



FROM ACADEMIC SUPPLEMENT TO THERAPEUTIC IMPERATIVE: A SYSTEMATIC CRITICAL REVIEW OF GLOBAL HOSPITAL SCHOOLING PARADIGMS AND TRAJECTORIES (2010–2025)

Grace Gayathri A/P Ramakarsinin¹, Mohd Asri Mohd Noor^{2*}

¹Faculty of Management and Economics, Universiti Pendidikan Sultan Idris, Malaysia

 graceleah68@gmail.com

 <https://orcid.org/0000-0001-5622-5258>

²Faculty of Management and Economics, Universiti Pendidikan Sultan Idris, Malaysia

 mohd.asri@fpe.upsi.edu.my

 <https://orcid.org/0000-0001-5801-7719>

*Corresponding Author

Article Info:

Article history:

Received date: 27.01.2026

Revised date: 05.02.2026

Accepted date: 25.02.2026

Published date: 10.03.2026

To cite this document:

Ramakarsinin, G. G., & Mohd Noor, M. A. (2026). From Academic Supplement to Therapeutic Imperative: A Systematic Critical Review of Global Hospital Schooling Paradigms and Trajectories (2010–2025). *International Journal of Modern Education*, 8(29), 735-759.

Abstract:

Hospital education has progressed from a marginal and largely informal provision into an increasingly recognised component of holistic care for hospitalised children. While increased scholarly focus on hospital schooling exists, conceptualization of this research remains fragmented with studies pertaining to isolated factors such as school absence, psychosocial well-being, or reintegration outcomes. It thus deserves an assessment of its relevance to the broader conceptual development of hospital education as an emerging educational field. This study addresses this gap through a systematic literature review of 87 peer-reviewed studies published between 2010 and 2025. Using a temporally stratified thematic analysis, the review examines how the purposes, pedagogical orientations, and technological dimensions of hospital-based education have evolved over time. The synthesis identifies four interconnected phases in the development of the field: (1) foundational recognition and rights-based advocacy (2010–2013); (2) psychosocial reframing toward emotional well-being and normalisation (2014–2017); (3) professionalisation and systemic integration (2018–2021); and (4) digital hybridity and advanced psychopedagogical practice (2022–2025). Across these phases, technology shifts from a supplementary tool to a central pedagogical infrastructure supporting continuity of learning, identity, and social presence. Concurrently, the professional role of hospital teachers expands toward boundary-spanning practice that connects clinical, educational, familial, and digital domains. By providing a temporally grounded synthesis, this review reconceptualises hospital education as a hybrid educational domain situated at the intersection of pedagogy, healthcare, and digital

mediation, with implications for research, policy, and practice in disrupted learning environments.

DOI: 10.35631/IJMOE.829044 **Keyword:**

Boundary-Spanning Teacher, Digital Hybridity, Educational Continuity, Hospital Pedagogy, Hospital-Based Education, Hospitalized Children, Psychosocial Well-Being, Systematic Literature Review



© The authors (2026). This is an Open Access article distributed under the terms of the Creative Commons Attribution (CC BY NC) (<http://creativecommons.org/licenses/by-nc/4.0/>), which permits non-commercial re-use, distribution, and reproduction in any medium, provided the original work is properly cited. For commercial re-use, please contact ijmoe@gaexcellence.com.

Introduction

Hospital-based education has historically occupied a marginal position in both education and health care. Early medical and education literature routinely depicts education services provided in hospital as informal or recreational purposes and has largely focused on easing bored hospitalised kids rather than the continuity of education or learner identity. Cohen and Da Silva Melo (2010) characterize early hospital-based education as a leisure practice where pedagogic rigour was in relative decline to therapeutic distraction.

Advances in medical treatments have helped boost survival in children with chronic conditions and extended the duration of paediatric hospitalization. As a result, rising numbers of school-aged students spend longer periods and continue to split up with formal education, or stay separated from it, longer or more frequently. De Holanda and Collet (2011) maintain that these learners often occupy a liminal learning space, where formal education persists but meaningful engagement in school is interrupted. Pérez and Rubio (2013) also argue that learners who are hospitalised can become socially and educationally invisible when their educational needs are not met in a school setting as the formalized educational system does not address them.

In response to these concerns, international policy context to place more scrutiny on the educational rights of hospitalized children than normal in the past. Caggiano et al. (2021) claim that education is a human right that must be upheld regardless of health status. Further developing the rights-based framing, Chen et al. (2014) argue that hospital education should be understood not simply as providing academic support but as a linking practice of pedagogical engagement with clinical care. Ratnapalan et al. (2009) also look at the history of hospital-based education historically over the years, from philanthropic to formal education.

Despite this increased recognition, hospital-based education is structurally marginalised in many settings. As Pérez and Rubio (2013), and Chen et al. (2014) note, there is the persistent lack of coherent policy frameworks, non-uniform provision, and limited professional recognition of hospital teachers across regions. Such challenges suggest the need for a critical review of institutional models of hospital-based educational initiatives that was reflected in the academic literature.

Problem Statement: Conceptual Fragmentation in the Literature

While the literature on hospital-based education has substantially expanded in the ten-odd years since, the literature is conceptually fragmented. However, much empirical research to date is often restricted to particular outcomes, rather than exploring how the intellectual life of hospital education as an emerging field of study unfolds.

Three dominant thematic directions remain apparent in the literature. The first is concerns school attendance and absence, and the studies have tried to establish an explanation of worse academic results for children experiencing chronic health problems, largely by their involvement in children's schools. However, new evidence casts doubt on this assumption. Jay et al. (2023), which have synthesis on 27 systematic reviews from over seven million children shows that being in school is not indeed a significant mediator of the association of long-term morbidity and academic achievement. Their results indicate that overemphasis on attendance may mask complex issues that include cognitive challenges, emotional distress, and systemic inequities that influence educational participation.

A second body of research focuses on psychosocial well-being. Many scholars acknowledge that involvement in education during hospitalisation is crucial for emotional regulation and for maintaining learner identity. Boztepe et al. (2017) proposed that learning activities during hospitalisation can alleviate anxiety and facilitate emotional adjustment, while Capurso et al. (2021) contend education participation promotes resilience by maintaining routines and reinforcing learner identity.

A third line of research considers school reintegration, focusing on children's reintegration into regular school after an episode of hospitalisation. Thompson et al. (2015) suggest school-centric models of academic continuity that aim to be models of transition which offer pathways that support the successful reintegrated return to ordinary schooling systems. Such studies provide key insight into transitional processes, but they do not elaborate on, yet, the development of the hospital school pedagogy, in the course of hospital pedagogy itself. Altogether, these strands of study provide evidence that existing body of research often deals with compartmentalised and idiosyncratic problems in hospital schooling rather than the comprehensive conceptual transformation of the field.

Purpose of the Study

The purpose of this study is to conduct a Systematic Literature Review assess the evolution of research on hospital-based education between 2010 and 2025. However, this review looks at the development over time, rather than concentrating on outcomes, of the educational purposes, pedagogical orientations, and technological practices in hospital education.

To achieve this objective, the study adopts a temporally stratified thematic analysis. Such an analytical strategy facilitates recognition of changes in research priorities and conceptual framings across distinct periods within the literature. This approach is based on calls for more conceptual integration and historical sensitivity in the study of hospital pedagogy (De Magalhães Gonçalves Silva and Da Hora, 2019; Amiruddin et al., 2025).

Research Questions

This review is guided by the following research questions:

1. How have the primary educational goals articulated in hospital-based education literature evolved between 2010 and 2025?
2. How has the conceptualisation of technology evolved within hospital education across this period?
3. How has the role of the hospital teacher been represented in response to changing pedagogical and clinical priorities?

Operational Definitions

For the purposes of this study, several key terms are defined in order to clarify their use within the analysis.

- Hospital-based education refers to structured educational provision delivered within hospital settings to support the learning continuity of school-aged children undergoing medical treatment.
- Hospital pedagogy refers to specialised pedagogical practices designed to accommodate the cognitive, emotional, and physiological conditions of hospitalised learners.
- Digital hybridity describes pedagogical arrangements in which digital technologies enable simultaneous or coordinated participation in both hospital-based and mainstream learning environments.
- Digital boundary-spanner refers to the contemporary hospital teacher who navigates institutional, relational, and technological boundaries between healthcare systems, schools, families, and digital learning platforms.

Significance of the Study

This research adds to the published literature in three important respects. Firstly, it responds to conceptual fragmentation, by offering a temporally ordered synthesis of research in hospital education that helps identify themes and developmental stages in the field.

Secondly, the study reconceptualises the role of technology in hospital education. Weibel et al. (2023) suggest that technology increasingly shapes not only the delivery of instructional content but also the social structure of learning environments. Drawing upon this argument, digital mediation can sustain continuity of identity, presence, and belonging for hospitalised learners.

Thirdly, the findings reveal crucial policy implications. The review highlights that educational disadvantage of hospitalised learners cannot be explained solely through school absence and that integrated policy approaches, incorporating pedagogical, psychosocial, and technological aspects, are warranted in this context.

Methodology

This study aimed to investigate the history of hospital-based education as an educational discipline, instead of the impact of a single intervention. Studies of hospital education are interdisciplinary and multidisciplinary, encompassing education, healthcare, psychology, and digital learning. This kind of interdisciplinarity leads to the fragmented scholarship being produced based on the different research fields. For this reason, a methodology capable of identifying conceptual patterns and intellectual developments across diverse studies was required. Amer (2024) posits systematic literature reviews are especially useful in fragmented research because they allow scholars to synthesise scattered knowledge and to locate predominant epistemic perspectives and conceptual pathways.

Accordingly, this study employed a Systematic Literature Review (SLR) to synthesise literature published between 2010 and 2025. Unlike meta-analytic approaches focused on effect sizes or narrowly defined outcomes, the current review employed a qualitative interpretive synthesis. AlSaied and McLaughlin (2024) note that interpretive systematic reviews are relevant where the aim is to explore the shift in frameworks, orientation, and priorities in their approach in relation to emerging research trends across a body of literature. It was thus not only a requirement of the present review to summarise findings, but to understand how hospital-based education has been conceptualised and reframed through the years.

In order to ensure transparency and methodological rigour, we adhered to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA 2020) guidelines for this review. PRISMA provides a structured format through which literature searches, screening guidelines and methods of study selection can be made.

Rationale for a Temporally Stratified Review Approach

An analytical consideration presented in this study was that hospital-based education has not become a stable or generic practice. Rather it has been adapted based on the changing patterns of medical treatment, educational policy and technology. To approach this literature as a single field of research might obscure major shifts in our understanding. Sosa-Díaz et al. (2022), for example, proposed that evaluations of educational innovation need to be temporally sensitive, as such evaluations can also help researchers in detecting how dominant assumptions, methodological preferences and evaluative frameworks change over time.

Consistent with this perspective, the current study selected a temporally stratified review methodology. Temporal stratification thus adds analytic depth, as it allows for an examination that analyzes research trends in terms of prioritizing the evolution of research focus and conceptual framework in different stages (Amer, 2024). Temporal stratification was therefore coupled with thematic analysis to analyze hospital education research throughout different phases. This approach enabled thematic representation within a historical context and cross-period comparisons.

Sources of Data and Search Strategy

Data sources were chosen because the range of research on education in hospitals was an interdisciplinary study. Yusop et al. (2022) recommend multi-database searching in PRISMA-guided reviews that seeks to minimize bias across disciplines to achieve comprehensive coverage. As such, studies were performed in ERIC (through ProQuest), Scopus, and PubMed, recruiting educational, social science, and health-related studies.

Table 1: Keywords Used for the Process of Identifying Relevant Literature

Databases	Keywords Used	Identification Phase (n)	Included Phase (n)
Scopus	TITLE-ABS-KEY (“hospital school*” OR “hospital-based education” OR “hospital pedagogy” OR “hospital classroom”) AND (“student* learning” OR “educational continuity” OR “school reintegration” OR “psychosocial wellbeing”) AND (“technology” OR “digital” OR “telepresence” OR “hybrid learning”)	62	31
Web of Science (WoS)	TS = (“hospital education” OR “hospital school*” OR “hospital pedagogy”) AND (“learning continuity” OR “educational participation” OR “student wellbeing”) AND (“technology” OR “digital mediation” OR “online learning”)	48	26
Google Scholar	Keywords adapted from Scopus and WoS using Boolean operators, phrase searching, and title filtering to capture emerging and interdisciplinary studies	30	30
Total		140	87

Search strings were iteratively designed to reconcile conceptual breadth with relevance. This comprised of variations of hospital school, hospital-based education and hospital pedagogy for different formats, with words such as technology and well-being, reintegration, digital learning. Pilot searches were conducted to improve the strings and confirm a coherent relationship with the research topics in the study. In light of a contemporary development and a strong alignment with the underlying analysis, the search was conducted between January 2010 and December 2025. This covers a period of major transformation in education governance, professionalisation and digital integration of hospital education.

Inclusion and Exclusion Criteria

The inclusion and exclusion criteria were prepared before screening to promote methodological transparency and limit the potential for selection bias. Regona et al. (2022) emphasise that well-defined criteria are key to ensuring rigour in PRISMA-based systematic reviews.

The review included literature if it met the following criteria: peer-reviewed journal articles, conference proceedings, doctoral theses; published between 2010 and 2025; concerning educational provision of school-aged learners in hospital settings; related to pedagogy,

psychosocial dimensions, professional roles, or technological integration in hospital education; and English language studies.

Studies were excluded if they focused exclusively on clinical or nursing practices without an educational component, examined adult hospital education, consisted of editorials or opinion pieces, or were published before 2010. This was important because based on the guidelines it helped to ensure that the dataset would focus purely on educational research applicable to hospitalised school-aged learners.

Study Selection and Screening Process

The chosen process to perform this study aimed to strike a balance between procedural rigour and interpretive judgement. The screening was conducted utilizing a PRISMA-approved stepwise filter as shown in Figure 1 (Yusop et al, 2022). In order that early stage screening remains as effective as possible and consistent, the AI-based tool Elicit was employed to arrange abstracts and collect bibliographic information. But Amer (2024) warns that AI tools should be used as supportive rather than decision-making aids in interpretive reviews. As a result, all decisions about which subjects will be included or excluded were made manually by the researcher. This guaranteed interpretive judgment, reflexivity and methodological accountability during the screening procedure.

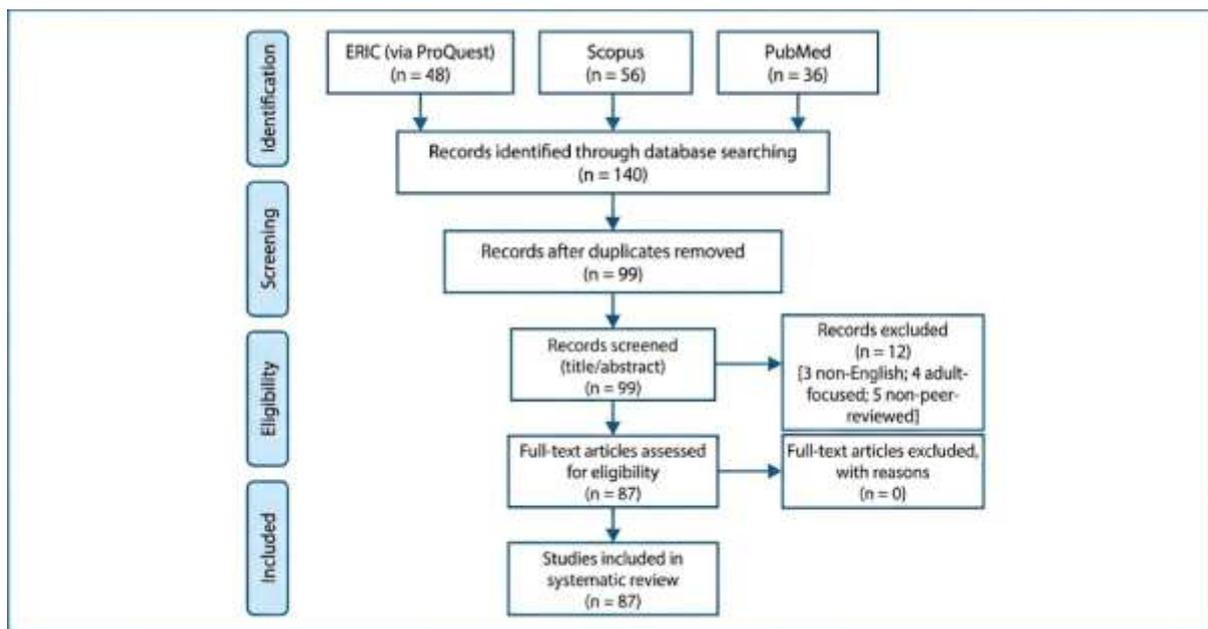


Figure 1: PRISMA Flow Diagram of Study Selection for The Hospital-Based Education Review

Data Extraction

To assure systematic comparison between selected studies, a structured data extraction protocol was created. AlSaied and McLaughlin (2024) point out that consistent extraction categories are necessary in interpretive systematic reviews because they facilitate meaningful synthesis across different studies. To extract data from each source, all relevant information was extracted, including authorship, publication year, geographical context, research design, educational

focus, conceptual framing of hospital education, role of technology, and stated educational goals. The structured extraction framework, however, made it possible to identify patterns across studies and be able to compare thematic developments across different periods.

Data Analysis: Temporally Stratified Thematic Analysis

Data analysis was conducted using a hybrid deductive–inductive thematic analysis. In the initial phase of analysis, the selected studies were clustered into four chronological periods that represented changes in research perspective and contextual developments within hospital-based education. Each period was analyzed using thematic coding in several domains of analysis: for example, the main educational aspect of the study; dominant research themes; technology integration; and educational objectives. Sosa-Díaz et al. (2022) contend that deductive analytical structures and inductive thematic openness together make educational research synthesis more conceptually robust. To aid tracking, reflexive analytic memos were kept throughout the coding process to document emerging interpretations, conceptual insights, and analytical decisions. This reflexivity deepened the transparency and coherence of the thematic analysis.

Quality Appraisal

Instead of excluding studies based on strict methodological hierarchies, the present review adopted a fitness-for-purpose approach to quality appraisal. Amer (2024) notes that conceptual, qualitative, and exploratory studies can yield useful perspectives of socioculturally embedded educational phenomena. The relevance of each study as to the research aims, conceptual coherence, and the transparency of argumentation was thus evaluated for consideration. This strategy made it possible to ensure that the synthesis captured not just methodological rigor but also intellectual contribution and theoretical development in the field.

Ethical Considerations

Ethical approval was not required for the present study since the research involved the secondary analysis of published literature. However, ethical research principles were adhered to through accurate citation, transparent reporting of methodological procedures, and careful interpretation of the reviewed studies.

Findings

A systematic analysis of the 87 selected studies reveals a clear transformation in research on hospital-based education between 2010 and 2025. Far from a stable or uniform field, the literature demonstrates a progressive reconfiguration of educational priorities, pedagogical orientations, and technological practices across time. When examined through a temporally stratified lens, the literature reflects a series of conceptual shifts in how hospital education is understood and implemented.

Across the reviewed studies, four distinct yet interconnected phases emerge:

- Foundational recognition and rights-based advocacy (2010–2013)
- Psychosocial reframing and educational normalisation (2014–2017)
- Professionalisation and system integration (2018–2021)
- Digital hybridity and advanced psycho-pedagogical practice (2022–2025)

These phases do not represent a strictly linear progression. Instead, they reflect evolving responses to changing healthcare environments, educational policy priorities, and technological developments that collectively shaped the field of hospital-based education.

Period 1 (2010–2013): Foundational Recognition and Educational Rights

Studies published between 2010 and 2013 largely frame hospital-based education as both marginal and weakly institutionalised practice, both within educational and healthcare systems. It is often cited by those researching this period as having no official recognition, policy support, and pedagogical infrastructure in place for hospital schooling. Cohen and Da Silva Melo (2010) describe hospital education as an affair isolated from education schools and healthcare institutions, a situation in which learning activities are generally informal and do not always make any official contribution to formal systematisation. Similarly, Ratnapalan et al. (2009) find that hospital education did not have coherent policy frameworks and professional recognition.

A great deal of work during this phase aimed to underscore the educational exclusion suffered by hospitalised students. De Holanda and Collet (2011) and Rolim and De Góes (2009) describe hospitalised children as often having difficulty in maintaining continuity in curriculum, assessment, and structured learning experiences. These disruptions more commonly led to sustained educational hardship and lower levels of educational involvement. Early scholarship took a rights-based approach to advocacy in part to the marginalisation from this point of view. As Pérez and Rubio (2013) note, hospital pedagogy arose as a response to systemic neglect of hospitalised learners; in contrast, Hopkins et al. (2013) emphasise the need to recognise educational provision in hospitals as a genuine pedagogical responsibility.

There was also an extensive literature of organisation-related limitations. As De Holanda and Collet (2012) point out, there are no specialised training pathways and professional structures for hospital educators. Technology in education at this time played only a limited role in providing education. Kim and Yoo (2010), Nisselle et al. (2011) found that the use of digital tools was sporadic in nature and not yet integrated in pedagogical practice as a whole. As a result, the success of education during this time period was mainly conceived as maintaining minimal educational engagement and preventing complete disconnection from schooling.

Period 2 (2014–2017): Psychosocial Well-Being and Educational Normalisation

Between 2014 and 2017, the literature increasingly attests to a departure from institutional legitimacy in favor of psychosocial experience for hospitalised learners and a shift from the normative view, albeit only in paper form. During the same period, there was a growing consensus among scholars that hospital schooling would be a stabilising process that will assist emotional health, identity-retention and social membership as well as self-affirmation. Ferreira et al. (2015) posit that schooling in hospital environments is “a central component in restoring a sense of normalcy during medical treatment”. Likewise, Álvarez (2017) believes that hospital-wide classrooms are places where children come to believe that to some extent, health spaces support and hold their potential to be students in spite of the interference from illness.

Studies at this time were more and more documented from the early scientific literature the healing potential of educational interaction. Boztepe et al. (2017) show that taking part in learning activities can lower anxiety in hospital children, while Boles et al. (2017) emphasize that schooling can help foster coping skills and psychological resilience. Thus, hospital classrooms become better understood as psychosocial spaces where learners receiving extended medical care feel a sense of belonging, as well as continuity. Da Conceição Passeggi et al. (2016) also highlighted the idea that classroom contexts in hospitals allow for relational interaction and identity preservation.

It was during this time that technology started to be widely mentioned in the literature, although it had remained largely outside of the purview of formal pedagogy. Wadley et al. (2014) found that hospitalised learners used digital communication tools to sustain their peer networks and Maor and Mitchem (2015) present early applications of telepresence technology to engage children in activities in a classroom setting from a distance. Even so, Steinke et al. (2016) stated technology was still largely a social connector rather than an integrated pedagogical system. Educational development in this period came to be increasingly framed with great emphasis on psychosocial stability, emotional resilience, and identity preservation rather than purely academic outcomes.

Period 3 (2018–2021): Professionalisation and System Integration

Research published between 2018 and 2021 reflects a phase of professionalisation and institutional integration in hospital-based education studies. It was not until this time that there was growing argument amongst scholars that, during this period, hospital education itself should be recognised as a specialised pedagogical sector that demands different professional competences and professional competencies in hospital education. Silva & Hora (2019) as well as Souza (2021) and Da Silva Hipólito and Alves (2021) stress, then and to the current research, that hospital pedagogy should be perceived in an adult education context as a specialized professional practice and an integrated part of a specialty or professional practice, not an informally related form of practice in the school or school-based environment. Such perspective is grounded in the idea of specialized training and institutional recognition of hospital educators within healthcare institutions, and interdisciplinary cooperation.

Reintegration into traditional school environment has been brought up during these episodes as the main focus of concerns then. De Oliveira and Castro (2018) and Martinez-Santos et al. (2021) elaborate on the programmes aiming to align hospital education with mainstream curricula and assessment systems so as to assist in smoother transitions back into conventional schooling environments. Capurso et al. (2021) further illustrated how hospital-based educational initiatives assist with emotional regulation and academic continuity as people experience the reintegration process.

At this time technology was embedded into educational practice, in particular aiding with curriculum alignment and customised learning pathways. Magalhães et al. (2018) see increasing use of digital tools in hospital classroom settings, Gardea (2020) observes that technology remains somewhat instrumentally described rather than fully conceptualised as pedagogical infrastructure. During this era, educational success was increasingly linked to ongoing learning continuity and successful reintegration into regular schooling.

Period 4 (2022–2025): Digital Hybridity and Advanced Psycho-pedagogical Practice

This more radical transformation of health care towards a digitally hybrid and psycho-pedagogically integrated practice is further supported by the most updated literature published between 2022 and 2025. During this time, researchers are increasingly identifying hospital schooling as integral to holistic care of hospitalised learners. Favoretto and Da Rocha Azevedo (2024) describe education as a key therapeutic system and not as an additional service. Di Padova et al. (2024) also highlight the nuanced relationship dynamics of pedagogical, emotional and clinical issues in the context of hospital education.

A significant conceptual shift during this phase involves the redefining technology as pedagogical infrastructure. Weibel et al. (2023) show how telepresence technologies enable hospitalised learners to remain active academically and socially in mainstream classrooms. Ludgério et al. (2023) also report that (digitally mediated) learning environments sustain identity continuity and social belonging. Recent research similarly describes the rise of hybrid learning environments where schooling is situated in coordinated digital ecosystems between hospital education and regular schooling. Rooney et al. (2023), Dinç et al. (2023) and Ibáñez (2023) demonstrate that digital systems provide the possibility of synchronised classroom participation in the absence of the physical attendance from school.

The definition of educational success for this stage shifts to learner agency, resilience, and continued engagement with learning. Padillo-Andicoberry et al. (2025) highlight that participation in education can help with psychological healing and long-term education retention. At the same time, researchers are warning against uncritical technological spread. Oliveira (2023) and Zumba et al. (2024) note new challenges in areas such as digital fatigue, disparity in technology access, and the emotional labour of educators working in these hybrid settings.

Summary of Findings

Collectively, the studies surveyed present a systematic transformation in hospital education during the four identified periods. The literature documents a shift away from marginal educational offers concerned with access toward psychosocial support, professional integration, and digitally mediated learning environments. Throughout this trajectory, the roles of technology, teachers, and educational objectives evolve in interconnected ways. These changes demonstrate how hospital-based education has evolved into a hybrid educational field shaped by pedagogical, psychosocial, and technological considerations.

Discussion

The findings of this systematic review indicate that hospital education has experienced substantial conceptual and institutional change between 2010 and 2025. However, instead of representing a stable academic practice, the literature reports a dynamic field affected by healthcare systems, educational priorities, and technological innovations. When examined through a temporally stratified framework, the reviewed studies capture a stepwise reformation in hospital education from fringes of academic support to a hybrid educational arena with a blending of pedagogical, psychosocial, and digital dimensions.

In this regard, the literature up to the early stages highlights an emphasis on matters of educational rights and institutional legitimacy. Studies published between 2010 and 2013 often depict hospital teaching as a marginalised practice that is not well-recognized as an issue with formal policy and pedagogical infrastructure. Cohen and Da Silva Melo (2010) and Ratnapalan et al. (2009) discuss the generalised and limited institutional legitimacy of hospital-based education in this period, while De Holanda and Collet (2011) and Rolim and De Góes (2009) describe how hospitalised learners' educational pathways were often drastically disrupted. These findings support the claim that early hospital pedagogy is a solution to educational exclusion rather than a recognised educational system.

The literature from the decade 2014 to 2017 demonstrates an important conceptual shift toward psychosocial well-being and educational normalisation. Researchers have identified over the time period the importance of hospital schooling as being associated with emotional stabilisation, identity continuity, and feelings of belongingness for hospitalised learners. Ferreira et al. (2015) and Álvarez (2017) write that the hospital classrooms serve as sites where children are able to sustain their identity as learners in spite of medical disruption. Similarly, Boztepe et al. (2017) and Boles et al. (2017), for instance, show that engaging in educational activities can help hospitalised children reduce anxiety and develop more adaptive coping strategies when they are in care.

Research published between 2018 and 2021 reflects evidence of growing professionalisation and institutional integration of hospital pedagogy. Academic researchers, such as Silva and Hora (2019), Souza (2021), and Da Silva Hipólito and Alves (2021), contend that hospital education needs to be treated as a specialised professional practice with its particular pedagogical competences. At this time, further research highlights the significance of integration of education for hospital education into the wider education system to assist with successful reintegration into school settings (De Oliveira and Castro, 2018; Martinez-Santos et al., 2021). These changes suggest that hospital education as a special element within larger educational systems, rather than something peripheral, began to come forward.

The most recent literature, published between 2022 and 2025, reflects emergent digitally mediated and hybrid learning environments. Technological developments have opened major opportunities for hospitalised learners to remain academics throughout medical treatments. Weibel et al. (2023) demonstrate how telepresence technologies support students' participation in classroom activities even when they are physically not in school. Similarly, Ludgério et al. (2023), Rooney et al. (2023), and Dinç et al. (2023) underscore the importance of digital platforms for supporting synchronous participation, social interaction, and curriculum continuity.

The role of hospital educators has evolved throughout these phases. Previous studies often depict hospital educators as advocates situated in under-recognised institutional contexts. The role of hospital teachers as boundary-spanning professionals, who bridge learning across hospital, school, family boundaries, and digital platforms, has become more explicit in more recent papers. Taken together, these findings indicate that hospital-based education has evolved into a hybrid learning environment encompassing pedagogical practices, healthcare, and e-learning as an intersection.

Research Gaps

Despite the growing body of research on hospital-based education, several important gaps remain within the literature. Firstly, existing studies are heavily geographically biased towards high-income countries, especially in Europe and North America. Such focuses hinder generalisation of how hospital education occurs in heterogeneous educational contexts and healthcare settings. Secondly, there is limited longitudinal research on the long-term academic and psychosocial trajectories of hospitalised learners. Many studies investigate immediate educational or emotional results during hospitalisation, with little research examining the effects of hospital schooling on long-term educational participation.

Thirdly, the professional experiences and well-being of hospital teachers are underexplored. While recent studies acknowledge the increasing complexity of hospital teaching roles, relatively little research examines the emotional labour and professional sustainability associated with this work. Finally, while the use of digital technologies has been widely mentioned in the literature, the long-term pedagogical implications of digital hybridity in hospital education are poorly explored.

Contributions of the Study

This study addresses several significant areas in the literature. Firstly, the review provides a temporally organised synthesis of research on hospital-based education, enabling clearer identification of conceptual shifts and developmental phases within the field. Secondly, it highlights how hospital education has evolved from marginal educational provision toward a hybrid educational system integrating pedagogical, psychosocial, and technological dimensions.

Thirdly, the review expands existing understandings of hospital pedagogy by demonstrating how the professional role of hospital teachers has transformed into a form of boundary-spanning practice linking educational institutions, healthcare systems, families, and digital learning environments. Through these contributions, the study advances theoretical understanding of hospital-based education and provides a conceptual framework for analysing its continued development.

Implications for Policy, Practice, and Future Research

The findings from this study provide an array of implications for policy, educational practice, and future research. The implications for policy formulation, educational praxis, and future research for this research have some implications. This review has implications for policy, from a policy perspective, for hospital-based education as well as more acknowledgment of its place among educational systems. Policymakers should focus on establishing a clearer structure for better collaboration between healthcare institutions and educational authorities by creating clearer frameworks for closer cooperation. From a field of practice perspective, the increasing number of diverse roles within hospital teaching is leading to the importance of dedicated professional development opportunities and institutional support for hospital teachers is a necessity. Teacher training programs can be more than just the one-size-fits-all models for teaching educators, but have to reflect on interdisciplinary collaboration, digital pedagogy, or psychosocial help options. Finally, future research should be oriented to the longitudinal

educational outcomes, professional sustainability of hospital teachers, and the emerging role of digital technologies within hybrid hospital learning environments.

Conclusion

This systematic review of the literature examined the emergence of hospital education research from 2010 to 2025 comprising 87 papers, indicating a step change of the topic within 4 intertwined stages. Existing studies were focused early on on the legitimacy of hospital schooling and the defence of educational rights of hospitalised learners, while subsequent scholarship increasingly emphasized psychosocial well-being, identity continuity, and emotional stability in hospital learning settings. Additional research evidence pointed to increased professionalism and institutional consolidation of hospital pedagogy, including a focus on providing more specialized teaching methods and greater alignment with mainstream schooling systems to encourage educational continuity and reintegration. More recent studies reveal the development of digitised, blended learning spaces in which technological environments facilitate the learning of hospitalised learners to stay engaged and academically educated with peers and friends despite extended periods of medical absence.

Collectively, they demonstrate that hospital-based education has transformed from marginal educational provision into a hybrid educational space incorporating the pedagogical, psychosocial, and technological aspects of care. In presenting a temporally oriented analysis of published literature this paper explains the conceptual development of hospital education and exposes lingering research challenges in relation to geographical representation, longitudinal educational outcomes, and the professional sustainability of hospital teachers. These issues need to be addressed to underpin policy settings, support for specialist professional practice, and maintain meaningful educational participation for hospitalised learners in emerging healthcare and educational landscapes.

Acknowledgements: The author would like to express sincere gratitude to Universiti Pendidikan Sultan Idris (UPSI) for providing academic support and research resources throughout the completion of this study. The author also extends special appreciation to Associate Professor Dr. Mohd Asri bin Mohd Noor for his invaluable guidance, constructive feedback, and continuous supervision, which greatly contributed to the development and refinement of this manuscript. Appreciation is also extended to colleagues and peers whose insights and academic discussions helped improve the quality of this work.

Funding Statement: This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors. The study was conducted independently as part of the author's academic research work and did not receive financial sponsorship or external funding support.

Conflict of Interest Statement: The author declares that there is no conflict of interest regarding the publication of this paper. The author confirms that the manuscript is an original work and has not been published elsewhere, and that the final version has been reviewed and

approved prior to submission to the International Journal of Modern Education (IJMOE).

Ethics Statement:

Ethical approval was not required for this study because the research involved the secondary analysis of previously published literature and did not include human participants, animals, personal data, or confidential institutional records. Nevertheless, the study was conducted in accordance with established principles of academic integrity and responsible research practice. All sources were appropriately acknowledged through accurate citation, and the methodological procedures were reported transparently to ensure reproducibility and scholarly accountability. Care was taken to ensure that all reviewed studies were interpreted responsibly and presented without misrepresentation.

Author Contribution Statement:

Grace Gayathri A/P Ramakarsinin was responsible for the conceptualisation of the study, development of the research methodology, literature review, data extraction and analysis, interpretation of findings, and the writing and revision of the manuscript. Mohd Asri bin Mohd Noor provided academic supervision, contributed to the conceptual refinement of the study, offered critical review and scholarly feedback on the manuscript, and guided the interpretation of the findings. All authors reviewed and approved the final version of the manuscript prior to submission.

References

- Äärelä, T., Määttä, K., & Uusiautti, S. (2016). The challenges of parent–teacher collaboration in the light of hospital school pedagogy. *Early Child Development and Care*, 188(6), 709–722. <https://doi.org/10.1080/03004430.2016.1230108>
- AlSaied, M., & McLaughlin, P. (2024). Ambidextrous Innovation in Project Management: A Systematic Literature Review. *Administrative Sciences*, 14(7), 151. <https://doi.org/10.3390/admsci14070151>
- Álvarez, M. I. C. (2017). La pedagogía hospitalaria: clave en la atención al niño enfermo y hospitalizado y su derecho a la educación. *Aula*, 23(0), 33. <https://doi.org/10.14201/aula2017233347>
- Amangeldiev, A. B. (2025). The role of the teacher in the psychological and pedagogical support of children undergoing Long-Term Hospitalization. *Frontline Social Sciences and History Journal*, 5(9), 12–16. <https://doi.org/10.37547/social-fsshj-05-09-03>
- Amer M (2024), "Systematic review of religiosity and social responsibility". *Journal of Business and Socio-economic Development*, Vol. 4 No. 3 pp. 254–271 <https://doi.org/10.1108/JBSED-02-2023-0007>
- Amiruddin, M. a. A., Jima'ain, M. T. A. @., Yusoff, A. F., & Surjana, A. A. (2025). Curriculum Models and Pedagogical Strategies in Hospital Schools: A Systematic Literature Review in the Context of Education. *Journal of Research Innovation and Strategies for Education (RISE)*, 2(3), 15–34. <https://doi.org/10.70148/rise.v2i3.2>
- Andreatta, F., Robol, C., Bolognani, C., & Dodman, M. (2016). Sustainable education for children who are ill: promoting wellbeing in hospital learning environments. *Università Degli Studi Di Torino*, 1(4). <https://doi.org/10.13135/2384-8677/1438>
- Bae, G. Y. (2022). A Study on the Protection of Fundamental Rights of Children with Health Impairments: Focused on the legislation of hospital schools. *European Constitutional Law Association*, 40, 279–313. <https://doi.org/10.21592/eucj.2022.40.279>
- Boff, L. M., McGuire, A. L., & Raphael, J. L. (2021). Hospital-Based Education for Hospitalized Children: Current practice and future direction. *Hospital Pediatrics*, 11(5), e75–e77. <https://doi.org/10.1542/hpeds.2020-004556>
- Boles, J. C., Winsor, D. L., Mandrell, B., Gattuso, J., West, N., Leigh, L., & Grissom, S. M. (2017). Student/patient: the school perceptions of children with cancer. *Educational Studies*, 43(5), 549–566. <https://doi.org/10.1080/03055698.2017.1312288>
- Boztepe, H., Çınar, S., & Ay, A. (2017). School-age children's perception of the hospital experience. *Journal of Child Health Care*, 21(2), 162–170. <https://doi.org/10.1177/1367493517690454>
- Caggiano, G., Brunetti, L. I. G., Ho, K., Piovani, A., & Quaranta, A. (2021). Hospital School Program: The Right to Education for Long-Term Care Children. *International Journal of Environmental Research and Public Health*, 18(21), 11435. <https://doi.org/10.3390/ijerph182111435>
- Capurso, M., Di Castelbianco, F. B., & Di Renzo, M. (2021). “My Life in the Hospital”: Narratives of children with a medical condition. *Continuity in Education*, 2(1), 4–25. <https://doi.org/10.5334/cie.12>
- Challinor, J. M. (2022). Addressing the global pediatric oncology nursing workforce gap: An overdue imperative. *Asia-Pacific Journal of Oncology Nursing*, 9(2), 77–78. <https://doi.org/10.1016/j.apjon.2022.01.006>
- Chen, D., Tsai, T., Su, Y., & Lin, C. (2014). Hospital-based school for children with chronic illness in Taiwan. *Journal of the Formosan Medical Association*, 114(10), 995–999. <https://doi.org/10.1016/j.jfma.2013.12.006>

- Chodidjah, S., & Syahreni, E. (2015). Pengalaman hospitalisasi anak usia sekolah. *Jurnal Keperawatan Indonesia*, 18(1), 45–50. <https://doi.org/10.7454/jki.v18i1.397>
- Ciucci, E., Tomberli, L., Amore, E., Smorti, A., Maffei, F., & Vagnoli, L. (2024). The effects of Hospital-Based School Lessons on children's emotions, distress and pain. *Continuity in Education*, 5(1), 100–110. <https://doi.org/10.5334/cie.118>
- Cohen, R. H. P., & Da Silva Melo, A. G. (2010). Entre o hospital e a escola: o cancer em crianças. *Estilos Da Clinica*, 15(2), 306. <https://doi.org/10.11606/issn.1981-1624.v15i2p306-325>
- Da Conceição Passeggi, M., Da Rocha, S., & De Conti, L. (2016a). Autobiographical Narratives: Pedagogical practice as a lifeline for hospitalized children. *A/B Auto/Biography Studies*, 32(1), 27–38. <https://doi.org/10.1080/08989575.2017.1247224>
- Da Conceição Passeggi, M., Da Rocha, S., & De Conti, L. (2016b). Autobiographical Narratives: Pedagogical practice as a lifeline for hospitalized children. *A/B Auto/Biography Studies*, 32(1), 27–38. <https://doi.org/10.1080/08989575.2017.1247224>
- Da Silva Ferreira, E., & Pessoa, A. C. R. G. (2023). ACOMPANHAMENTO PEDAGÓGICO HOSPITALAR a CRIANÇAS COM CÂNCER EM PROCESSO DE ALFABETIZAÇÃO. *Educação Em Revista*, 39. <https://doi.org/10.1590/0102-469837031>
- Da Silva Hipólito, I. B., & Alves, F. I. B. M. (2021a). A Atuação do Pedagogo dentro do Ambiente Hospitalar: O Papel do Pedagogo além da Sala de Aula / The Performance of the Pedagogue within the Hospital Environment: The Role of the Pedagogue beyond the Classroom. *ID On Line REVISTA DE PSICOLOGIA*, 15(57), 757–768. <https://doi.org/10.14295/idonline.v15i57.3249>
- Da Silva Hipólito, I. B., & Alves, F. I. B. M. (2021b). A Atuação do Pedagogo dentro do Ambiente Hospitalar: O Papel do Pedagogo além da Sala de Aula / The Performance of the Pedagogue within the Hospital Environment: The Role of the Pedagogue beyond the Classroom. *ID On Line REVISTA DE PSICOLOGIA*, 15(57), 757–768. <https://doi.org/10.14295/idonline.v15i57.3249>
- De Holanda, E. R., & Collet, N. (2011). As dificuldades da escolarização da criança com doença crônica no contexto hospitalar. *Revista Da Escola De Enfermagem Da USP*, 45(2), 381–389. <https://doi.org/10.1590/s0080-62342011000200012>
- De Holanda, E. R., & Collet, N. (2012). Escolarização da criança hospitalizada sob a ótica da família. *Texto & Contexto - Enfermagem*, 21(1), 34–42. <https://doi.org/10.1590/s0104-07072012000100004>
- De Lima, B. P., De S Barbosa, F. L., Ri, M. H. M. D., & De Lourdes Nogueira Da Fonseca, A. (2021). ATUAÇÃO DO PROFISSIONAL PEDAGOGO HOSPITALAR: UM ESTUDO DE CASO. *UNIFUNEC CIENTÍFICA - MULTIDISCIPLINAR*, 10(12), 1–19. <https://doi.org/10.24980/ucm.v10i12.4283>
- De Magalhães Gonçalves Silva, V., & Da Hora, S. S. (2019). Impactos do Câncer na Vida Escolar de Crianças e Adolescentes: a Importância da Classe Hospitalar. *Revista Brasileira De Cancerologia*, 64(3), 401–404. <https://doi.org/10.32635/2176-9745.rbc.2018v64n3.47>
- De Oliveira, J. S., & Castro, E. N. H. (2018). TRABALHO PEDAGÓGICO EM LEITO HOSPITALAR: O OLHAR DAS CRIANÇAS EM TRATAMENTO ONCOLÓGICO. *Revista Saberes Pedagógicos*, 3(1), 87–102. <https://doi.org/10.18616/rsp.v3i1.4567>

- De Oliveira, P. A., Santos, G. H. D., & Coutinho, D. J. G. (2023). PEDAGOGY IN HOSPITAL SETTING. *Revista Ibero-Americana De Humanidades, Ciências E Educação*, 9(3), 815–828. <https://doi.org/10.51891/rease.v9i3.8749>
- De Paula, L. K. P. (2021). PEDAGOGIA HOSPITALAR. *Revista Territórios*, 03(06), 225–232. <https://doi.org/10.53782/24>
- De S Fontes, R. (2005). A escuta pedagógica à criança hospitalizada: discutindo o papel da educação no hospital. *Revista Brasileira De Educação*, 29, 119–138. <https://doi.org/10.1590/s1413-24782005000200010>
- De Sena Neto, B. G., & Nardi, G. M. (2022). PEDAGOGIA HOSPITALAR: DILEMAS e PERSPECTIVAS DA ATUAÇÃO DO PEDAGOGO NO AMBIENTE HOSPITALAR. *Revista Faculdade Famen*, 1–20. <https://doi.org/10.36470/famen.2023.r4a13>
- De Souza Oteiro, L., De Paula Dutra, M. C., Da Silva, P. J., & Fantacini, R. a. F. (2017). Pedagogia hospitalar: conhecendo as suas modalidades de atendimento. *Research Society and Development*, 5(1), 18–32. <https://doi.org/10.17648/rsd-v5i1.96>
- Delloso, S., Gannoni, A., & Roberts, R. M. (2021). Maintaining schooling for children with cancer during and post Treatment: Parents’ Perspectives of a Theory-Based Program. *Continuity in Education*, 2(1), 26. <https://doi.org/10.5334/cie.24>
- Di Padova, M., Pettoello-Mantovani, M., & Dipace, A. (2024). School in the hospital, the key role of an educating community. *Global Pediatrics*, 9, 100204. <https://doi.org/10.1016/j.gped.2024.100204>
- Dinç, F., Kurt, A., & Yıldız, D. (2023). Hospital classroom experiences of hospitalized school-age pediatric oncology patients: A qualitative study. *Journal of Pediatric Nursing*, 73, e220–e226. <https://doi.org/10.1016/j.pedn.2023.09.014>
- Doluev, I. Y. (2025). Russian model of hospital schools. *Vestnik of Minin University*, 13(1), 7. <https://doi.org/10.26795/2307-1281-2025-13-1-7>
- Favoretto, I., & Da Rocha Azevedo, C. (2024). Psychopedagogy and literacy in hospital settings: a review study. *OBSERVATÓRIO DE LA ECONOMÍA LATINOAMERICANA*, 22(2), e3152. <https://doi.org/10.55905/oelv22n2-056>
- Ferreira, M. K. M., Gomes, I. L. V., Figueiredo, S. V., Queiroz, M. V. O., & Pennafort, V. P. D. S. (2015). CRIANÇA e ADOLESCENTE CRONICAMENTE ADOECIDOS e a ESCOLARIZAÇÃO DURANTE a INTERNAÇÃO HOSPITALAR. *Trabalho Educação E Saúde*, 13(3), 639–655. <https://doi.org/10.1590/1981-7746-sol00001>
- Gardea, I. G. L. (2020). Análisis cualitativo del programa de Pedagogía Hospitalaria “Sigamos aprendiendo. . . en el Hospital” como oportunidad de prevención del abandono escolar en México. *Pensamiento Crítico Revista De Investigación Multidisciplinaria*, 7(13), 13–28. <https://doi.org/10.64040/j30f1342>
- Hopkins, L., Moss, J., Green, J., & Strong, G. (2013). Embedding learning in a paediatric hospital: changing practice and keeping connected. *International Journal of Inclusive Education*, 18(3), 312–321. <https://doi.org/10.1080/13603116.2012.752877>
- Ibáñez, C. C. (2023). The education of children in hospital schools. a literature review. *Early Child Development and Care*, 193(15–16), 1652–1666. <https://doi.org/10.1080/03004430.2023.2273789>
- Ivanova, O., Shalashova, M., Tareva, E., & Gavriilyuk, O. (2021). Hospital School: Investigating the practical aspects of teacher and parent training. *Education Sciences*, 11(10), 612. <https://doi.org/10.3390/educsci11100612>
- Jay, M. A., Sanders-Ellis, D., Blackburn, R., Deighton, J., & Gilbert, R. (2023). Umbrella systematic review finds limited evidence that school absence explains the association between chronic health conditions and lower academic attainment. *Frontiers in Public Health*, 11, 1122769. <https://doi.org/10.3389/fpubh.2023.1122769>

- Kapelaki, U., Fovakis, H., Dimitriou, H., Perdikogianni, C., Stiakaki, E., & Kalmanti, M. (2003). A Novel Idea for an Organized Hospital/School Program for Children with Malignancies: Issues in Implementation. *Pediatric Hematology and Oncology*, 20(2), 79–87. <https://doi.org/10.1080/0880010390158586>
- Keehan, S. (2021). Continuing education in Irish hospital schools: Provision for and challenges for teachers. *Continuity in Education*, 2(1), 42. <https://doi.org/10.5334/cie.25>
- Kennerk, B. (2019). Educating sick children: an Irish hospital school in context, 1900–1980. *History of Education*, 48(3), 356–373. <https://doi.org/10.1080/0046760x.2018.1552994>
- Kim, D. H., & Yoo, I. Y. (2010). Factors associated with resilience of school age children with cancer. *Journal of Paediatrics and Child Health*, 46(7–8), 431–436. <https://doi.org/10.1111/j.1440-1754.2010.01749.x>
- Koller, D. (2016). ‘Kids need to talk too’: inclusive practices for children’s healthcare education and participation. *Journal of Clinical Nursing*, 26(17–18), 2657–2668. <https://doi.org/10.1111/jocn.13703>
- Konieczna, I. (2019). TEACHERS’ NARRATIVES ABOUT WORKING WITH CHILDREN WITH CANCER IN a HOSPITAL SCHOOL. *ICERI Proceedings*, 1, 10063–10067. <https://doi.org/10.21125/iceri.2019.2467>
- Kontogianni, V., Tourtouras, C., & Kyridis, A. (2021). Education and social exclusion of children with chronic diseases: the case of schooling within Greek hospitals. *International Research in Education*, 9(1), 71. <https://doi.org/10.5296/ire.v9i1.18599>
- Ludgério, M. J. B., Pontes, C. M., Santos, B. L. C. D., Macedo, E. C., De Lavor Coriolano Marinus, M. W., & Leal, L. P. (2023). Pedagogical practices developed with children through hospital classes: An integrative literature review. *Journal of Pediatric Nursing*, 72, e10–e18. <https://doi.org/10.1016/j.pedn.2023.05.014>
- Magalhães, P., Mourão, R., Pereira, R., Azevedo, R., Pereira, A., Lopes, M., & Rosário, P. (2018). Experiences during a psychoeducational intervention program run in a pediatric ward: a qualitative study. *Frontiers in Pediatrics*, 6, 124. <https://doi.org/10.3389/fped.2018.00124>
- Maor, D., & Mitchem, K. (2015). Can technologies make a difference for hospitalized youth: Findings from research. *Journal of Computer Assisted Learning*, 31(6), 690–705. <https://doi.org/10.1111/jcal.12112>
- Martinez-Santos, A., Del Carmen Fernandez-De-La-Iglesia, J., Sheaf, G., & Coyne, I. (2021). A systematic review of the educational experiences and needs of children with cancer returning to school. *Journal of Advanced Nursing*, 77(7), 2971–2994. <https://doi.org/10.1111/jan.14784>
- Montanha, H., & Brostolin, M. (2020). A classe hospitalar na voz de crianças a partir de suas vivências educacionais. *Revista Brasileira De Pesquisa (Auto)Biográfica*, 5(15). <https://doi.org/10.31892/rbpab2525-426x.2020.v5.n15.p1105-1120>
- Nisselle, A., Green, J., & Scrimshaw, C. (2011). Transforming children’s health spaces into learning places. *Health Education*, 111(2), 103–116. <https://doi.org/10.1108/09654281111108553>
- Oktamovna, K. M., Zarina, A., & Yuliya, G. (2025). Hospital Pedagogy: bridging healthcare and education to support the development of pediatric inpatients. *Media Pendidikan Gizi Dan Kuliner*, 17(1), 1–8. <https://doi.org/10.17509/boga.v17i1.82717>
- Oliveira, G. A. (2023). A pedagogia no contexto hospitalar contemporâneo. *STUDIES IN HEALTH SCIENCES*, 4(1), 222–232. <https://doi.org/10.54022/shsv4n1-023>

- Ortiz, L., & Freitas, S. (2019). Classe hospitalar: um olhar sobre sua práxis educacional. *Revista Brasileira De Estudos Pedagógicos*, 82(200-01–02). <https://doi.org/10.24109/2176-6681.rbep.82i200-01-02.918>
- Padillo-Andicoberry, A., De Asís Díaz-Beato, F., Sánchez-Lissen, E., & Romero-Pérez, C. (2025). Short-Term effects of hospital schooling on the resilience of hospitalised children. *Continuity in Education*, 6(1), 104–120. <https://doi.org/10.5334/cie.172>
- Pérez, E. H., & Rubio, J. a. R. (2013). La hospitalización: un paréntesis en la vida del niño. Atención educativa en población infantil hospitalizada. *Perspectiva Educacional*, 52(1), 167–181. <https://doi.org/10.4151/07189729-vol.52-iss.1-art.117>
- Pérez, E. H., & Rubio, J. a. R. (2014). “Érase una vez. . . un cuento curativo” Atención educativa en población infantil hospitalizada a través de la literatura. *Educatio Siglo XXI*, 32(1). <https://doi.org/10.6018/j/194121>
- Preti, C., & Welch, G. F. (2004). Music in a hospital setting: a multifaceted experience. *British Journal of Music Education*, 21(3), 329–345. <https://doi.org/10.1017/s0265051704005893>
- Quintero-López, I., & Martínez-Tejeda, A. A. (2020). Bioethics in hospital pedagogy. *Mexican Bioethics Review ICSA*, 2(3), 1–5. <https://doi.org/10.29057/mbr.v2i3.5879>
- Ratnapalan, S., Rayar, M. S., & Crawley, M. (2009). Educational services for hospitalized children. *Paediatrics & Child Health*, 14(7), 433–436. <https://doi.org/10.1093/pch/14.7.433>
- Regona, M., Yigitcanlar, T., Xia, B., & Li, R. Y. M. (2022). Opportunities and adoption challenges of AI in the construction industry: A PRISMA review. *Journal of Open Innovation: Technology, Market, and Complexity*, 8(1), 45. <https://doi.org/10.3390/joitmc8010045>
- Rolim, C. L. A. (2015). Entre escolas e hospitais: o desenvolvimento de crianças em tratamento hospitalar. *Pro-Posições*, 26(3), 129–144. <https://doi.org/10.1590/0103-7307201507806>
- Rolim, C. L. A., & De Góes, M. C. R. (2009). Crianças com câncer e o atendimento educacional nos ambientes hospitalar e escolar. *Educação E Pesquisa*, 35(3), 509–523. <https://doi.org/10.1590/s1517-97022009000300007>
- Rooney, E., Johnson, A. A., Klein, S., Jurbergs, N., Duvall, A., Heidelberg, R. E., Potter, B. S., Harman, J., Browne, E. K., Jones, A. M., & Webster, R. T. (2023). Exploring the interagency collaboration between a pediatric oncology health care setting and community schools. *School Psychology*, 39(4), 387–394. <https://doi.org/10.1037/spq0000566>
- Santos, P. M. D., Da Silva, L. F., Depianti, J. R. B., Cursino, E. G., & Ribeiro, C. A. (2016). Os cuidados de enfermagem na percepção da criança hospitalizada. *Revista Brasileira De Enfermagem*, 69(4), 646–653. <https://doi.org/10.1590/0034-7167.2016690405i>
- Satapathy, S., Kaushal, T., Bakhshi, S., & Chadda, R. K. (2018). Non-pharmacological interventions for pediatric cancer patients: a comparative review and emerging needs in India. *Indian Pediatrics*, 55(3), 225–232. <https://doi.org/10.1007/s13312-018-1323-3>
- Sextou, P. (2021). Theatre in paediatrics: can participatory performance mitigate educational, emotional and social consequences of missing out school during hospitalisation? *Research in Drama Education the Journal of Applied Theatre and Performance*, 27(1), 88–105. <https://doi.org/10.1080/13569783.2021.1940914>
- Silva, J. L., & Schwambach, A. (2019). Pedagogia hospitalar. *Revista Acadêmica Licenciatura&Acturas*, 7(1), 56–74. <https://doi.org/10.55602/rlic.v7i1.214>

- Silva, M., De Almeida, O. A., & Melim, A. P. G. (2020). VISIBILITY OF HOSPITALIZED CHILDREN. *International Journal for Innovation Education and Research*, 8(6), 235–240. <https://doi.org/10.31686/ijer.vol8.iss6.2404>
- Sosa-Díaz, M. J., Sierra-Daza, M. C., Arriazu-Muñoz, R., Llamas-Salguero, F., & Durán-Rodríguez, N. (2022). “EdTech integration framework in schools”: Systematic review of the literature. *Frontiers in Education*, 7. <https://doi.org/10.3389/feduc.2022.895042>
- Souza, A. L. T. (2021). PAPEL DO (A) PEDAGOGO (A) HOSPITALAR: UM ENSINO HUMANIZANTE NO HOSPITAL OSWALDO CRUZ EM RECIFE – PERNAMBUCO. *Revista Ibero-Americana De Humanidades, Ciências E Educação*, 7(2), 20. <https://doi.org/10.51891/rease.v7i2.589>
- Souza, C. R. M., & Santos, P. F. D. (2018). A Prática Pedagógica no Ambiente Hospitalar: Um Estudo de Caso. *ID On Line REVISTA DE PSICOLOGIA*, 12(42), 623–635. <https://doi.org/10.14295/idonline.v12i42.1475>
- Steinke, S. M., Elam, M., Irwin, M. K., Sexton, K., & McGraw, A. (2016). Pediatric Hospital School Programming: An Examination of Educational Services for Students who are Hospitalized. *Physical Disabilities Education and Related Services*, 35(1), 28–45. <https://doi.org/10.14434/pders.v35i1.20896>
- Thompson, A. L., Christiansen, H. L., Elam, M., Hoag, J., Irwin, M. K., Pao, M., Voll, M., Noll, R. B., & Kelly, K. P. (2015). Academic continuity and school reentry support as a standard of care in pediatric oncology. *Pediatric Blood & Cancer*, 62(S5), S805-17. <https://doi.org/10.1002/pbc.25760>
- Vilagra, L. S., Silva, M. B., & Nascimento, V. A. (2021). PEDAGOGICAL CARE IN HOSPITAL ENVIRONMENT. *International Journal for Innovation Education and Research*, 9(12), 16–25. <https://doi.org/10.31686/ijer.vol9.iss12.3406>
- Vinković, L. (2009). The children’s hospital school - the significance and specifics of the school curriculum for children with malignant diseases. *Paediatrica Croatica*, 53(4), 281–283. <https://doi.org/10.13112/pc.867>
- Wadley, G., Vetere, F., Hopkins, L., Green, J., & Kulik, L. (2014). Exploring ambient technology for connecting hospitalised children with school and home. *International Journal of Human-Computer Studies*, 72(8–9), 640–653. <https://doi.org/10.1016/j.ijhcs.2014.04.003>
- Weibel, M., Bergdahl, N., Hallström, I. K., Skoubo, S., Bertel, L. B., Schmiegelow, K., & Larsen, H. B. (2023). Robots2school: telepresence-mediated learning in the hybrid classroom – experiences in education support for children during cancer treatment: a qualitative study. *Education and Information Technologies*, 29(9), 11339–11366. <https://doi.org/10.1007/s10639-023-12243-0>
- Yusop, S. R. M., Rasul, M. S., Mohamad Yasin, R., Hashim, H. U., & Jalaludin, N. A. (2022). An Assessment Approaches and Learning Outcomes in Technical and Vocational Education: A Systematic Review Using PRISMA. *Sustainability*, 14(9), 5225. <https://doi.org/10.3390/su14095225>
- Zumba, E. M. P., Toledo, M. J. H., Correa, M. F. V., Achi, S. S. J., Maldonado, P. a. M., Monrroy, S. G. V., & Pacheco, R. J. P. (2024). Classrooms in hospitals as spaces of opportunity towards inclusive education. *Community and Interculturality in Dialogue*, 4, 130. <https://doi.org/10.56294/cid2024130>

Appendix

Overview of Studies

Authors (Year)	Country	Study Design	Primary Focus	Key Themes / Subthemes	Educational Outcomes / Impacts
Cohen & Da Silva Melo (2010)	Brazil	QL	Educational exclusion	Marginalisation; advocacy	Prevention of educational disengagement
Kim & Yoo (2010)	Korea	QN	School importance	Learning maintenance; resilience	Academic participation during treatment
Nisselle et al. (2011)	Australia	QL	Learning spaces	Educational environment design	Enhanced engagement and comfort
Ratnapalan et al. (2009)	Canada	QN	Education services	Access; policy gaps	Learning routines and continuity
De Holanda & Collet (2011)	Brazil	QL	Hospitalised children	Learner invisibility; systemic barriers	Educational recognition and access
De Holanda & Collet (2012)	Brazil	QL	Schooling & family	Family perspective on hospital education	Advocacy for structured provision
Pérez & Rubio (2013)	Spain	QL	Pedagogical attention	Rights-based education; systemic neglect	Educational inclusion during hospitalisation
Hopkins et al. (2013)	UK	QL	Embedding learning	Connection; normalisation	Sustained engagement and belonging
Rolim & De Góes (2009)	Brazil	QL	Child with cancer	Identity disruption; dual environments	Emotional reassurance and academic support
Vinković (2009)	Croatia	QL	Hospital school curriculum	Specifics for children with illness	Normalisation and well-being
Chen et al. (2014)	Taiwan	QN	Hospital-based school	Chronic illness; integrated care	Link between pedagogy and clinical support
Pérez & Rubio (2014)	Spain	QL	Educational care	Literature as therapeutic tool	Emotional and educational support
Wadley et al. (2014)	Australia	QL	Technology	Social connection via ICT	Reduced isolation and sustained peer bonds
Ferreira et al. (2015)	Brazil	QL	Chronic illness & schooling	Normalisation; access during treatment	Continuity of student identity
Chodidjah & Syahreni (2015)	Indonesia	QL	Hospitalisation experience	School-age child's perspective	Coping and emotional stability
Maor & Mitchem (2015)	Australia	MM	Technology for youth	Digital tools; engagement	Feasibility and benefits of tech in hospital
Rolim (2015)	Brazil	QL	Child development	Intersection of school/hospital	Holistic support and development
Thompson et al. (2015)	USA	QN	Academic continuity	Reintegration as standard of care	Smoother school return and stability
Äärelä et al. (2016)	Finland	QL	Parent–teacher collaboration	Challenges in hospital pedagogy	Improved home-school-hospital partnership

Andreatta et al. (2016)	Italy	QL	Sustainable education	Wellbeing in learning environments	Promoted emotional and educational stability
Da Conceição Passeggi et al. (2016)	Brazil	QL	Autobiographical narratives	Pedagogical practice as lifeline	Identity continuity and psychosocial buffer
Koller (2016)	Canada	QL	Inclusive healthcare	Child participation and voice	Enhanced engagement and agency
Santos et al. (2016)	Brazil	QL	Nursing care perception	Child's viewpoint on care	Emotional support and comfort
Steinke et al. (2016)	USA	QN	Pediatric hospital programming	Examination of educational services	Documented access and service models
Álvarez (2017)	Spain	QL	Hospital pedagogy	Right to education; key for sick child	Legitimacy and structured pedagogical care
Boles et al. (2017)	USA	MM	Student/patient identity	School perceptions of children with cancer	Preservation of learner identity and coping
Boztepe et al. (2017)	Turkey	QN	Hospital experience	School-age children's perception	Reduced anxiety and emotional distress
De Souza Oteiro et al. (2017)	Brazil	QL	Hospital pedagogy modalities	Understanding types of care	Clarification of pedagogical roles and access
De Oliveira & Castro (2018)	Brazil	QL	Pedagogical work in bed	Perspective of children in oncology	Engagement and maintenance of routine
Magalhães et al. (2018)	Portugal	QN	Psychoeducational intervention	Experiences in pediatric ward	Emotional regulation and academic engagement
Satapathy et al. (2018)	India	QL	Non-pharmacological interventions	Comparative review for cancer patients	Psychosocial and educational support needs
Souza & Santos (2018)	Brazil	QL	Pedagogical practice	Case study in hospital environment	Insights into humanizing educational practice
De Magalhães Gonçalves Silva & Da Hora (2019)	Brazil	QL	Impact of cancer	Importance of hospital class	Continuity and prevention of school disruption
Kennerk (2019)	Ireland	QL	Historical context	Irish hospital school 1900–1980	Historical legitimacy and evolving practice
Konieczna (2019)	Poland	QL	Teachers' narratives	Working with children with cancer	Emotional labour and specialised practice
Ortiz & Freitas (2019)	Brazil	QL	Hospital class	Examination of educational praxis	Critical reflection on pedagogical practice
Silva & Schwambach (2019)	Brazil	QL	Hospital pedagogy	Overview of the field	Conceptual understanding and professional scope
Gardea (2020)	Mexico	QL	Hospital pedagogy program	Prevention of school dropout	Access and educational continuity
Montanha & Brostolin (2020)	Brazil	QL	Children's voices	Educational experiences in hospital class	Agency and personal meaning of learning

Quintero-López & Martínez-Tejeda (2020)	Mexico	QL	Bioethics	Ethical foundations of hospital pedagogy	Ethical framework for practice
Silva et al. (2020)	Brazil	QL	Visibility of children	Rights and recognition of hospitalised children	Advocacy and systemic inclusion
Boff et al. (2021)	USA	QL	Hospital-based education	Current practice and future directions	Policy and practice recommendations
Caggiano et al. (2021)	Italy	QN	Hospital School Program	Right to education for long-term care	Advocacy for structured, rights-based provision
Capurso et al. (2021)	Italy	QL	Children's narratives	"My Life in the Hospital"	Emotional expression and identity continuity
Da Silva Hipólito & Alves (2021)	Brazil	QL	Pedagogue in hospital	Role beyond the classroom	Professional identity and interdisciplinary work
De Lima et al. (2021)	Brazil	QL	Hospital pedagogue	Case study of professional performance	Role definition and curriculum alignment
De Paula (2021)	Brazil	QL	Hospital pedagogy	Conceptual and practical overview	Field legitimization and teacher advocacy
Delloso et al. (2021)	Australia	QL	Maintaining schooling	Parents' perspectives on theory-based program	Supported reintegration and family involvement
Ivanova et al. (2021)	Russia	QL	Hospital School	Practical aspects of teacher/parent training	Professional development and systemic support
Keehan (2021)	Ireland	QL	Continuing education	Provision and challenges for teachers	Professional support and competency gaps
Kontogianni et al. (2021)	Greece	QL	Social exclusion	Schooling within Greek hospitals	Highlighting systemic exclusion and need for policy
Martinez-Santos et al. (2021)	Ireland/Spain	SLR	Educational experiences	Needs of children with cancer returning to school	Synthesis of reintegration challenges and supports
Sextou (2021)	UK	QL	Theatre in paediatrics	Mitigating consequences of missing school	Educational, emotional, and social engagement
Souza (2021)	Brazil	QL	Role of hospital pedagogue	Humanizing teaching in hospital	Ethical and relational pedagogy
Vilagra et al. (2021)	Brazil	QL	Pedagogical care	Personalised support in hospital environment	Enhanced engagement and trust
Challinor (2022)	USA	QL	Pediatric oncology nursing	Global workforce gap (related context)	Highlights need for interdisciplinary care
De Sena Neto & Nardi (2022)	Brazil	QL	Hospital pedagogy	Dilemmas and perspectives	Professional challenges and future directions
Bae (2022)	South Korea	QL	Fundamental rights	Legislation of hospital schools	Policy advocacy and legal protection

Da Silva Ferreira & Pessoa (2023)	Brazil	QL	Pedagogical support	Children with cancer in literacy process	Continuity in foundational learning
De Oliveira et al. (2023)	Brazil	QL	Pedagogy in hospital	Overview of contemporary practice	Synthesis of current methods and challenges
Dinç et al. (2023)	Turkey	QL	Hospital classroom experiences	Pediatric oncology patients' perspectives	Insights into emotional and academic needs
Ibáñez (2023)	Spain	SLR	Education in hospital schools	Literature review of the field	Thematic synthesis and identification of trends
Ludgério et al. (2023)	Brazil	SLR	Pedagogical practices	Integrative review of hospital classes	Summary of effective methods and impacts
Oliveira (2023)	Brazil	QL	Pedagogy in contemporary hospital	Current context and challenges	Adaptation to digital and systemic constraints
Rooney et al. (2023)	USA	QN	Interagency collaboration	Pediatric oncology setting and community schools	Improved reintegration and systemic coherence
Weibel et al. (2023)	Switzerland	QN	Telepresence robots	Learning in the hybrid classroom – Robots2school	Sustained academic/social presence and belonging
Ciucci et al. (2024)	Italy	QN	Hospital-based lessons	Effects on emotions, distress, and pain	Improved emotional regulation and reduced distress
Di Padova et al. (2024)	Italy	QL	School in the hospital	Role of an educating community	Holistic care and integrated learning
Favoretto & Da Rocha Azevedo (2024)	Brazil	SLR	Psychopedagogy and literacy	Review study in hospital settings	Link between literacy and psychosocial recovery
Zumba et al. (2024)	Ecuador	QL	Classrooms in hospitals	Spaces of opportunity for inclusive education	Promotion of inclusion and continuity
Amiruddin et al. (2025)	Malaysia	SLR	Curriculum & pedagogy	Systematic review of models and strategies	Synthesis for context-sensitive education
Amangeldiev (2025)	Kazakhstan	QL	Teacher's role	Psychological-pedagogical support in long-term care	Teacher as boundary-spanner and emotional supporter
Doluev (2025)	Russia	QL	Russian model	Description of national hospital school system	Context-specific policy and practice insight
Oktamovna et al. (2025)	Uzbekistan	QL	Hospital Pedagogy	Bridging healthcare and education	Support for development of pediatric inpatients
Padillo-Andicoberry et al. (2025)	Spain	QN	Short-term effects	Hospital schooling on resilience of children	Increased resilience and psychosocial well-being

QN: Quantitative

QL: Qualitative

MM: Mixed-Methods

SLR: Systematic Literature Review