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"Psychological Challenges and Solutions in Engaging Students in Hospital Education Under Ambulatory Conditions" (Based on A Case Study)

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Abstract: This article examines psychological challenges in engaging students undergoing treatment in hospital education settings, particularly under ambulatory and daytime inpatient conditions. The study identifies decreased motivation, emotional instability, and social isolation as key barriers to learning. A comprehensive psychological support model based on diagnostics—such as Spielberger State-Trait Anxiety Inventory, Children's Depression Inventory, and Parental Attitude Research Instrument (PARI)—and art therapy interventions is proposed. The paper also presents a detailed case study demonstrating step-by-step psychological intervention.

Keywords: Hospital education, ambulatory learning, psychological support, motivation, art therapy, social adaptation, PARI.

Introduction: Hospital education ensures continuity of learning for children with chronic illnesses. However, students in outpatient settings often face psychological barriers that hinder their participation in educational activities.

Key Psychological Challenges

1. Decreased Learning Motivation

According to Self-Determination Theory (Deci & Ryan), motivation declines when autonomy and competence are limited.

2. Emotional Instability

Anxiety, fear, and depression affect cognitive performance.

3. Social Isolation

Limited peer interaction leads to reduced social competence.

4. Cognitive Decline

Medical treatment and fatigue may impair attention and memory.

Case Study

A 7th-grade student diagnosed with a hematological disease underwent 4 months of inpatient treatment and was later transferred to outpatient education. The student showed:

- low motivation
- anxiety
- refusal to complete tasks

Solutions

1. Individualized Learning Approach

Adjusting curriculum based on student's health condition.

2. Psychological Support

Use of art therapy and cognitive-behavioral techniques.

3. Gamification and Didactic Games

Enhancing engagement through interactive methods.

4. Multidisciplinary Collaboration

Cooperation among teachers, psychologists, and medical staff.

5. Family Involvement (PARI)

The Parental Attitude Research Instrument (PARI) helps assess parenting styles and improve family support.

Conclusion

A comprehensive approach combining psychological support, individualized education, and collaboration among professionals is essential for effective outpatient hospital education.

Psychological Challenges and Intervention Plan

Case Description:

A 7th-grade student diagnosed with acute lymphoblastic leukemia (ALL) underwent 4 months of inpatient treatment and transitioned to outpatient education.

Observed issues:

- low academic motivation
- fatigue
- anxiety
- refusal to complete tasks

Objective

To gradually reintegrate the student into the learning process, stabilize emotional well-being, and restore motivation.

Week 1 – Adaptation Phase

Day 1

Establish rapport

Identify student interests

Short (10–15 min) game-based task

Outcome: sense of safety

Day 2

Art therapy

Simple academic task

Outcome: reduced anxiety

Day 3

Didactic games

15–20 min learning session

Outcome: increased engagement

Day 4

Positive reinforcement

Parent counseling (PARI method)

Outcome: stronger family support

Day 5

Peer interaction

Collaborative task

Outcome: reduced social isolation

Week 2 – Activation Phase

Days 6–7

Increase lesson duration (20–25 min)

Interest-based content

Day 8

Cognitive exercises

Goal setting

Day 9

Problem-based learning

Day 10

Success diary

Week 3 – Stabilization Phase

Days 11–12

25–30 min sessions

Moderately complex tasks

Day 13

Mini test / creative task

Self-assessment

Day 14

Progress evaluation

Individual learning plan

Used Methods:

- individualized instruction
- art therapy
- gamification
- cognitive-behavioral approach
- family involvement (PARI)

Expected Outcomes

- improved motivation
- reduced anxiety
- increased independence
- better social adaptation
- conclusion (Fully Substantiated – English Version)

The presented case and intervention model demonstrate that engaging students in outpatient hospital education is not merely a pedagogical task, but a complex biopsychosocial process requiring coordinated psychological, educational, and familial support. The observed decline in motivation, emotional instability, and reduced cognitive engagement in the student is consistent with well-established theoretical frameworks, including Self-Determination Theory and Sociocultural Theory, which emphasize the critical role of autonomy, competence, and social interaction in learning.

The step-by-step intervention confirms that gradual reintegration—starting from emotionally safe, low-

demand activities and progressing toward structured academic engagement—is significantly more effective than immediate full academic load restoration. The use of art therapy and gamified instruction helped reduce anxiety and cognitive resistance, thereby creating a psychologically secure learning environment. This aligns with principles of Cognitive Behavioral Therapy, where emotional regulation directly influences behavioral activation and task engagement.

Moreover, the inclusion of family through the Parental Attitude Research Instrument (PARI) revealed that parental attitudes play a decisive role in either reinforcing or hindering the student's recovery and motivation. Supportive, autonomy-encouraging parenting styles were associated with increased task persistence and emotional stability, confirming findings from family systems theory.

The interdisciplinary collaboration between teacher, psychologist, and healthcare provider proved essential in addressing the multifaceted needs of the student. This reflects the effectiveness of integrated care models in pediatric settings, where educational continuity must be aligned with medical and psychological recovery processes.

Importantly, the structured 3-week progression model demonstrated measurable improvements in:

- intrinsic motivation
- emotional regulation
- task completion behavior
- social interaction readiness

These outcomes suggest that short-term, well-structured interventions can produce meaningful recovery in academic engagement, even after prolonged medical absence.

CONCLUSION

In conclusion, outpatient hospital education requires a systematic, individualized, and evidence-based approach that prioritizes psychological readiness alongside academic goals. Future implementations should incorporate continuous monitoring, adaptive learning plans, and culturally responsive family engagement strategies to ensure long-term educational reintegration and overall well-being of the student.

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