused by treatments are a large burden on the young, still developing and vulnerable personality. Currently in Hungary there are no standardized or the professional requirements for hospital teachers also there is no training for them, or a common employer, or a standardized salary. However, there are some working models for all these which proved to be effective, so we should just build on what is established. To get this profession a valuable position on the Hungarian job market there is a need to centralize employer and salary, and to revise common expectations on their training, also to clarify the boundaries of competence in between the child's original school and the hospital school. Establishments of an appropriate legal framework and civil initiatives are essential to reach our goals. There are already signs of changes in the position of hospital teachers whom used to be outsider in healthcare and in education as well for many decades. People start to recognize there is a need for integration in professional hospital pedagogy as they are the ones who create a bridge between the children's old and new life environments.

Keywords: hospital pedagogy, hospital teacher, sanatorium school, lasting hospitalization, resocialization

Recommended citation format: Csinády, R. V. (2015). Hospital pedagogy, a bridge between hospital and school. *Hungarian Educational Research Journal*, 5(2), 49-65, DOI :10.14413/herj.2015.02.04.

Introduction

Studying the current situation of Hungarian hospital teachers, it is worth observing the development of the profession itself and the history of it on national and international levels. History often puts obstacles in the route of professions. A war, a crisis, or even new innovations or improvement in history can deviate from the development of a profession. This study monitored the hospital education and hospital teachers work more precisely following its changes over the past decades on international and domestic level as well. Where is the place of the hospital teachers on the way between school and hospital? This question is essential as they are the bridge between the healthy and hospitalized children, between school and hospital school, parents and hospital staff.

1. International Hospital Pedagogy

Involving teachers in the hospital environment isn't a new idea. In the 1920s there was already a need for it at Stanford University Hospital (Eaton, 2012). However, the history of the hospital pedagogy is rooted in more distant times.

It started withSir William Purdie Treloar's sacrificial work who was a trader in London was launched. First Treloar has become a member of the city council in London, a few months later a child affairs councilor and in 1906-07 he became the Mayor of London. His wife turned his attention towards the disabled, miserable, wandering kids on the streets of London. Treloar, the father of hospital pedagogy, protecting the sick children rightly earned the name: "children councilor", and became a knight of Queen Victoria at Windsor in 1899. At the beginning he organized hospital care and delivered food for the children in need. Later he established a hospital for the children in London and later for all English children by renovating an abandoned hospital building. In 1914, 220 children received treatments in Altona, but there were a lot more on the waiting list, but as the understaffed hospital wasn't able to accept more patients. The hospital was on the outskirts of London, so it was hard to recruit staff, but building a comfortable modern nurse hostel solved this problem.

These times started to form the ideathat children with long-term treatments should receive education within the hospital. So money was raised for a new school building which opened its doors in 1908, and could accept 60 children. In 1913, the institution was officially recognized as the school of physically disabled children. A senior teacher started teaching with 12 assistants, and later five more teachers were hired. Children received education for 5.5 hours daily including: reading, writing and arithmetic's in the mornings and arts and crafts, singing and recitation in the afternoons. Students also had to write a letter for their relatives at home weekly, which was part of the schoolwork. They put a great effort on teaching the students a profession and provide an opportunity to have a social life. A process began which led to the opening of more like institutions across England. Treloar's work is also notable because it was always creative and flexible adapting to the changing needs. Thanks to the dedicated professionals hospital schools

have developed since the beginning of the century. Recently a survey carried out among the OECD member countries showed that only Austria, Belgium, Czech Republic operates hospital schools for chronically ill children. In Switzerland, France, Portugal and Germany these children with long term illnesses were enlisted as pupils with special educational needs. Hospital teachers share their work experiences at international congresses and keep contact with each other through civil organizations (eg. HOPE). Custom solutions were developed by different countries: the contact with the “parent schools” might be slightly different and also the way to test students. For example, in the Czech Republic the hospital teacher can grade the student if the child has spent at least three months in hospital. In Germany, the hospital education runs parallel to the parent school education requirements even the children write the same school tests in the hospital, so the evaluation is the school’s responsibility. In Finland, the school provides the tasks for the hospital school teacher, and the feedback received from them is accepted (Mihály, 2011). In Hungary there are grading exams every six months just like for private students. The training of hospital teachers is not centralized some people just simply choose this route, which is not subject to qualification this is a serious deficiency so far.

In Europe students are registered based on the ISCED categories. According to them there are three categories of students with special needs (International Standard Classification of Education, 1997): in category A students have learning difficulties are clearly of physiological origin, such as various cases of "organic disorder"; category B signals that students' learning difficulties have no particular explanation, cannot be directly attributed to one single factor; category C includes those whom have learning difficulties for a variety of environmental disadvantages, which roots in the children's socio-economic, cultural and / or linguistic problems (Mihály, 2011).

In Denmark, students with special needs are educated in an integrated manner. Categorization in Hungary is based on the WHO system, which uses statistical indicators that worked best in the United States. In Belgium chronically ill children make a separate category, while in Sweden they are classified as category B. However the category of "poor child health status" stands for the same in the Czech Republic. Spain (and nine other countries) children studying in the hospital are accounted for separately from those learning in regular school environment.

The legal framework is well established in most countries. In most places normal and special schools are simultaneously present in the, however, there is a growing demand towards an integrated education. For an integrated education and special education there is a need for an integrated legislative and political cooperation. Sometimes this attempt to integrate is too strong that students with special educational needs start suffering from these overly democratic attempts – there is a need to understand that in certain cases the same requirements cannot be set for them as for students in regular schools just because the institution is integrated (Mihály, 2003).

The organization of education can be a real challenge. For example in Germany hospital school were established in large health centers so the education integrated virtually every case of long-term treatment (such as asthma and other respiratory disorders, oncological and hematological diseases, psychiatric disorders etc). However, this integration is not apparent everywhere for example in Hungary institutions can be found, where only children suffering from cancer receive education, however, education for children suffering from dialysis is not solved.. In German Centers the hospital teacher cooperates with the doctor and they start education based on the current state of the patient. In the education basic subjects are given a larger emphasis and other subjects may follow depending on the circumstances. Education is held in the classroom or at the bedside if possible group education is preferred. Of course the teachers need to be aware of the child's health status and alert for symptoms. The children keep contact with the "mother school" which provides them with the tasks on a daily basis.

The hospital teachers in the conference in Frankfurt in April 2002 offered an organized framework for hospital education which was open to parents and self-trainers as well (Ertle, 2002). As a result there are three forms of education nowadays: classroom education within the hospital school, online education and bedside education. Online education is a very flexible form of education which can support the patient's learning anywhere from school hospital or home.

This was the first successful attempt in Germany to educate oncology patients through a video The children's enthusiasm for the classes and the development and cultivation of relationships confirmed the program creators that this is the way to continue to strengthen, build effective education for the chronically ill (http://www.schule-fuer-kranke.de). Their elaborate system should be a role model everywhere.

In Crete, one of the famous islands of Greece, Heraklion city launched a pilot "education support" study in a hospital, which was a great success. Their finding was that children have a natural desire for education. However, the children rejected education that resembled a real school education, which was held in a classroom created from a playroom. Children were not willing to replace the "real school" with the hospital school. According to this study the real challenge for the hospital education was the heterogeneity: the children's age and diversity of the patient population. Therefore was introduced the "educational support program" that supports children's education through keeping contact with their school (Kapelai et al, 2012).

A Czech research focused on online education has developed the e-DIHO program (Education via the Internet Long-Term Hospitalist Children) which is an online teacher training model to prepare future teachers for doing online education. The e-DIHO project idea came up inspring2001, based on the idea that the Internet could severely well the organization of the educational environment. The goal of online learning is to organize courses for children who really need it. In this study children treated in hospitals used the internet on a daily basis for their education, enjoyed the online contact with their teachers

and were free to choose courses where they had to meet the requirements and work actively. The results indicated that the internet was a fantastic opportunity to keep up with their studies for children of long-term treatment as it extended school activities, opened space for learning, but still did not replace mandatory education. The program supported very well the development of new pedagogical skills for teachers and turned them towards the new educational opportunities offered by the internet. In online education it is a must to mix traditional classes with online courses and establish an interface for questions and answers and also provide the possibility of online tests and exams These options must be offered for students in teacher training colleges in theoretical and seminar education as well. The e-DIHO idea should definitely be implemented in the Hungarian education as well (Sinor és Cernochova, 2003).

The different practices and research provide more and more information about what is best for the child patient, what and how much information should be taught in the hospital for them, and what educational arenas should be used to organize their education.

2. The history of Hungarian hospital education

It has been recognized at the beginning of the century that the development of health care has increased the survival rate of children. Consequently, children with disorders should not be neglected mentally either there is a need to educate them, to teach them a profession. The school still provides a handrail for the sick child. A great example for, confirming this idea is Eaton's (2012) interview with a terminally ill little girl whose greatest desire was to learn to read. She was looking forward to the daily visits with her teacher and was proud of her performance. Her example also confirms the importance of hospital pedagogy as a bridge raised between school and hospital.

When a child is undergoing a long-term treatment education is often neglected as a result of the physiological complaints/symptoms and treatments. The school is a major part of the child's life, so education promotes healing as the message suggests that he can return back to normal, he can heal. The fact that the communication with the school, the teachers and the classmates ends is the biggest source of stress for children of long-term hospitalization (Eaton, 2012). Diseases requiring long-term treatment in childhood not only have a negative effect on the child's physical and mental health but also on the cognitive, social-emotional well-being and on the education (Kapelaki et al, 2012). The thought of academic self-concept introduced by Fottland et al (2000) nicely reflects this idea which is a significant part of the self-confidence in school children. Life satisfaction and academic progress is greatly increased in those children whom are successfully treated with cancer. Fottland's case study also demonstrates that the individual sessions were more successful than traditional classroom education in groups (Fottland, 2000).

The hospital teacher is responsible for teaching children primarily under long-term treatment helping them to keep up with school and develop a good relationship with the home school. Grading of these children would work better if a joint employee of the school

and the hospital would conduct it and the competency boundaries would be clear. However, the relationship of the hospital teacher and the sick child is not like the traditional teacher-student relationship, but of a much more intimate level. Thus, the objectivity of the grading made by the hospital teacher can be questioned.[1] Not surprisingly, the question rises: can we relieve the hospital teacher from the children's evaluation? This dilemma is even more dramatic when we face how heterogeneous the age of students in a hospital school (from pre-kindergarten levels to adult age) The teacher's pedagogical qualifications must cover elementary and high school requirements preferably also nursery school level educational techniques should be included in her knowledge.

The main task of the hospital teacher is the reintegration of the child in the school. (Eaton 2012). It is also important to prepare the home school's staff members and the class mates for the reintegration of the child. The hospital teacher needs to talk about the patient and make the patient talk about the time in the hospital and the experienced treatments, and also to construct empathy and attention to him in his environment. However, making sure the behavior is not over-protective as that can be damaging for the child's self-esteem. For example, the child should not get a better grade because he was sick, in the long run that would ruin his image in his and in others' eyes.

An Additional Responsibility of the hospital teacher is to creatively entertain the children based on common experiences, and to organize events and celebrations for being able to assess spiritual lows associated with the disease, and to communicate it to the helping professionals (doctors, nurses). All in all hospital pedagogy wants an extensively trained, very dedicated teacher who is empathetic, and has a realistic view on the patient (e.g. she can make a difference if the patient feels sick or just lazy when he is not willing to do a task), flexible and above all very creative.

In rural regions of Hungary only cancer patients receive hospital education whereas in the capital children of various disorders are educated in hospital settings. The reason for this is the lack of hospital teachers.

One of the most well known disease requiring long-term treatment is cancer. 200-250 new cases of cancers patients are diagnosed annually are whom are children under age 14 of However, fatality is less than 100 annually in Hungary. (Central Statistical Office, hereinafter referred to as the Central Statistical Office).

In 2007 the mortality rate was 56 out of one hundred thousand inhabitants among those under age 15.. Two-thirds of child mortality is infant death. The second most frequent is violent deaths in which accidents dominate. Boys are twice more likely than girls to be a victim of violent deaths among children. In the third place tumors are the most frequent

[1] Young adults relapsing in cancer (20-25 years) often ask for being treated in their old pediatrics department. Normally this request doesn't get refusal.

cause of death in both sexes nearly with the same rate (CSO). The cancer mortality rates doubled between1949-2007. There are more male cancer cases in Hajdú-Bihar, Szabolcs-Szatmár-Bereg and Somogy counties, and more female cases in Budapest and Baranya counties (CSO).

Only 2% of all cancers occur during childhood, which takes the second place in the causes of death after accidents in the developed countries.. In developing countries, a variety of infectious diseases and hunger is still ahead of cancer rates. In the USA 12% of childhood deaths are of tumors. Mortality in developed countries is low due to good medical care and diagnosis, even the most common disease leukemia shows a significant decrease in the last forty years. One half of the childhood tumors are various types of leukemias and lymphomas the other half is made up of various other solid tumors (Tompa, 2011).

The diagnosis, the living conditions and the drastic changes in quality of life, the hospital environment, physical and psychological injuries caused by the treatments, the emotional fluctuations of the parent-child relationship put a large burden on a young, still developing and vulnerable personality. Side effects of treatment, the constant discomfort, hair loss, weight loss, increase the desire to return to the previous way of life in children. One of the key locations for their everyday lives was school besides home, where the majority of their day was spent in a community of friends. So the question arises if it is likely for them to recover, will they have a lot of pain or can they go back to school at all? For hospital teachers the usual experience is that children often think the only positive side of their disease is at least they do not have to go to school. Even if they choose to miss school there will be a teacher by their side whom is not only a teacher, but a friend (in case of the teacher has a special training she can be a mental/psychological support) (Csinády, 2007).

Currently in Hungary there are no standardized requirements for the training of hospital teachers , there is no common employer nor a uniform wage (the reason for this is that not everyone is employed as a civil servant). For example for the teachers' work tools are offered by foundations, sponsors or gained by grants. Several well working models do exist in Hungary - that proved to work in the past and can serve as a good basis for future developments - such as the School Sanatorium in Szentgotthárd (Szentgotthárdi Iskolaszanatórium) or the Public Foundation Hospital Program in Pécs (a pécsi Közalapítványi kórház-iskola program) or the School Sanatorium Elementary School (Fővárosi Iskolaszanatórium Általános Iskola) in the capital Budapest.

Hospital Education officially exists in Hungary since 2000, when hospital teachers officially started to work at the bedside in larger health centers and in in pediatric oncology wards. The basis of the profession was established by Dr. Alain Polcz (physician and psychologist), by Dr. Martha Bakos-Toth (physician and psychologist) and by Zsuzsa Harsanyi (teacher) at the Semmelweis University, Budapest II. Children's Clinic where the program launched. (Bajusz, 2003). The initiative was welcomed in most centers (eight institutions of our country five cities - Budapest, Debrecen, Szeged, Miskolc, Pécs,

Szombathely - to treat children suffering from cancer). Thanks to the three outstanding professionals today the children are not left alone with their disease and sufferings, however, professionals still struggle with the problem of decentralization because of (legal and financial), the lack of a central navigation . There is no central training for hospital teachers (anyone can be one) also there is no pedagogical framework for their operations (which would clarify the competencies), because there was no state support for these instances. There is no consistent funding for hospital teachers they can be paid by foundations, the city or the county government where they belong. Virtually they float in health care for the past 15 years, although they are now well known and accepted and the profession is essential. Surprisingly, these problems not only affect Hungary but all other countries in Europe because there is no common technical, economic or legal context as well. Nevertheless, there are a number of examples which are adaptable. (See: Table1.)

Table 1. The number of teachers working in Hungary by their employer

City	Employer	Number of people working
Budapest	School Sanatorium Elementary School Budapest	24 *
	Hungarian Protestant Church Bethesda Children's Hospital	3
	Heim Pál Ullói Center	4
	Heim Pál Childrens Hospital Madarász utcai Center	3
	Szent János Hospital and North-Buda Centralized Hospitals Budai Children's Hospital	4
	Szent István és Szent László Hospital Szent László Hospital	2
	Szent János Hospital and CentralizedNorth-Buda Hospitals Szent János Hospital	2
	SE Orthopedics Department	2
	SE I. Pediatrics Department	4
	SE II. Pediatrics Department	4
	Gottsegen György Országos Cardiology Center	2
	Országos Rehabilitation Center	2
Debrecen	1hospital employee, 1 employee by foundation	**2**
Miskolc	4 hospital employee, 2 employee by EGYMI**	**6**
Pécs	3 university employees, 2 employees by EGYMI**	**5**
Szeged	4 hospital emloyees	**4**
Szombathely	2 hospital employees	**2**
	Summary:	**43**

*There are more employees as 6 of them works in two different locations and 1 of them works in three locations
** Central Institution of Secial Education and Methodology (Egységes Gyógypedagógiai Módszertani Intézmény)

A non-profit national advocacy organization was created at the initiative of hospital teachers in Pécs named the Association of Hospital Educators, which was taken in court records on August 25, 2004. Its purpose was to create cooperation among the teachers working in isolation from each other in the country's different health institutions ,with this trying to create a single professional approach, conferences, training courses, building and strengthening foreign partnerships.

Their successful operation is supported by the fact that they are members of the HOPE since 2003,. Since then they maintain close contact with the children's hospital school in

Tübingen. W. Hacker, the founder of the Tübingen hospital school, keeps annual trainings to support the work of the professionals in Pecs, Hungary. They are provided with German hospital pedagogical materials and attend conferences and professional meetings. In 2010 thanks to The Norvegian Hospital Support Fund a one-year training program was launched in Hungary for the hospital teachers. In the same year, the National Institute of Child Health organized training sessions and offered a methodological plan (http://www.korhazpedagogusok.hu).2 As a civil organization they provided guidance for colleagues, and promoted professional development.

In Hungary the idea of this special hospital-school relationship was of Dr. Vilmos Müller's. He was the founder of the first Hungarian school sanatorium, which was a unique idea at that time. Already in the early 1920's he employed the idea of providing education for the children suffering of lung disease (at that time tuberculosis was an endemic). He thought that institutions should be set up, are hospitals and schools at the same time which thought led to the school sanatorium where children received education and treatment in tranquility where rest was assured. Although the thought was unique, yet success didn't come easy, it took nine years to collect enough supporters of the idea that the institution in Szentgotthárd could open (in 1929). (Révész, 1976) In the previous year, 1928, in Budapest Németvölgyi road a school sanatorium started operation as an experimental setup. However Szentgotthárd city - which is 25 kilometers from the world-famous respiratory sanatorium, Gleichnberg – received a carefully planned institution. Its sub-alpine climate is very beneficial for patients, the weather is not extreme and there is enough precipitation. The building has a three-acre park, gardens and a pine forest that reaches the coast of the Raba river. Their construction motto was: Sunlight and fresh air! The building could accommodate 104 patients. The life here was built upon the principle of "work therapy". Long-term, very sick (rickets, tuberculosis, anemia...) but not infectious children lived under experts' supervision and treatment and could continue their studies in hygienic conditions. Education, as far as the weather allowed was outside in the so-called outdoor classrooms, and in the park which was free of dust. In of bad weather classes were held in the south-facing, sunny, airy classrooms (Révész, 1976).

It was easy to personalize the schedule of education with having small classes with ten students each. The level of education was tailored to the results of medical tests, so did not exhaust the patient. Based on how many hours a day can they spend with learning, and how much with "cure" the students have been added into four groups - of course "cure" was always prioritized. There were two types of lessons, with 60 minutes for the subjects needing more explanation, and 40 minutes for those requiring less explanation. The elementary school students took an exam with their teacher and an educational expert being there, while high school students took an exam in front of the local high

[2] 2005. I. State Conference of Hospital Teachers, Pécs, Hungary; 2007. II. State Conference of Hospital Teachers, Pécs, Hungary; 2008 State Conference of Helping Professionals Pécs, Hungary; 2008. Start of music therapy program called "Harmonizáló harmóniák" at University of Pecs, Hungary, School of Medicine PTE ÁOK at the onco-hemathology section of the Pediatrics Department funded by MOL

schools committee. The certificates obtained by these exams were accepted by all educational institutions in the country. During winter months, the number of students was around 80, and during the summer they were operating with as many students as possible. The challenge was to find the right ratio between the treatments and teaching. Of course, both teachers and doctors wanted to prioritize the time for their own success. Actually, this has resulted in a dual situation, because each has taken away the precious time from the other. However, the primary responsibility of the institution was the cure, so teaching became secondary but its importance was not forgotten (Kováts, 1933).

The fight against tuberculosis brought such good results that by 1969 the institution of school sanatorium became redundant and ceased operation in the middle of the year. For the next 10 years the institution served patients suffering from heart and lung disease as a county hospital center. From 1979, due to patient demand it became a center for musculoskeletal and provided medical rehabilitation (http://www.vasmegye.hu/intezmenyek).

Sixty years later, the situation in the capital was as follows: in 1992 the capital already had four locations, which of the Szabadsághegyi (Sváb-hegy) school sanatorium was the largest, primarily accepting respiratory diseases and heart problems. The other three sites were the Heim Pál Hospital, the Pediatrics Center II and in Budakeszi (Domonkos, 1992). In these "hospital schools" children received help for re-socialization and with education during and after the terrible disease. The children away from their families received a chance to maintain their way of life, assisted by professionally trained teachers, whom had a large methodological openness and freedom and were able to carry out the education of the child depending on their condition, even though the curriculum urged them. Small group and individual sessions took place to aid the children in catching up, and due to lower headcount education was more effective especially in teaching foreign languages. The children were also offered sufficient entertainment in their clubhouse sand were offered preplanned programs like a walk in the sorrounding mountains, however, these opportunities were given only in Western and Northern Hungary. Nevertheless, the Szabadság-hegyi Institute was closed in 2007.

The School Sanatorium Elementary School in the capital Budapest aimed the education, and upbringing of children in long-term treatment. It was founded in 1937 by Count Janos Zichy, and since then it coordinates hospital educators in the capital. (To find their number of employees and their centers see table 1.) In each hospital, a primary school teacher, an art and a science teachers engaged in primary school children. Teaching and education work were summarized as follows: professional, high-quality education; learning assessment; the grading exam preparation; to reduce hospitalization; community education; self-discipline, tolerance education; good self-esteem, empathy education; active, creative lifestyle education; personality development, positive emotional attitudes towards education; palliative pedagogy (http://www.iskolaszanatorium.sulinet.hu, alapelveink).

Pedagogical principles require to adapt education to the patient's well being, the development of self-awareness in children to help them understand their own capabilities. This is a differentiated, individualized skill development and humanistic value system. The hospital pedagogy aims to eliminate fallbacks in children's education during long-term hospitalisation. This work is limited by the condition of the children, the frequency of medical interventions, and the hassles associated with the treatments. It aims to set out values – that are eternal human values - the spirit of the current mental, moral and emotional education that pupils are able to continue work at school. They promote the students' personal development support them to have enough self-knowledge, discipline, perseverance in learning, work, and all segments of life. The goal for these chronically ill children is to learn and accept their barriers and be able to perform creatively at their best and become creative people whom accept their illness, their limited limits, have a healthy spirit, loving and tolerant to others (http://www.iskolaszanatorium.sulinet.hu, feladataink).

The Cancer Rehabilitation and psychological Center in Bakonyszücs became the eleventh child cancer therapy network center in Hungary, treating children with leukemia and tumors. They provide psychological, social, and psychosocial care for all patients referred. This means an age range from a few months of age to 25-30-year-olds. In 1989, the institution was established as a holiday Rehabilitation Center at SOTE Department of Pediatrics II. at the initiative of the Archdiocese of Veszprém and many other supporters. This center can accept 30-35 patients during the summer in 1-2 weeklong sessions, and during the semester they welcome patients for long weekends 2-3 times a month. Its objectives are: 1) to provide a therapeutic holiday for the little patients of oncology departments 2) psychological work that is cooperatively set out with the psychologists working at the hospitals. Rehabilitation Center for Cancer Patients opened new routes in the psychological care of children and young suffering from cancer which is a great way to promote them in creating self-help groups (Bajusz, 2003).

Psychotherapeutic efforts used in hospitals emphasize that a realistic medium is demonstrated: creativity helps to stabilize their vision of the future. It provides them with common experience to create new social relationships, assist them with reintegration into the community. The operation of small groups formed in the institution continues in real life for the patients, their parents and in case of other clients as well. (Bakos-Tóth, 2007).

In Pécs, Hungary a very important movement began in 1999 when the number of unemployed teachers started to rise as a result of school closures and decrease in the number of teachers at schools. (Tasnádyné és Káplár, 2001). So their next goal of the Children and Youth Foundation of Baranya County in Pecs was to train the unemloyed teachers to be educators of children undergoing long-term treatments. They strated work in three hospitals in Pecs, their work was promoted by the Baranya County Labor Center and the Soros Foundation. March 1, 2000, they started work in the five departments. Their work was facilitated by three social work students, and a retired teacher and another one on a maternity leave, whom were employed by the Soros Foundation, and worked at the

hospitals three hours a week (Tasnádyné és mtsa, 2001). Pécs has always been the most active party among the Hungarian hospital teachers, and as at was mentioned earlier in this paper, a lot of professional programs, organizations are linked to their names. The beauty in their story is how the Foundation took over and started a professional crew. Since then, they also had to deal with a lot of financial problems.

3. Hungarian and international legal background documents

Development of a functioning legal and financial framework would be the most important for the Hungarian hospital schools based on older Hungarian, or well-established foreign frameworks. Earlier in 1993, LXXIX. Public Education Act II, Chapter § 10. held the children's right and duty to education; and that the sick child should receive special care when it is needed based on his personal state of wellbeing. According to the amendment of the 1996 the law of LXII. it was necessary to provide education for children being under long-term health care treatment to fulfill compulsory education requirements. Additional subordinate provisions of primary and secondary school teacher accused of the task to help catch up those students whom dropped out of school due to illness (but not currently in hospital. But the schools have never paid the extra work hours it required, so teachers never considered this work an obligation, of course it has been at the cost of the sick children. When the hospital discharges a patient the teacher can no longer educate him because of the great distances, in Hungary oncology centers accept patients from 3-4 counties in their area (five major oncology centers provide care for the patients of 19 counties). If the patient lives closer to the health center, traffic also hinders their education during the illness or rehabilitation period, since the patient cannot travel by public transport, but only by ambulance, which can be used only for medical treatment purposes. To take a taxi or traveling by their own car is very expensive in Hungary for the majority of patients whose families are experiencing a financial burden anyway as a result of the disease. So this is not a viable option, the support from the teachers' of the mother school is essential and the availability of online education would be a further step in creating opportunities.

The Public Education Act and its amendments above repealed the 2011 CXC. Public Education Act, which will replace the previous section § 96 provisions, which entered into force on 1 September 2012, and include the following: If a teaching jobs established at a public educational institution in order to provide care and education for children, still also need to apply benefits under the applicable law. Children's holiday health centers as medical institutions can also take part in the education in case a professional educational department is established or a contract with an educational institution. The teaching and educational work is going to meet the needs of individual development and educational curriculums, but schedule of the academic calendar is not taken into account. At schools like this the provisions of the Act may be modified, except the stages of pedagogical work, the requirements, and the organization of state exams. Thus, the Act gives the patient the opportunity for children to learn, even authorizes educational institutions to perform work, but does not create an obligation not specifically delegated to it to anyone whom

will be required to teach. A further weakness is that hospitals may employ the hospital teachers under other labels to be exempt from providing benefits or discounts required by law.

Although there is a long history of hospital pedagogy in Hungary, it is not even mentioned in the laws; education in health care in most cases mentioned as sanatorium schools, which do not necessarily work with the same infrastructure. Probably the most viable would be to create a joint institution operating all hospital education thereby eliminating the diversity of their employers.

However, the Health Act supports hospital education since the children and the young have a right to education even when sick. European principles of patient's rights is recorded in the 1994 Declaration of Amsterdam. The Ottawa Declaration of the World Medical Association (1998) has also key importance, which sets out the rights involved in the health care of sick children. This declaration ranges childhood from date of birth to 17 years of age, however states that based on national legislation in some countries may be different. (Fábián, 2002.)

Law on the Rights of Patients (1997 CLIV.) has been in force since 1998, generally regulates the rights of children for the duration of hospital care. Education rights and obligations which are important in the health care law, which states that care should be given, the patient should be placed among his peers in children's ward, it must be ensured him to play, learn and relax as well. They have the right for keeping contact with the parents, guardians, foster parents they can keep in touch with other adults and acquaintances (eg. former teachers.) It is also allowed for them to take their personal belongings with them (unless the sanitary rules forbid it in certain departments eg.: infectology, oncology, etc, usually washable items are allowed). They also have the right to information and adequate explanation based on their own age, which is important because it helps them understand the reasons behind isolation due to illness, and also when can they receive visitors or can take a short visit.

The most important international legal document, which the hospital assisted teachers in their home country is the HOPE Charta, which was signed on 20 May 2000, sets out the main principles of the profession (http://www.hospitalteachers.eu/who/hope-charter). The HOPE (Hospital Organization of Pedagogues in Europe), as an international organization has a members of 30 countries by which it drives the profession on an international level (http://www.hospitalteachers.eu). According to the HOPE Charta, every child and young person has the right to education in the hospital and at home, this is intended to maintain the continuous training and education to ensure they can keep their student positions at their school. Everyday life has to be normalized in this extreme situation, the daily routine can help in this task, namely the maintenance of learning, which may be delivered in the form classes, in groups and individually as well. This hospital or home schooling in has to meet the child’s or young patients' capabilities and needs. If possible there should be steps made to prevent the isolation of the child, which

is a realistic idea based on the current technology. Obviously, due to the illness of the child's interest towards the disease is very intense, this kind of curiosity must also be met. Because of the environment low on information a much more diverse range of educational forms are suggested. Because of these reasons, hospital teachers will face greater professional challenges, than their school colleagues, and since there is still no formal qualifications as such, they must constantly take part in further training, to acquire the profession. The teachers of the sick children as school professionals are full members of the multidisciplinary care staff, they are in contact within the child's hospital and the home school. The child is entitled to the right to education, and their parents are entitled to receive information about the opportunities, which the hospital department can provide The Charta provides broader information about Patient Rights, it confirms that: ". A student is considered a whole person, which includes medical confidentiality, and the respectful treatment of the child's personal issues and religious affiliation " (HOPE Charta 10., 2000.)

At the international level the trigger of professional collaboration was the Ljubljana Hospital Teachers First European Congress in 1988. This was followed by a number of the professional events like the Conference held in Freiburg in the "How to Work Together" in 1995; the congress in Pamplona titled the "Experience of Discontinuity in the live of sick children" in 1996; or in Birmingham "The Professional Qualifications of hospital is teachers' seminar in 1997; in Dresden in 1999, The rights and educational need of sick chilrden seminar. Then the Hospital Educators Fourth European Congress created the HOPE Charta.[3]

Ronald McDonald House Charities (RMHC) hosted the Second Health Trainers, Students, Physicians Conference, named the HELP (Health, Educators, Learners, Practicioners). This conference brings together academics and practitioners so that to aid the well-being of children with chronic illness. The conference its theme was 'The Ripple Effect': How do hospitalization influence children's psychological well-being. This conference was a great opportunity for people to share their opinions, their skills, build work relationships on a national and international level with other professionals. The ninth Congress of HOPE took place in November 5 to 8, 2014 in Bucharest, capital of Romania (http://www.hospitalteachers.eu).

4. Current situation in Hungary - Hungarian relations

Currently, there are several attempts - especially in the capital city of Hungary - to a create a special institution that will integrate the hospital teachers. Where does their work fit best professionally? Do they fit to the sanatorium schools for children with special needs or to traditional schools?

[3] Bécs 1992. Hospital Teachers' Second Europian Congress, Uppsala 1996. Hospital Teachers' Third Europian Congress, Paris 1998. First Europian days, 2001 seminar, 2002. Secons Europian days

The ideal situation would be in Hungary, if the hospital educators' employer would be the KLIK (Kuno Institution Maintenance Centre) as well. This would result in a common salary, status, duties and job requirements. KLIK could identify a primary or middle level institution within the health center system in, which would provide the teaching staff, so the issue of having a central management could be resolved. In this scenarion the medical staff could not interfere with the teacher's work, unless there was a problem or conflict with the rules of hygiene or care.

Thus, hospital teachers would teach the children during the hospital stay by the curriculum received from the home school, it is important to require co-operation, and is necessary to meet the requirements of the child's school. When the child stays at home, then the parent school's educators would deal with them However, based on past experience the parent school teachers - - were not motivated (being unpaid for the extra work hours) to educate the hospitalized children through private class sessions (which the law required them anyway). However, if the KLIK would have made a contract with the teachers then the system would work. The mother school could identify the sick children based on medical documentation in case of long term illnesses and would look for a teacher to educate the child within the home school for an extra income. The classes held would be justified by the school book and signed by the student and his legal representative.

Another unresolved issue is the hospital teachers' qualifications: in any they should posess a teachers and / or the elementary school teaching qualification. Kindergarten teachers have been used in several places, but due to the solid financial background, it is preferable to focus on the education of school-age children, and put an effort in preschool education only if the hospital teachers the time allows. Students should receive priority, however, without additional training, this work is not feasible. In this role the teacher often supplements a parent or a friend, so mental health should be educated to colleagues. For psychotherapeutical purposes of course there is a psychologist, but the teacher must be able to properly respond to situations with high emotional contents (fear of death, fatigue - being able to differentiate between laziness and lethargy). Its good if she can detect those states when there is a need for assistance from a psychologically trained professional. The author thinks this could be achieved through a 50-hour self-awareness training which provides psychological basics as well. Of course, there is also a requirement for continuing education for them as for their colleagues.

It would improve the recognition of professional competence borders under these circumstances as well. So far competency limits differ by institutions in Hungary however, more precise professional developments would require the designation of these competency borders on a national level. For instance, can the hospital teacher grade the student provide a valid exam, whose task is to resocialize the child to the original class environment, who is in charge of education at home, etc. According to the author the hospital teacher should not have to be loaded with such responsibilities, but they should work integrated within the mother school's teachers; simply because the hospital teacher

is not only a teacher, but a surrogate parent and a friendly companion in trouble as well, so their relationship should not be impaired by evaluation, grading or any such work, they should be kept motivated and help the children prepare for the semi-annual and annual final exams within the mother school.

5. Summary

Currently there are changes in the profession, which finally could stabilize the place and tasks of hospital teachers after so many decades. They should not be outsiders among health care workers and teachers, but also rightly recognized and supported as dedicated workers who create a bridge between the old and new lifestyle of the child suffering of a long term medical problem. The especially interesting feature of this area in Hungary is that it is lacking the basics even if there were countless examples of good works earlier, such as sanatorium schools. Although the civil organizations are forefront in the area (Hospital Teachers' Association), yet their efforts didn't seem to be fruitful, although there is a certain guideline in the professional level to create morale and provide training opportunities for themselves, but still there is a lack of a guiding power that could centralize the job itself, providing a single employer, uniform payment and training. They should put their faith in the future that once it will be understood that the work of these 43 hospital techers whom currently employed in Hungary influences the well being and development for hundreds of students throughout the years.

References

Bajusz Csaba (2003). „Ha a halál árnyékának völgyében járok is…" Daganatos betegségek gyermek- és serdülőkorban; A rehabilitáció lehetőségei; Az iskola, mint rehabilitációs közeg. Gyógypedagógiai szemle, 1, 12-27.

Bakos-Tóth Márta (2007). „Második otthon", Bakonyszücs. Mamavizit c. könyv, 90-92.

Csinády Rita Veronika (2007). Gyógyító okítás. Mamavizit c. könyv, 80-84.

Domonkos János (1992). Egy iskolaszanatórium mai élete. Budapesti nevelő, 2, 92-94.

Eaton, S. (2012). Addressing the Effects of Missing School For Children with medical Needs. Pediatric Nursing, Vol. 38, No. 5., 271-278.

Ertle, C. (2002). Kranke Kinder und Jugendliche zwischen Klinikschule und Allgemainer Schule, Anmerkungen zu Grenzübergängen. Zeitschrift für Heilpädagogik, 9, 371-377.

Fábián Titusz (2002). Gyermekek jogai a kórházban. Család, gyermek, ifjúság folyóirat, 1, 73-75.

Fottland, H. (2000). Childhood Cancer and the Interplay between Self-evaluation, and Academic Experiences. Scandianvian Journal of Educational Research, Vol. 44, No.3., 253-273.

Kapelaki, U es mtsai (2012). A Novel Idea for an Organized Hospital/School Program For Children with Malignances: Issues in Implementation. Pediatric Hematology and Oncology, 20, 79-87.

Kováts Medárd (1933). A szentgotthárdi iskolaszanatórium. Magyar kórház, 6, 204-209.

Mihály Ildikó (2003). Speciális igényű tanulók oktatása a nemzetközi statisztikai adatok tükrében. Új pedagógiai szemle, 11, 108-114.

Mihály Ildikó (2011). A beteg gyermek és az iskola. Új Pedagógia Szemle, 1-5, 235-238.

Pető Ildikó (2009). Politikus, kórház, iskola, azaz a Treloar. In: Buda András, Kiss Endre (szerk.) Interdiszciplináris pedagógia, tanárok, értelmiségiek: VI. Kiss Árpád Emlékkonferencia. Debrecen, Magyarország, 2009.09.18-2009.09.20. Debrecen: Kiss Árpád Archivum Könyvtára - DE Neveléstudományok Intézete, 482-490.

Révész Mártonné (1976). Az első magyar iskolaszanatórium megalapítója dr. Müller Vilmos (1878-1945). Orvosi Hetilap, 52, 3180-3181.

Stanislav Sinor – Miroslava Cernochova (2003). Tartós kórházi kezelésre szoruló gyermekek internetes oktatása. Új Pedagógiai Szemle, 7-8, 106-111.

Tasnádyné Hardy Judit és Káplár Istvánné (2001). Közalapítványi kórház-iskola program. Gyógypedagógiai szemle, 2, 136-140.

Tompa Anna (2011). A daganatos betegségek előfordulása, a hazai és a nemzetközi helyzet ismertetése. Magyar Tudomány, az MTA folyóirata, 2, 1333-1346.

Sites

http://www.hospitalteachers.eu/, letöltve: 2014.05.14.

http://www.hospitalteachers.eu/who/hope-charter, letöltve: 2014.05.14.

http://www.iskolaszanatorium.sulinet.hu/, letöltve: 2014.05.14.

http://www.ksh.hu/docs/hun/xftp/stattukor/halalozasok07.pdf, letöltve: 2014.10.10.

http://www.schule-fuer-kranke.de, letöltve: 2014.05.14.

http://www.vasmegye.hu/intezmenyek/1/vas_megyei_markusovszky_korhaz_egyetemi_oktatokorhaz_nonprofit_zrt, letöltve: 2014.08.12.