

Education in Medical Institutions: The Concept of Hospital Education, Its Historical Emergence and Stages of Development

Qoraboyeva Dildora Baxodirjon qizi

An independent researcher at Tashkent State Pedagogical University named after Nizami, and a defectologist at the “Mehrli Maktab” State Educational Institution under the Ministry of Preschool and School Education, Uzbekistan

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Abstract: This article analyzes the essence and meaning of the concept of hospital education, its historical emergence, and the stages of its development on a scientific basis. It also highlights the formation of hospital education practices in foreign countries, the processes and stages of their historical development, as well as modern approaches. The experience of foreign countries and contemporary approaches, along with their significance in ensuring the right to hospital education, are also demonstrated.

Keywords: Hospital education, hospital pedagogy, stages of development, foreign experience, modern approaches, right to education, integrative methods.

Introduction: The concept of hospital education has a long history and tradition. Hospital education, or hospital schooling, has developed differently across various historical periods and includes several stages of development. Its emergence and evolution can be considered the result of the interaction between the fields of humanitarian values, pedagogy, and medicine. The stages of establishing hospitals began to take shape in the eighteenth and nineteenth centuries. In Europe, within religious institutions during the eighteenth century, churches and monasteries began providing basic literacy and religious education to sick children. Historical records indicate that Thomas Coram submitted his first petition to King George II in 1735 for the establishment of the “Foundling Hospital.”

In the nineteenth century, attitudes toward children’s education in Europe began to change in a more positive direction. According to researchers A.G. Rumyantsev and S.V. Sharikov, the origin of hospital education is associated with the establishment of the first children’s hospital in the world. In 1802, the opening of the “Hôpital des Enfants-Malades” hospital in Paris, France, became a major achievement in the history of world

medicine. At that time, for the first time, the practice of treating children together with adult patients in the same hospital was discontinued.

After a certain period of time, in 1834 the Nikolaev Hospital in Saint Petersburg was opened. This hospital became the second center in the world specialized in providing care for sick children. After the establishment of these centers, the practice of treating children quickly began to spread throughout Europe and later to other parts of the world. As a result of these developments, from the second half of the nineteenth century, along with the development of pediatrics, hospital pedagogy also gradually began to develop.

The legendary Florence Nightingale was born on May 12, 1820, in Florence, in the Grand Duchy of Tuscany, into a wealthy family. Her father, William Edward Nightingale, was a wealthy landowner, and her mother was Frances Smith. Florence Nightingale was of English nationality. In 1853, Florence Nightingale worked as a superintendent at an institution in London that treated sick women. While working in this position, Nightingale proposed the need to establish special schools for the training of nurses. In 1854, when a war was taking place

between Turkey and Russia, England sent its troops to Crimea to assist Turkey.

The wounded English soldiers received almost no medical assistance and were placed in the English military hospital in Üsküdar. In the same year, a group of thirty-eight nurses led by Florence Nightingale arrived at the hospital. During her work at the hospital, she strictly adhered to the rules of asepsis and antisepsis. Despite being busy with public duties, she also helped patients during the night. In July 1856, at the age of thirty-six, Florence Nightingale became a famous nurse. She began to promote the teaching of sanitation and basic knowledge in children's hospitals. Through her professional activities, she laid the foundation for the integration of healthcare and education.

In 1859, Florence Nightingale described the work of nurses in her famous book *Notes on Nursing* as follows: "Nursing is the act of using the environment surrounding the patient in order to assist in his recovery." Continuing her idea, Florence Nightingale stated: "The duty of a nurse is to create such conditions for the patient that nature may act with its healing power."

Gradually, hospital schools also began to appear in Ireland and the United Kingdom. In 1959, the Duke Children's Hospital School was established and began to operate within the Durham public school system. By the early 2000s, in global practice, hospital schools started to be established at major medical research centers.

In 1908, V.P. Kashchenko, recognized as the founder of Russian defectology, proposed the establishment of a "sanatorium school" for children who required specialized medical and educational support. By the 1950s, special "forest boarding schools" were created for children suffering from tuberculosis. By the late 1960s, the practice of providing education to children in psychiatric hospitals began to be implemented.

During the following decade, home-based education and instruction in children's hospitals for children undergoing long-term treatment began to spread widely. In 1981, an interstate document was adopted for the first time, establishing regulations for providing education to children undergoing long-term treatment in hospitals and at home.

In 1997, the First International All-Russian Conference

dedicated to the "Socio-psychological Problems of Pediatric Oncology" was held in Moscow. Within the framework of this conference, issues related to hospital pedagogy were discussed for the first time. In addition, the conference addressed ways of providing socio-psychological support to children suffering from severe illnesses who required special treatment, as well as to their families.

Following these developments, the advancement of hospital education in Russia entered a new stage. This process was especially associated with the "UchimZnaem" project. In 2014, with the support of the Ministry of Education and Science of the Russian Federation and regional authorities, the "UchimZnaem" project was established at School No. 109 in Moscow, a state-funded educational institution. During the stage of developing the project concept, the director of School No. 109, academician of the Russian Academy of Education and Doctor of Pedagogical Sciences Evgeny Aleksandrovich Yamburg; the National Medical Research Center for Pediatric Hematology, Oncology and Immunology named after Dmitry Rogachev under the Ministry of Health of the Russian Federation; academician of the Russian Academy of Sciences, Doctor of Medical Sciences and Professor Aleksandr Grigoryevich Rumyantsev; and the author of the "UchimZnaem" project, Honored General Education Worker of the Russian Federation Sergey Vitaliyevich Sharikov carefully studied and took into account international experience and the best global practices in teaching and supporting children undergoing long-term treatment and their families.

Since 2016, children's medical institutions in eight regions have become participants in the "UchimZnaem" project: Moscow and Leningrad regions, Khabarovsk Territory, Oryol region, Rostov-on-Don, Kaliningrad, Krasnoyarsk, and Voronezh.

At the same time, new achievements began to emerge in the fields of pediatric hematology and oncology. Many scholars emphasized that the development and implementation of rehabilitation and adaptation programs aimed at ensuring the proper course of ontogenetic development and improving the quality of life of children had become an urgent issue.

In June 2011, the National Medical Research Center for Pediatric Hematology, Oncology and Immunology

named after Dmitry Rogachev was opened.

In 2012, teachers from School No. 109 in Moscow began working with preschool-aged children undergoing long-term treatment.

In 2014, within the framework of hospital pedagogy and the scientific research of A.G. Rumyantsev, issues related to medical, psychological, and social rehabilitation of patients with cancer were considered as a separate field of study.

The modern integrated rehabilitation system model developed for sick children is based on the following fundamental principles: continuity, a step-by-step approach, individualization, and a person-centered orientation.

Education is an important factor in the intellectual and social development of a person and should ensure continuous access to knowledge for every child. However, in Uzbekistan there had been no opportunity for continuous education for children undergoing long-term treatment at the Scientific and Practical Medical Center for Pediatric Oncology, Hematology and Immunology. According to Resolution No. 234 of the Cabinet of Ministers of the Republic of Uzbekistan dated May 5, 2022, "On measures to introduce a system of preschool education and upbringing as well as general secondary education for children undergoing treatment in hematology, oncology, clinical immunology, and other inpatient and long-term outpatient treatment," the hospital education institution called "Mehrlı Maktab" was established for the first time.

"Mehrlı Maktab" provides not only quality and continuous education for children struggling with hematological and oncological diseases but also contributes significantly to the continuation of their learning process and to their social and psychological adaptation.

Branches of "Mehrlı Maktab" began to be gradually established during 2023–2028 in state medical institutions where children with hematological, oncological, clinical immunological and other diseases undergoing inpatient or long-term outpatient treatment receive care. It was planned that each year branches would be opened in at least three regions, and this process has been gradually implemented.

According to the decision of the Cabinet of Ministers of the Republic of Uzbekistan, branches of "Mehrlı

Maktab" were opened and launched in 2023 in Andijan, Fergana and Nukus, and in 2024 in the regions of Samarqand, Bukhara and Namangan as well as in outpatient medical institutions.

The main goal of these branches is to ensure the social adaptation of children undergoing treatment in hematology, oncology, clinical immunology and other long-term inpatient or outpatient medical conditions, as well as to prepare them to continue their education in preschool and general secondary education institutions.

Hospital education strengthens children's interest in life and builds their self-confidence by creating an educational and developmental environment within hospitals. Therefore, just as it is important for children to receive education in school settings within society, providing continuous education in hospitals for children who require long-term medical treatment is also considered one of the primary tasks.

Today hospital education has become one of the important areas of education, and its history is closely connected with the implementation of humanitarian ideas aimed at helping people. This form of education emerged in order to ensure the right to education for children who require long-term medical treatment.

Hospital education is a special form of education that provides children undergoing long-term treatment with the opportunity to receive quality and additional general education. Such schools are organized within medical institutions. Hospital education allows preschool and school-aged children to continue their learning process while receiving medical treatment. This educational process is organized taking into account the physical and psychological condition of children undergoing long-term treatment.

Conclusion

From a practical perspective, three directions appear to be a priority for the development of hospital education. The first is the creation of an organizational mechanism that ensures continuous communication between the hospital, school, and home. The second is strengthening cooperation between educators and the medical team and systematizing a multidisciplinary approach. The third direction is the development of indicators to measure outcomes and improve quality, since approaches such as tools for assessing awareness demonstrate the possibility of evaluating educational

interventions .

In general, the historical development of hospital education can be explained through the logic of “initiative – network – standard – integration – digital solutions – quality management.” This logic is also consistent with the achievements in medicine, particularly with the historical stages in the treatment of pediatric cancer . In Europe, networks such as HOPE have accelerated this process and have contributed to transforming continuous education into a practical standard within hospital settings. In developing countries, however, the main barriers have been identified as the weakness of healthcare systems, delayed diagnosis, and problems related to staffing and the supply of medicines . Therefore, each country should develop its hospital education model step by step in accordance with its available resources. The programmatic framework outlined in the World Health Organization guidelines also emphasizes the necessity of planning such services and implementing them from a public health perspective . Through this, hospital education becomes one of the most meaningful points of intersection between the healthcare and education systems.

Therefore, issues related to system design and management come to the forefront when implementing hospital education. As a result, hospital education becomes not only a source of knowledge for children but also a source of hope and stability.

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