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Supporting pupils with cancer on their return to school: a case study report of a reintegration program

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Abstract

Opting for a qualitative approach in order to get a better insight in related processes at individual level, our study draws upon a single case research analysis. The case of an 11 year old boy who was diagnosed with leukaemia will be presented. The first part of the program deals with the semi-structured interviews involving parents, child and the school personnel aiming at exploring and identifying eventual difficulties related to the implementation of the intervention. Whereas, the second part deals with school staff workshops, peer education and counselling targeting at promoting family, school and hospital collaboration. The reintegration program increased teachers, peers and parents' knowledge concerning the medical and psychosocial aspects of cancer. An improvement of teachers and peers' attitude towards the suffering child was also observed. The creative collaboration of school, family and hospital definitely facilitated the progressive transition of the ill child back into the educational system. © 2010 Elsevier Ltd. All rights reserved.

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1. Introduction

Advancing medical treatment has increased focus on the quality of life of children who survive cancer. As a result of the improvements in treatment approaches children spend less time as inpatient recipients (i.e., within the hospital setting) of medical care and have increased opportunities to experience a sense of normalcy and social reintegration outside of the hospital setting. Thus, these children are able to reintegrate into their community school settings (Larcombe, 1995; Harris, 2009). Students with chronic illness are likely to suffer from various primary and secondary negative effects due to long hospitalizations and medical conditions affecting their physical, psychosocial, and academic functioning. Returning to school after hospitalization may bring hope to all family members that the child could achieve a regular development again. The difficulties after the return to school are identified on the chronic stressors inherent with the disease and the fact that cancer may lead to emotional difficulties and have academic and cognitive effects on the child (Chatira, 2000; Closs, 1999). The behavioural challenges faced by children with cancer are mainly how to deal with isolation of hospitalization and the pain and suffering associated with treatment procedures. Cancer has negative effects on the whole family, including parents

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and siblings as well as the child with cancer (Patenaude & Kupst, 2005). It is essential for chronically ill children to continue their schooling as soon as their condition permits it. School provides opportunities for social, emotional and cognitive development. Also it gives to the chronically ill child and its family the sense that they can carry on living as normally as possible alongside their peers (Rabin, 1994). It appears that school reintegration –as Harris (2009) advances- serves an important rehabilitative goal for children and acts as a moderator for children’s overall adjustment. Thus there are some difficulties that they arise when a child with cancer returns to school. These difficulties are as follows:

- School absences. Due to treatments and medical complications children with cancer may present poor school attendance.
- Low academic achievement and learning disabilities. Due to extended absences and missed work student may not be able to keep up his/her peers academically. Also, some treatments, such as central nervous system irradiation for leukemia are associated with an increase in learning disabilities.
- Physical changes (such as hair loss) may be reluctant to return to school. This may cause fear for teasing and rejection by their peers.
- Illness side effects (such as fatigue) may keep the child from participating in activities.
- Teachers may be very concern due to lack of knowledge about the disease.
- Parents may be reluctant to send their child with cancer to school due to fears of infection and peer acceptance and they may be overprotective (Closs, 2000b; Prevatt et al. , 2000; Sexson & Madan-Swain, 1993; Whitehead, 1995).

Open and ongoing communication among parents, child, school and hospital is a necessity in the materialization of a school re-entry program for a child with a chronic illness (Rabin, 1994; Sexson & Madan-Swain, 1993). Successful school reintegration is essential if the child is to develop normally in terms of intellect, social skills and peers relationships. School offers opportunities for social, emotional and cognitive development for children without special difficulties. It is also considered to be an ideal site to base intervention programs aiming at helping children who have been excluded for long periods. Reintegration programs may provide the opportunity for children who suffer from chronic illness and long academic exclusion to explore their fears, concerns and anxieties on their return to school and help them to deal with issues such as self- and body-image, classmate’s reactions, teachers’ attitudes, and schoolwork. The purpose of the present study is to explore the effectiveness of a reintegration program for chronically ill pupils within an elementary school setting. The critical need is for a holistic and individual approach to the education of children with medical conditions and remembering the importance of including these students with their peers socially and educationally (Closs, 2000a). Successful school reintegration for children diagnosed with cancer is best facilitated by an ecological/ecosystemic approach (Kourkoutas, 2008) with a coordinated effort between home, school and hospital ecosystems (Figure 1).

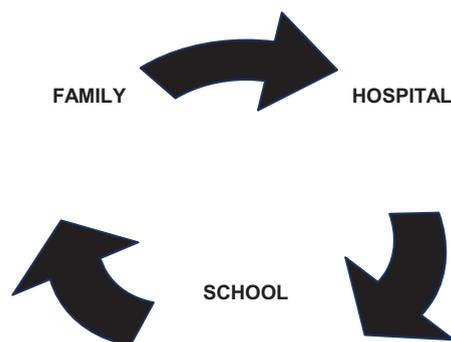


Figure 1. Schematic presentation of the co-ordination between family, hospital and school

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