Research on the Educational Needs of Long-term Hospitalized Children

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ABSTRACT

This study discussed the parents' educational needs and expectations of a university-affiliated hospital in the neonatal and oncology departments in a semi-structured interview survey. Parents generally pay close attention to their children's learning environment in the hospital, the allocation of educational resources, and the organization and implementation of educational activities. At the same time, the parents also put forward clear requirements for the professional quality and attitude of the education volunteers, hoping that the volunteers will have solid professional knowledge, personalized teaching ability, and warm and caring emotional attitude. In addition, parents emphasized the importance of educational support in enriching children's lives, promoting physical and mental growth, focusing on mental health and behavioral management, and expected hospitals to provide more flexible and diverse ways of educational support.

KEYWORDS

Long-term Hospitalized Children; Educational Needs; Interview Study.

1. INTRODUCTION

Long-term hospitalized children refer to the group of children who need long-term treatment and care in hospital due to illness or special conditions. Because they have been in the special environment of the hospital for a long time, their living environment and social circle are greatly limited, which makes them face multiple challenges such as physical, psychological and social development. Especially in terms of educational needs, long-term hospitalized children often miss normal school education and social activities due to the impact of disease and treatment, which leads to obvious deficiencies in knowledge acquisition, skills training, emotional communication and other aspects. Therefore, paying attention to and meeting the educational needs of this special group is of profound significance for promoting its all-round development and improving the quality of life.

Although the education of long-term hospitalized children has gradually received wide attention, there are still many deficiencies in the existing research. The current research focuses mostly on the macro level of child development, but not enough on the specific educational needs of the special group of long-term hospitalized children. The lack of targeted empirical research and interventions makes it impossible for us to deeply understand their real needs and to develop more precise and effective educational strategies.

Therefore, this study aims to gain insight into the educational needs of chronic hospitalized children through interviews. Through in-depth communication with them, their parents and medical staff, we can have a more comprehensive understanding of their learning status, psychological needs, social adaptability and other problems. At the same time, we can also collect their opinions and suggestions
to provide empirical support for the development of educational strategies more in line with their actual needs.

2. RESEARCH METHODS

2.1. Research Object

In this study, 18 parents of hospitalized children in the oncology and neonatal wards of a children's hospital affiliated to a university were selected as interviews. The interview content mainly includes the following six aspects: the status quo of education, educational resources needs, educational content and form needs, educational environment needs, the quality needs of educators, and educational support needs.

2.2. Interview Method

This study used semi-structured interviews to conduct one-to-one in-depth interviews with parents through a pre-designed interview outline. The interview process adopts a combination of recording and recording to ensure the integrity and accuracy of the interview content. At the same time, the privacy and willingness of parents during the interview to ensure the smooth progress of the interview.

2.3. Data Collection

The researchers organized volunteers to the ward for a week, conducted one-to-one bedside teaching for children in the ward every day, and then interviewed the educational needs of children's parents for long-term hospitalized children. A total of 18 times are shown in the appendix, and the interview was asked according to the situation, including six aspects:

<table>
<thead>
<tr>
<th>Table 1. The interview was asked according to the situation, including six aspects</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Did the child ever attend kindergarten?</td>
</tr>
<tr>
<td>2. What educational resources do you think your children need?</td>
</tr>
<tr>
<td>3. What form do you want to carry out educational assistance? Are you satisfied with the content and form of this education service? Any better advice?</td>
</tr>
<tr>
<td>4. What kind of educational environment do you think is more suitable for your child, Is it the bedside or a public area of the hospital?</td>
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<tr>
<td>5. What are the basic qualities you want to provide their children's educational needs?</td>
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<tr>
<td>6. What educational support do you want to get to help you better understand and educate your children?</td>
</tr>
</tbody>
</table>

The interviewer will ask according to the actual answers in order to broaden and deepen the research on the questions.

2.4. Interview Data Processing

The audio-recordings of the interviews were transcribed into text and coded. Because the problems in this study were thematic, a generic analysis was used for classification. The first is to code the original data, and get a total of 323 code numbers. Delete codes lacking specific significance yielded a total of 317 codes.
For 317 codes combined with synonymous codes, 86 first-level codes were obtained, and finally the coding system was established to form the class relationship.

Table 2. The audio-recordings of the interviews were transcribed into text and coded

<table>
<thead>
<tr>
<th>code</th>
<th>part</th>
<th>proportion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kindergarten experience</td>
<td>32</td>
<td>10.09</td>
</tr>
<tr>
<td>Educational support</td>
<td>40</td>
<td>12.62</td>
</tr>
<tr>
<td>educational resources</td>
<td>68</td>
<td>21.45</td>
</tr>
<tr>
<td>Educational assistance</td>
<td>69</td>
<td>21.77</td>
</tr>
<tr>
<td>educational environment</td>
<td>40</td>
<td>12.62</td>
</tr>
<tr>
<td>Educator quality</td>
<td>68</td>
<td>21.45</td>
</tr>
<tr>
<td>amount to</td>
<td>317</td>
<td>100.00</td>
</tr>
</tbody>
</table>

3. RESEARCH RESULTS

This study interviews the educational needs of long-term hospitalized children, and finds that parents want their children to obtain diversified educational resources, including games, learning, experience and growth. Educational assistance should be provided in various forms, such as online courses and field visits. Parents prefer bedside or public hospital areas as education environments, but to ensure health safety. Education volunteers should have professional ability and caring heart, and be able to establish emotional communication with their children. Furthermore, parents need educational support for child behavior management and health care knowledge.

3.1. Kindergarten Experience

Most parents of children deny that their children have attended kindergarten, mainly due to physical reasons. Due to their physical conditions, such as frequent illness or relatively weak health, they may have missed the normal stage of kindergarten education. Some parents said they had tried to get their children to kindergarten, but they failed to persist due to discomfort or illness. Still, many parents have expressed concern about their children's missed kindergarten education. They worry that children may miss opportunities to get along with their peers and fail to keep up with their peers, thus affecting their social skills and learning abilities. These parents are eager to find a way to ensure their children's health and give them the education they deserve.

3.2. Educational Resources

Parents want to provide various educational resources, such as games, learning, activities and experiences, to enrich their children's lives, reduce loneliness, and emphasize health and safety. In terms of games, they expect their children to play games in the hospital, accounting for 16.42%. Games can bring fun, develop social, hands-on and problem-solving skills, and reduce anxiety and stress. They also want their children to continue to study in the hospital, accounting for 11.94%. They hope the hospital will provide learning resources and environment for children to maintain their enthusiasm for learning. In addition, parents also expect the hospital to provide meaningful activities such as field visits and handmade activities, so that children can understand the world, develop interests and creativity, and enrich the hospital time. Mental health is also a concern of parents, hoping that the hospital will provide emotional support and communication channels to deal with treatment
difficulties. They hope that hospital education services will focus on personalized needs and provide targeted help.

3.3. The Content and Forms of Educational Assistance

Parents have diversified needs for hospital educational resources. They want their children to receive personalized education and are also interested in interactive learning styles. In terms of content, parents want resources to cover creativity, hands-on skills, chemotherapy knowledge and intellectual development. Some parents also focus on color cognition and imagination stimulation. In terms of form, parents support book borrowing, online course learning and handmade activities. They want hospitals to meet both parental care and their children's learning needs. Parents have different views on online and offline education, reflecting the differences in preferences for educational styles.

3.4. Educational Environment

The results showed that parents generally recognized the value of the bedside educational environment as a valuable educational place that could effectively use the time of treatment of children to provide learning opportunities. They highly endorse the options of setting up relevant tools and equipment and using space for educational activities. In addition, parents show their expectations for a more professional education environment, such as setting up education corners, activity rooms or game rooms, to meet their children's diverse learning needs and provide a richer and more professional education experience. Parents were also concerned about the potential problems and challenges. They are concerned about the health and safety conditions of the educational environment in public areas, such as "unsuitable for public areas" and "cross-infection", which may cause risks to children's health. At the same time, they also noticed the psychological and emotional problems that children may face during the prolonged hospitalization process, such as "loneliness" and "environmental inadaptation", which need more attention and support.

3.5. To Educate the Quality of the Volunteers

Parents hope that the volunteers will have a solid knowledge of medical rehabilitation and learning and tutoring. Volunteers should understand the medical background and effectively help children, pay attention to the uniqueness of each child, and provide personalized teaching programs. They stressed that volunteers should have a warm and caring attitude, sincerely care for children, establish close relationships, and accompany them with love. Volunteers also need to have medical rehabilitation knowledge, good communication skills and team spirit to jointly create a good hospital environment for the children.

3.6. Educational Support

Parents 'demand for educational support focuses on enriching their children's lives, promoting physical and mental growth, and focusing on mental health and behavioral management. This reflects the emphasis placed on the overall growth of children. Knowledge and methods of child behavior management attract much attention, because hospitalization may lead to behavioral problems, and parents want to learn relevant knowledge to better guide their children. Emotional companionship and psychological support are equally important, helping to ease children's loneliness and anxiety. Parents expect educational support in a variety of ways to meet personalized needs, such as activities, games, learning resources, and personalized education programs. Data show that parents have high satisfaction with educational support, which is related to hospital professional services, volunteer participation and parents' cooperation. But the coverage still needs to be expanded to benefit more parents and children.
4. ANALYSIS AND DISCUSSION

Combined with this study, we can further explore the educational needs and current status of long-term hospitalized children. First of all, from the feedback of parents, we can see that they have high expectations for educational support are very high, and hope that the hospital can provide more comprehensive and personalized educational services. This includes both the satisfaction of the children's learning needs and the attention to and support for their physical and mental health.

Parents generally believe that volunteers play an important role in medical rehabilitation guidance and learning counseling. They hope that the volunteers will not only have relevant medical knowledge to understand the children's physical condition, but also need to know how to effectively help them to meet their learning needs during their hospitalization. In addition, the parents also stressed that volunteers should have a warm and caring emotional attitude, be able to sincerely care for each child, establish a close relationship with them, and accompany them through the hospital time with love and patience.

From the perspective of parents' demand for educational support, they mainly focus on enriching children's lives, promoting physical and mental growth, and paying attention to children's mental health and behavioral management. This reminds us that when providing educational support for long-term hospitalized children, we should pay attention to comprehensiveness and personalization, not only to meet their learning needs, but also to pay attention to their physical and mental health, growth and development.

Finally, we need to recognize that the educational needs and current situation of chronic hospitalized children is a complex and diverse problem that requires multifaceted cooperation and efforts to address. Hospitals, families, society and other parties should work together to provide more care and support for these special children, and help them overcome difficulties and grow up healthily.

REFERENCES