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Engagement with education: Music education in a paediatric hospital

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ABSTRACT

This paper reports on an evaluation project aimed at improving engagement with education through a music based intervention using customised music technology and Specialist Music Teachers in an Australian paediatric hospital. The project utilised participant observation methodology, and 'flow experience' as a tool for analysis. The study found that using music technology with specialist pedagogy, led to engagement and enjoyment in making music and were key elements in enabling learning. The learning fostered intra-familial and peer relationships, a critical factor in closing the circle through supporting re-engagement with education. A model has been constructed which summarises these critical processes. We concluded that the technology and special pedagogy offers children with varying capabilities the ability to engage in learning despite hindrances during hospitalisation.

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1. Introduction

In recent years, medical advances have seen children with serious chronic illness continue to survive for longer periods and increasingly into adulthood (Ball & Teacher, 2011; Shiu, 2001). Australian data show that up to twenty percent of students may experience chronic illness, of which five percent may experience severe and complicated chronic illness (Dockett, 2004). As a result, many of these young children spend large amounts of time in a hospital environment, potentially impeding their wellbeing, social development and their ability to achieve educational milestones due to absence from the classroom. Hospitalisation and hospital visits for appointments and treatments are a significant cause of missed schooling for many children and young people (Hopkins, Nisselle, Zazryn, & Green, 2013; Shiu, 2001). Research evidence suggests that 45 percent of school aged-children who have experienced hospitalisation face a range of problems at school including prolonged school absence (Thies, 1999) with 58 percent of these children consistently absent from their classroom (Thies & McAllister, 2001). The effects of prolonged school absence are manifold across the life course and may include: educational under-achievement, future unemployment or under-employment, poorer physical and mental health, lower income, housing stress (Haas & Fosse, 2008). Others include social isolation and capacity to interact with supportive stimulating manner (Magee et al., 2011). School-aged children and young people may also suffer significantly by being absent from community activities and socialising with their peers, a factor which is particularly critical during the adolescent years

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(Nesbitt & Tabatt-Hausmann, 2008). It is therefore extremely important to ensure that children and young people remain engaged with a range of learning opportunities despite the complications of a health condition (Hopkins et al., 2013).

Disengagement due to hospitalisation has negative consequences for the child's educational achievement. However, supportive interventions to initiate and enhance active engagement in education and to maintain or re-build relationships have been shown to work (Ferguson & Walker, 2014; Liberto, 2016) but can be challenging to implement (Magee et al., 2011). In addition, so long as various phases of diagnosis, treatment, and hospitalisation continues, children and young people as well as their family members may experience heightened levels of stress and anxiety (Patenaude & Kupst, 2005; Robb, 2003). As a result, these children and young people may continue to experience social withdrawal, general distraction and isolation leading to disengagement with education (Lazarus & Folkman, 1984).

This paper argues that specialised music teaching using new digital technologies can play a critical role in engaging children and young people who are absent from school due to a health condition with ongoing learning. Nonetheless, because assessing learning outcomes for students as a result of brief or one-off interventions is difficult, we consider engagement with education as a proxy measure of learning, rather than attempting to measure learning outcomes against standardised measures over very short time frames. We developed an evaluation framework based on the exploration of the 'flow experience' to demonstrate engagement with learning. From this we theorise the effectiveness model. The model, based on our observed findings, supports our contention that the combination of stimulating technology with specialist pedagogy works effectively to engage students in learning in an out-of-school education setting. In addition, engagement with learning opportunities, leading to achievement in music (regardless of ability or prior learning), builds positive intra-familial and peer relationships which are critical factors in students' re-engagement with education after absence from school. Our study focused merely on the characteristics of music education, which make it an effective tool for encouraging learning, and keeping sick children engaged as learners while absent from school.

2. Objectives

The purpose of this evaluation research was to examine the extent to which children and young people at risk of disengagement due to hospitalisation are able to engage with music education in the hospital settings. Through the use of specialised pedagogy and custom designed electronic music devices, the study sought in particular, to examine whether the specialised teaching experience offered children and young people a beneficial learning experience, as well as offering an engaging, enjoyable or distracting opportunity.

This evaluation research aims to address the following questions

- To what extent is special pedagogy able to engage, distract and improve students learning experience?
- To what extent is the digital music technology and specialist pedagogy used as an educational intervention in an out-of-school education setting.

2.1. Music education in hospitals

In the hospital setting, non-pharmaceutical interventions such as music and creative arts programs, as well as broader learning opportunities, have been shown to have multifaceted benefits not only for chronically ill children but for their immediate family and support team (Nesbitt & Tabatt-Hausmann, 2008; Robb et al., 2008). The use of music education among chronically ill children and children with special needs can be implemented regardless of socio-cultural, economic, linguistic or educational background. It is also paralleled by the introduction and increased use of contemporary user friendly digital devices in hospital settings. From a music education perspective, these technologies include computer-based and tablet-based software applications and musical instrument digital interfaces (Lindeck, 2005; Lotts & Graves, 2011; Meurant, 2010). These technologies allow for programs to be inclusive of children of all ages, as well as those with severe and complex physical and social needs (Magee et al., 2011). More importantly, in a hospital environment where children may have only a limited opportunity to engage in a learning activity, the use of technology can assist in effective teaching so that students can participate and successfully engage during a short period of time (Magee & Burland, 2008; Magee et al., 2011).

In a creative and social music education environment, children, their siblings and families feel engaged in peer to peer activities and connected to a broader community, thereby promoting positive social support (Ito et al., 2009; Magee & Burland, 2008). A program including music education gives children in the hospital the opportunity to feel like any "normal child";¹ they can meet new friends, play and be engaged in a learning environment. This was evidenced by Flohr (1996) who measured the brain activity of four to six year old children after participating in music training for 25 min per day for seven weeks. Electroencephalography (EEG) frequency results found an association between music training and an increase in cognitive processing with great relaxation. While the Robb et al. (2008) study postulates that the immediate effect of an active music engagement intervention developed increasing coping-related behaviours in hospitalised paediatric oncology

¹ We use the term "normal" to refer to the way children and young people refer to themselves and the importance of being or feeling "normal" despite living with a health condition (Ferguson & Walker, 2014; Yates, 2014).

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