

**CHILDREN'S HOSPITAL SCHOOLS AS SOCIAL ENVIRONMENTS AND
THEIR EFFECTS ON HEALING AND WELL-BEING: CASE STUDY IN
İZMİR BEHÇET UZ CHILDREN'S HOSPITAL SCHOOL**

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AUGUST 2012

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OYLUM DİKMEN**

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ABSTRACT

CHILDREN’S HOSPITAL SCHOOLS AS SOCIAL ENVIRONMENTS AND THEIR EFFECTS ON HEALING AND WELL-BEING: A CASE STUDY IN İZMİR BEHÇET UZ CHILDREN’S HOSPITAL SCHOOL

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Every day, many children receive treatments in children’s hospitals and some of them need to stay there for long periods of time. Consequently, many child patients are not able to go to their schools and lack of socialization due to this fact may lead to becoming unsocial. Some children hospitals have hospital schools in which children can receive education and have a chance to be socialized. Even though hospital schools are important for children as a change of atmosphere in the hospital environment, there is a lack of research on this subject. A case study in İzmir Behçet Uz Children’s Hospital School was conducted in order to analyze if socialization in hospital schools which is related to the healing process has positive effects on the well-being of children. Methodology included instruments such as; questionnaires and drawings for children, questionnaires about each child for teachers, one to one interviews and observation checklists were used. Finally, findings were analyzed and design guidelines for hospital schools were provided.

Keywords: Children’s Hospital Schools, Children’s Social Environments, Well-Being, Healing, Socialization.

ÖZET

ÇOCUK HASTANESİ İLKÖĞRETİM OKULLARININ SOSYAL BİR MEKAN OLARAK İYİLEŞMEYE VE İYİ OLMA HALİNE ETKİSİ: BEHÇET UZ ÇOCUK HASTANESİ İLKÖĞRETİM OKULU'NDA ÖRNEK OLAY İNCELEMESİ

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Her gün birçok çocuk, çocuk hastanelerinde tedavi görmekte ve bazıları bu mekanlarda uzun süre kalmak zorundadırlar. Sonuç olarak, çocuk hastalar okullarına gidememekte ve bu durum onların antisosyalleşmesine neden olabilmektedir. Bazı çocuk hastaneleri çocukların eğitim alabilecekleri ve sosyalleşme şansına sahip olabilecekleri hastane ilköğretim okullarına sahiptir. Her ne kadar hastane okulu, kendilerini hastane ortamından daha farklı bir ortamda hissettikleri için çocuklar için önemli olsa da, bu konuda yapılan araştırmalar oldukça azdır. İzmir Behçet Uz Çocuk Hastanesi İlköğretim Okulu'nda yapılan bir örnek çalışma ile hastane okullarının sosyal bir mekan olarak çocukların iyi olma haline ve bu durumla bağlantılı olan iyileşmeye etkisi olup olmadığı araştırılmıştır. Metod olarak, çocuklar için anket ve resimler, her çocuk ile ilgili olarak öğretmenler için sorular, yüzyüze röportajlar ve gözlem listeleri kullanılmıştır. Sonuç olarak bu bulgular incelenmiş ve hastane okulları için tasarım önerileri sunulmuştur.

Anahtar Kelimeler: Çocuk Hastanesi Okulları, Sosyal Çocuk Mekanları, İyi hal, İyileşme, Sosyalleşme.

This work is dedicated to;

Sema DİKMEN and Salih DİKMEN

For the 26 years of caring, precious love and support they have provided...

and

İbrahim Can GÜLERYÜZ

For the meaning he brought into my life...

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VITA

Oylum Dikmen was born in İzmir on January 22, 1986. She completed her high school education in İzmir Özel Türk Science High School. She completed her undergraduate thesis study about ‘Examination of Children’s Healthcare Environments with Regard to Evidence Based Design’ and graduated from the Interior Architecture and Environmental Design Department of İzmir University of Economics in June 2009. In the same year, she started her master studies in Design Studies Graduate Program. She has been working as a Research Assistant in İzmir University of Economics since 2011. During the 2008-2009 academic years she provided assistance to students in ‘Complex Interior Systems’ and ‘Intelligent and Interactive Spaces’ courses as a student assistant. At present she is still working as a research assistant in the Interior Architecture and Environmental Design department and guiding students in the 3rd year Design Studio course as a Research Assistant.

CHAPTER 1

INTRODUCTION

In this thesis, the socialization in hospital schools which is related to the healing process has positive effects on the well-being of children are discussed. Every day, many children visit children's hospitals for different reasons. Some stay for shorter and some stay longer periods of time due to their treatment process. Some of them, who are at school age, are not able to go to their schools because of their special condition and they stay behind from their classmates. To provide a solution, some children hospitals have hospital schools in their constitutions. Children's hospital schools are places in which children can receive education during their stay in hospitals as well as providing a social environment for children.

According to the research in the behavioral medicine and clinical psychology fields, it was found out that individuals with high social support compared to those with low support, experience less stress and have higher levels of well-being. How health facility design can facilitate or hinder access to social support and how this social support affects the well-being and healing process of patients in the hospitals were examined only by a small number of studies (Ulrich, 1991).

In order to analyze if socialization which is connected with the healing process in hospital schools have positive effects on the well-being of children, a case study in İzmir Behçet Uz Children's Hospital School is conducted. Questionnaires, drawings, interviews, behavior maps and checklists are the instruments of this study. In this study finding are analyzed and supported with different methods such as, comparison of children and teacher answers, making one on one interviews and filling observation checklists for each children. Finally, results of all these methods are categorized and analyzed.

1.1. Scope and Aim of the Research

The experience of hospitalization especially for child patients creates anxiety and stress. Unfamiliarity within the environment, being forced to sleep in an unfamiliar bed in an unfamiliar room, the medical procedures such as painful and unusual treatments, the presence of unfamiliar health care professionals and the absence of parents and friends, medical jargon and a play environment, frightening sights and sounds, strange pieces of medical equipment, undesired hospital odor cause children to become anxious and depressed (Özcan, 2004).

Many studies of patients with a variety of illnesses have indicated that social support reduces stress and improves recovery. Considering the well-established importance of social support it is unfortunate that, there is only a limited amount of research concerning how hospital design can facilitate or hinder access to social support. Levels of social interaction can be increased by providing lounges, day rooms, and

waiting rooms with comfortable movable furniture arranged in small flexible groupings and there is strong evidence about that (Ulrich et. al, 2004).

This study proposes that; children's hospital schools provided for child patients can be an alternative to the above mentioned spaces. When children stay in hospitals, their social areas are limited and hospital school answers the need of this limited socialization. It provides social interaction between children who are staying in the hospital as well as with hospital school teachers. Hospital schools are familiar places for children because even though they are part of a hospital, they do not look like of it. In order to help more patients in the children's hospitals and increase their well-being, which highly connected with the healing process, more research is necessary includes the users of the hospital school who are students and teachers.

The aim of the study is to find out if a children's hospital school affects the healing by supporting well-being in a social environment. The physical characteristics of the research area are analyzed to understand how children use the place, in which parts they spend their time and the like. By analyzing the use of space, the aim is to understand how the physical and social aims were related, how children choose to work (individual/in pairs/in groups etc.) and how the variety of social relations affect well-being and healing. In addition to analyzing the physical characteristics of the space, also psychological and physical behaviors of the users of this space who are students and teachers are analyzed. By analyzing psychological and physical behaviors of the users; user and environment relationship the aim is to find out about the psychological and physical effects of the environment on users and effects of social support on well-being and healing. Finally; with the help of all the findings are

used to constitute a set of design guidelines on the social and physical characteristics of hospital schools.

1.2. Methodology and Hypotheses of the Research

The proposed method of the research involves the critical overview of children's hospital school environments by analyzing children's healthcare environments which accommodate these schools. Histories, reasons of occurrence, effects on ill children and the status of today's children's hospital schools from the world and from Turkey are investigated. In addition to this overview; the concepts of healing and well-being related to children's healthcare environment are analyzed.

In order to study effects of the hospital schools in ill children; children, hospital school teachers and user-space relationships are investigated. These investigations are done by questionnaires and painting technique applied for the children and by questionnaires for the teachers. For children, the reason of using painting in addition to questionnaires is because children whose ages are between 5-12 years can express themselves better with painting rather than written and verbal communication (Kohl, 2011). In addition to these methods, observation checklists which provide opportunity to investigate instant movements which cannot be obtained by written or verbal methods are also used.

Research Question (RQ):

Do children's hospital schools enhance the well-being and consequently affect positively the healing of children?

Hypothesis (H):

Hospital schools are environments for children that support well-being and healing by means of socialization with other children and teachers.

Sub Hypotheses (SH):

(SH1): Children's well-being increases when they socialize in the hospital school with their friends and teachers.

(SH2): Group work enables more social interaction among children in hospital school environments.

(SH3): The hospital school environment enables children to separate themselves from the hospital and feel 'normal'.

(SH4): Children come to the hospital school with excitement and happiness and they are reluctant to leave this environment.

(SH5): Children have a deeper connection with the hospital school teachers compared to their doctors and nurses.

(SH6): Generally, students of hospital schools in Turkey are educated in the same environment at the same time. This enables older students to mentor younger ones providing a type of social interaction.

(SH7): In hospital schools, visits by guests on special days help children become more social.

1.3. Structure of the Thesis

This thesis includes seven chapters, which explores and discusses the issues of children's hospital schools in the light of various aspects and considerations. The introduction poses the problem of the child patients who become antisocial in children's hospitals. This chapter includes the scope of the research, aim of the research methodology of the research and hypothesis of the research. The second chapter summarizes the general knowledge about children's healthcare environments such as definition of children's hospitals, historical development of children's hospitals and the relationship between children and the hospital. Furthermore, it describes children's experiences of hospital visits and the psychology of ill children.

The third chapter explains the concept of healing and well-being in children's healthcare environments and the effects of socialization on these terms. Definition and the history of the healing concept and general characteristics of the healing environments are explained. In addition to healing concept, concept of well-being is also defined and its general characteristics are explained. Finally, the relationship between the well-being of children and healing is discussed and socialization of children and its effects on healing and well-being is explained.

The fourth chapter summarizes the general knowledge about children's hospital schools such as definition of children's hospital schools, historical development of children's hospital schools and the aim of children's hospital schools. In addition to this, some examples of children's hospital schools from Turkey and the world are given. The fifth chapter explains the case study which is done in İzmir Behçet Uz

Children's Hospital School. The description of the hospital and the hospital school, the methodology and findings of the research are all discussed in this chapter. Finally in the conclusion chapter, the design guidelines for hospital schools are explained. The findings are refined and generalized in order to enable healthcare designers to benefit while designing children's hospital schools in children's hospitals and increase the number of children's hospital school numbers in Turkey.

CHAPTER 2

CHILDREN'S HEALTHCARE ENVIRONMENTS

“Children live according to the information provided by their senses, and feast upon the nuances of color, light, sound, touch, texture, volume, movement, form, and rhythm by which they come to know the world. To them, environments are never neutral, but must be lovingly created to honor their heightened sensibility” (Olds and Daniel, 1989:2).

Being a patient is a situation in which people feel limited and stressed. When the patient is a child, this situation becomes even more sensitive due to children's less experienced lives and increased sensibilities. Therefore, children are assumed to be more sensitive to their surroundings than adults and may be affected deeply for extended periods of time. This, in fact gives rise to the very idea of designing the physical environment according to the need of patients and their families (Yılmaz, 2005).

Thus, creating a children's healthcare environment includes special criteria. Children's healthcare environments are the places in which ill children get treatment. These places are not just hospitals but also therapeutic places, rehabilitation centers, hospital schools and some clinics (Dikmen, 2009). In the following sections, the definition of the children's healthcare environment will be given and history of

children's hospitals will be explained. In addition, the relationship between children and the hospital will be discussed.

2.1. Definition of Children's Hospitals

Children's hospitals are the places in which children from 0-14 years get diagnosis and treatment. Children's hospitals are divided into two categories: State children's hospitals and specialized children's hospitals. State children's hospitals have all sections of the state hospitals. These sections can be explained as; polyclinics, patient care units, management spaces, conference and education spaces, etc. Specialized children's hospitals are specialized in one branch. There can be many kinds according to the special conditions such as surgery, eye, ear, dermatology, orthopedics, autistic children's center, oncology, psychology, neurology, urology etc. (Çivi, 1988).

Due to the dynamic changes about the design of children's hospitals and healthcare environments over last few decades, the current literature is now discussing the design and planning process of these facilities in the context of healing philosophy regarding children and their families' psychological and social needs (Miller and Swensson as cited in Yılmaz, 2005: 9). In these places, there are also some education programs for parents, which provide them the opportunity to raise healthy children and improve themselves (Franz as cited in Köse, 2003: 51).

2.2. History of Children's Hospitals

In the eighteenth century, in which hospitals transform to accommodate the care of the ill all throughout; the positive understanding of hospitalization for children takes place (Seidler as cited in Özcan, 2004: 9-10). In this respect, the modern children's hospital concept was first realized with Hospital des Enfants Malades in Paris, France in 1802. In Europe, before 1850, only 25 hospitals existed (Yılmaz, 2005). After the first children's hospital in Paris, the Pediatric Pavilion of the Charite of Berlin (1830), St. Petersburg (1834), Vienna and Breslau (1837) were founded. From 1850 to 1879, 67 pediatric hospitals opened, although many of these were only pediatric departments, integrated into general hospitals (Nichols et al., as cited in Yılmaz, 2005: 10).

In Britain, Charles West founded the National Children's Hospital in Dublin (1827) and in London; the same person (Higgins as cited in Yılmaz, 2005: 10) established the Hospital for Sick Children in Great Ormond Street (1852). In the United States, the first children's hospital is established in 1855 under the name of the Children's Hospital of Philadelphia by Dr. Lewis. Şişli Etfal Children's Hospital in İstanbul, Turkey, was founded in 1899, as the first pediatric hospital not only in Turkey, but also in the Balkan region (Özcan, 2004).

For many years in the world, children's hospital environments had colorful graphics or cartoons that were applied to the walls to be made different than adult's hospital environments. At that stage, there was a lack of understanding of creating a healing environment for children. It was thought that two-dimensional images on the walls

were enough to design hospitals for children. Moreover, there was no accommodation opportunity for families who wanted to be with their children during hospitalization (Malkin as cited in Yılmaz, 2005: 10). As Lambert (cited in Yılmaz, 2005: 10-11) states;

“In the early 1970’s, a survey of hospitals caring for children in the Boston area documented little consistency in parental access or in accommodation for parents to stay with their children, to be with them during tests and procedures, and in availability of overnight facilities.”

These developments enhanced children’s hospital design to meet both children and their families’ psychological and social needs.

2.3. The Relationship Between Children and Children’s Hospitals

Children may visit hospitals for many different reasons. Some of them spend shorter periods of time in hospitals while getting outpatient treatments and some of them spend longer periods of time in hospitals while getting in-patient treatments. However in both of these situations, children find themselves in an unusual and unfamiliar environment (Dikmen, 2009). Hospitals are the places in which children experience lack of control and people do not want to stay in places in which they have no control. They had many pains and endured hard situations, which created deep hurts in their souls and minds (Yılmaz, 2005).

Wright reported that, young people feel more dependent, frightened, and insecure than adults in hospitals. They need to be comforted, nurtured, and loved. A

hospitalization experience may have the opposite effect by means of worsening their fears, and increasing their negative behaviors (Özcan, 2004). Moreover, in child patients, the trauma of hospital experience may work against his/her long-term psychological and emotional development. Beside the negative condition of medical procedures during the healing process, the unfamiliarity of the physical environment: long corridors, strange pieces of equipment, frightening sights and sounds, unknown people, and crowded waiting areas can affect child negatively.

For children who are undergoing hospitalization, it is important to create an atmosphere which is able to make children feel comfortable. It is believed that, during the stay in hospital, it is possible to hasten recovery and decrease potentially harmful emotional and physical effects by reducing stress (Ogilvie as cited in Meyer 2007: 2). Swan, Richardson, and Hutton found that physical surroundings could influence judgment of performance, satisfaction, loyalty and other perceptions. Because of these findings, in order to promote good feelings and return health during hospitalization, it is necessary to provide an interior design theory that uses the conceptualization of children and their stay to create an atmosphere (Meyer, 2007).

The information on how much a hospital stay affects a child's development and well-being is very little. Usually, children were alone during their stay. In order to prevent children from troubling staff on the ward with their crying, parents were warned that it would be better for their children if they did not come to visit them. Children are suddenly separated from their parents, they cry and look for them and reach strongly at the beginning. Later when their missed and searched parents have still not returned, children become more passive because they start to accept this situation.

Even though these children were being harmed by their experience, staff considered them as easy children. These children felt their parents had let them down and they had a harder time to accomplish this situation than adults (Crisp, 2010).

Vernon, Foley, Sipowicz and Schulman, are the authors of one of the classic books 'The psychological responses of children to hospitalization and illness' regarding the behavioral responses of children to hospitalization. Their synthesis of the research was about hospitalized children. One of their conclusions was that hospitalization has long term lasting effects on children's development such as, not being able to eat anything or stay alone, not having sleep pattern, bedwetting, being afraid of everything, becoming withdrawn, endlessly crying, stammering, etc. This conclusion is still supported by multiple studies; most, however, being more optimistic by saying may have lasting effects on psychological, emotional and cognitive development. The experiences and responses of children have been researched in regard to their perceptions of being hospitalized, preparation for hospitalization, and some interventions to cure psychological and emotional effects (Meyer, 2007).

This chapter summarized the basic concepts in children's healthcare environments such as definition, history of these places and the relationship between these places with children. The concept of healing and well-being in children's healthcare environments will be explored in the following chapter which discusses the definition of the healing concept, healing environments and well-being and relationship between these concepts with children.

CHAPTER 3

THE CONCEPT OF HEALING AND WELL-BEING IN CHILDREN'S HEALTHCARE ENVIRONMENTS

Health status is related to physical and mental states related to having disordered functioning or becoming healthy. On the other hand, well-being contains an expanded set of conditions related to one's sense of dignity, security, and mastery in particular settings. This conceptualization of well-being builds on the capability approach of Sen from the perspective of the child. This understanding contains the elements of valued functioning, required resources, and opportunities in the exercise of agency. Good health is no guarantee well-being will be achieved, just as children with physical handicaps with high levels of well-being (Earls and Carlson, 2001).

In the following sections, the definition and the history of healing concept, characteristics of healing environments, definition and the history of the well-being concept, relationship between well-being of the children and the healing concept will be discussed. In addition; socialization of children and its effects on well-being and healing will be explained.

3.1. Definition and the History of the Healing Concept

The word “healing” comes from the Anglo-Saxon word ‘haelen’, which means to make whole. One way to understand the term is as harmony of mind, body, and spirit. Healing which is about fixing problems, eradicating disease, and decreasing symptoms is not the same as curing (Zborowsky and Kreitzer, 2008). Curing only involves the medical treatment of the patient. However, healing means to analyze and treat patients taking into consideration their complete environment and their spiritual and psychological needs for well-being (Yılmaz, 2005).

In the history of thought, it has been commonly debated that the mind and body are separated. One of the most famous statement of mind and body dualism is from the philosopher René Descartes, who in the 17th century argued that there are two different kinds of stuff in the world: stuff extended in space (such as chairs, computers, and human bodies) and stuff which lacks extension but somehow exists as an immaterial substance (the human mind) (Spunt, 2011).

Malkin states that, in the 1800s, physicians evaluated the body and mind as separate components. However, recently, this understanding is changed into treating the whole person, not only the diseased organ or system. In this respect, it can be said that patients are more than a body, they also have a mind, a spirit and they have families, loved ones, and lives of their own. Thus, the main purpose of the concept of healing is to nurture the patient with his body, mind, and spirit and through design, create physical environments to support the whole person (Malkin as cited in Yılmaz, 2005: 14-15).

3.2. Healing Environments

The healing environment approach is an expansive concept that aims to eliminate the stress factors for patients and their visitors. In other words it aims to maximize patient's well-being, impair the healing process, or even violate their dignity and privacy (Eiff, 2007). There are several studies showing that patients respond to the medical treatment differently when the physical environment is created according to their needs. This new understanding to healing highlights the creation of design solutions which address the psychological and the physical needs of patients, and their families through the design of the physical environment around them. The spaces in which this holistic approach is undertaken are called healing environments (Yılmaz, 2005). Similarly, Olds & Daniel mention,

“Priority must be given to psychological as well as medical, technological needs to support recipients, providers, and technology equally, and in ways that honor the complex and diverse nature of the healing process. The environment then becomes not only a context but also a powerful agent promoting healing” (Olds and Daniel as cited in Yılmaz, 2005: 15).

While discussing the concept of healing, it is very important to deal with different understandings on how to create such healing environments. Some researchers strongly accentuate the “inner healing potential” which is described by terms of psychoneuroimmunology and is referred to mind and body connection (McKahan, 1993). Psychoneuroimmunology is “a trans disciplinary scientific field dealt with interactions between behavior, the nervous system and the immune system,” (Solomon, 1996). Relative to the building an environment, it can be described as “the art and science of creating environments that prevent illness, accelerate healing and

support well-being” (Gappell, 1992). The basic premise of psychoneuroimmunology is that the mind and the body perpetrate as a single unit. This new raising field has been developed into connection between internal and external elements, which is constituted of physical and psychosocial environment, and spirituality (Yılmaz, 2005).

A number of studies have strongly connected the physical environment of hospitals to health outcomes. According to Ulrich et al., more than 600 articles that show how aspects of health care design can affect patient outcomes have been published. Much of this research has shown that the traditional way hospitals have been designed with their bland color schemes, hallways that echo, cramped patient rooms, and loud, overhead paging systems, contributes to stress. This not only can obstruct patient’s ability to heal but also can affect the productivity of staff. Because of poor design, nurses in most hospitals spend a great deal of time gathering what they need to provide care. One study showed that almost one-third of nurses’ time was spent from one station to another while walking. If facilities were designed more efficiently, nurses could instead spend that time with patients (Ulrich et al., 2004).

Malkin has identified the following ways research is showing how organizations can adapt health care facilities in order to alleviate stress and ultimately improve patient outcomes: Increase connection to nature, offer options and choices, provide positive diversions, provide access to social support, reduce environmental stressors, healing and health care design trends, private rooms, acuity-adaptable rooms, indoor gardens, aquariums, and landscapes to bring nature into the environment, less noise, better way finding, lounges and waiting rooms with a purpose (Zborowsky and Kreitzer,

2008). Moreover, physical environments should be unhampered in order to provide safety and comfort. Furthermore, other researchers add that creating places for personal development and spirituality; libraries, places for relaxation and being alone, meditation rooms, places for pray, and like the help to patients recover faster (Leibrock as cited in Yılmaz, 2005: 16). To conclude;

“While supporting the “whole” the person, physical environment is a tool and a link in the chain that answers the patient’s psychological and spiritual needs and “stimulates individual’s natural immune system” (Shepley, 2002).

“Learning about healing environments is not just for those who design health care facilities; it is for everyone. It is a subject that concerns being human and existing in the world” (Venolia, 1990).

As a result, as mentioned in this section studies showed that the proper design of physical environment is a significant factor for well-being and integrity of children in healthcare environments.

3.3. Definition and History of the Well-Being Concept

Well-being is most commonly used in philosophy to describe what is instrumentally or ultimately good for a person. The popular use of the term ‘well-being’ usually relates to health. The philosophical use is broader and relates to how well a person's life is going for that person. A person's well-being is what is ‘good for’ them. Health, then, might be said to be an element of the well-being, but it is not just taken to be all that matters for well-being (Encyclopedia of Philosophy, 2008). In the late 1900s,

psychologists started to believe that self-reports on the goings of the wellness of life, based on positive emotions and feelings of well-being and could provide important information on an individual's underlying emotional conditions. Well-being is not the same as happiness, but can be thought of as an extensive phenomenon that includes people's emotional responses, domain satisfactions and global judgments of life satisfaction (Diener et al., as cited in Horobin, 2008: 57).

The needs to achieve well-being have a significant importance. The concept of well-being is to target something we aim for ourselves and ought to promote for others. As having a role in personal evaluation and public policy accounts; well-being is an action-guiding or normative notion and subject to competing pressures. On the one hand, well-being aims to become an empirical phenomenon which can exist in people's lives and can be measured and a certain kind of life or set of experiences that we can investigate and influence is needed to achieve well-being. On the other hand, it has a kind of formalistic significance. It makes sense to promote well-being (Tiberius and Plakias, 2010).

The concept of health promotion, puts great emphasis on the role of individuals, groups, and organizations as active intercessors in structuring health practices and policies to optimize both individual wellness and collective well-being. The generality of health promotion programs executed in corporate and community settings have been focused on individuals rather than environments. Because, they have been designed to modify individuals' health habits and life-styles rather than to provide environmental resources and interventions that support developed well-being among users of an area (Stokols, 1992).

In summarizing health promotion research, Stokols, identifies three key orientations:

1. Behavioral change, which encourages individuals to modify the behavior;
2. Environmental enhancement, which requires identifying environmental stressors and eliminating them, as well as providing environmental features which are known to support individual well-being;
3. An interdisciplinary approach, which has the capacity to recognize the roles of the individual, the organization, and the socio-physical environment in shaping well-being. (Stokols, 1996).

A social ecology analysis of health supporting environments emphasizes multifaceted and multidimensional levels of interactions between individual or collective behavior and the health resources and constraints that exist in specific environmental settings. This conceptualization is understood as being the context of individual well-being. In the social ecological approach, the physical and social features of settings directly influence the health of their occupants, and in reverse, the occupants of settings influence the healthfulness of their surroundings through their actions. Well-being is understood as the result of a ‘Dynamic interplay among diverse environmental and personal factors’ (Bishop, 2008).

3.4. Relationship between Well-Being of the Children and the Healing Concept

It is important to remember that the concept of well-being may be different for children as for adults. Children and adults differ significantly in terms of having smaller worlds, fewer more intense relationships, less maturity and strength and different thought patterns, concerns, experiences and aspirations (Unicef, 2007).

Children's well-being is a dynamic process, in which a child's external circumstances (e.g., their socioeconomic background, family circumstances, physical surroundings) are continually interacting with their individual characteristics (e.g., their personality, cognitive ability and so on) to satisfy their needs and thus build psychological resources, capabilities and positive interactions with the world around them (The New Economics Foundation, 2009). Historically, the field was dominated by research which focused on disorders, problems and disabilities. More recently, positive indicators for child well-being have been included in well-being measures in response to the change to health promotion. However, at this stage there are still many fewer positive indicators of child well-being (Bornstein et al., Pollard and Davidson, Pollard and Lee as cited in Bishop, 2008: 22).

Pollard and Lee completed a systematic review of the literature published in the 1990s on child well-being. They were interested in identifying the definition of child's well-being, domains of child well-being and the indicators used to assess these. They reviewed 1658 studies and found that there was little agreement in the definition of what constitutes child well-being as most research did not define it directly. Instead the definition was connoted by the indicators used, which also varied very much. They were, however, able to define five domains consistently used in child well-being research, including the physical health, psychological, cognitive, social and economic domains of children's lives. The majority of the indicators used were negative or deficit measures rather than positive measures such as measures of happiness or satisfaction. Pollard and Lee's review led them to conclude that there was a need for a core set of positive indicators to be developed, and for research that explores and defines the complex construct that is child well-being (Bishop, 2008).

From where children stand, Fattore, Mason and Watson, found well-being to include a positive sense of self, autonomy, the capacity to act in ways consistent with being oneself, feeling safe, secure and valued, and an adequate home environment with a decent, but not necessarily luxurious, standard of living. Many factors are responsible for differences in well-being scores and the domains which are closest to people's personal lives are those that have most influence (Andrews and Withey as cited in Horobin, 2008: 58). However, external factors that may directly influence children's well-being are the atmosphere and quality of school, as well as the availability and quality of neighborhood and leisure resources. Child health and well-being is not static, but is the result of correlative effects between continuously changing factors related the child, the child's family, friends, school and wider society and which children use to create their well-being (Bradshaw et al., as cited in Horobin, 2008: 59).

Child well-being has been the subject of research in many disciplines and measurement of the child well-being has always been of prime concern. Measuring well-being which is directly practicable to policy-makers, commissioners and practitioners seeking to shape the conversion to a more suppressive system of children's services and improve future outcomes for children. Well-being measurement has the potential to inform children's professionals in three key ways which are: the early identification of problems, knowing what works and understanding why provide cognition for preventative work. In 2009, The New Economic Foundation made a study about children's well-being and composed a guideline. According to this guideline; traditionally, concepts such as 'quality of life' and 'well-being' have been measured indirectly, using proxies: household income,

life expectancy and so on. Typically, these kinds of proxies are objective, in that they are based on observable things in the world that can be easily counted (e.g., salaries and debt levels, mortality rates) (The New Economic Foundation, 2009).

However, recent discussions about well-being have focused on the use of subjective indicators which are based on individuals' self-reports of whether they feel happy, satisfied and fulfilled in their day to day lives. When these kinds of measures are carefully applied and interpreted, they can play an important role. Especially, subjective indicators provide the kind of direct measure of outcomes which is highly seen as a desirable way to consider and a guide to measuring children's well-being determine policy. Outcomes and frameworks emphasize the need to place the well-being of children at the heart of service delivery, focusing on the needs of each child as a whole person. In particular, the aim is to focus on aspects of well-being that are important to children themselves (The New Economic Foundation, 2009).

Veenhoven described subjective well-being as how well the person likes the life he or she leads. Subjective well-being has both an element of cognitive evaluation and emotional response. Diener suggests that there are three hallmarks to the area of subjective well-being research. Firstly, it is subjective and abides within the experience of the individual. Secondly, it measures both the absence of negative outcomes as well as the presence of positive outcomes. Thirdly, it includes a global measurement of an individual's life rather than a narrow measurement of a single life domain (Diener, 1984, 1994; Veenhoven, 1984, Bishop, 2009: 23).

According to Ash and Huebner subjective well-being researchers theorize that individuals use information from both their inner (self) and outer (environmental) worlds to construct their evaluation of global life satisfaction. The interest in this area of well-being research lies in the introduction of the role of individual measurement and perception in an individual's well-being. This branch of well-being research illustrates individual well-being as a subjective, debated and unstable state, which an individual can influence and manage. In this conceptualization of individual well-being, it is not simply a state of being which is comprised of a series of objective components that need to be constituted in an individual's life. In subjective well-being research, a measurement of individual well-being involves the individual's perception of their own states as well as the states themselves (Bishop, 2009).

3.5. Socialization of Children and Its Effects on Children's Well-being and Healing

There are numerous studies documenting that the people who do better in life are the ones that have support systems and related to this, one of the most important environmental condition that it should be utilized to encourage healing is the social connection (Gilpin et al., 1991). Like adults, children also need to be socialized in order to increase their well-being and high morale because as Ulrich mentioned that, social support provides higher levels of well-being and provide high morale (Ulrich, 1991).

3.5.1. Definition and Types of Socialization

Human infants are born into a culture and their parents, teachers, and others adopt them into that culture. Socialization can be described as the general process of obtaining the culture. During socialization, the roles to play in life and language of the culture born into are learned. During the formation of the personality process, socialization is important. While the majority of human personality is the result of genes, the socialization process can give a shape it in specific directions by encouraging particular beliefs and attitudes as well as selectively providing experiences (O'Neil, 2008). Socialization can be also defined as the process by which children and adults learn unknown things from others. Learning from others begins during the early days of life; and most people continue their social learning all through life (Baldwin, 2001).

In 1995, Arnett defined three main goals of socialization, in presenting a new theoretical understanding of socialization; 1.Impulse control and the development of a conscience, 2.Role preparation and performance, including occupational roles, gender roles, and roles in institutions such as marriage and parenthood, 3.The cultivation of sources of meaning, or what is important, valued, and to be lived for. In short, socialization is the process that prepares humans to function in social life (Arnett as cited in Cragun et al., 2010: 54). Socialization is a life process, but is generally divided into two parts: Primary socialization takes place early in life, as a child and adolescent. Secondary socialization refers to the socialization that takes place throughout one's life, both as a child and as one come across new groups that need additional socialization. While there are scholars who argue that only one or the

other of these occurs, most social scientists tend to combine the two. They are arguing that the basic or core identity of the individual develops during primary socialization, with more specific changes occurring later by secondary socialization in response to the obtaining of new group memberships and roles and differently structured social situations. (Mortimer et al., as cited in Cragun et al., 2010: 55).

Socialization is a social process and involves interactions between people. As mentioned in the distinction between primary and secondary, socialization can take place in multiple contexts and because of contacting with numerous groups. Parents, friends, schools, siblings, and co-workers are some of the more significant contributors to the socialization process (Cragun et al., 2010). In addition to primary and secondary socialization, there are two other kinds of socializations which are; natural and planned socializations. Natural socialization occurs when infants and youngsters explore, play and discover the social world around them. Planned socialization occurs when other people take actions to teach or train others from infancy on. Planned socialization is mostly a human phenomenon; and all throughout history, people have been making plans for teaching or training others (Baldwin, 2001).

3.5.2. Socialization and Children

Socialization is a learning process that begins shortly after birth. Early childhood is the period of the most intense and the most important socialization. It is then that when language is needed and the basics of culture learned. It is also when much of

the personality takes shape. However, socialization continues throughout life. For children, socialization is very different than adults because factors of socialization changes according to the situation of the person physically, psychologically and emotionally (Cragun, et al., 2010).

For children, their families are the basic element for being socialized because when a children born firstly they provide social connections with their families. After children start to grow, they use play as a social interaction and after all, when they are in school age, they start to go school and provide a social connection via school. In section 3.4., the relationship between well-being of children and the healing concept was explained. Likewise, socialization which is related with family, play and school for children has effects on children's healing and well-being.

Family is a social institution, which consists of mother, father and children. In other words, family is one of the cultural institutions of which the structure and functions changes with time and provides the continuity of human generation and the first appearance of socialization (Sayin as cited in Tuna, 2008: 41). A basic socialization element for children socialization is the family. Effects, attitudes and behaviors which are learned from family continue in the adulthood. Family which is the first agent and the educator has an important role in the transmission of basic values that encourage and increase learning of a young child (Perrino, 2005).

Socialization is the process of having interaction with others and home is the most primary agency which brings about socialization. In their home environment, children learn to interact by play and begin the socialization development process at

an early age (Aeri and Verma, 2004). According to Birsen, the family is an economical and cultural unity and this unity provides the continuity of the generation, meets the materialistic and spiritual needs and improving emotional balance by the way of education. Socialization of children first starts in the family as they learn their cultural roles in this institution. Family maintains the education of children prepares them to the future and transfers the culture of the society in which they live in (Birsen as cited in Tuna, 2008: 41).

Play is a natural and a simple joy which is an important part of the childhood. Play fosters creativity, promotes imagination, practices dexterity and encourages emotional, cognitive and physical strength. Indeed play is important for the healthy development of the brain (Tamis-LeMonda et al., 2004, Chia, 2007: 374). Through play, children can explore the world, interact and engage with peers and adults, practice mastery and resiliency and acquire competencies which will help them to face future uncertainty. Play also offers many things for the holistic development of a child. Child directed play develops creativity, problem-solving, social interaction, motor development, physical fitness and enhances parent-child relationships (Chia, 2007).

Because of providing a contribution to the cognitive, physical, social and emotional well-being, play is essential to development of children and young people. Play is so important to optimal child development that it has been recognized by the United Nations High Commission for Human Rights as a right of every child (Ginsburg, 2007). Play is about creating a world in which, children have the control (Pellis and Pellis, 2009 as cited in Lester and Russel, 2010: 10). Play allows children to create

and explore a world they can master (Hurwitz and Tsao as cited in Ginsburg, 2007: 183). As they master their world, play helps children develop new powers which guide to increase confidence and the quick recovery they will need to face future challenges (Hurwitz et al., as cited in Ginsburg, 2007: 183). As they play, children rearrange their worlds to make them either less scary or less boring (Sutton and Smith as cited in Lester and Russel, 2010: 10). Play is also used to support academic and social-emotional learning. Play help children to adjust to the school environment, heightens children's readiness to learn, enhances positive learning behaviors and fine-tunes problem-solving skills (Rankin, 2004).

Education is one of the most outstanding elements of socialization. Namka observed that socialization is the child's ability to provide connection positively with people in society in a manner appropriate to his or her age (Namka as cited in Rashid, 2010: 1). School, which is the first official and planned institution for being socialized, is also the most effective social institution for the education of an individual. School life does not only provide knowledge and skills to children but also social responsibility. Socialization first starts with family then continues with school (Tel, 2009).

In all societies, school is an educational facility, which answers the expectations about psychosocial developmental needs of the children beside family. At the same time, being an official educational facility, the aim of the school is to improve knowledge and culture of the children and make them grow up as individuals who provide the sustainability of the cultural system (Öztürk as cited in Tuna, 2008: 27). Everyone has the "right to education" states the Universal Declaration of Human Rights. Elementary education is the basic right of all people, men and women, of all

types of areas and places, irrespective of gender, sect, religion or any other denomination. Therefore, one of the aims of elementary education is also to develop social skills between children because social skills are just as important as academics. Social skills which are the set of skills that let us communicate; relate and socialize with others (Rashid, 2010).

When the levels of the school change, this makes changes about the socialization of the children. A student in elementary school is in the surveillance of a single teacher, but in the middle school, this student is in the surveillance of more than one teacher with different genders. The teacher is an assistant who provides socialization in the school. After the child's parents, the teacher is the one who taken as a role model. Just like their parents, the teacher is the contributor who takes care of the child's psychological and social appearances and contributes to the socialization process (Tezcan as cited in Tuna, 2008: 44).

Education is strongly connected to health and well-being and as a context of learning and education; the school environment has an important role in children's academic outcomes. Children's school experiences are associated with their social, emotional, and behavioral outcomes as well as health. Children's well-being and school experiences are closely united with each other (Gutman and Feinstein, 2008). Thus, hospital schools can be an alternative to education in children's lives in which they can socialize with other children and hospital school teachers while staying in hospital.

This chapter summarized the definition of the healing concept, healing environments and well-being and relationship between these concepts with children. Socialization of children and its effects on children's healing and well-being is also explored which discusses the definition and types of socialization and its role for children within their family, during play and at school. Hospital schools as children's social healing environments will be explored in the following chapter which discusses the definition and aims of the hospital schools.

CHAPTER 4

HOSPITAL SCHOOLS AS CHILDREN'S SOCIAL HEALING ENVIRONMENTS

Education is a key content in the recovery process and plays an important part in the hospital experience of children and young people by providing a sense of normality in the hospitals. Education facilities in hospitals also play an important role in helping to continue links between the pupil, home tuition and the mainstream school environments by providing the continuity of the education as much as possible. Children and young people should have as much education as their medical condition allows so that they are able to continue their education and keep up with their studies. The success of the educational environment in a children's hospital can significantly enhance the educational and social experience (Patel et al., 2003).

Hospital schools are the places in which ill children get their education while staying in hospital. A hospital school is not a place in which there are strange medical equipments, needles or doctors but a place in which children are treated like a student. In the following sections, hospital schools will be defined, their history will be given and the hospital school concept will be examined in the sense of a children's social healing environment.

4.1. The Definition and the History of Hospital Schools

A hospital school is a place in which children between 6-13 years who cannot benefit from formal educational facilities because of having treatment in healthcare facilities can continue getting their education (Kılıç, 2003). These hospital schools are opened according to the protocols between universities and Turkish Ministry of Health (Turkish Ministry of Health, 2010).






The education of children staying in hospitals started to be considered as a problem in the beginning of the 1900s. Prof. Dr. Piaget developed the first hospital school project in 1912 and took the name of the founder of hospital schools. In the same year legal regulations were made in the United States about opening hospital schools in the education parliament. Later in the 1940s hospitals schools started to open in other countries. The first hospital school opened in 1948 in Australia, in 1950 Yugoslavia, in 1960 Germany and Hungary, in 1965 Denmark, in 1984 Norway, in the late 1900s England (Çelik, 2010).






Some of the leading children hospitals in the world are shown in Table 4.1 and their hospital school involvement is also listed. In Turkey, hospital school projects prepared in 1980s and Hacettepe University showed a practice example and officially, hospitals schools opened in 1994 and today, there are 47 hospital schools in Turkey (Çelik, 2010).

Table 4.1. A Selection of the Leading Children Hospitals in the World.

11 children hospitals which are on the list below are the ones from the best hospitals in the United States list.

PHOTO	HOSPITAL	COUNTRY	HOSPITAL SCHOOL
	Children's Hospital Boston	USA	-
	Children's Medical Center-Texas Scottish Rite Hospital for Children	USA	-
	Children's Hospital of Pittsburgh of UPMC	USA	-
	Cincinnati Children's Hospital Medical Center	USA	-

	<p>Evalina Children's Hospital</p>	<p>England</p>	<p>+</p> <p>(See Table 5.2.)</p>
	<p>Great Ormond Street Hospital</p>	<p>England</p>	<p>+</p> <p>(See Table 5.2.)</p>
	<p>John Hopkins Children's Center</p>	<p>USA</p>	<p>-</p>
	<p>Riley Hospital for Children Clarian Health Partners</p>	<p>USA</p>	<p>-</p>
	<p>Royal Children's Hospital</p>	<p>Australia</p>	<p>+</p> <p>(See Table 5.2.)</p>

	<p>Seattle Children's Hospital</p>	<p>USA</p>	<p>-</p>
	<p>St. Jude Children's Research Hospital</p>	<p>USA</p>	<p>-</p>
	<p>Sydney Children's Hospital School</p>	<p>Australia</p>	<p>+ (See Table 5.2.)</p>
	<p>Texas Children's Hospital</p>	<p>USA</p>	<p>-</p>
	<p>The Children's Hospital of Philadelphia</p>	<p>USA</p>	<p>+ (See Table 5.2.)</p>

4.2. The Aim of Hospital Schools

Every year there are about 100,000 children in the world who need education outside school because of illness or injury. The main aim of educating children who are ill is to minimize negative effects about child's normal schooling by continuing education as normally as the ability allows. Ill or injured children can have problems educationally from the time spent in hospital and also from the reaction to the trauma or illness or hospitalization itself. Teacher is in charge of the continuation of the learning process and keeping education alive in the child's life (Department for Education and Employment, 2000: 2).

Another aim of the hospital school is to make sure that ill children are not isolated from school environments. If the disease requires a long time treatment process like tuberculosis or leukemia, hospital schools prevent children from staying behind from their classmates and their education program. Another important aim is to provide a high morale for the children and not let them be separated from the school and continue the learning interest. When this kind of atmosphere is provided, it will help the healing process of the children and because of this staying time in hospital will decrease. This let other children benefit from the resources of the hospital whom are needed. Another aim of hospitals schools is to share the problems of the children, which they cannot handle by themselves, decreasing the psychological effects of the trauma and relieves their pains by giving them chance to improve themselves (Kılıç, 2003).

According to Lucy Tobin,

“Hospital schools have a therapeutic as well an academic function. It is important for the kids in terms of normality, and distraction. School helps the kids to recover from operations and takes their mind off serious illness.” (Tobin, 2008: 1).

She also mentioned that;

“Some parents are initially unaware of a school, and clearly their priority is to see their child get better. But they comment that the school has a positive effect on self-esteem and confidence, as well as helping their child to cope with the trauma of hospitalization.” (Tobin, 2008: 2).

4.3. Hospital Schools in the World

Hospital schools are special schools, maintained by local education authorities, within the premises of a hospital. There is no typical hospital school or unit. Some of these hospital schools are in general or district hospitals; others are located within hospitals which provide specialist treatment for children. Hospital schools should have more flexible arrangements regarding education law and legislation than those that apply to other special schools. All hospital schools have local management and responsibility for their budgets. The United States Department of Health and the NHS know the importance of providing education for children in the hospital. Although National Curriculum is not mandatory in the hospital school, it is just expected that every attempt is made to provide students with an access to a comprehensive curriculum.

Some children may be accepted for only a few days, while others may stay onwards for longer. Other children may attend the hospital school regularly for a few days, a week returning home or to his or her regular school for the rest of the week (Department for Education and Employment, 2000). From the 1900s onward, many hospital schools started to open all around the world but when the numbers of children hospitals are considered, it is obvious that number of hospitals schools are much less than this number. Selected hospitals schools are listed below (See Table 4.2).

Table 4.2. List (in alphabetical order) of the Leading Hospital Schools in the World.

NAME OF THE HOSPITAL	LOCATION
American Family Children's Hospital School	Madison, Wisconsin-USA
Carleson Hospital School	Los Angeles-USA
Chelsea and Westminster Hospital School	London-England
Children's Hospital at Westmead Hospital School	Westmead-Australia
Children's Hospital of Illinois Hospital School	Illinois-USA
Duke Children's Hospital & Health Center Hospital School	North Carolina-USA
Evalina Children's Hospital School	London-England (See Table 5.1.)
Great Ormond Hospital School	London-England
John Hunter Children's Hospital School	New South Wales-Australia
Leicester Royal Infirmary Children's Hospital School	Leicester-England
Lucile Packard Children's Hospital School	Stanford-USA
St. George Hospital School	New South Wales-Australia
North Carolina Children's Hospital School	North Carolina-USA

Royal Children's Hospital School	Melbourne-Australia
Shriners Hospitals for Children Minnesota Hospital School	Minnesota-USA
St. George Hospital School	Westmead-Australia
Sydney Children's Hospital School	Sydney-Australia (See Table 5.1.)
The Children's Hospital of Philadelphia Hospital School	Philadelphia-USA

4.4. Hospital Schools in Turkey

According to the Special Education Regulation (TD, 2006-2585) by the Ministry of National Education of Turkey, item 42-(1); for the individuals who are in the school age and staying in official or special healthcare facilities there can be opened hospital schools to make them continue their education by the protocol signed Ministry, Health Ministry and universities. According to the Special Education Regulation (TD, 2006-2585) item 42-(2);

a) Education service provides by the written opinions if the individuals parents and healthcare responsible doctor. b) Registration of the individuals stay in the schools they are registered. The individuals, who are not registered to any school, are registered to an education facility which is near the school or their home. c) The individuals getting education from hospital schools are arranged temporarily to this school. d) Evaluation of the individuals who are getting education in the healthcare facilities are done in these schools. They are registered like other students in this school. e) Success evaluation results of the individuals are reported to their own

registered schools in a written way and also passing grade, report card and certificate procedures are implemented by this school. f) Maximum class capacity of the hospital school is 10 students. g) The students who cannot come to class are receiving their education in their hospital rooms. h) One of the teachers of the school is assigned as manager authorized teacher by Directorate of National Education also gives education to students. i) Individuals are responsible for the education plan of the school they are registered. j) In these schools unified class application which means to educate children from different classes in the same classroom is done. k) Weekly educational plans of the individuals are planned according to the illness and educational conditions of the individuals whom are going to take educations. Weekly educational plans should be planned as not being less than 10 hours. l) Classes are managed by class and field teachers. m) Directorate of National Education assigns pre-school, class and field teachers to these schools according to the suggestion of manager authorized teacher. n) Starting and finishing hours and duration of the courses are determined according to the health conditions of the individuals and hospital conditions. o) Education service of the individuals can be ended by the completeness of the impatient process, decision of the parents or the opinion of the healthcare staff and doctors (Ministry of National Education, 2010).

According to the statistical data of ‘Distribution of hospitals and beds by provinces in Turkey’ from Institute of Statistics of Turkey, there are 1379 hospitals in Turkey and 42 of them are children hospitals (Turkey Statistical Institute, 2010). According to the data of Ministry of Education’s Special Guidance and Consultation Services General Management there are 47 hospital schools in the 21 city of Turkey and there are 100 teachers working in these schools (Öğretmen Dünyası, 2011). Ankara has 10,

İstanbul has 6, İzmir, Eskişehir, Samsun and Kayseri has 3, Adana, Denizli, Erzurum, Isparta ana Konya has 2 and Antalya, Balıkesir, Bursa, Diyarbakır, Edirne, Erzincan, Kocaeli, Malatya and Trabzon has 1 hospital school (See Appendix A1).

There are no hospital schools in 60 cities in Turkey and these are Antalya, Artvin, Bayburt, Bilecik, Bingöl, Bitlis, Bolu, Çanakkale, Çankırı, Düzce, Elazığ, Gümüşhane, Hakkari, Iğdır, Kahramanmaraş, Karabük, Karaman, Kars, Kastamonu, Kırıkkale, Kırklareli, Kırşehir, Kilis, Kütahya, Manisa, Mersin, Muğla, Nevşehir, Ordu, Rize, Sinop, Sivas, Şırnak, Tekirdağ, Tunceli, Uşak and Zonguldak. According to the official data, there are 18 million people in Turkey whom ages are between 6-18 years and according to scientific researches, every one person from hundred of this age group cannot go to school because of his or her disease. Because of that, there are 180.000 ill children who cannot continue their schools (Bor, 2011).

This chapter summarized the hospital schools as children's social healing environments. Definition and the history of the hospital schools are discussed. Also aim of the hospital schools are explained. Hospital schools in the world and in Turkey are explained in detail by giving examples. The case study and instruments of the case study will be explored in the following chapter.

CHAPTER 5

CASE STUDY: BEHÇET UZ CHILDREN'S HOSPITAL SCHOOL

İzmir Behçet Uz Children's Hospital School is chosen for a case study area because it is the biggest children's hospital not only in İzmir but also in the Aegean region of Turkey. This hospital school was also chosen the best primary school in İzmir's Konak zone in 2010 by Provincial Directorate of National Education of İzmir. In the following sections, the research area and research hospital school are explained.

In addition, characteristics of the chosen hospital school are explained in detail such as, users and physical area of the school, statistics about the school, education plan and time schedule of the school. Also, methodology and findings of the study are explained in detail.

5.1. Description of the Research Hospital

Dr. Behçet Uz had started the construction of İzmir Behçet Uz Children Hospital in 1938 in Alsancak, İzmir (See Figures 5.1 and 5.2). The construction finished in 1947 and the hospital first started to give service as the first children's hospital in İzmir.

When the hospital started to give service, it had only 150 beds but now it has 355 beds. Today there are 777 healthcare workers are working in the hospital in eight different building blocks. There are polyclinic parts and hospital parts in this hospital. Every day many patients come and take treatments in İzmir Behçet Uz Children's Hospital (İzmir Behçet Uz Children's Hospital Website: Tarihçemiz, 2011).

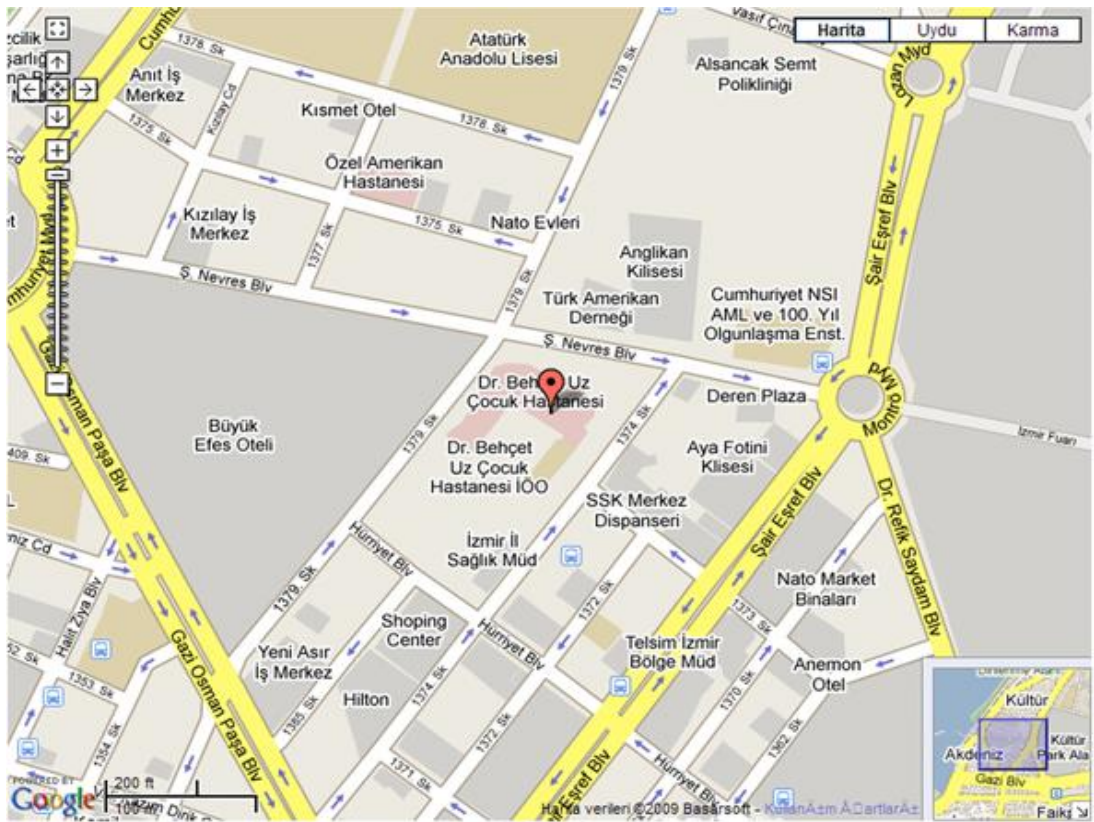


Figure 5.1. Map of İzmir Behçet Uz Children's Hospital.

(Turkcell Harita:<http://harita.turkcebilgi.com>).



Figure 5.2. Main Entrance of the İzmir Behçet Uz Children's Hospital. (<http://www.panoramio.com/photo/25586023>).

The vision of the hospital is to become the number one in a healthcare facility which serves with qualified and efficient research and education studies in the children's healthcare. The mission of the hospital is to make workers and patients satisfied by providing management strategies, which depends on the respect of child (İzmir Behçet Uz Children's Hospital Website: Kuruluş Amacımız, 2011).

5.2. Description of the Research Hospital School

İzmir Behçet Uz Children's Hospital School is located on the 3rd floor of the older children's service building, which started to serve in the 1995-1996 education period. The aim of this hospital school is to make children being socialized by continuing

their school life and not let them stay behind from their classmates by providing a time schedule, which is appropriate to their classes and levels. Another aim is also make them feel less stressed and let them think that they are not patients but just as usual students who are going to school (İzmir Behçet Uz Children's Hospital Website: Okulumuz Tanıtım, 2011).

5.2.1. Physical Space and its Characteristics

The school is comprised of a single space with an added balcony area. The total area is 70 m² areas (İzmir Behçet Uz Children's Hospital Website: Okulumuz Faaliyetleri, 2011). The plan of the hospital school and general views from the hospital school can be seen below (See Figures, 5.3, 5.4, 5.5, 5.6, 5.7, 5.8 and 5.9).



Figure 5.3. Entrance of the Hospital School.

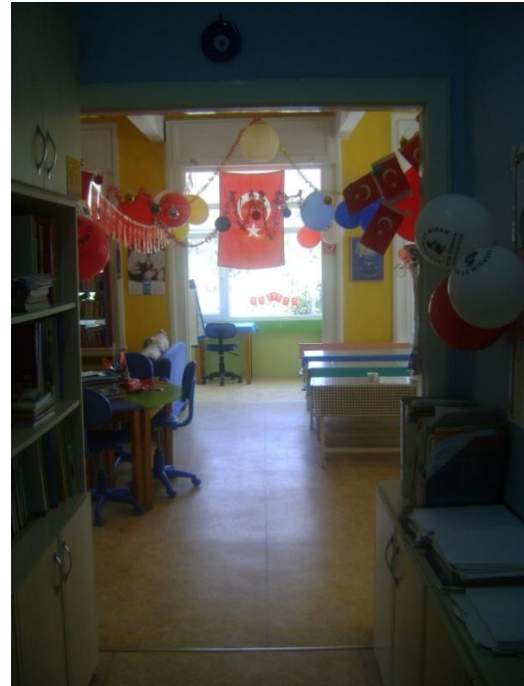


Figure 5.4. Entrance Hall of the Hospital School.



Figure 5.5. TV and Hobby Area of the Hospital School.



Figure 5.6. Working Area of the Hospital School.



Figure 5.7. Balcony Area of the Hospital School-Right View.

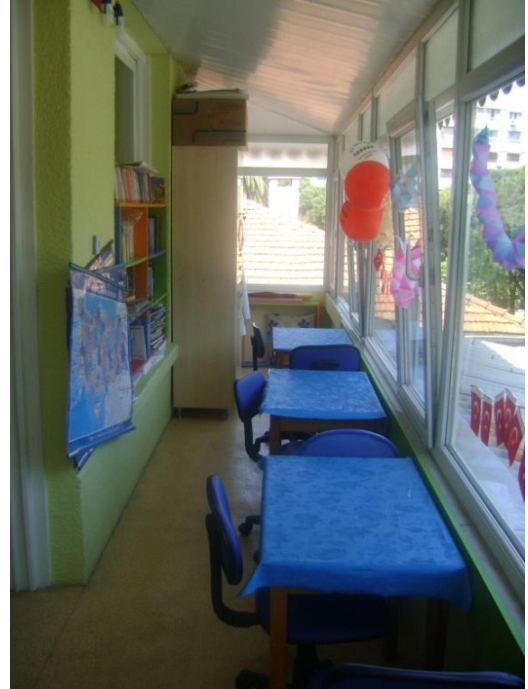


Figure 5.8. Balcony Area of the Hospital School-Left View.

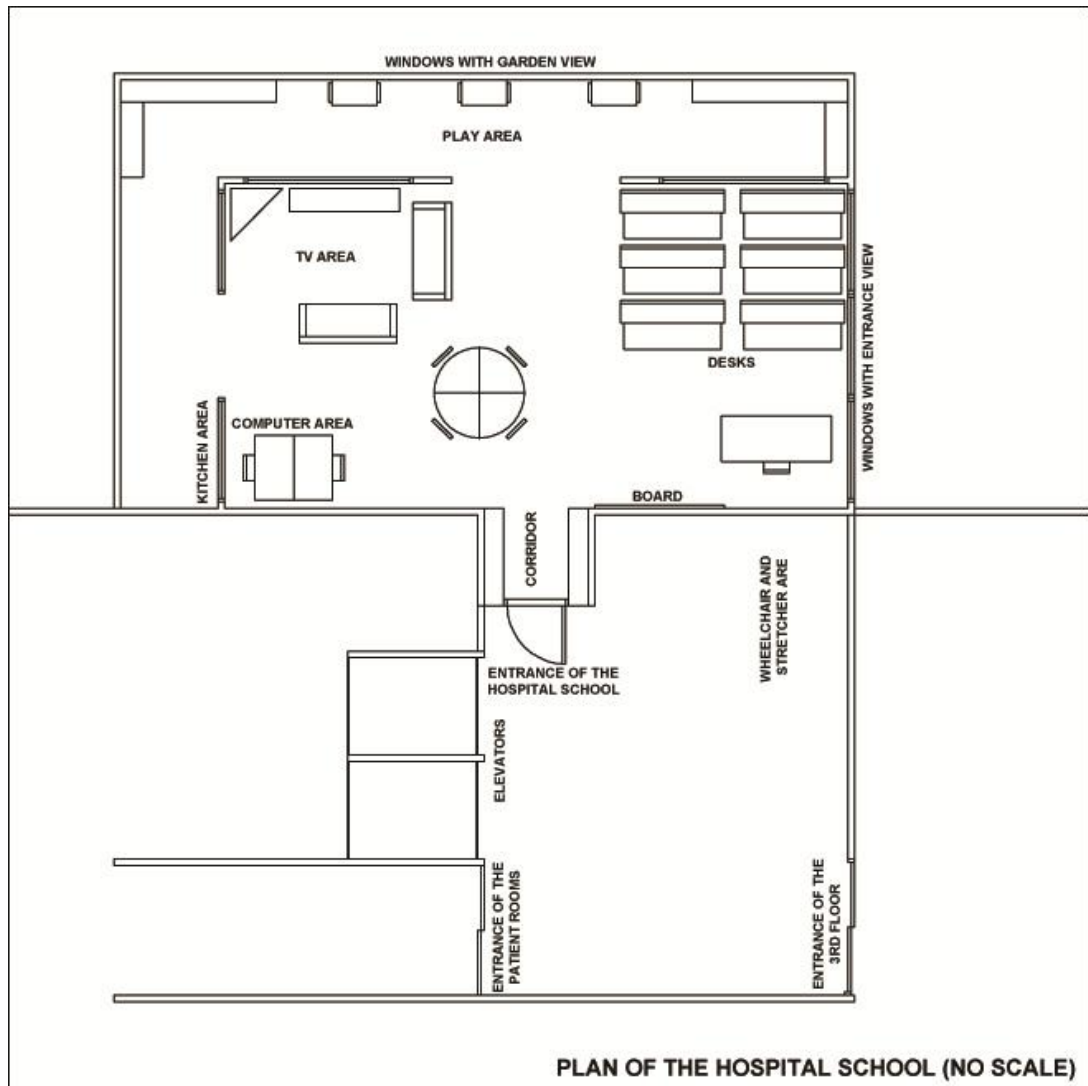


Figure 5.9. Plan of the Hospital School.

5.2.2. Academic Staff

The hospital school's standard academic staff number is two teachers and this school's staff is formed from one manager authorized teacher and one classroom teacher. By the demand of the school and the manager authorized teacher, the Provincial Directorate of National Education of İzmir employed three more teachers for drama, music and painting courses and they are continue to work regularly as part

time teachers. Because of being a hospital school, responsibilities and duties of teachers of this school are much harder than regular school teachers.

In the hospital school, everyday teachers see many children who are having different illnesses and experiencing many difficulties. Usually children look tired and unhealthy because of having illnesses and difficult medical treatments. Some of them come to hospital school with vascular accessed hands, with blood serums on their arms, with pale faces, by wheelchairs and some of them even do not have a chance to come to hospital school because of having harder treatments.

Even though each child has some tragic experiences; in order to let them feel normal, hospital school teachers should act like these children do not have any illnesses or health problems. They do not talk about their illnesses and let children feel as if they are not in a hospital but in a school.

5.2.3. Students

İzmir Behçet Uz Children's Hospital School is one of the most crowded hospital schools in Turkey. Every day, a majority of the children who visit this hospital also visit this hospital school. The number of children who visit this hospital changes almost every day (See Figure 5.10).

Tables 5.1 and 5.2, show the children numbers in the school in terms of gender and grades and the days they stay in hospital with relation to their grades are tabled in

detail (See Tables 5.1 and 5.2). There is an average of 10-40 children getting education from this school and 10-20 children visit the hospital daily to make some paintings or play games (İzmir Behçet Uz Children's Hospital Website: Okulumuz Faaliyetleri, 2011).

Children who are able to go to their own school receive their education in the hospital school. In addition to these students, some of the children who cannot come to school because of their illnesses or other health conditions receive their education in their rooms. Teachers of the hospital school visits these children in their rooms and provide an education opportunity for them by taking personal education at their bed.



Figure 5.10. Students of the Hospital School.

Table 5.1. 2008-2009 Student Numbers in the Hospital School. (İzmir Behçet Uz Children's Hospital Website: Okulumuz Faaliyetleri, 2011).

	FEMALE	MALE	TOTAL
1ST GRADE	47	65	112
2ND GRADE	61	74	135
3RD GRADE	47	61	108
4TH GRADE	57	57	114
5TH GRADE	43	59	102
6TH GRADE	48	39	97
7TH GRADE	25	55	80
8TH GRADE	35	22	57
TOTAL			805

Table 5.2. 2008-2009 Staying Days of the Students in Hospital. (İzmir Behçet Uz Children's Hospital Website: Okulumuz Faaliyetleri, 2011).

	1ST	2ND	3RD	4TH	5TH	6TH	7TH	8TH	TOTAL
1-3 DAYS	33	54	47	44	35	22	20	17	272
4-7 DAYS	30	39	30	28	38	38	28	35	266
8-15 DAYS	12	9	14	20	12	20	12	8	107
16-30 DAYS	7	6	2	7	2	3	3	6	36
31-60 DAYS	-	1	-	-	2	2	2	1	8
61-90 DAYS	1	1	-	-	-	-	-	-	2
91-120 DAYS	-	-	-	-	-	1	1	-	2
TOTAL	83	110	93	99	89	86	66	67	693

5.2.4. Education Plan and Timetable

Education hours of the hospital school are 09.00 to 15.30 to the afternoon. Class hours of the hospital school changes according to the health situation of the children. A nurse or a doctor can come to class to take children's temperature, to take blood from children or give drugs to children. Developments and success situation of the children who are staying in the hospital more than a month is passes on to their schools. The assessment regarding passing of classes and issues related to report cards are completed by the school in which the children is registered (İzmir Behçet Uz Children's Hospital Website: Okulumuz Faaliyetleri, 2011).

5.3. Methodology

First, a pilot study was carried out in İzmir Behçet Uz Children's Hospital School in İzmir, Turkey. İzmir Behçet Uz Children's Hospital School was chosen as a case study area for the research study to examine if a hospital school helped to increase the well-being of children as social area. The pilot study was completed in the same hospital. As mentioned before, this area was chosen because this hospital is one of the largest children hospital in Turkey and the largest in Aegean region. The pilot study was done with the users of the hospital school, who are children and teachers. This case study was conducted in order to analyze if socialization in hospital schools has positive effects on the well-being of children, which was connected with the healing process. Three reciprocally complementing methods were used.

The first method is questionnaires which are prepared for children, for teachers to control children's questions and for teachers personally. Questionnaires were prepared to find out and measure the socialization aspect in the children's hospital school, about each child's behaviors that are coming as students to the hospital school and thoughts of hospital schools teachers (See Appendices B1, B2 and B3).

The second method is painting. After children answer their questions, they make paintings about the subject of 'Can you draw a picture of a place in which you feel the happiest in this school include yourself and people around you?'. Painting question is prepared to find out more detailed answers which children can be shown easily by painting (See Appendix B5).

The third method is the direct observation which is done by filling observation checklists for each child. By direct observation; children and teachers of the hospital school is observed naturally for two hours and the places of the children in the hospital school and generally the places which are used less and which are used more are come up (See Appendix B4).

The purpose of using such combined methodology is to control all answers and situations of the research. After collecting all the data, answers from questionnaires, paintings and observation checklists; were entered to SPSS Statistics Program. Year and number analyses are made according to the determined hypothesis and sub hypotheses of the research and this analysis led to the final conclusions of this study (See Appendix D).

5.3.1. Questionnaire

The questionnaires were one of the most important instruments of this study because it was a direct way to get answers from participants who are children and teachers. In the questionnaires, all questions were open ended and participants could write whatever they wanted as answers without limitations. All questions were prepared for children and teachers in order to get information about their behaviors, attitudes, socialization skills, feelings and use of space.

Children were asked to answer some questions about their favorite activities, their favorite places in the hospital school, their feelings about the hospital school and the hospital (See Appendix B1). For example, one of the questions asked to children was ‘In where you do like most sitting in the hospital school and what do you like to do most? With whom?’ (See Appendix C). The aim of asking this question was to find out much and less used spaces of the hospital school and get information about socialization level and type of the children and these answers can be connected with the physical characteristics of the hospital school in general.

By answering the question of the general thoughts and feelings about the hospital school, children gave information about the school atmosphere and these answers were connected with the physical space, the socialization process about the space, the layout plan of the space and the like. The aim of the questions about doing something in school was to give information about children’s attitudes of how they socialize. By their answers, they were expected to explain the activities which they were doing and with whom and in which area of the hospital school environment, if they are doing

with someone. For example, in reply to this question; if a child says that he or she likes to do painting with his or her friends in the desk area, it can be understood that this children likes to do painting and he or she likes to do it in the desk area gives information about his or her socialization behavior and the use of space.

Like children, questions which are asked to children are also asked to teachers for each child to control children's answers. Teachers were also asked to answer some questions about children's favorite activities, favorite places in the hospital school (See Appendix B2). By asking control questions to teachers about each child, is helped to be sure about children's answers and give opportunity to have more reliable results.

In addition to children's control questions, teachers were also asked to answer some questions about their personal feelings about their job and hospital school (See Appendix B3). For example, one of the questions asked to teachers was 'Can you briefly explain the effects of the hospital school on children?' and one of the teachers of the hospital school gave an answer as like; "Existence of the hospital school in the hospital provides positive effects on children. Having a hospital school in the hospital environment in which children visit because of their illnesses, is perfect for their psychologies because they are doing many activities and also do not stay behind from their classes. Hospital school is also an important place for children to become socialize and provide communication". As a result of this answer it can be understood that, this teachers think that hospital school has positive effects on children (See Appendix C).

5.3.2. Drawing

The drawings are one of the most important and efficient ways to provide a connection with children (Wilson, 2008). Because of this, children were asked to draw picture with a subject of ‘Can you draw a picture of a place in which you feel the happiest in this school include yourself and people around you?’ (See Appendix B5). By choosing this subject it was asked of children to give information about their imaginary school area by drawing their favorite places and socialization skills by drawing people who are with them. After drawing pictures, children were asked to explain their drawings and notes were be taken in order to understand their points of view because without getting explanation about their painting, in order to provide more objective results (See Figures 5.11, 5.12, 5.13 and 5.14).

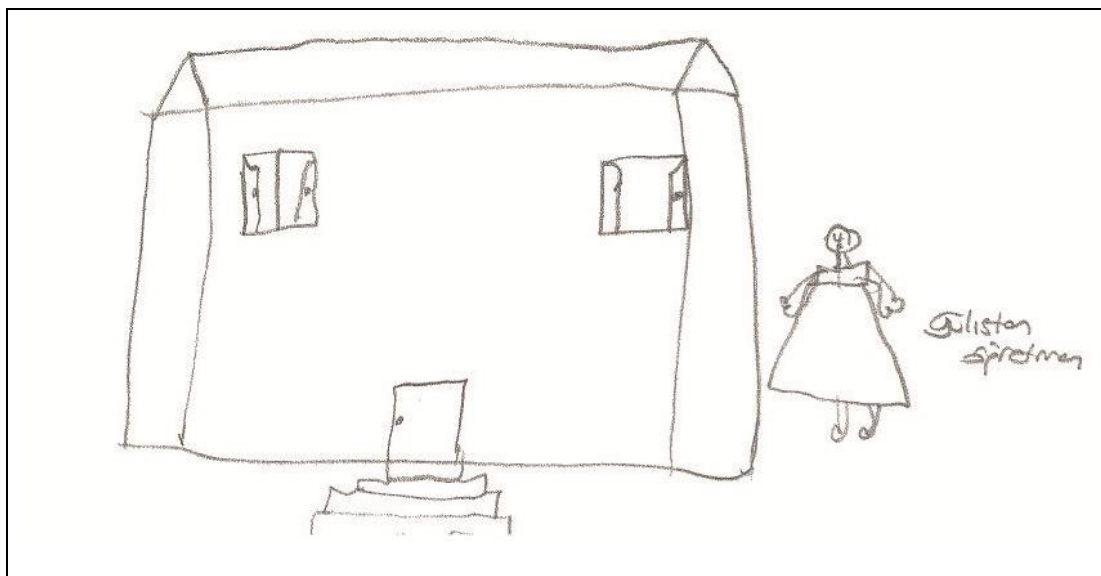


Figure 5.11. Drawing of the Child in Which One of the Hospital School Teacher is Drawn.

**Hayalindeki okulun
resmini yapar mısın?
(Kendini ve yanındakileri
çizerek).**



Figure 5.12. Drawing of the Child in Which Many Friends of the Child is Drawn.

**Hayalindeki okulun
resmini yapar mısın?
(Kendini ve yanındakileri
çizerek).**

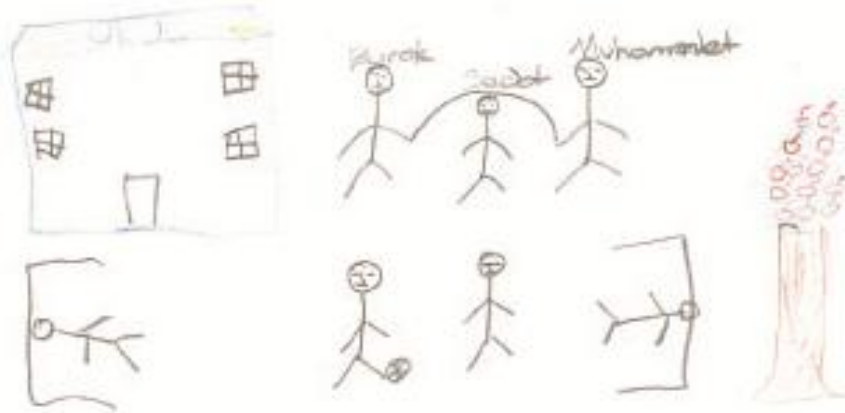


Figure 5.13. Drawing of the Child in Which Three Best Friends of the Child is Drawn.



Figure 5.14. Drawing of the Child in Which Best Friend and Sister of the Child is Drawn.

5.3.3. Observation Checklist

The observation checklist was prepared for each child in the hospital school. Checklists include, name of the child, date and time. Also there were ten other topics in the observation checklists which were; mood of the child before coming the school, gender of the child, age of the child, staying time in the hospital (day), number of peers with the child in the school, place of the child, mood of the child in the school, mood of the child after leaving the school, place in the school on the behavioral map and finally personal notes about the child (See Appendix B4).

Observation checklists are filled by the author at the same day of the application of the project. A sample observation checklist can be seen below (See Figure 5.15).

OBSERVATION CHECKLIST

NAME OF THE CHILD: *Emine Cemre*

DATE: *09.03.2011*

TIME: *09:30*

1. Mood of the child before coming the school:

Happy	Sad	Anxious	Angry	Withdrawn
	X			

2. Gender of the child:

Male	Female
	X

3. Age of the child:

0-5	6-8	9-11	12-14	14 and above
	X			

4. Staying time in the hospital (day):

1-3	4-7	8-15	16-30	More than 30
		X		

5. Number of peers with the child in the school:

Alone	1	2	3	More than 3
				X

6. Place of the child:

Garden view tables	Couches	Desks	Computer Area	Walking
		X		

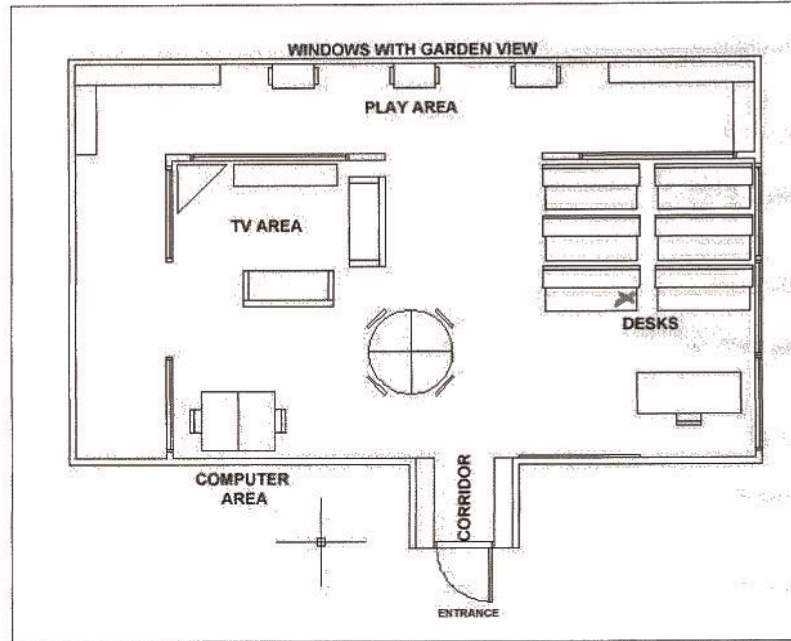
7. Mood of the child in the school:

Happy	Sad	Anxious	Angry	Withdrawn
X				

8. Mood of the child after leaving the school:

Happy	Sad	Anxious	Angry	Withdrawn
	X			

9. Place in the school on the behavioral map:



10. Personal notes about the child:

Sorular dağıtıldığı andan itibaren, kendine yanına oturacak bir arkadaş aramaya başladı. Açıklamaları dikkatlice dinledikten sonra hiç soru sormadan sessizce soruları cevaplamaya başladı. Arkadaşı ile aynı sıraya oturunca kendine güveni yerine gelmiş gibi kayıyordu.

2

Figure 5.15. Sample Observation Checklist for One of the Children in the Hospital School.

(As a personal note about the child it was observed that from the time questionnaires delivered, child started to find a friend to sit with. After she got the explanations, she started to answer questions without asking any questions. She seemed to have her self confidence after she sat on a desk with her friend.)

5.4. Findings and Discussion

On the 9th of March 2011 between 09.30 and 11.30, the application of the project was completed in İzmir Behçet Uz Children's Hospital with 14 children and 3 teachers. After all children came to school, they were explained the process detailed. After explanations, children started to ask questions for the part which they did not understand and then started to answer the questionnaire. After the questionnaire, they draw their picture about the given subject (See Figures 5.16, 5.17, 5.18, 5.19 and 5.20). Also teachers answered their own questionnaire and filled the files of the children by answering the children's control questionnaire to compare the answers.



Figure 5.16. Students of the Hospital School While Receiving Explanations.



Figure 5.17. Smallest Student of the Hospital School While Answering Questionnaires on the Desks.



Figure 5.18. Student Who is not Able to Use Her Hand Is Answering Questionnaires By The Help Of Her Teacher.



Figure 5.19. Student of the Hospital School Who is not Able to Walk Answering Questionnaires on the Middle Table.



Figure 5.20. Students of the Hospital School While Answering Questionnaires.

Regarding the analysis of findings, as mentioned in the main hypothesis (H), it was found that, hospital schools are environments for children that support well-being and healing by means of socialization with other teachers and children. According to the chi-square test, it was found that, there was a significant relationship between the mood on the way to school and the mood due to leaving the school ($\chi^2=14,00$, $df=2$, $p<0.05$), (See Appendix D). As a supportive result for main hypothesis (H), hospital school teachers think that, the hospital school has many contributions on children such as to make them feel positive and have high morale, continue their education while they are staying in hospital and forget being in the hospital while being there because hospital school teachers do not talk about their illnesses. As an answer to question; ‘Do you think that hospital school has contributions to children? How it affects children to go out from hospital room and come to hospital school?’ one of the teachers said that; ‘The contribution of the hospital school to the student is great. 1st year students who never went to school learn how to read and how to write in the hospital school and pass their classes without staying behind from their peers. These studies provide positive contributions to children’s medical treatments and also provide them to hold on to life with hope’ (See Appendix C). As an answer to question; ‘Can you briefly explain the effects of the hospital school on children?’ one of the teachers said that; ‘We observe that, the hospital school has many positive effects on children. Children in the primary school age, who come to school during their medical treatments and who take personal education at their bed because of their illnesses, forget their illnesses and communicate with their teachers and friends during the education process. Consequently, their motivation and morale levels increase. These both provide a positive contribution to their medical treatments and enable them to stay away from the stress of the hospital. Especially oncology patients

get rid of this stress, because even though they are away from their own school, they can continue their classes and this makes them very happy and feel peaceful and comfortable because of not worrying about losing a year in their education' (See Appendix C).

As mentioned in the SH3 and SH5, all of the children in the hospital school said that they become happy on the way to coming school, because having a hospital school in the hospital makes them all feel happy and comfortable. In addition to this, also all of the children in the hospital school said that they become sad when they have to leave the school because they have a good time in there and do not want to leave this environment. As an answer to question 'How do you feel in the hospital school?' one of the child said that; 'I feel very happy in the school, because classes are very enjoyable' (See Appendix C). As an answer to question 'What do you think about the hospital school in this hospital? Why?' one of the child said that; 'We are listening to music, painting and playing games in the school and this make us happy even though we are ill' (See Appendix C). As an answer to question 'What makes you happy about this hospital? Why?' one of the children said that; 'The hospital school makes me happy about the hospital because it is fun and some nice surprises take place there' (See Appendix C). Also teachers of the hospital school think that, children are enthusiastic about school in general because, everyday in the mornings and after lunch time they see children who are waiting anxiously at the hospital school door to come to school. As an answer to question 'Do you think that hospital school has contributions to children? How it affects children to go out from hospital room and come to hospital school?' one of the teachers said that; 'Absolutely there is. Besides, I do not give this answer without any reason; I understand this from my experiences.

Coming from hospital room to the hospital school has amazing effects on the child. I can tell you this; I wish you could see our students who are waiting in the hospital school door in the mornings or the ones who are waiting at noon time for us to come back from lunch. None of the students of a hospital school are as excited as hospital school students and want to come to school with such an enthusiasm. This place is different, this place is special' (See Appendix C).

As mentioned in the SH1, the hospital school also provides socialization among children by enabling them to have communicated with other children and their teachers and get rid of their stress by making them feel relaxed and peaceful. Socialization has positive effect on children's healing because hospital school teachers think that by being together with other children, playing with each other, having lesson with each other and sharing ideas make children feel relaxed psychologically. As an answer to question 'Do you think that socialization has effects on children's healing? Why and how?' one of the teachers said that; 'I think that it [Socialization among peers] has a positive effect. Being in the same environment with their peers, having lessons, playing games and having sharing with others provide children to have positive feelings. They become happy. Because of being together with the people who are in the same situation with them, they do not feel alone' (See Appendix C).

Regarding the analysis of findings it was found that, as mentioned in the SH6, majority of the students above the age of 14 stated that they have more than 3 peers. Also direct observation showed that, older children have increased level of communication with more number of peers than younger children. In addition to this,

older students also mentor younger students. They play games with them and help them while having courses and with any other situation. This only happens after a certain amount of time passes and the child gets accustomed to hospital environment. According to the chi-square test, it was found that there was not a significant relationship between the number of peers and teachers children have and their mood in the school ($\chi^2=8,410$, $df=6$, $p>0.05$), (See Appendix D). Even though this was the case, as mentioned in the SH1; all of the children who have 3 peers are happy, majority of the children who has more than 3 peers are happy and minority of the children who are alone are happy. In general, majority of the children in the hospital school who have more than 3 peers stated that they were all happy. As an answer to question ‘What do you like most doing in the hospital school? With whom and where?’ one of the children said that; ‘1.Studying, 2.Playing with teacher Lale’ (See Appendix D). As an answer to question ‘In where do you like most sitting in the hospital school and what do you like to do most? With whom?’ one of the children said that; ‘I like to sit in the foremost desk with Hüseyin’ (See Appendix C).

As mentioned in the SH1 and SH2; the majority of the children in the hospital who go to the hospital school said that, they most like playing in the hospital school with other students and their teachers. In addition to playing, they also like to study with other students and teachers. In addition, the majority of the children in the hospital who go to the hospital school said that, if there were no teachers or friends, they would not want to go the hospital school. Other students who still want to go to the hospital school said that when they go, they spend their time with their mothers and other friends in their hospital room by playing. This means that children need someone around them in the hospital school as their main aim in visiting this

environment is socialization in order to stay in the hospital school. As an answer to question ‘If there were no teachers or friends, would you still want to come to hospital school? What would you do? With whom?’ one of the children said that; ‘I would not come if there were no teachers’ (See Appendix C). Moreover, teachers of the hospital school think that, socialization has positive effects on children’s healing, because of being together with other children, playing with each other, having lesson with each other and sharing ideas make them feel relaxed psychologically and forget their illnesses. As an answer to question ‘Do you think that socialization has effects on children’s healing? Why and how?’ one of the teachers said that; ‘Being together with their peers in the hospital as in their normal environments, children feel happy. Seeing that they are not the only ones who are ill, but that also many other children are ill psychologically relaxes the children’ (See Appendix C). One of the comments of the student was very specific regarding this ‘I am coming to the hospital school to make new friends’ (See Appendix C).

As mentioned in the SH2 and SH3; majority of the students said that the hospital school is what makes them happy about the hospital. In addition to this, according to the children’s questionnaires; the hospital school is the most important aspect of the hospital. The reason for this finding could depend on many issues; however it was an interesting one indicating the importance of the hospital school for children in the hospital. The majority of the children in the hospital who go to the hospital school also said that, having a hospital school in the hospital is a good thing, because it makes them happy and they think that in the hospital school they spend their time having fun, studying and playing which provides them with a higher morale and prevents them from getting bored. As an answer to question ‘What do you think

about the hospital school in this hospital? Why?’ one of the teachers said that; ‘Having a hospital school in the hospital makes me very happy because I have sooo much fun there’ (See Appendix C). Also, teachers of the hospital school said that majority of the students feel happy and have high morale in the hospital school due to socializing. As an answer to question ‘Do you think that socialization has effects on children’s healing? Why and how?’ one of the teachers said that; ‘In the places in which there is communication, people can forget their worries and linger. Students who socialize with each other, making some activities, getting know each other and provide connection during the hospital stay which makes them stay away from their illnesses. This situation of course, has positive effects on their health’ (See Appendix C).

Overall, several conclusions can be drawn from these findings; first, related to the main hypothesis (H); it was found that, hospital schools are environments for children that support well-being and healing by means of socialization with other teachers and students. Second; related to the SH3 and SH5; it was found that the relationship between the mood on the way to school and the mood due to leaving school are connected with each other. Children of the hospital school become enthusiastic and excited before coming to school and feel sad due to leaving there but also happy due to of having a good time in this place. Third, related to the SH6; it was found that the relationship between the age of children and number of peers they have are connected with each other because older students have more peers and they also mentor younger ones. Fourth, related to the SH1; it was found that the number of peers children have and their mood in the school were highly connected with each other because the majority of the children who were happy in the hospital school had

more than 3 peers. Fifth, related to the SH1 and SH2; it was found that the relationship between the number of people with whom children do most liked things and the number of people with whom children spend time in their favorite places are connected with each other because most children preferred socialization by means of spending time with a peer or a teacher. Sixth, related to the SH2 and SH3; it was found that the relationship between the things makes children happy about the hospital and the thoughts of children about the hospital school are highly related because according to answers of the children hospital school is the most given answer about the thing makes children happy about the hospital. Also the majority of the children said that they felt very good, happy and comfortable in the hospital school. As a conclusion, as all sub hypothesis support the main hypothesis, it can be stated that socialization acts as a factor that supports well-being and thus healing.

CHAPTER 6

CONCLUSION

This thesis explored implications of the concepts of healing and well-being with respect to socialization in children's hospital schools based on criteria derived from a literature survey of children's healthcare environments and effects on healing. These criteria were applied to a case study to figure out if a children's hospital school really affects the healing process by supporting well-being in a social environment. This way it aims to create awareness about the importance of well-designed children's hospital schools and their effects on children.

The case study was conducted through a combined methodology of descriptive research area analysis, questionnaires, observation checklists, behavioral maps, drawings and interviews based on the criteria derived from the literature survey. The physical characteristics of the research area were analyzed to understand how children use the space, in which parts did they spend their time and the like. By analyzing the use of space, the aim was to understand how the physical and social aims were related, how children chose to study and how the variety of social relations affected well-being and healing.

In addition to analyzing the physical characteristics of the space, also psychological state and behaviors of the users of this space who were students and teachers were analyzed. Here, the aim was to find out about the psychological and physical effects of the environment on users and the effects of social support on well-being and healing. The proposed method of the research involved the critical overview of children's hospital school environments by describing a variety of children's healthcare environments which accommodated these schools. Histories, reasons of occurrence, effects on ill children and the status of today's children's hospital schools from the world and from Turkey were investigated as it is important to know the starting point of children's hospital school and its relations with other concepts and fields. In addition to this overview; the concepts of healing and well-being related to children's healthcare environment were analyzed.

In order to study effects of the hospital schools in ill children; children, hospital school teachers and user-space relationships were investigated. These investigations were done by questionnaires and painting technique applied for the children and by questionnaires for the teachers. In addition to these methods, observation checklists which provide opportunity to investigate procedures which cannot be obtained by written or verbal methods were also used. A few limitations of the study can be pointed out. First, on the application date of the case study, children who were the users of the hospital school could not be anticipated due to the difference of the health conditions and related issues. Because of this, it was very hard to provide a controlled group. In addition to this, the number of children and number of teachers for the case study could be increased for the future studies related to hospital schools.

Further implications of the study can be to increase the number of case studies in children's hospital schools and examine more hospital schools with different users. When number of case studies and users are increased, the results of this study can be more generalized. Also a comparison between children's hospital schools in Turkey and in the world could help to understand and enhance the...these spaces. Health environments designed for children need to be designed with utmost care to become quality spaces that support the well-being and thus healing of its users.

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APPENDICES

APPENDIX A: DATA ON CHILDREN'S HOSPITALS IN TURKEY

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APPENDIX A

DATA ON CHILDREN'S HOSPITALS IN TURKEY

APPENDIX A: Hospital Schools in Turkey.

	CITY	CHILDREN'S HOSPITAL Number/Name	CHILDREN'S HOSPITAL SCHOOL WITH SCHOOL Number/Name	GENERAL HOSPITAL WITH SCHOOL Number/Name
1	Adana	(1) -Çukurova Birth and Infantile Diseases Hospital	(0)	(2) -Çapa University Faculty of Medicine Hospital -Çukurova Public Hospital
2	Adıyaman	(1) -Adıyaman Women's Birth and Infantile Diseases Hospital	(0)	(0)
3	Afyon	(1) -Özel Telek Birth and Children's Hospital	(0)	(0)
4	Ağrı	(1) -Ağrı Women's Birth and Infantile Diseases Hospital	(0)	(0)
5	Aksaray	(1) -Aksaray Şammaz Vehbi Ekecik Women's Birth and Infantile Diseases Hospital	(0)	(0)
6	Amasya	(1) -Amasya Women's Birth and Infantile Diseases Hospital	(0)	(0)

7	Ankara	(5) -Ankara Children's Hospital - Ankara Infantile Diseases Hospital -Dr. Sami Ulus Children's Hospital - Gata Children's Oncology -Hacettepe University Children's Hospital	(5) -Ankara Children's Hospital - Ankara Infantile Diseases Hospital -Dr. Sami Ulus Children's Hospital - Gata Children's Oncology -Hacettepe University Children's Hospital	(5) -Ankara Oncology Hospital -Ankara Physiotherapy and Rehabilitation Education and Research Hospital - Ankara University Faculty of Medicine Hospital -Atatürk Sanatorium Hospital -Gazi University Faculty of Medicine Hospital
8	Antalya	(0)	(0)	(1) -Akdeniz University Faculty of Medicine Hospital
9	Aydın	(0)	(0)	(1) -Aydın Public Hospital
10	Balıkesir	(0)	(0)	(1) -Balıkesir Atatürk Public Hospital
11	Bartın	(1) -Bartın Women's Birth and Infantile Diseases Hospital	(0)	(0)
12	Batman	(1) -Batman Women's Birth and Infantile Diseases Hospital	(0)	(0)

18	Burdur	(1) -Burdur Women's Birth and Infantile Diseases Hospital	(0)	(0)
19	Bursa	(2) -Bursa Dörtçelik Children's Hospital -Çukurova Women's Birth and Infantile Diseases Hospital	(0)	(1) -Uludağ University Faculty of Medicine Hospital
20	Çorum	(1) -Çorum Women's Birth and Children Care Hospital	(0)	(0)
21	Denizli	(0)	(0)	(2) -Denizli Public Hospital -Pamukkale University Education, Application and Research Hospital
22	Diyarbakır	(1) -Dicle University Faculty of Medicine Children's Health Hospital	(1) -Dicle University Faculty of Medicine Children's Health Hospital	(0)
23	Edirne	(0)	(0)	(1) -Trakya University Faculty of Medicine Hospital
24	Erzincan	(0)	(0)	(1) -Erzincan Public Hospital

25	Erzurum	(1) -Aziziye Women's Birth and Infantile Diseases Hospital	(0)	(2) -Erzurum Atatürk University Faculty of Medicine Yakutiye Research Hospital -Yakutiye Education and Region Research Hospital
26	Eskişehir	(1) -Eskişehir Birth and Infantile Diseases Hospital	(1) -Eskişehir Birth and Infantile Diseases Hospital	(2) -Osmangazi University Research and Application Hospital -Zübeyde Hanım Public Hospital
27	Gaziantep	(1) -Gaziantep Children's Hospital	(0)	(0)
25	Giresun	(1) -Giresun Birth and Infantile Diseases Hospital	(0)	(0)
26	Hatay	(1) -Hatay Women's Birth and Infantile Diseases Hospital	(0)	(0)
27	Isparta	(1) -Yalvaç Birth and Children Care Hospital	(0)	(2) -Eğirdir Bone Treatment and Rehabilitation Hospital -Süleyman Demirel University Research Hospital

28	İstanbul	(4) -Beykoz Children's Cardiology Hospital -SSK Bakırköy Public House Women and Children's Hospital -Yakacık Birth and Children Care Hospital -Zeynep Kamil Women's and Infantile Diseases Hospital	(1) -SSK Bakırköy Public House Women and Children's Hospital	(4) -İstanbul University Cerrahpaşa Faculty of Medicine Hospital -İstanbul University Faculty of Medicine Çapa Hospital -İstanbul University Oncology Institute Hospital -70 th Year Physiotherapy Rehabilitation Center
29	İzmir	(1) -İzmir Dr. Behçet Uz Children's Hospital	(1) -İzmir Dr. Behçet Uz Children's Hospital	(2) -Ege University Faculty of Medicine Hospital -9 Eylül University Faculty of Medicine Hospital
30	Kayseri	(0)	(0)	(2) -Dr. Vedat Ali Özkan Public Hospital -Erciyes University Faculty of Medicine Hospital

31	Kocaeli	(1) -Kocaeli University Faculty of Medicine Children's Health and Infantile Diseases Hospital	(1) -Kocaeli University Faculty of Medicine Children's Health and Infantile Diseases Hospital	(0)
32	Konya	(2) -Selçuk University Meram Faculty of Medicine Children's Hospital -Selçuklu Konya Dr. Faruk Sükan Birth and Children's Hospital	(2) -Selçuk University Meram Faculty of Medicine Children's Hospital -Selçuklu Konya Dr. Faruk Sükan Birth and Children's Hospital	(1) -Meram Education and Research Hospital
33	Malatya	(0)	(0)	(1) -İnönü University Turgut Özal Center of Medicine Hospital
34	Mardin	(1) -Mardin Women's Birth and Infantile Diseases Hospital	(0)	(0)
35	Muş	(1) -Muş Women's Birth and Infantile Diseases Hospital	(0)	(0)
36	Niğde	(1) -19 Mayıs University Faculty of Medicine Hospital	(0)	(0)
37	Osmaniye	(1) -Birth and Children Nursing Home Hospital	(0)	(0)

39	Samsun	(1) -Birth and Children Nursing Hospital	(1) -Birth and Children Nursing Hospital	(2) -19 Mayıs University Faculty of Medicine Hospital -Samsun Public Hospital
40	Siirt	(1) -Siirt Women's Birth and Infantile Diseases Hospital	(0)	(0)
41	Şanlıurfa	(1) -Şanlıurfa Infantile Disease Hospital	(0)	(0)
42	Tokat	(1) -Tokat Women's Birth and Infantile Diseases Hospital	(0)	(0)
43	Trabzon	(1) -Trabzon Women's Birth and Infantile Diseases Hospital	(0)	(1) -Karadeniz Technical University Farabi Hospital
44	Van	(1) -Van Women's Birth and Children Care Hospital	(0)	(0)
45	Yozgat	(1) -Yozgat Bozok Women's Birth and Children Care Hospital	(0)	(0)

APPENDIX B

ORIGINAL INSTRUMENTS OF THE CASE STUDY

APPENDIX B1: CHILDREN'S QUESTIONNAIRE.

CHILDREN'S QUESTIONNAIRE

Name:

Surname:

Age:

1. What makes you happy about this hospital? Why?
2. What makes you unhappy about this hospital? Why?
3. What do you think about the hospital school in this hospital? Why?
4. How do you feel when you are in the hospital school?
5. What do you like most doing in the hospital school? With whom and where?
6. In where you do like most sitting in the hospital school and what do you like to do most? With whom?
7. If there were no teachers or friends, would you still want to come to hospital school? What would you do? With whom?
8. What is your dream activity that you want to have in the hospital school? Why?
9. What is your favorite day in the hospital school among special days like exhibitions, holidays, etc.? Why?

ADIN:

SOYADIN:

YAŞIN:



İZMİR BEHÇET UZ ÇOCUK HASTANESİ ÖRNEK OLAY İNCELEMESİ
ÖĞRENCİ SORULARI

İZMİR EKONOMİ ÜNİVERSİTESİ SOSYAL BİLİMLER ENSTİTÜSÜ
TASARIM ÇALIŞMALARI YÜKSEK LİSANS PROGRAMI TEZ ÇALIŞMASI
ARAŞTIRMA GÖREVLİSİ OYLUM DİKMEN

1. Hastane ile ilgili seni en mutlu eden şey nedir? Neden?



İZMİR BEHÇET UZ ÇOCUK HASTANESİ ÖRNEK OLAY İNCELEMESİ
ÖĞRENCİ SORULARI

İZMİR EKONOMİ ÜNİVERSİTESİ SOSYAL BİLİMLER ENSTİTÜSÜ
TASARIM ÇALIŞMALARI YÜKSEK LİSANS PROGRAMI TEZ ÇALIŞMASI
ARAŞTIRMA GÖREVLİSİ OYLUM DİKMEN

2. Hastane ile ilgili seni en mutsuz eden şey nedir? Neden?



İZMİR BEHÇET UZ ÇOCUK HASTANESİ ÖRNEK OLAY İNCELEMESİ
ÖĞRENCİ SORULARI

İZMİR EKONOMİ ÜNİVERSİTESİ SOSYAL BİLİMLER ENSTİTÜSÜ
TASARIM ÇALIŞMALARI YÜKSEK LİSANS PROGRAMI TEZ ÇALIŞMASI
ARAŞTIRMA GÖREVLİSİ OYLUM DİKMEN

3. Hastanede bir okul olması sence nasıl bir şey? Neden?



İZMİR BEHÇET UZ ÇOCUK HASTANESİ ÖRNEK OLAY İNCELEMESİ
ÖĞRENCİ SORULARI

İZMİR EKONOMİ ÜNİVERSİTESİ SOSYAL BİLİMLER ENSTİTÜSÜ
TASARIM ÇALIŞMALARI YÜKSEK LİSANS PROGRAMI TEZ ÇALIŞMASI
ARAŞTIRMA GÖREVLİSİ OYLUM DİKMEN

4. Okuldayken kendini nasıl hissediyorsun?



İZMİR BEHÇET UZ ÇOCUK HASTANESİ ÖRNEK OLAY İNCELEMESİ
ÖĞRENCİ SORULARI

İZMİR EKONOMİ ÜNİVERSİTESİ SOSYAL BİLİMLER ENSTİTÜSÜ
TASARIM ÇALIŞMALARI YÜKSEK LİSANS PROGRAMI TEZ ÇALIŞMASI
ARAŞTIRMA GÖREVLİSİ OYLUM DİKMEN

5. Okulda yapmaktan en çok hoşlandığın şey nedir? Kiminle? Nerede?



İZMİR BEHÇET UZ ÇOCUK HASTANESİ ÖRNEK OLAY İNCELEMESİ
ÖĞRENCİ SORULARI

İZMİR EKONOMİ ÜNİVERSİTESİ SOSYAL BİLİMLER ENSTİTÜSÜ
TASARIM ÇALIŞMALARI YÜKSEK LİSANS PROGRAMI TEZ ÇALIŞMASI
ARAŞTIRMA GÖREVLİSİ OYLUM DİKMEN

6. Okulda en çok nerede oturmayı ve ne yapmayı seviyorsun? Kiminle?



İZMİR BEHÇET UZ ÇOCUK HASTANESİ ÖRNEK OLAY İNCELEMESİ
ÖĞRENCİ SORULARI

İZMİR EKONOMİ ÜNİVERSİTESİ SOSYAL BİLİMLER ENSTİTÜSÜ
TASARIM ÇALIŞMALARI YÜKSEK LİSANS PROGRAMI TEZ ÇALIŞMASI
ARAŞTIRMA GÖREVLİSİ OYLUM DİKMEN

7. Burada öğretmenlerin veya arkadaşların olmasa yine de gelmek ister miydin? Ne yapardın? Kiminle?



İZMİR BEHÇET UZ ÇOCUK HASTANESİ ÖRNEK OLAY İNCELEMESİ
ÖĞRENCİ SORULARI

İZMİR EKONOMİ ÜNİVERSİTESİ SOSYAL BİLİMLER ENSTİTÜSÜ
TASARIM ÇALIŞMALARI YÜKSEK LİSANS PROGRAMI TEZ ÇALIŞMASI
ARAŞTIRMA GÖREVLİSİ OYLUM DİKMEN

**8. Burada olmasını istediğin,
hayalindeki etkinlik nedir?
Neden?**



**İZMİR BEHÇET UZ ÇOCUK HASTANESİ ÖRNEK OLAY İNCELEMESİ
ÖĞRENCİ SORULARI**

İZMİR EKONOMİ ÜNİVERSİTESİ SOSYAL BİLİMLER ENSTİTÜSÜ
TASARIM ÇALIŞMALARI YÜKSEK LİSANS PROGRAMI TEZ ÇALIŞMASI
ARAŞTIRMA GÖREVLİSİ OYLUM DİKMEN

**9. Bayram, sergi gibi özel
günler arasında en sevdiğin
hangisi? Neden?**



**İZMİR BEHÇET UZ ÇOCUK HASTANESİ ÖRNEK OLAY İNCELEMESİ
ÖĞRENCİ SORULARI**

İZMİR EKONOMİ ÜNİVERSİTESİ SOSYAL BİLİMLER ENSTİTÜSÜ
TASARIM ÇALIŞMALARI YÜKSEK LİSANS PROGRAMI TEZ ÇALIŞMASI
ARAŞTIRMA GÖREVLİSİ OYLUM DİKMEN

APPENDIX B2: TEACHER'S QUESTIONNAIRE.

TEACHER'S QUESTIONNAIRE

Name:

Surname:

Your Branch:

Working Time in the Hospital School:

1. Can you briefly explain the effects of the hospital school on children?
2. Do you think that socialization has effects on children's healing? Why and how?
3. How is the spatial organization in the periods when students are in the highest level of social interaction?
4. What are the most popular activities and where do children realize these activities?
5. How do you feel when you are coming here? Why?
6. How do you feel when you are leaving here? Why?
7. What is the activity that you most like to do with children? Why?
8. Do you think that hospital school has contributions to children? How it affects children to go out from hospital room and come to school?

ADINIZ:

SOYADINIZ:

BRANŞINIZ:

**KAÇ YILDIR BU OKULDA GÖREV
YAPMAKTASINIZ:**



İZMİR BEHÇET UZ ÇOCUK HASTANESİ ÖRNEK OLAY İNCELEMESİ
ÖĞRETMEN SORULARI

İZMİR EKONOMİ ÜNİVERSİTESİ SOSYAL BİLİMLER ENSTİTÜSÜ
TASARIM ÇALIŞMALARI YÜKSEK LİSANS PROGRAMI TEZ ÇALIŞMASI
ARAŞTIRMA GÖREVLİSİ OYLUM DİKMEN

**1. Hastane okulunun öğrenciler
üzerindeki etkisini kısaca açıkla-
r mısınız?**

**2. Kendi aralarında sosyalleşmenin
öğrencinin iyileşmesi üzerinde nasıl
bir etkisi olduğunu düşünüyorsunuz?
Açıklar mısınız?**



İZMİR BEHÇET UZ ÇOCUK HASTANESİ ÖRNEK OLAY İNCELEMESİ
ÖĞRETMEN SORULARI

İZMİR EKONOMİ ÜNİVERSİTESİ SOSYAL BİLİMLER ENSTİTÜSÜ
TASARIM ÇALIŞMALARI YÜKSEK LİSANS PROGRAMI TEZ ÇALIŞMASI
ARAŞTIRMA GÖREVLİSİ OYLUM DİKMEN

**3. Öğrencilerin en sosyal oldukları
zaman mekan düzeni ne şekilde?**

**4. Öğrenciler genel olarak en çok
zamanı mekanın neresinde ve ne
yapara geçiriyorlar?**



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**5. Buraya gelirken kendinizi nasıl
hissediyorsunuz? Neden?**

**6. Buradan giderken kendinizi nasıl
hissediyorsunuz? Neden?**



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7. Öğrencilerle yapmayı en çok sevdiğiniz etkinlik nedir? Neden?

8. Sizce hastane okulunun öğrenciye katkısı var mıdır? Öğrencinin hasta odasından çıkıp okula gelmesi üzerinde ne gibi etkiler yaratıyor?



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APPENDIX B3: CHILDREN'S CONTROL QUESTIONNAIRE.

CHILDREN'S CONTROL QUESTIONNAIRE

Name of the Student:

Surname of the Student:

Age of the Student:

Sex of the Student:

Illness of the Student:

Duration of Staying in Hospital:

General Characteristics of the Student:

1. According to your observations, what makes him/her happy about this hospital?
Why?
2. According to your observations, what makes him/her unhappy about this hospital? Why?
3. According to your observations, how does he/she feel when he/she is in school?
4. What does he/she like most doing in here? With whom and where?
5. Where does he/she spend most of his/her time in school? Does he/she alone or with someone?
6. According to your observations, how does he/she feel when him/her are leaving here? Why?

ÖĞRENCİNİN ADI:

ÖĞRENCİNİN SOYADI:

ÖĞRENCİNİN YAŞI:

ÖĞRENCİNİN CİNSİYETİ:

ÖĞRENCİNİN HASTALIĞI:

**ÖĞRENCİNİN HASTANEDE BULUNMA
SÜRESİ:**

**ÖĞRENCİNİN KISACA GENEL
ÖZELLİKLERİ:**



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1. Gözlemlerinize göre hastane ile ilgili öğrenciyi en mutlu eden şey nedir? Neden?

2. Gözlemlerinize göre hastane ile ilgili öğrenciyi en mutsuz eden şey nedir? Neden?



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3. Gözlemlerinize göre öğrenci kendini okuldayken nasıl hissediyor?

4. Öğrencinin burada yapmaktan en çok hoşlandığı şey nedir? Kiminle ve nerede?



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5. Öğrencinin okulda en çok vait geçirdiği yer neresi? Burada yalnız mı biri ile birlikte mi?

6. Öğrenci buradan giderken kendini nasıl hissediyor? Neden?



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ÖĞRENCİ KONTROL SORULARI

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APPENDIX B4: SAMPLE OBSERVATION CHECKLIST.

OBSERVATION CHECKLIST

NAME OF THE CHILD:

DATE:

TIME:

1. Mood of the child before coming the school:

Happy	Sad	Anxious	Angry	Withdrawn

2. Gender of the child:

Male	Female

3. Age of the child:

0-5	6-8	9-11	12-14	14 and above

4. Staying time in the hospital (day):

1-3	4-7	8-15	16-30	More than 30

5. Number of peers with the child in the school:

Alone	1	2	3	More than 3

6. Place of the child:

Garden view tables	Couches	Desks	Computer Area	Walking

1



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ARAŞTIRMA GÖREVLİSİ OYLUM DİKMEN

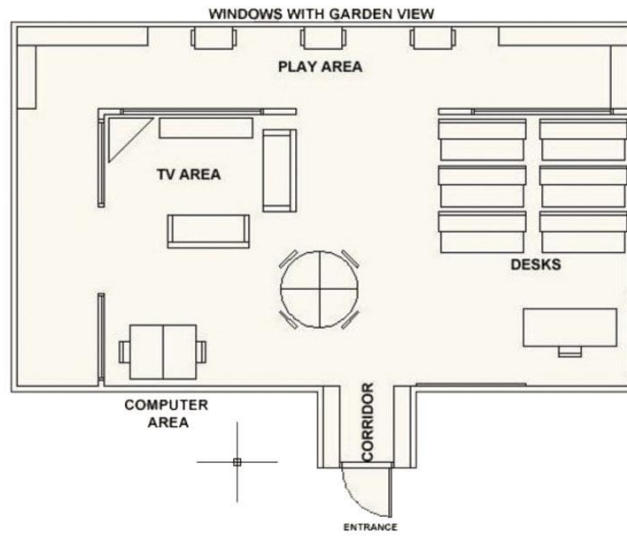
7. Mood of the child in the school:

Happy	Sad	Anxious	Angry	Withdrawn

8. Mood of the child after leaving the school:

Happy	Sad	Anxious	Angry	Withdrawn

9. Place in the school on the behavioral map:



10. Personal notes about the child:

2



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GÖZLEM LİSTESİ

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APPENDIX B6: DRAWING.

SUBJECT OF THE DRAWING: ‘Can you draw a picture of a place in which you feel the happiest in this school include yourself and people around you?’.

**Hayalindeki okulun resmini
yapar mısın? (Kendini ve
yanındakileri çizerek).**



**İZMİR BEHÇET UZ ÇOCUK HASTANESİ ÖRNEK OLAY İNCELEMESİ
ÖĞRENCİ SORULARI**

İZMİR EKONOMİ ÜNİVERSİTESİ SOSYAL BİLİMLER ENSTİTÜSÜ
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APPENDIX C

SAMPLES FROM CHILDREN'S AND TEACHER'S RESPONSES

APPENDIX C1: SAMPLES FROM CHILDREN'S RESPONSES.

**1. Hastane ile ilgili seni en mutlu eden şey nedir?
Neden?**

Hastanede okulun olması güzel çünkü -
hastalara moral alıyor. Doktorlar güler yüzlü
çok iyi niyetliler.

("It is good to have hospital school in the hospital because; it provides morale for sick children. Doctors are smiling and very favorable").

**1. Hastane ile ilgili seni en mutlu eden şey nedir?
Neden?**

Hastane ile ilgili beni en çok okul
mutlu ediyor ve eğlenceli şeyler oluyor ve sürprizler
oluyor.

("The hospital school makes me happy about the hospital because it is fun and some nice surprises take place there").

**1. Hastane ile ilgili seni en mutlu eden şey nedir?
Neden?**

Yeni bir arkadaş bulmak onunla iyi geçinmek

("To find a new friend and to get along with her/him").

**3. Hastanede bir okul
olması sence nasıl bir şey?
Neden?**

Hastanede okul olması çok güzel bir şey.
Çünkü, Çocuklar eğitiminden geri kalmıyor.

("It is good to have school in the hospital. Because children do not stay behind their education").

**3. Hastanede bir okul
olması sence nasıl bir şey?
Neden?**

Hastanede bir okul olması beni çok mutlu
ediyor. Çünkü orada çok çok eğleniyorum.

("Having a hospital school in the hospital makes me very happy because I have sooo much fun there").

**3. Hastanede bir okul
olması sence nasıl bir şey?
Neden?**

Okulda müzik, resim ve oyun oynuyoruz
bu bizi hasta olduğumuz halle
sevindiriyor.

("We are listening to music, painting and playing games in the school and this make us happy even though we are ill").

4. Okuldayken kendini nasıl hissediyorsun?

Çok iyi hissediyorum.

("I feel very good").

4. Okuldayken kendini nasıl hissediyorsun?

Kendi okulunda gibi hissediyorum. Eski günlerim aklıma geliyor.

("I feel like in my own school. I remember my old days").

4. Okuldayken kendini nasıl hissediyorsun?

Okuldayken kendini çok mutlu hissediyorum. Çünkü ders çok eğlenceli geçiyor.

("I feel very happy in the school, because classes are very enjoyable").

4. Okuldayken kendini nasıl hissediyorsun?

Çok iyi hissediyorum mutlu alıyorum.

("I feel very good, feel happy").

5. Okulda yapmaktan en çok hoşlandığın şey nedir? Kiminle? Nerede?

Okulda Öğretmenlerle ders yaparken

("In the hospital school, while having lesson with teachers").

5. Okulda yapmaktan en çok hoşlandığın şey nedir? Kiminle? Nerede?

Çocuklarla oyun oynamayı çok seviyorum

("I like playing with children very much").

5. Okulda yapmaktan en çok hoşlandığın şey nedir? Kiminle? Nerede?

1. Ders yapmak 2. Oyun oynamak. Lale öğretmenle. Sınıfta.

("1.Studying, 2.Playing with Teacher Lale in the hospital school.").

6. Okulda en çok nerede oturmayı ve ne yapmayı seviyorsun? Kiminle? *en öndeki sıradaki oturmak seviyorum hüseyinle*

("I like to sit in the foremost desk with Hüseyin").

7. Burada öğretmenlerin veya arkadaşların olmasa yine de gelmek ister miydin? Ne yapardın? Kiminle? *öğretmenler olmasa okula gelirim*

("I would not come if there were no teachers").

8. Burada olmasını istediğin, hayalindeki etkinlik nedir? Neden?

Grup çalışması. Eğlenceli olur

("Group work. It would be fun").

APPENDIX C2: SAMPLES FROM TEACHER'S RESPONSES.

1. Hastane okulunun öğrenciler üzerindeki etkisini kısaca açıklayabilir misiniz?

Hastane okulunun öğrenciler üzerinde çok olumlu etkisi olduğunu gözlemliyoruz. Tedavileri süresince okula gelerek veya yatağı başında bire-bire eğitim öğretimden yararlanan; çeşitli etkinliklerde bulunan ilköğretim çağı öğrencileri o süre içinde hastanede olduklarını unutup arkadaşları ve öğretmenleri ile iletişim sağlıyorlar. Böylece moralleri yükseliyor ve motivasyonları artıyor. Bu da hem tedavilerine olumlu katkı sağlıyor hem de çocukların hastane ortamının stresinden uzaklaşmalarına yardımcı oluyor. Uzun süreli yatan çocukların (özellikle Onkoloji hastaları) okullarından ayrı olsalar da derslere devam edebilmeleri onları çok mutlu etmekte, sene kayıpları engellendiği için de ayrıca çok huzurlu ve rahat hissetmelerine yol açmaktadır.

("We observe that, the hospital school has many positive effects on children. Children in the primary school age, who come to school during their medical treatments and who take personal education at their bed because of their illnesses, forget their illnesses and communicate with their teachers and friends during the education process. Consequently, their motivation and morale levels increase. These both provide a positive contribution to their medical treatments and enable them to stay away from the stress of the hospital. Especially oncology patients get rid of this stress, because even though they are away from their own school, they can continue their classes and this makes them very happy and feel peaceful and comfortable because of not worrying about losing a year in their education").

1. Hastane okulunun öğrenciler üzerindeki etkisini

kısaca açıklar mısınız? Hastaneye gelen okul çağı çocuğun en büyük endişelerinden biride okulun ne olacak. Düşünce sidir. Tedavi için yattığında okul olduğunu görünce sevinir. Okulundan geri kalmadığını düşünmek onu rahatlatır. Sınıfta kaldığı süre zarfında hastane olduğunu unutuyor. Derslere katılıyor. Birlikte etkinliklerde bulunuyor. Moralinin iyi olması tedavide olumlu etki yapıyor. Bunu gözlemliye biliyorum.

Sınıfa gelemeyenlerin de odasına gidip yatağında, onunla birlikte ders ve ders dışı etkinliklerde bulunuyoruz. Bir saatlik birliktelik, gün boyu ona moral veriliyor. Kendini iyi hissetmesine yardımcı oluyor.

(“Existence of the hospital school in the hospital provides positive effects on children. Having a hospital school in the hospital environment in which children visit because of their illnesses, is perfect for their psychologies because they are doing many activities and also do not stay behind from their classes. Hospital school is also an important place for children to become socialize and provide communication”).

2. Kendi aralarında sosyalleşmenin öğrencinin iyileşmesi üzerinde nasıl bir etkisi olduğunu düşünüyorsunuz?

Açıklar mısınız? Hastane ortamında da normal yaşamın içinde yaşatları ile birarada olmak çocukların daha mutlu hissetmelerine yardımcı olmaktadır. Sadece kendisinin hastanede yalnız olmadığını, onun gibi bir çok çocuğun bulunduğunu görmek, birlikte paylaşımında bulunmak ve farklı aktivitelerin içinde yer almak onları psikolojik olarak rahatlatmaktadır.

(“Being together with their peers in the hospital as in their normal environments, children feel happy. Seeing that they are not the only ones who are ill, but that also many other children are ill psychologically relaxes the children”).

1. Hastane okulunun öğrenciler üzerindeki etkisini kısaca açıklayınız?

Hastanenin içinde bir okul olması, çocukların üzerinde olumlu etkiler bırakmaktadır. Onların, rahatsızlıklarından dolayı geldikleri (tabii ki sıkılarak) hastane ortamında, bir okulun olması ve orda hem derslerinden geri kalmadan çeşitli aktiviteler yapıyor olmaları, psikolojileri için mükemmel. Hastane okulu çocukların sosyalleşmesi, iletişim kurması içinde önemli bir yerdir.

("Existence of the hospital school in the hospital provides positive effects on children. Having a hospital school in the hospital environment in which children visit because of their illnesses, is perfect for their psychologies because they are doing many activities and also do not stay behind from their classes. Hospital school is also an important place for children to become socialize and provide communication").

8. Sizce hastane okulunun öğrenciye katkısı var mıdır?

Öğrencinin hasta odasından çıkıp okula gelmesi üzerinde ne gibi etkiler yaratıyor?

Hastane okulunun öğrenciye katkısı çok fazla. Okula hiç başlamamış olan 1. sınıf öğrencileri hastanedeki çalışmalarımız sonucu okuma-yazma öğrenmekte ve sınıfını geçmektedir. Bu çalışmalar tedavisine olumlu katkı sağladığı gibi çocuğun umutla hayata bağlanmasını sağlamaktadır.

("The contribution of the hospital school to the student is great. 1st year students who never went to school learn how to read and how to write in the hospital school and pass their classes without staying behind from their peers. These studies provide positive contributions to children's medical treatments and also provide them to hold on to life with hope").

8. Sizce hastane okulunun öğrenciye katkısı var mıdır?

Öğrencinin hasta odasından çıkıp okula gelmesi üzerinde ne gibi etkiler yaratıyor?

Kesinlikle var. Zaten bu cevabı ezberlemediğim için.

Yaşadıklarım dan bunu anlıyorum.

Öğrencinin hasta odasından okula gelmesi onun üzerinde inanılmaz olumlu etkiler yaratıyor.

Sizce söyle diyebilirim; Her sabah bir sınıfımızı açmadan kapıda bekleyen öğrencilerimizden bahsediyordum. Ya da öğlen tatilimizin bitişini bekleyememelerine bahsediyordum, hiç bir okul öğrencisi bu kadar heyecanla, istekle okula gelmek istemiyor. Burası farklı, burası özel.

(“Absolutely there is. Besides, I do not give this answer without any reason; I understand this from my experiences. Coming from hospital room to the hospital school has amazing effects on the child. I can tell you this; I wish you could see our students who are waiting in the hospital school door in the mornings or the ones who are waiting at noon time for us to come back from lunch. None of the students of a hospital school are as excited as hospital school students and want to come to school with such an enthusiasm. This place is different, this place is special”).

APPENDIX D

STATISTICS

APPENDIX D1: Comparison of the Mood On the Way to School and the Mood Due to Leaving the School.

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Mood on the Way to Coming School* Mood Due to Leaving the School	14	100,0%	0	,0%	14	100,0%

Mood on the Way to Coming School * Mood Due to Leaving the School Crosstabulation

			Mood Due to Leaving the School		Total
			sad	angry	
Mood on the Way to Coming School	happy	Count	12	0	12
		% within Mood on the Way to Coming School	100,0%	,0%	100,0%
	angry	Count	0	1	1
		% within Mood on the Way to Coming School	,0%	100,0%	100,0%
	withdrawn	Count	1	0	1
		% within Mood on the Way to Coming School	100,0%	,0%	100,0%
Total		Count	13	1	14
		% within Mood on the Way to Coming School	92,9%	7,1%	100,0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	14,000 ^a	2	,001
Likelihood Ratio	7,205	2	,027
Linear-by-Linear Association	4,070	1	,044
N of Valid Cases	14		

a. 5 cells (83,3%) have expected count less than 5. The minimum expected count is ,07.

Symmetric Measures

		Value	Asymp. Std. Error ^a	Approx. T ^b	Approx. Sig.
Interval by Interval	Pearson's R	,560	,281	2,339	,037 ^c
Ordinal by Ordinal	Spearman Correlation	,621	,284	2,744	,018 ^c
N of Valid Cases		14			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

c. Based on normal approximation.

APPENDIX D2: Comparison of the Number of Peers and Teachers Children Have and the Mood in the School.

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Number of Peers and Teacher Children Have*	14	100,0%	0	,0%	14	100,0%
Mood in School						

Number of Peers and Teachers Children Have * Mood in School Crosstabulation

			Mood in School			Total
			happy	angry	withdrawn	
Number of Peers and Teachers Children Have	alone	Count	1	1	2	4
		% within	25,0%	25,0%	50,0%	100,0%
		Number of Peers and Teachers Children Have				
1		Count	0	0	1	1
		% within	,0%	,0%	100,0%	100,0%
		Number of Peers and Teachers Children Have				
3		Count	1	0	0	1
		% within	100,0%	,0%	,0%	100,0%
		Number of Peers and Teachers Children Have				
more than 3		Count	7	0	1	8
		% within	87,5%	,0%	12,5%	100,0%
		Number of Peers and Teachers Children Have				
Total		Count	9	1	4	14
		% within	64,3%	7,1%	28,6%	100,0%
		Number of Peers and Teachers Children Have				

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	8,410 ^a	6	,210
Likelihood Ratio	8,907	6	,179
Linear-by-Linear Association	5,047	1	,025
N of Valid Cases	14		

a. 11 cells (91,7%) have expected count less than 5. The minimum expected count is ,07.

Symmetric Measures

		Value	Asymp. Std. Error ^a	Approx. T ^b	Approx. Sig.
Interval by Interval	Pearson's R	-,623	,217	-2,760	,017 ^c
Ordinal by Ordinal	Spearman Correlation	-,562	,220	-2,354	,036 ^c
N of Valid Cases		14			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

c. Based on normal approximation.

APPENDIX D3: Comparison of the People with Whom Children Do Most Liked Things and the People with Whom Children Spend Time in Their Favorite Places.

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
The People With Whom Children Do Most Liked Things * The People with Whom Children Spend Time in Their Favorite Places	14	100,0%	0	,0%	14	100,0%

The People With Whom Children Do Most Liked Things * The People with Whom Children Spend Time in Their Favorite Places Crosstabulation

			The People with Whom Children Spend Time in Their Favorite Places			Total
			alone	with other students	no answer	
The People With Whom Children Do Most Liked Things	no answer	Count	0	0	4	4
		% within The People With Whom Children Do Most Liked Things	,0%	,0%	100,0%	100,0%
	with other students	Count	1	2	2	5
		% within The People With Whom Children Do Most Liked Things	20,0%	40,0%	40,0%	100,0%
	alone	Count	0	2	0	2
		% within The People With Whom Children Do Most Liked Things	,0%	100,0%	,0%	100,0%
	with teachers	Count	0	2	1	3
		What Do You Most Like Doing in School? With Whom?	,0%	66,7%	33,3%	100,0%
Total		Count	1	6	7	14
		% within The People With Whom Children Do Most Liked Things	7,1%	42,9%	50,0%	100,0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	8,711 ^a	6	,190
Likelihood Ratio	10,781	6	,095
Linear-by-Linear Association	1,960	1	,162
N of Valid Cases	14		

a. 12 cells (100,0%) have expected count less than 5. The minimum expected count is ,14.

Symmetric Measures

		Value	Asymp. Std. Error ^a	Approx. T ^b	Approx. Sig.
Interval by Interval	Pearson's R	-,388	,220	-1,460	,170 ^c
Ordinal by Ordinal	Spearman Correlation	-,506	,218	-2,034	,065 ^c
N of Valid Cases		14			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

c. Based on normal approximation.

APPENDIX D4: Comparison of the Things Made Children Happy About the Hospital and the Thoughts of Children About the Hospital School.

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Things Made Children Happy About the Hospital * Thoughts of Children About the Hospital School	14	100,0%	0	,0%	14	100,0%

**Things Made Children Happy About the Hospital * Thoughts of Children About the Hospital School
Crosstabulation**

			Thoughts of Children About the Hospital School			Total
			no answer	good	education	
Things Made Children Happy About the Hospital	school	Count	2	7	2	11
		% within Things Made Children Happy About the Hospital	18,2%	63,6%	18,2%	100,0%
play	Count	1	0	0	1	
	% within Things Made Children Happy About the Hospital	100,0%	,0%	,0%	100,0%	
discharged from hospital	Count	0	1	0	1	
	% within Things Made Children Happy About the Hospital	,0%	100,0%	,0%	100,0%	
make a new friend	Count	0	1	0	1	
	% within Things Made Children Happy About the Hospital	,0%	100,0%	,0%	100,0%	
Total	Count	3	9	2	14	
	% within Things Made Children Happy About the Hospital	21,4%	64,3%	14,3%	100,0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	4,949 ^a	6	,550
Likelihood Ratio	5,014	6	,542
Linear-by-Linear Association	,212	1	,645
N of Valid Cases	14		

a. 11 cells (91,7%) have expected count less than 5. The minimum expected count is ,14.

Symmetric Measures

		Value	Asymp. Std. Error ^a	Approx. T ^b	Approx. Sig.
Interval by Interval	Pearson's R	-,128	,113	-,446	,663 ^c
Ordinal by Ordinal	Spearman Correlation	-,183	,207	-,645	,531 ^c
N of Valid Cases		14			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

c. Based on normal approximation.