Multidisciplinary Journal of School Education
Vol. 15, 2026/1 No. 29
DOI: https://doi.org/10.35765/mjse.2026.1529.06

e- ISSN 2543-8409

Agnieszka Koterwas
https://orcid.org/0000-0002-4541-5459
Maria Grzegorzewska University, Warsaw, Poland
akoterwas@aps.edu.pl

Beata Adrjan
https://orcid.org/0000-0003-0285-9479
University of Warmia and Mazury in Olsztyn, Poland
beata.adrjan@uwm.edu.pl

Katarzyna Kalinowska
https://orcid.org/0000-0003-2657-6107
Educational Research Institute - National Research Institute, Warsaw, Poland
k.sinkowska@ibe.edu.pl

Marcin Sińczuch
https://orcid.org/0000-0002-0729-8810
University of Warsaw, Poland
m.sinczuch@uw.edu.pl

Hospital school teachers: Identities, challenges, and sense of professional success

Submitted: 23.06.2025
Accepted: 25.05.2026
Published: 30.06.2026

***Keywords*:**
hospital school,
teacher,
teacher's identity,
sense of professional success,
ethnography of school

Abstract

Research objectives (aims) and problem(s): The purpose of the study is to explore the reality of hospital education from teachers' perspectives. Special focus is placed on perceptions of the goals and tasks of education, general support offered to hospitalized children and youth, and teachers' professional identity and strategies. The article poses the question of the circumstances under which different professional identities are formed and how they shape interactions with students, parents, and medical personnel.

Research methods: Qualitative research methods were used: group and individual interviews with teachers and principals of hospital schools (N=10), participant observation and research walks in two hospital schools, and desk research. The study design was ethnographic.

Process of argumentation: Whereas most national and international studies are focused on pupils' perspectives of hospital education, our

Suggested citation: Koterwas, A., Adrjan, B., Kalinowska, K., & Sińczuch, M. (2026). Hospital school teachers: Identities, challenges, and sense of professional success. *Multidisciplinary Journal of School Education, 15*(1(29)), 103–119. https://doi.org/10.35765/mjse.2026.1529.06

Multidisciplinary Journal of School Education • Vol. 15, 2026/1 No. 29
Stress and Success Among Teachers

attention is on the teachers' side: identities, strategies for coping with everyday school life, the construction of these strategies, and their professional roles. The aim of this article is to explain how teachers define their position in the process of hospital education.

Research findings and their impact on the development of educational sciences: The study reveals a typology of four basic models of professional identity conceptualized through the lens of action strategies employed by teachers working with hospitalized youth and children: *Chameleon, Rescuer – Clown Doctor, Rescuer – Therapist*, and *Braveheart*. All of them reveal different forms of coping with the tension between the perceived mission of supporting youth and children with complex educational, emotional, and psychological support and an unfavorable institutional environment, lack of psychological competencies, and other barriers.

Conclusions and/or recommendations: The study's main recommendation is to provide complex support for teachers employed in hospital schools. It should include training in psychological and emotional support, clarifying formal relationships between the primary institutional actors involved, and sharing responsibility for hospital education of youth and children.

Introduction

Teachers working in schools organized within medical institutions constitute a professional group that receives little attention, both in academic circles due to the limited number of studies in this field (Deręgowska, 2017) and in the public debate and among educational policymakers. Poland has no up-to-date registry of such schools, no monitoring of the demand for them, nor any tracking of the number of teachers employed in these institutions. Research on the daily functioning of hospital school teachers, their needs, and the challenges they face in their work is scarce.

Contemporary approaches are moving away from the medical model of pediatric care focused solely on the treatment of disease. Instead, emphasis is being placed on a more humanistic approach that considers the psychosocial sphere of the patient (Caggiano et al., 2021). Researchers highlight the role these schoolteachers play in the recovery process. Their responsibilities include delivering educational activities and care-related functions tailored to chronically ill students (hospital patients). Consequently, the nature of their work significantly differs from that of teachers

e- ISSN 2543-8409

in mainstream schools (Jiliberto & Zárate Alva, 2025). Beyond implementing the curriculum from the student's home school, these teachers fulfill a therapeutic role, supporting students through treatment and recovery to ensure a smooth return to their regular educational path (Owerczuk, 2020) while maintaining at least a semblance of normalcy in the hospital environment (Steinke et al., 2016). Teachers are also expected to have a basic understanding of specific illnesses, enabling them to adapt their teaching methods to the individual capabilities of each child.

Hospital schools are characterized by high student turnover, requiring teachers to be flexible in planning lessons, which are often delivered individually or in small, age-diverse groups (Moszyńska & Antoszewska, 2019). These teachers are therefore expected to possess strong subject knowledge, didactic skills adapted to special educational needs, therapeutic competencies for offering emotional support to students and their families, and basic medical awareness of how various illnesses affect functioning.

This unique scope of responsibilities, inherent to teaching in schools within medical facilities, forms a distinct set of challenges and sources of satisfaction specific to this professional group (Beningo & Fante, 2020). The greatest stressor for these teachers is exposure to their students' suffering and illness. Additionally, organizational difficulties – such as limited time and space for teaching and restricted communication with medical staff – negatively affect their well-being. On the other hand, sources of satisfaction include recognition from the children's families, direct interaction with the students, and the relationships they build (Beningo & Fante, 2020).

In our analysis, we present a typology of identities among hospital school teachers, along with the associated challenges and areas of professional satisfaction. We understand identity as a social construct – not formed solely by an individual, but jointly created through interaction (Hałas, 2005, p. 33). Identity refers to knowledge expressing one's self-concept; it is a genetically significant component of the "self" and, from the standpoint of human condition, influences self-perception and one's way of being in the world (Witkowski, 2010, p. 143). From the teacher's

e- ISSN 2543-8409

Multidisciplinary Journal of School Education • Vol. 15, 2026/1 No. 29
Stress and Success Among Teachers

perspective, one's way of being in the world is reflected in their teaching strategies, understood as their ways of coping with everyday school life, their relationships with students, parents, and fellow teachers, and institutional demands (Woods, 1990). Accordingly, identity is linked to the roles we assume, the situations we find ourselves in, and the groups to which we belong, anchored in a sense of belonging and perceived similarity to others (Hałas, 2005, p. 34). A teacher's identity is shaped by a sense of social placement arising from relationships with key school actors – students, parents, and other educators. It is a social construct influenced by personal values and institutional context (Mockler, 2011), dependent on context, relationships, and individual beliefs (Day et al., 2006). Given its narrative nature (Beauchamp & Thomas, 2009), it is best revealed through professional storytelling.

Method

This study uses an ethnographic design (Hammersley & Atkinson, 1995), involving the collection of a variety of data on the culture of hospital schools. The aim is to explore the poorly recognized system of hospital schools in Poland, in particular the organization and conditions of teaching work, the support provided by the schools' social environment, and teachers' relationships with students, parents, public schools, and hospital staff (Authors, 2025). The analyses presented in this paper focus on identifying the identities of hospital school teachers, their problems, and sources of job satisfaction.

Qualitative research methods were used: group and individual interviews with teachers and principals of hospital schools, participant observation and research walks in two hospital schools, and desk research. A total of 10 individual, diad, or triad interviews were conducted. The first four interviews were conducted online, based on a common script that covered issues relating to (1) the day-to-day functioning of hospital schools, (2) the interactions between teachers, students, parents, and medical staff, i.e., between those directly involved in the educational

e- ISSN 2543-8409

processes in the hospital, (3) institutional cooperation with the environment, especially with the students' schools of origin and the management of the medical institutions, and (4) hospital school teachers' problems, successes, and expectations. Further online interviews with school directors focused on the formal-legal framework of hospital schools functioning at the intersection of the education and healthcare systems. The remaining interviews were conducted in person during research walks in the selected schools.

Due to the project's tight schedule (October 2024–January 2025) and the need to start fieldwork promptly, sampling was based on availability. Interview participants and schools for observation were recruited by the snowball method (Babbie, 2014), using contacts from both the research team and the School with Class Foundation team, which initiated the study. A total of 14 female teachers participated in the interviews, including three in leadership positions. Participant observation and research walks were conducted in two schools in provincial cities, functioning in large, public, multi-department, general, pediatric hospitals.

Interviews were transcribed verbatim and anonymized. In the first phase of the analysis, the collected data was open-coded. This was followed by "sense categorization" (Kvale, 2007). During the analysis, a code tree was created, consisting of categories and subcategories. In this article, we analyze the material assigned to the category *Teachers' professional identity*, consisting of the following subcategories that reflect the components of teachers' identity described in the literature (Beauchamp & Thomas, 2009; Day et al., 2006; Kelchtermans, 1993, 2005): (1) the role of a teacher at school; (2) their professional values and goals; (3) their emotional commitment to work; (4) their relationships with students, parents, and colleagues; and (5) challenges arising from adopted identities.

e- ISSN 2543-8409

Multidisciplinary Journal of School Education • Vol. 15, 2026/1 No. 29
Stress and Success Among Teachers

Findings: Teachers' professional identities

Identity 1: Chameleon

The first type of professional identity is the *Chameleon*. This identity is based on the belief that the teacher's main task is to be flexible and adapt to the hospital school's unique environment. This includes adjusting to unusual spatial conditions, the psychophysical capabilities of the students, and the expectations and demands of students, parents, home schools, and hospital staff. The daily reality in a hospital is dynamic and constantly changing. Students in hospital schools "come and go" every day (ID2), which results in constant rotation within student groups. Within a single instructional group, students vary in age and have diverse educational needs. Lessons are conducted individually or in small groups and in various locations (e.g., the patient's bedside or shared spaces), which are not always suited to educational purposes. Furthermore, each student is covering different material in their home school and expects something different from their time in the hospital school. Teachers must adapt to these conditions.

The core value guiding *Chameleon* teachers is flexibility: "We've gotten to the point where we're so flexible that we come up with the lesson content on the way to class" (ID2). In teachers' narratives, flexibility is also seen as a condition for growth and job satisfaction, as the constant change protects them from routine and professional stagnation. As one principal humorously commented: "Thanks to this, we're not at risk of dementia – I really believe that" (ID4). Adaptability is also a working strategy in the hospital school, determining how *Chameleon* teachers organize and deliver lessons: "You just have to be flexible and think on your feet (…), with mixed-age classes, I try to strike a balance, so everyone takes something away from the lesson" (ID2). Hospital school teachers are also flexible when it comes to meeting the educational needs defined by the home schools: "Right now, we try – though sometimes it's technically difficult – but we try to identify and cover the most important topics [being taught in home schools]" (ID3).

There are several challenges associated with the *Chameleon* identity. First, there is the necessity of adapting to the hospital's spatial conditions,

e- ISSN 2543-8409

which often limit the possibility of conducting satisfactory lessons. Hospital schools usually do not have a separate building. According to Article 128(1) of the Polish Education Law Act, medical institutions are obligated to provide suitable spaces for educational and developmental activities. However, such dedicated rooms are rare (Authors, 2025). As one hospital principal explains: "Most often, classes are held in makeshift spaces. We regret that the playroom is better suited for play than we are for teaching" (ID1). As a result, lessons sometimes take place in playrooms, cafeterias, hallways, or hospital rooms:

> Teachers of older students go with them into the hospital rooms where, well, the conditions are better. 'Better conditions' – that's not really accurate, because there are basically no conditions. It's done off the cuff (…). But at least it's quiet and calm. (ID2)

The conditions are inadequate for both teaching and storing educational materials or providing comfortable staff areas: "We were thrown into this tiny, let's say, cubicle. (…) We're moved from our staff area practically every year. We're kind of living off the hospital's hospitality" (ID2). This reveals a second challenge: adapting to the conditions imposed by hospital staff, who hold authority over the teaching personnel:

> First and foremost, the child is at the hospital to get treatment, and that's absolutely non-negotiable and the top priority. (…) We work around the treatment schedule (…), we adapt to it one hundred percent. We know we come second. (ID3)

The *Chameleon* teacher does not feel at home in the hospital school environment; rather, they feel like a guest, expected to follow the rules set by the medical staff. Another challenge is adapting to the varying psychophysical conditions of students undergoing hospital treatment:

> The nature of the work differs because the illnesses are different. We adjust to the specific situations. (…) We've developed a kind of sensitivity –

e- ISSN 2543-8409

Multidisciplinary Journal of School Education • Vol. 15, 2026/1 No. 29
Stress and Success Among Teachers

> for example, we don't go to the oncology ward first thing in the morning, right? We know those children often need more sleep. We need to adapt flexibly to that. (ID3)

Finally, there is the difficulty of aligning the topics taught with the curriculum requirements of the students' home schools and planning hospital-based lessons based on the content the child missed during their absence. This is particularly challenging given that hospital teachers typically teach groups of students from different schools and grades.

Identity 2: Rescuer

Another identity emerging from the statements of hospital school teachers is the *Rescuer*. Their role is to support students, parents, and even medical staff, which goes far beyond the area of teaching. Respondents emphasized that this primarily concerns the hospital school's therapeutic function, which is realized through emotional support for the hospital community. Within this area, we identified two subtypes of identity.

The ***Clown Doctor*** identity is built around responsibility for the child's emotional state and well-being during treatment. It focuses on offering engaging activities, bringing joy, and improving mood. In the narratives of teachers representing this type, there is a prevailing sense that they are "some sort of attraction" (ID1), "like a Clown Doctor … just missing the red nose" (ID3). These teachers often spoke about methods of making lessons more entertaining as their main tools of work, describing them as their "superpower":

> I simply have various exercises for them on my tablet (…), I also have different artistic programs, like Procreate or something else (…). I also always carry glue, scissors, cutouts, a large notebook, various crayons – good, thick, colorful ones – and I do a lot of drawing with them. (ID3)

Clown Doctors emphasize the pride they feel in every action that brings joy to the student-patients and their families, which distracts them from unpleasant experiences relating to illness, therapy, and being in the hospital:

e- ISSN 2543-8409

> These kids are very open toward us and very happy that someone is coming to visit them, especially since we always offer them something attractive, fun (…), we are smiling, focused on the child. (ID3)

This type of teacher also plays an important role in integrating the hospital environment, organizing the hospital's cultural life, and supporting collaboration with external entities. Often, at the hospital director's request, *Clown Doctors* organize performances by or for children, as well as concerts and special events:

> The hospital management organizes some theater, foundation visits, and so on, and later, the staff – the head doctor – expect us as the school to host these guests. To organize the meetings, etc. We are responsible for who, when, and what needs to be arranged and how to prepare the children. (ID2)

The *Clown Doctor* identity comes with a heavy burden – the need for teachers to "shut down" their own emotions to fully focus on the child's mood. As one teacher said:

> Even though I may feel all sorts of things inside – because we're only human, we have our emotions, our own experiences, etc. – I come in, and I have to play that clown. Put on the red nose and start the lesson: "So, what do we have today? What are we doing?" (ID3)

Regardless of their own emotional state, *Clown Doctors* feel somewhat obligated to bring joy to students and serve as ambassadors for the hospital. They accept this role, understanding that caring for the child's well-being during therapy is a fundamental expectation of them.

The second subtype of *Rescuer* identity is the ***Therapist***. Here, teaching takes a back seat – what matters more is empathy and building a relationship with the student-patient, being interested not only in their knowledge and skills but also, and most importantly, in their problems and emotions. *Therapists* justify their need to go beyond the traditional

e- ISSN 2543-8409

educational role by pointing to the special needs of their students, who "require an individual approach, and it's really important to sense their mood that day. Even that hour. Sometimes we have to know a lot about them to respond adequately to their illness" (ID2).

The therapeutic function is embedded in the work of a hospital school. Teachers speak, for example, about the meaning of grades given in hospital schools:

> First and foremost, it's a therapeutic grade, meaning we evaluate the child not only for the knowledge they've acquired or the skills they're developing. This is a sick child, right? When a child is sick at home (…) they lie in bed, no one expects them to study while they're ill (…), so very often, our grade isn't just for the child's knowledge but for the effort they put in. (ID3)

Therapists' therapeutic role extends beyond students to include their parents as well. First, by taking care of the child during class, the teacher gives the parent a moment of respite. Second, the parent may look to the teacher as an empathetic listener and emotional guide during difficult times of the child's therapy:

> I try not to ask parents too many questions, because sometimes one simple question can trigger an hour and a half of talking – because that mom, for example, just doesn't have anyone to talk to. That happened to me recently. And it's really difficult to be in that role, because these moms often complain, are lonely, and are just looking for an emotional outlet. (ID3)

Finally, the *Therapist* is a teacher who protects the child within their home school. They communicate with the school staff about the student's health and educational needs to ensure comfortable learning conditions after the end of hospital treatment:

> Well, I act as a kind of therapist who explains to the principal or the homeroom teacher on the other side that the child, ill and physically

e- ISSN 2543-8409

> altered by disease, and socially withdrawn due to a long absence from peers, has a huge resistance to standing in front of the whole class and presenting something, whether they know it or not. (ID4)

The *Therapist* identity, which goes beyond ordinary educational engagement, is often accompanied by loneliness and helplessness. Even though this type of teacher provides supportive, therapeutic work, they are not trained therapists and do not always know "how to deal with a child with mental disorders, personality issues, or a child who has attempted suicide" (ID2). Unlike psychologists, they also do not receive support to cope with the strong emotional burden that accompanies their daily work with student-patients.

One of the main challenges of this identity is maintaining and defining boundaries within the teacher role, as society increasingly expects them to assume therapeutic responsibilities. The teacher must find a balance between the educational-pedagogical function for which they are trained and the therapeutic one that typically exceeds their competencies. As one respondent put it: "Parents and students often expect help from us, and not all of us are always capable of providing it" (ID2). *Therapists* struggle with assessing whether these external expectations align with their role and competencies. Throughout the study, they frequently expressed a need for training and supervision.

Identity 3: Braveheart

The final identity type is *Braveheart*. These teachers have a strong sense of mission and agency and speak with pride about their unique role in medical institutions, often describing their work as essential for maintaining order in the hospital: "In these situations, I think we manage really well (…). They really thank us for helping" (ID2). According to these teachers, their mission includes helping students view school as a place that serves them – one that is on their side. Participants often recalled students saying they wanted to stay in the hospital school or wished that mainstream schools were run the same way: "Kids say that if school was like this, they would love to go every day. Well, yes – but this is a very

e- ISSN 2543-8409

specific kind of school, of course" (ID2). One hospital director proudly stated that a student is cared for from the very first moment of their hospital stay: "In fact, from the very first minute in the hospital ward, the student is under educational and instructional care" (ID4). Another teacher recalled returning to the hospital after the COVID-19 pandemic:

> The hospital director often said she couldn't imagine functioning without us… When we came back after the pandemic, once it was allowed, you could see such visible relief on the nurses' faces… It was so nice to hear, "Oh my God, thank goodness you're back, it was really tough without you." (ID3)

This strong sense of mission is often accompanied by a sense of threat to their job, role, and professional status. Some respondents indicated that hospital schools and their teachers' competencies are underappreciated by mainstream school staff and leadership. *Braveheart* teachers also feel anxiety and uncertainty about the future of hospital schools and unclear legal regulations in this area:

> It's hard to say what's really going on – whether they'll shut us down or not. So we're sort of sitting on a ticking time bomb, and that's the worst part, really. (ID2)

Participants also expressed concerns about excessive oversight by the Ministry of Education. For instance, they criticized the reporting system, which has not been adapted to the specific context of hospital schools with high student turnover. School administrators fear issues with reporting student attendance, which is key for funding from local authorities. Coping with this professional uncertainty is another major challenge for teachers, who sometimes work multiple jobs across different locations and with various funding sources.

e- ISSN 2543-8409

Discussion and Conclusions

The majority of teachers who participated in the study expressed a strong sense of mission in their work with children and adolescents. All reported a high level of attachment to their workplace and a general sense of job satisfaction. However, they also emphasized that their work is emotionally burdensome and requires ongoing professional development.

The findings indicate a broad spectrum of professional identities adopted by hospital school teachers, which in turn shape their workplace strategies. Table 1 presents a synthesis of the identity types described in the study, along with their defining components.

Table 1. Components of teachers' identities

	Identity 1	*Identity 2*		*Identity 3*
	Chameleon	*Rescuer – Clown Doctor*	*Rescuer – Therapist*	*Braveheart*
Role of the teacher	The teacher must adapt to the working conditions of a hospital school. Adaptation is a necessary and effective work strategy.	The teacher is responsible for improving patients' moods by offering engaging activities that bring joy to children.	The teacher goes beyond the role of an educator and becomes a therapist for both students and parents.	The teacher is the person responsible for maintaining the school and ensuring that children receive an education.
Professional values and goals	Flexibility as a goal, value, and condition for development	Focus on the child, their needs, and their emotions	Empathy and emotional support as core values	Defense of the child's well-being and the existence of the hospital school
Emotional engagement in work	Satisfaction with the ability to adapt, but also burden and frustration due to the working conditions to which they must adapt.	Pride in bringing joy to children and distracting them from the hardships of illness, therapy, and hospital stay. Disconnection from one's own emotions.	Loneliness, helplessness, feeling overwhelmed by the problems of children and adolescents, and frustration due to the lack of psychological support in hospitals.	Sense of responsibility for the hospital, feeling needed. Fear of the facility being closed and concern for the fate of the students.
Relationships with students, parents, and colleagues	The teacher is a secondary figure, adapting to the needs, expectations, and ways of working of students, medical staff, parents, and home schools.	For children and parents, the teacher is a source of attraction and pleasure. For other stakeholders, the teacher is a representative of the hospital.	The teacher is someone who goes beyond their formal competencies in relationships with students and parents.	The teacher has a combative attitude in their relations with the governing body and medical facility management. Their focus is on their relationships with students, parents, and staff.

e- ISSN 2543-8409

	Identity 1	*Identity 2*		*Identity 3*
	Chameleon	*Rescuer – Clown Doctor*	*Rescuer – Therapist*	*Braveheart*
Challenges resulting from adopted identities	Limitations relating to the facility's physical conditions, students' psychophysical capabilities, and the expectations of home schools and medical staff.	The necessity to focus entirely on the child's joy, disconnecting from oneself and one's emotions. Duties relating to organizing the hospital's cultural life.	Balancing between the educational and upbringing role and the therapeutic role, which goes beyond teachers' competencies. Lack of institutional support in this area.	Uncertain status of the school and one's own professional situation. Inspections, unclear regulations. The need to seek employment in multiple institutions.

A number of previous studies have highlighted the emotional challenges faced by children and adolescents in hospital-based education and the resulting need for tailored pedagogical approaches (e.g., Coyne & Conlon, 2007; Welbourne & Leeson, 2012). These conditions place unique demands on educators working in hospital schools (Mintz et al., 2018). Findings from the current study indicate that teachers feel compelled to engage not only educationally but also emotionally and, at times, therapeutically. This often involves establishing and sustaining affective bonds with their students.

Not all teachers are equally equipped to meet these multidimensional demands. When educators are unable to provide holistic support, they may adopt coping strategies characterized by frustration (e.g., *Rescuer – Therapist*) or short-term, reactive adjustments (e.g., *Chameleon*). In contrast, teachers who are able to implement a comprehensive, emotionally responsive, and therapeutic approach to teaching tend to experience professional fulfillment, a sense of agency, and a proactive attitude toward their work (e.g., *Rescuer – Clown Doctor*, *Braveheart*).

Key factors contributing to a sense of professional success include the availability of effective institutional support, adequate resources, and clearly defined educational goals. Teachers who perceive a deficit in institutional backing often resort to minimal engagement strategies, limiting their responsibilities only to essential educational tasks.

e- ISSN 2543-8409

Limitations of the Study

This study was exploratory in nature; the fieldwork was planned for a short period (4 months) and covered a limited group of schools and teachers. Therefore, the study's scope was narrow, providing only an initial overview of the subject matter. The results cannot be extended to the whole system of hospital schools in Poland. Moreover, the study only included the perspectives of teachers and school management. Further in-depth research is required from the perspectives of students, parents, and medical staff for a more complete picture of the functioning of hospital schools.

Funding: This research was founded by AstraZeneca Young Health Programme and School with Class Foundation.

Conflicts of interest: The author declares no conflict of interest.

e- ISSN 2543-8409

Multidisciplinary Journal of School Education • Vol. 15, 2026/1 No. 29
Stress and Success Among Teachers

References

Babbie, E. (2014). *The practice of social research*. Cengage Learning.

Beauchamp, C., & Thomas, L. (2009). Understanding teacher identity: An overview of issues in the literature and implications for teacher education. *Cambridge Journal of Education, 39*(2), 175–189. https://doi.org/10.1080/03057640902902252

Beningo, V., & Fante, C. (2020). Hospital school teachers' sense of stress and gratification: An investigation of the Italian context. *Continuity in Education, 1*(1), 37–47. https://doi.org/10.5334/cie.14

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

Coyne, I., & Conlon, J. (2007). Children's and young people's views of hospitalization: A review of the literature. *Journal of Clinical Nursing, 16*(7), 1188–1196. https://doi.org/10.1111/j.1365-2702.2006.01621.x

Day, C., Kington, A., Stobart, G., & Sammons, P. (2006). The personal and professional selves of teachers: Stable and unstable identities. *British Educational Research Journal, 32*(4), 601–616. https://doi.org/10.1080/01411920600775316

Deręgowska, J. (2017). *Szkoły przyszpitalne w sieci wsparcia społecznego dzieci hospitalizowanych – teoria i praktyka* [Hospital schools in the social support network for hospitalized children – theory and practice]. In H. Krauze-Sikorska & M. Klichowski (Eds.), *Świat małego dziecka. Przestrzeń instytucji, cyberprzestrzeń i inne przestrzenie dzieciństwa* [*The world of the young child: Institutional space, cyberspace and other childhood spaces*] (pp. 155–166). Wydawnictwo Uniwersytetu Adama Mickiewicza.

Hałas, E. (2005). Jaźń jako interakcja symboliczna a konstrukcjonistyczne koncepcje człowieka. [Self as symbolic interaction and constructivist conceptions of the human]. In E. Hałas & K. Konecki (Eds.), *Konstruowanie jaźni i społeczeństwa. Europejskie warianty interakcjonizmu symbolicznego* [*Constructing self and society: European variants of symbolic interactionism*] (pp. 23–39). Wydawnictwo Naukowe Scholar.

Hammersley, M., & Atkinson, P. (1995). *Ethnography: Principles in practice*. Routledge.

Jiliberto, F., & Zárate Alva, N. (2025). Influencing factors in hospital school education: Exploring the context from the teacher's perspective. *Continuity in Education, 6*(1), 1–21. https://doi.org/10.5334/cie.126

Kelchtermans, G. (1993). Getting the story, understanding the lives: From career stories to teachers' professional development. *Teaching and Teacher*

e- ISSN 2543-8409

Education, 9(5–6), 443–456. https://doi.org/10.1016/0742-051X(93)90029-G

Kelchtermans, G. (2005). Teachers' emotions in educational reforms: Self-understanding, vulnerable commitment and micropolitical literacy. *Teaching and Teacher Education, 21*(8), 995–1006. https://doi.org/10.1016/j.tate.2005.06.009

Koterwas A., Adrjan B., Kalinowska K., & Sińczuch M. (2025). *Szkoły przyszpitalne w Polsce* [School facilities at hospitals in Poland]. Fundacja Szkoła z Klasą. https://www.szkolazklasa.org.pl/materialy/raport-szkoly-przyszpitalne-w-polsce-2025/

Kvale, S. (2007). *Doing interviews*. Sage Publications.

Mintz, J., Palaiologou, I., & Carroll, C. (2018). *A review of educational provision for children unable to attend school for medical reasons*. University College London.

Mockler, N. (2011). Beyond 'what works': Understanding teacher identity as a practical and political tool. *Teachers and Teaching, 17*(5), 517–528. https://doi.org/10.1080/13540602.2011.602059

Moszyńska, M., & Antoszewska, B. (2019). Praca nauczyciela szkoły przyszpitalnej w perspektywie procesu inkluzji ucznia ze specjalnymi potrzebami edukacyjnymi – z doświadczeń nauczycieli szkół przyszpitalnych w województwie warmińsko-mazurskim. [Hospital school teacher's work in the perspective of the process of inclusion of a student with special educational needs – based on experiences of hospital school teachers in the Warmian-Masurian Voivodeship] *Niepełnosprawność. Dyskursy pedagogiki specjalnej = Disability. Discourses of Special Education, 33*, 106–177. https://doi.org/10.4467/25439561.NP.19.007.10482

Owerczuk, B. (2013). Czy szkoła może być lekarstwem dla chorych dzieci? [Can school be a remedy for ill children?]. *Szkoła Specjalna, 5*(271), 344–355.

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

Welbourne, P., & Leeson, C. (2012). The education of children in care: A research review. *Journal of Children's Services, 7*(2), 128–143. https://doi.org/10.1108/17466661211238690

Witkowski, L. (2010). *Tożsamość i zmiana: Epistemologia i rozwojowe profile w edukacji. Pytanie o "ja" jako problem etyczny i pedagogiczny* [Identity and change: Epistemology and developmental profiles in education. The question of the "self" as an ethical and pedagogical problem] (2nd ed.). Wydawnictwo Naukowe Dolnośląskiej Szkoły Wyższej.

Woods P. (1990). *Teacher skills and strategies*. Falmer Press.

Multidisciplinary Journal of School Education • Vol. 15, 2026/1 No. 29
Stress and Success Among Teachers
e- ISSN 2543-8409