# LIVED EXPERIENCES OF HOSPITAL-SCHOOL TEACHERS IN NAMIBIA

A THESIS SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS

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## Abstract

This qualitative research study aimed to understand the roles and responsibilities of Hospital-School Teachers in Namibia, and their impact on the support provided by the Ministries of Education, Arts and Culture, Health and Social Services. The study also assessed the extent to which establishments comprehend and acknowledge the contributions of Hospital-School Teachers to both the health and education sectors. The research involved eight participants, including two principals and six teachers from three Hospital- Schools in Namibia. Data was collected through in-depth interviews and journals. The findings revealed the multifaceted roles and responsibilities of Hospital School Teachers in Namibia, emphasising their significance in providing education to learners facing health challenges. The study highlighted the need for greater recognition of the contributions made by Hospital-School Teachers to both the healthcare and education sectors and identified areas where support could be more effectively aligned with their unique needs and sacrifices.

The findings shed light on the critical role played by Hospital-School Teachers and the challenges they face in delivering inclusive education to learners with health-related issues. Their lived experiences hold valuable lessons for both teachers and teacher preparation institutions, emphasising the importance of holistic training and support to meet the diverse needs of learners in hospital settings.

The recommendations include collaboration between the Ministries of Education, Arts, and Culture, and Health and Social Services, integration of Hospital-School teachers' experiences into training programs, and further research into the challenges and opportunities faced by Hospital-School Teachers to continually improve the educational experiences of learners with health challenges.

**Keywords:** *Lived Experiences, Hospital-School Teachers, Inclusive Education, Phenomenology, Learner Support, Teacher Preparedness*

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**List of acronyms and Abbreviations**

| | |
|---|---|
| APSO | Agent for Personal Service |
| COVID 19 | Coronavirus Disease 2019 |
| HBS | Hospital-School-Based |
| ICT | Information and Communication Technology |
| MoE | Ministry of Education |
| MoEAC | Ministry of Education Arts and Culture |
| NIED | National Institute for Educational Development |
| P O – PK | Principal O and K |
| PDP | Personal Developmental Plan |
| SWOT | Strength Weakness Opportunity |
| T 1-T2 | Teacher 1 – Teacher 6 |
| TB | Tuberculosis |
| UNESCO Organization | United Nations Educational, Scientific and Cultural |
| VSO | Voluntary Service Overseas |
| WISH | Working to Instigate Schooling in Hospital |

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## Dedications

I dedicate this thesis to my beloved husband, Ishmael Mungunda, and my cherished daughters, Ukarapo Mungunda, Bianca Mungunda, and Rejoice Mungunda. Your unwavering love, boundless patience, and unwavering support sustained me through the long and arduous hours I devoted to this thesis. With this dedication, I express my profound gratitude and love for your indispensable presence in my life.

## Declarations

I, Bertha Injomoka Mungunda, student number 9025669, solemnly declare that this thesis is a product of my own diligent research and scholarly effort. I further assert that I have duly acknowledged and cited all sources used in this work through proper citations and references.

This research project, titled "Lived Experiences of Hospital-School Teachers," is hereby submitted by me, Bertha Mungunda, in fulfilment of the requirements for the degree of Master's in Education (Inclusive Education) at the esteemed University of Namibia.

I affirm the authenticity of this work and my commitment to academic integrity and the ethical standards of research and scholarship.

April 2025

Signature Date:

# CHAPTER ONE

## 1.1 Introduction

This chapter introduces the study, outlining its background, the problem it seeks to address, and the researcher's positionality as an insider with first-hand experience in hospital-school settings. The chapter further expounds on the justification for the study, its limitations, scope, and definitions of key concepts, ensuring clarity and contextual relevance.

## 1.2 Background of the study

In 2013, Namibia passed a Sector Policy on Inclusive Education with the primary objective of addressing the predicaments encountered by educationally disadvantaged children and eliminating their marginalization from the education system through the facilitation of their inclusive participation in education. The Ministry of Education (2013) recognizes one of the categories of educationally marginalized children are those whose health conditions compromise their access to quality education. Children with serious medical conditions often endure prolonged stays in healthcare facilities, resulting in missed opportunities for educational and social interactions with their peers. Schooling has become a ubiquitous phenomenon amongst children and an indispensable element of their formative years. When children undergo extended hospitalization, there is a disruption to their regular routines and a separation from their typical circumstances. The potential negative impacts of long-term hospitalization on children may encompass various aspects, such as social isolation from significant others and peers, exposure to arduous and frequent medical interventions, and disruption of normal schoolrelated activities.

According to the Ministry of Education (2013) to, arrangements are being made to facilitate the education of learners who are hospitalised by providing them access to a Hospital-School. The primary objective of the Hospital-School is to offer cognitive enhancement opportunities to paediatrics patients who are confined to hospitals for prolonged durations, especially schoolaged children who would otherwise be deprived of their academic endeavours (Curriculum Framework for Inclusive Education, 2013). This is in support of the Salamanca statement (UNESCO, 1994) which emphasized that every child possesses inherent rights to education and therefore must be provided with the chance to acquire and maintain an adequate level of learning.

Sabahat (2011) posits that hospital schools serve the purpose of providing ongoing education to individuals requiring specialized learning, such as inpatients, preschool and primary schoolaged children, and those restricted from pursuing traditional schooling due to chronic illnesses. Hospital-Schools serve both a therapeutic and academic purposes. Children who frequently experience hospitalization may face a multitude of distinct stressors which require appropriate interventions and responses from their teachers. Hospital-School Educators stereotypically do not anticipate encountering these exceptional teaching settings. Many hospital-school teachers find themselves in this role with no prior preparation or training (Hen & Gilan-Shochat, 2022). Although teacher education programs offer training for inclusive classroom instruction, little preparation is provided for the unique environment of HospitalSchools. The insights garnered from teachers working in Hospital-Schools can be a valuable resource not only for teacher education but also for the professional development of teachers designated to work in HospitalSchools as an initiative that promotes inclusive education.

The Namibian Hospital-School Hospital-Schools were established in 1999 by the Namibian Occupational Therapists, with support from overseas volunteer organisation, Voluntary Service Overseas (VSO) and Agent for Personal Service Overseas (APSO) in the form of Working to Instigate Schooling in Hospital (WISH) project. In April 2001, an agreement to establish a Hospital-School in Namibia was signed between an overseas organisation, Thomas Pilz Associates and the Ministry of Gender Equality and Child Welfare (MGECW) The Ministry of Health and Social Services and the Ministry of Education have also pledged their support toward this initiative. The Hospital-Schools were established in two regions, namely the Khomas and the Oshana Region. There are two Hospital-Schools in Windhoek, Khomas Region and one Hospital-School in Oshakati, Oshana Region. The establishment of HospitalSchool in certain areas is often driven by the need to provide education to children who are hospitalized for extended periods (Di Padova, et al, 2024). These schools aim to ensure that these children do not fall behind in their studies due to their health conditions. While there might not be a specific document outlining the reasons for establishing Hospital-Schools in every area, the common goal is to support the educational needs of hospitalized children, fostering a sense of normalcy and continuity in their learning despite their medical situations

The Hospital-Schools are satellite schools being supervised and monitored by the resource schools, known as Special Schools, located in the Hospital. The special schools fall under the National Institute for Special Education (NISE) where referral in case of learning difficulties

can be further referred for diagnostic purposes. The teachers are public civil servants appointed by the Ministry of Education Arts and Culture, and they are on the pay-sheet roll of the two resource schools, namely the School for the Visually Impaired Children in Windhoek, Khomas Region and Eluwa Resource School in Ongwediva, Oshana Region. The three HospitalSchools are managed by the principals of the two resource schools. No documentation was found about who was mandated to manage the Hospital-Schools. Anecdotal data suggest that the principals of the two Resource Schools demonstrated willingness to take on this task and it became an unwritten rule. The organisation and logistics of a Hospital-School became part of the closest inclusive school or Resource School. They are managed by the mentioned principals because the teachers at the hospitals, just like those at regular schools need to be supervised and their work need to be monitored. According to the Ministry of Education (2013), provision was made for learners who are hospitalised for prolonged periods to attend a Hospital-School. HospitalSchools accommodate children aged four (4) to 18 years, meaning from pre-primary to grade 12. The schools follow the same curriculum as the mainstream schools and offers different subjects depending on the admission of the learners at the hospital seeking medical attention at the time. The learners at the Hospital-Schools are coming from different regions all over Namibia. Many of them are far from their families and some can be in hospital for up to a year.

Due to the rapid changes in the numbers and conditions of children, teachers at the HospitalSchools make a list of all children admitted in the hospitals every morning and work closely with the medical staff to get an update on who is well enough to come to the class or who will go for X-rays, theatre or see the doctor that day. For the teachers, this is thus not normal teaching. They need to be psychologically prepared not only for the teaching part but also for supporting learners and their parents as well as standing in for parents who are far away.

### 1.3 Statement of the problem

There appears to be insufficient recognition regarding the role and contributions of HospitalSchools in Namibia. Hospital schools play an essential role in the process of facilitating the inclusion of children who experience medical impairments. Despite this crucial function of Hospital-Schools, the nature of their involvement often remains obscure and unacknowledged by the education sector. Exploration of the pedagogical experiences of teachers of children afflicted with terminal illnesses within the premises of a medical facility bears significant academic merit. Hospital-School Teachers are confronted with numerous

formidable obstacles, such as coping with the emotional turmoil of bereavement and loss, as well as adeptly managing the intricacies of instructing learners across various academic levels.

Furthermore, educators working in medical facilities must comply with the guidelines set forth by both the Ministry of Health and Social Services and the Ministry of Education, Arts, and Culture. These individuals are required to operate in a solitary professional environment, often devoid of regular contact with their peers. Lamentably, the efforts of these educators often go unnoticed, and as a result, adequate recognition and support are not forthcoming.

Before being propositioned to fulfil the role of an educator in a medical institution, the researcher possessed minimal familiarity with the encompassing responsibilities of the said vocation. In the same vein, the author was left with unresolved queries, about the level of comprehension regarding the practices executed by Hospital Teachers and their capacity as contributors to inclusive education, as well as teaching and learning in heterogeneous and highly dynamic contexts. To what extent can the experiences of Hospital-School teachers inform and aid in extending the scope of inclusive education, both in pre-service and in-service teacher education curricula?

Based on these observations, it was deemed important to engage Hospital-School Teachers to tap from their lived experiences to enhance an understanding of working in such a unique space with a unique learner population. This study aimed to investigate the experiences of HospitalSchool teachers in Namibia, to provide them with a platform to recount their experiences and subsequently leverage such experiential knowledge for the development of pre- and in-service teacher training programs for inclusive education. Having worked as a Hospital School teacher and as a teacher in a resource school, the researcher's individual experiences and those of her colleagues prompted this research. The research endeavoured to disseminate these experiences to the education and health sectors to consider in the future planning, preparation and support for Hospital-School teachers in the framework of inclusive education. The study aims to investigate the experiences of hospital schools in Namibia, with the objective of providing them with a platform to recount their experiences and subsequently leveraging experiential knowledge for the development of pre- and in-service teacher training programs for inclusive education.

## 1.4 Research Questions

The study was guided by the following questions:

- How can the lived experiences of Hospital-School Teachers in Namibia influence the review of the support provided by the Ministries of Education, Arts and Culture as well as of Health and Social Services to Hospital-School Teachers?
- What are the roles and responsibilities of Hospital-School Teachers in Namibia?
- To what extent do the employers of Hospital-School Teachers understand and consider the contributions of the hospital teachers to both the health and the education sectors?
- To what degree do the support Hospital-School Teachers receive from the hospitals and the Resource Schools under which they resort match their needs and sacrifices?
- What lessons can teachers and teacher-preparation institutions learn from the experiences of Hospital-School Teachers in the light of inclusive education?

## 1.5 Significance of the problem

The researcher's literature search did not find any empirical study on the lived experiences of hospital schoolteachers in Namibia. It is thus believed that the information that may be obtained from this study can serve as a valuable resource for educational and healthcare authorities in Namibia. Moreover, the findings can offer guidance in the development of teaching modules and the preparation of appropriate curricula for educators at various Hospital-Schools within Namibia. The research findings will be of value to educational institutions, as they serve to highlight the provision of education to learners who experience health challenges, including those who are hospitalized. This information presents a significant opportunity for the employers and stakeholders in inclusive education to gain insight into the unique support and training needs of teachers working with learners with health impairments, especially the Hospital-School Teachers. The research on the lived experiences of hospital-school teachers in Namibia may explore how the principles of inclusive education as stated in the Salamanca Conference (UNESCO, 1994) have been implemented or experienced within the context of Hospital-Schools in Namibia. Hospital- Schools The research may delve into the challenges faced by these teachers, their strategies to engage learners effectively during hospital stays, and their efforts to support learners who are sick and separated their loved ones. By connecting the

historical context of the Salamanca Conference to the current experiences of hospital-school teachers in Namibia, the research sheds light on the progress made in inclusive education practices and identifies areas for further improvement.

### 1.6 Limitations of the study

Limitations pertain to the probable weaknesses inherent in a study and are beyond the control of the researcher (Ross & Bibler - Zaidi, 2019). Gaining authorisation to conduct the research was a lengthy process as two Government Ministries (Ministry of Health and Social Services and Ministry of Education, Arts and Culture) were involved, and each had its requirements for ethical clearance. Another limitation encountered in this investigation was two of the potential participants who consented did not have time to take part due to other commitments. This in a way deprived the study from learning from their experiences.

### 1.7 Delimitations of the study

The scope of the research was limited to principals assigned to the Hospital-Schools, previous teachers, and teachers teaching at the hospital schools. Other stakeholders such as the learners, nurses and doctors who work closely with hospital teachers were not included as they do not fall within the scope of this study.

### 1.8 Definitions of concepts

If the definitions of the terminology utilized in the investigation are clearly articulated, the reader would acquire a higher degree of comprehension regarding the framework of the study, as well as how the researcher intended to approach it (Pilot & Beck, 2012). Additionally, it affords a more profound understanding of the research and facilitates a shared perspective between the reader and the researcher (Goodman, 2015).

The Ministry of Education, Arts and Culture (MoEAC, 2018, p.11) designates resource schools as institutions that are specifically established to cater to learners who possess exceptional needs. These learners require significant levels of educational support that exceeds what is generally provided in mainstream schools. Moreover, accommodations have been made to facilitate access for hospitalised learners who can partake in educational activities at a Hospital School. The present study delineates its scope and conceptual framework that encompasses certain salient key concepts. These key concepts have been identified as instrumental in ascertaining the underlying principles and goals of this research endeavour.

### 1.8.1 Hospital-School

A Hospital-School is a facility that functions within a hospital environment with the objective of facilitating academic progress in children undergoing hospitalisation. The primary aim of such schools is to ensure that children maintain pace with their mainstream peers and do not fall behind in their academic pursuits due to temporary interruptions caused by hospitalisation. The establishment of the Working to Instigate Schooling in Hospital (WISH) project in 1999 was due to the conviction held by the Namibian Association of Occupational Therapists, who enlisted the support of overseas volunteer organizations such as Voluntary Service Overseas (VSO) and Agent for Personal Service Overseas (APSO) to provide a teacher and an educational play leader.

Hospital-Schools are educational establishments with a distinctive focus on providing customized educational plans that cater to the individualized requirements of each pupil in Flanders. According to Steinke et al. (2016), the nature of medical education is highly individualized in its approach. Hospital-Schools are established to guarantee that pupils who are currently indisposed are provided with educational instruction, even if their attendance at conventional classes is unfeasible.

### 1.8.2 Lived Experiences

This study investigates the impact of lived experiences on the advancement of learning, as observed through the teachers' educational journey. The concept of lived experiences is defined as an individual's apprehension and interpretation of their human encounters, choices, and prospects, and the influence of these factors on their perception and assimilation of information, as posited by Wilson, Lunn, Zhang, Stern, and Kendall (2021).

### 1.8.3 Hospital-School Teacher

A teacher is someone who facilitates learners' acquisition of wisdom, skills, or virtues. A Hospital-School teacher is a teacher who instructs and helps hospitalised school-aged children with their education, according to the study (Alvarez, 2017). A Hospital-School teacher also acts as a liaison between the patient and the school, keeps learners intellectually up to date, and helps to normalise their day.

### 1.8.4 Hospital-School Learner

According to Murphy & Ashma (2016), Hospital-School learners are children who are admitted to hospital for short or long periods of time, affected by the medical circumstances in which they find themselves, but they are also disadvantaged by their inability to continue attending their local schools. In many Western countries, Hospital-School services are provided to meet the needs of this group of special learners. School-age learners that are hospitalised and receive medical attention at the same time need to continue with schooling. Hospitalized learners are allowed to attend Hospital-School. The goal of this school is to support the mental health of sick children and to provide educational stimulation for children who are in hospital for extended time, and those of school-going age who would otherwise miss their schoolwork (National Institute for Special Education, Curriculum Framework for Inclusive Education, 2013).

## 1.9 Summary of the chapter

Starting with the study's history, this chapter introduced the study's rationale. Also covered in the study were the study's problem statement and importance. The study further provided the significance of the study, its research questions, the limitations and delimitations as well as the explanation of key terms used. The literature review from the various sources on the phenomenon of the living experiences of hospital-school teachers will be presented and discussed in chapter two.

# CHAPTER TWO: THEORETICAL FRAMEWORK AND LITERATURE REVIEW

## 2.1 Introduction

This chapter presents the theoretical framework that underpins the study. It further reviews the literature on the national and international perspectives of Hospital-Schools about the study of the lived experiences of teachers teaching in Hospital-Schools in Namibia.

### 2.2 Theoretical Framework

The theoretical framework guiding this study is rooted in the epistemological perspective of constructivism, a theory developed by Vygotsky (1978) and Piaget (1954). Constructivism views learning as a dynamic and continuous process where individuals construct new knowledge based on prior experiences. While this theory is traditionally applied to learners, it is extended in this study to explore how hospital-school teachers construct and adapt their professional knowledge and practices in response to the unique challenges of their teaching environments.

Constructivism is particularly relevant to understanding the lived experiences of hospital school teachers for several reasons. First, the theory emphasizes the interactive process of knowledge construction, which reflects how teachers continuously adapt to diverse and evolving learner needs, as well as the emotional and logistical demands of teaching in a medical setting. Second, Vygotsky's emphasis on social interaction highlights the importance of collaboration, a key aspect of hospital-school teaching, where teachers must work closely with medical staff, families, and other stakeholders to create effective learning environments. Third, constructivism's focus on individualized learning aligns with the need for hospital-school teachers to tailor their educational strategies to accommodate learners' health conditions and cognitive abilities, demonstrating their ability to construct personalized educational experiences. Finally, the theory provides a lens to understand how teachers synthesize their emotional and professional challenges, such as dealing with learners' illnesses or loss, into their professional identity and pedagogical approaches, fostering resilience and empathy.

By adopting constructivism, this study offers a framework to examine how hospital-school teachers construct meaning from their lived experiences. It highlights their roles in facilitating learning, coping with emotional and professional demands, and collaborating with various stakeholders. This constructivist lens bridges the gap between the learners' educational needs and the teachers' professional experiences, ensuring a holistic understanding of the hospital

school teaching environment. The theories of Vygotsky (1978) and Piaget (1954), which form the foundation of constructivism, are interconnected in their relevance to this study through their shared emphasis on the active construction of knowledge. Both theories highlight the dynamic interaction between an individual's prior knowledge and new experiences, a concept that applies to both learners and teachers in hospital-school settings. Piaget's focus on cognitive development underscores how individuals build understanding through personal exploration, which parallels how hospital schoolteachers adapt their teaching strategies to meet diverse learner needs. Vygotsky's emphasis on social interaction and the role of cultural and environmental factors complements this by highlighting the collaborative and context dependent nature of knowledge construction. Together, these theories provide a cohesive framework for examining how hospital-school teachers navigate their unique teaching environments, balance emotional and professional challenges, and develop personalised approaches to education, making them deeply interconnected and relevant to the study.

### 2.3 The Concept of Inclusive Education

The Inclusive Education Sector Policy (Ministry of Education, 2013) strives to ensure access to high-quality education for all children, particularly those historically marginalised from or currently at risk of being excluded from educational opportunities. The policy strives to facilitate an education system that fosters inclusivity, sensitivity, and responsiveness towards the demands of all children, irrespective of their chronic diseases or extreme health conditions (Ministry of Education, ibid).

#### Hospital-Schools as an Inclusive Education Strategy

A case in point for hospitals established in educational institutions is evidenced by Monash Children's Hospital-School, an establishment supervised by the Australian Department of Education and Training, situated within the recently inaugurated Monash Children's Hospital facility. In 2017, an academic institution was founded to render educational assistance to children who are admitted as inpatients or outpatients. The program provides educational services in conjunction with a patient's treatment, recuperation, and successful reintegration. Nevertheless, educators at Monash Children's Hospital provide backing for the academic pursuits of juveniles and forge connections between them and their respective educational institutions.

Professors and educators at the Royal Berkshire Hospital, located in London, establish a cooperative partnership with parents of young learners, home-schooling institutions, and relevant organizations, all working together with the common goal of nurturing the well-being and success of children. (Popov, Wolhuter, de Beer, Hilton, Ogunleye, Achinewhu -Nworgu**,** & Niemczyk, 2023). The institution in question fosters a secure and jovial milieu in which every individual is accorded due reverence and an attentive ear. Furthermore, they espouse a strong sense of self-esteem and accomplishment for their collective and individual successes (Joseph et al., 2018). Hospital-Schools have existed in Ireland since the early 20th century, and the Department of Education has publicly acknowledged them since the 1960s (Board of Management of Our Lady's Hospital Special School, 1963; Kennerk, 2019). Currently, there are seven CAMHS inpatient units in paediatric hospitals or wards and eleven public hospital CAMHS inpatient units nationwide (DES, 2020; DES, Unpublished)

According to Antonio (2017), South Africa had three Hospital-Schools namely Maitland Cottage Hospital-School, Red Cross Children's Hospital and Groote Schuur Hospital-School. These Hospital-Schools had been in operation for more than 50 years. Furthermore, teachers do not have any room spaces in the wards to help the children for educational services; they work one to one next to the beds of the children in the hospital.

The national curriculum for grades 1–12 in public schools in South Africa is included in the Education Acts and Regulations for Hospital-Schools, which are sometimes known as the curriculum and assessment policy statement. More specifically, as Hospital-Schools use the standard curricula developed for education in public schools, hospital teachers must constantly adapt that curriculum (Antonio, 2017).

According to McCarthy et al. (2017), Hospital-Schools oversee continuing the education of hospitalized children of all ages, with a range of skills and abilities. Throughout their time in

the hospital, these schools aid learners in regaining their academic achievement (MałkowskaSzkutnik, Berkowska, Gajda & Kleszczewska, 2021). Furthermore, these schools offer education to children from capital who are momentarily cut off from regular weekday lessons (Zhou, 2022). Children in hospitals need to continue their education and participate in learning and developmental activities. According to (Zhou, 2022) these children have equal access to educational opportunities resulting from the availability of school programs in hospitals.

Article 28 of the Convention on the Rights of the Child states that "every child has the right to an education" (United Nations, 1989). It is with this belief that in 1999, the Namibian Association of Occupational Therapists, with support from overseas volunteer organisations, (Voluntary Service Overseas (VSO) and Agent for Personal Service (APSO) in the form of a teacher and an educational play leader, that the Working to Instigate Schooling in Hospital) project was established (WISH). The aim was to enable children to continue their education while in hospital; and to provide a caring and stimulating environment.

Namibia has a Hospital-School, operating from three hospitals namely, Windhoek Central Hospital and State Hospital in the Khomas Region and Oshakati State Hospital in the Oshana Region. Rasmeni (2013) reports titled "Hospital-School", that the Windhoek Central Hospital, with the help of the Cancer Association of Namibia, opened an improved paediatric HospitalSchool for children with cancer to attend regular classes while in the hospital.

According to Benigno & Fante (2020), Hospital-School teachers operate in a very complex setting, where time dedicated to educational activities is subordinate to children's treatment needs, and where physical spaces available to the school are limited and inadequate. Furthermore, the teachers find themselves dealing with experiences such as pain and sometimes death of their learners. This can put the psycho-physical well-being of the teachers at risk, given

that they receive limited support for acquiring the skills needed to operate effectively. The complexity of working in a hospital school environment in Namibia is not known. In fact, many teachers only find out about hospital schools when they have a personal encounter with them. For inclusive education purposes, this lack of knowledge is worrisome, hence this study to provide such knowledge.

### 2.4. Inclusion

The concept of inclusion extends beyond the select few to encompass all learners. Krueger (2021) posits that addressing the individual needs of all learners is critical and extends beyond mere consideration of impairment. It is necessary to revise the language of your instruction manual to make it more suitable for academic writing.

In June 1994, the World Conference on Special Needs Education was established in Salamanca, Spain, with participation from 92 governmental and 25 international organizations. An agreement was reached on a dynamic new statement about the education children with disability and learning challenges, specifically advocating for the promotion of inclusive education as the prevailing standard. Furthermore, the Conference ratified a novel Framework for Action that espouses the overarching principle that all children should be accommodated within mainstream schools, irrespective of their physical, cognitive, social and emotional, linguistic, or other diverse challenges.

The worldwide implementation of inclusive education in 1994 prompted the United States of America to enact the No Child Left behind Act in 2001 and The Individuals with Disabilities Improvement Act in 2004, as highlighted by Landsberg (2011). This can be compared to Education for All, which was adopted as a guiding principle for the education in Namibia after independence (Ministry of Education, 1990). It is therefore imperative to ensure that all children and young people benefit from education, irrespective of their health conditions.

In the context of inclusion, Hospital-Schools play a crucial role in addressing the educational needs of learners who may be facing health challenges that prevent them from attending regular schools. By providing education in a hospital setting, these schools aim to create an inclusive learning environment that allows learners to continue their education and maintain social connections during their hospital stays (Keehan, 2021).

Inclusive Hospital-Schools strive to:

*Address Individual Needs:* Hospital-Schools cater to the unique educational requirements of each student, considering their medical condition and adjusting the learning experience accordingly (Keehan, 2021).

*Provide Equal Opportunities:* By offering education to hospitalised learners, HospitalHospitalSchools ensure that they have equal access to education and don't miss out on learning opportunities (Keehan, 2021).

*Support Emotional Well-being:* Hospital-Schools recognize the emotional challenges that learners may face during their hospitalization and strive to provide emotional support and a sense of normalcy (Keehan, 2021).

*Foster Collaboration:* Hospital-Schools collaborate with medical professionals, teachers, and families to create a supportive and holistic educational experience (Keehan, 2021).

*Celebrate Diversity:* Inclusive Hospital-Schools embrace the diversity of learners' needs and backgrounds, ensuring that all learners feel valued and included in the learning community (Keehan, 2021).

Moreover, the concept of inclusion extends to all learners, including those in Hospital-Schools. Hospital-Schools play a vital role in implementing inclusive education practices by providing educational support and accommodations for learners with medical issues or disabilities,

ensuring they can continue their education and remain connected to their peers and communities. Teachers are supposed to provide relevant information to parents and other stakeholders about inclusive education. The lack of knowledge about the role of hospital school leads to a gap in the information teachers could have provided to parents whose children may experience medical difficulties.

### 2.5 Roles and Responsibilities of Hospital-School Teachers

Teachers play vital roles in the lives of their learners. Teachers are best known for their role in educating the learners. Furthermore, teachers are people with educational leadership skills, and they must continue to grow and develop as professionals (Rajeshwar, 2018). Additionally, the role of a teacher is to support learners' learning by disseminating knowledge to them and creating an environment that fosters effective learning. Franck, Ferguson, Fryda, and Rubin (2015) emphasise that in hospital settings, teachers provide personalized one-to-one education to children, with a primary focus on long-stay primary-aged learners. These children frequently endure extended stays in the hospital or recurrent shorter admissions, with many of them having to visit the hospital multiple times a week for several years." According to Franck et al. (2015), the teaching approach encompasses the primary curriculum, ensuring that all subjects typically taught in a primary school are covered for the learners.

According to the article by Malkowska-Szkutnik, Berkowska, Gaja, and Kleszczewska, (2021), Hospital-School Teachers play an important role in providing extra-curricular activities, promoting learners' well-being, and helping them develop interests. In the UK, there is also a profession of hospital play therapist, who is trained to minimize the trauma experienced by learners undergoing medical procedures (Małkowska-Szkutnik, et al., 2021). Overall, HospitalSchool Teachers and play therapists aim to create a positive and supportive social environment for children in the hospital setting.

Children who visit the hospital frequently or for an extended amount of time complete their education while there (Weiss, Whiteley, Treviranus & Fels, 2001). Teachers from the hospital instruct them, either in the hospital classroom or at their bedsides. The elementary school teachers are consulted by the teachers about the assigned assignment (Weiss, et al., 2001). They also share details about the child's sickness with the school's teachers. For instance, some kids who have been released from the hospital are still exhausted (Małkowska-Szkutnik, et al., 2021). If this is taken into consideration by the teacher and classmates, it will help. Children are instructed using their own schoolbooks whenever possible (Erasmus, 2023). Sextou (2022) claims that, while serving as a bridge between the originating local schools and the HospitalSchool is more distinctive to Hospital-School Teachers, the role of the teacher as an educational manager is shared by hospital and public-school teachers.

The importance of teachers in the empowerment and advancement of education in this country is evident, according to the research conducted by Nagandran, Hassan, Majid, Salim & Mustakim (2021). As a presenter of knowledge or personality development, but also as a producer of highly intellectual individuals, the role of the teacher is highly appreciated and recognized. Teachers are crucial people and intermediates in the field of education who help learners learn, apply, and realize their knowledge in a world that is becoming more and more complex (Nagandran, et al., 2021). Furthermore, the learners they are working with have learning problems and difficulties because of their varying degrees of disease, particularly those with cancer or higher levels of illness (Ogden, J. (2019). Hence, strategies on how to teach these learners will be more useful in catering to their unique needs and circumstances during extended hospital stays or frequent admissions. Therefore, learning methodologies considering learners' needs during hospital stays or frequent admissions can improve engagement and curriculum coverage.

## 2.6 Lived Experiences of Hospital-School Teachers

### 2.6.1 Workload

The study by Wangchuk (2020) found that when learners are in the same classroom, many disturbances can affect their learning. This includes situations where one class is disrupted by another, resulting in poor understanding. The study also highlights the impact of teacher overwork on classroom teaching. Furthermore, hospital teachers are often overworked since they concurrently educate in many learning areas for distinct phases while also administering multi-grade teaching. On the other hand, teachers at Hospital-Schools also have a lot of planning and preparation to do (Caggiano, Brunetti, Ho, Piovani & Quaranta, 2021). In the context of this study, the researcher agrees that teachers' workload is increased by the necessity to be aware of the children's various ailments as well as how to handle crises and stressful situations. This is an area one does not learn about in teacher education. Conducting this research was crucial to fill this knowledge gap.

### 2.6.2 Challenges and Emotional Struggles of Teaching in Hospital-Schools: Navigating Loss and Uncertain Attendance

Working with children who have medical issues means that one terrible aspect that has been described in the literature as a challenge for Hospital-Schools is the possibility of having to deal with a learner's passing (Małkowska-Szkutnik, et. al., 2021). Nasr (2023) acknowledge in their research that Hospital-School teachers also regard the emotional aspect of their work as the hardest challenge they face, particularly dealing with the loss of a child.

Time restrictions, a lack of pertinent teaching resources, and issues relating to engaged learners during brief stays are other difficulties hospital teachers must contend with, according to Sextou (2022). From my personal experience as a teacher who worked at the Hospital-School, the level

of emotional challenges that learners go through missing their loved ones while at the same time dealing with a chronic illness makes it difficult for them to cope with the learning. This demands from teachers to be creative and sympathetic at the same time so that they can restore hope and courage in the learners.

Nasr (2023) discovered that Hospital Based School (HBS) teachers have trouble creating and organizing lesson plans when a learner's attendance is up to the doctor's judgment, which also means that they would be taken from the ward at any time (Saloviita, 2013). To increase the standard of education, HBS teachers should be equipped to address the problems of implementing Personal Development Plans (PDP).

## 2.7 The responsibilities of the supervisor towards Hospital-School teachers

### 2.7.1 Supervision

A supervisor keeps an eye on how teachers are doing daily. A supervisor may oversee a team, a shift, or an entire department, depending on the employer (Rajesh & Suganthi, 2013). Successful managers are well-organized and have strong communication abilities (Saloviita, 2013). Therefore, it requires routine check-up or pop-in and do an evaluation whereby the supervisor can do the class-visit as well as do an evaluation on teaching and learning including the assessment (Saloviita, 2013). At the end, the teacher then expects feedback from the supervisor on where to improve and highlight the weakness and strength of the lessons by way of a SWOT analysis (Rajesh & Suganthi, 2013). Based on the comments and feedback of the supervisor the hospital teachers are expected to incorporate personalized teaching approaches tailored to the individual needs of each learner, particularly long-stay primary-aged children, who may experience extended hospitalization or frequent shorter admissions (Burns, 2017).

In the Namibian context, the supervisor referred to would typically be an educational authority or a school manager responsible for overseeing the performance of teachers which falls under the purview as the Head of the school (Baghdady & Zaki, 2019).

Issues that may be experienced in this role of a supervisor in Namibia could include:

1. **Teacher Accountability:** Ensuring that teachers are meeting the educational standards and objectives set by the department or ministry can be a challenge. Some teachers may not be adequately prepared or may lack the necessary resources to effectively teach their subjects.

2. **Quality Control:** Maintaining consistent quality in teaching and learning can be a concern. The supervisor would need to ensure that teaching methods align with best practices and that the curriculum is being delivered effectively.

3. **Resource Constraints:** Namibia, like many other countries, may face resource constraints in its education system. This could include shortages of teaching materials, infrastructure, or adequately trained teaching staff. The supervisor may need to address these resource gaps.

4. **Teacher Development:** Providing ongoing professional development and training for teachers to keep them updated with the latest educational trends and techniques can be a challenge. This is particularly important in fields like natural science and health education, where knowledge is continually evolving.

5. **Individualized Learning:** Addressing the needs of learners, especially those facing extended hospitalization or frequent admissions, can be complex. The supervisor may

need to work with teachers to develop personalized teaching approaches and accommodations for these learners.

6. **Feedback and Evaluation:** Like what you've described in the provided text, the supervisor in Namibia would need to conduct routine classroom visits, and evaluations, and provide constructive feedback to teachers. This process can be time-consuming but is essential for continuous improvement.

7. **Data Management:** Keeping track of learners' progress, teacher performance, and educational outcomes requires effective data management systems. Ensuring that these systems are in place and function effectively is another responsibility of the supervisor, (Ministry of Education, 2023).

Overall, the supervisor in the Namibian context plays a critical role in ensuring the quality of education, but they may encounter challenges related to resource limitations, teacher development, and the diverse needs of learners, especially those in hospital settings.

### 2.7.2 Style of management

According to Mansaray (2019), leadership is the capacity of an individual to inspire and motivate others while carrying out a task.

Leadership style influences both providing instructions for successful plan implementation and encouraging staff to attain goals (Mukhtar & Fook, 2020). Furthermore, any leadership style, including transformational, structural, democratic, instructional, and others, must serve as the cornerstone and backbone of the leadership style to improve an organization's well-being and performance.

This is because each person has distinctive qualities, attitudes, and viewpoints. When managers exercise democratic leadership, for instance, not every teacher in a school has a preference.

Leadership at Hospital-Schools is critical for the efficient delivery of education to medical learners. Transformational, educational, and democratic leadership styles are examples of leadership styles. Transformational leadership promotes educational innovation, devotion, and ongoing development (Zhao, Zhou, & Yin, 2020). Instructional leaders work on enhancing the teaching and learning process while considering the requirements of learners in a healthcare setting (Salendab, 2023). Democratic leadership necessitates collaborative decision-making and the participation of teachers and workers (Trichas & Avdimiotis, 2020). Employee engagement, work happiness, and organisational performance may all be greatly influenced by these leadership styles. Effective leadership ensures that the educational purpose is in sync with the healthcare goals of the organisation. Learners benefit from a helpful learning atmosphere.

Leadership in Hospital-Schools (HBS) can be difficult owing to a failure to recognise the requirements of learners and staff (Trimmer, Dixon, & Guenther, 2021). However, Williams (2023) insists that leaders must acknowledge HBS's distinctiveness, give proper support for teachers and staff, display empathy and compassion for learners, and ensure adequate resources are accessible. Balancing academic and health goals is critical, and leaders must achieve the proper balance. For the smooth integration of education and healthcare services, effective communication and collaboration with healthcare experts are required (Stadick, 2020). Recognising and honouring the accomplishments of HBS learners, professors, and staff is also critical. To summarise, leaders must be attentive, helpful, and adaptive to create a compassionate climate conducive to teaching and healing. Case studies and research studies can give more specific insights and answers.

### 2.7.3 Difficult issues in supervising the Hospital-Schools.

According to Taras and Potts-Datema1 (2015), diabetes, sickle cell anaemia, and epilepsy have an impact on a learner's academic performance and ability. According to research by Moser et

al. (2013), children who have end-stage liver and kidney illness exhibit a slight cognitive loss compared to the general population. Similarly, children who have further reported attention issues may perform worse in school (Moser, et al., 2013). The researcher agrees that children who are hospitalized are truly secluded within a small area of a hospital, and their interactions with the outside world and their peers are significantly reduced. According to Moser, et al (ibid), this is one reason why teachers working at the hospital must ensure that those children have someone caring and assume the responsibilities of being their caregivers and educators.

### 2.7.4 Teacher support

A study conducted by Steinke et al. (2016) highlighted that addressing patient loss and mortality was considered by instructors as a formidable subject matter to navigate. To facilitate the ability of staff members to cope with this specific variable, it is incumbent upon leadership to engender a culture of self-care, whilst Hospital-School programs should organize staff support, specifically about to grief and bereavement.

Furthermore, an important aspect to consider is the level of support offered in the context of multi-grade teaching. In a study conducted by Kokela, & Malatji (2023), it was discovered that regional officials in charge of regulating multi-grade teaching should give direction and support to instructors who confront difficulties in this area. Additionally, it was recommended that officials facilitate in-class demonstrations of diverse teaching methods to aid teachers in enhancing their pedagogical techniques.

In addition, Valliere (2023) advocates targeted in-service teacher training to address areas of greatest need, with a specific emphasis on enhancing teachers' subject content and pedagogical content knowledge within designated curriculum domains. One of the requisite measures involves providing concentrated assistance to multi-grade teachers in the interpretation of the

educational curriculum and devising effective plans for managing and facilitating learning within the constraints of their unique situations (Cozza, 2023).

### 2.7.5 Parental support

Parents who exhibit active participation and investment in their child's education can cultivate a learning atmosphere that places a considerable emphasis on the significance of schooling. However, according to (Davis and Andala, 2021). The term "parental involvement" remains a vague notion to many parents. In a study conducted by Young, Austin, and Growe (2013), parental involvement was observed as encompassing actions that include ensuring timely school attendance and addressing pertinent household matters that involve the children. Parental participation at the Hospital-School is deemed exigent and serves to impart affection to children undergoing afflictions and discomfort. Leonard (2013) claims that parental engagement refers to a collaborative effort by parents and teachers to engage children in educational activities, resulting in improved comprehension when children return home. According to Leonard (2013), parental involvement signifies a collaborative partnership between parents and teachers in educational activities, leading to improved student understanding upon returning home. This highlights the crucial role of parental support in reinforcing and extending the learning experience beyond the classroom. There appears to be a scarcity of literature with respect to the direct engagement of parents in the hospitalization of their children. Similarly, the researcher observed that parents seldom engage in visitation with their ailing offspring over extended periods of hospitalization.

## 2.8 Support from the resource school and the hospital management

The topic of "Support from the Resource School and the Hospital Management" encompasses a vital aspect of educational provision in Hospital-Schools. This section explores the essential role that resource schools and hospital management play in ensuring the availability of teaching

materials, providing comprehensive learner support, and financial support facilitating for learners. These key elements are critical in creating a conducive learning environment for learners facing health challenges. Understanding how these components are coordinated and delivered is essential in optimizing the educational experience and well-being of learners in Hospital-Schools (Hoover & Bostic, 2021).

### 2.8.1 Teaching materials

The utilization of learning aids is indispensable to the process of teaching, such that even in a hospital setting, teachers are expected to exhibit a strong commitment to the development of teaching and learning resources. As per multiple scholarly sources, it is expected that educational leaders promote and facilitate the process of teacher-generated development of instructional resources (Pusvitasari, 2021). Furthermore, it is imperative to guarantee that the learners attending Hospital-Schools are taught through an integrated style of learning that is congruent with their individual learning preferences, ultimately facilitating their comprehension and knowledge acquisition. Moreover, the findings of a study illustrated that the enhancement of the quality of education was implemented through a meticulous analysis of human resource requirements, coupled with the establishment of a comprehensive framework that aligns with the school's vision, mission, and objectives (Pusvitasari, 2021). According to Alikaj, Ning and Wu (2021) this endeavour involved the development of detailed job descriptions and job specifications. Furthermore, educational institutions aim to enhance the proficiency of available human resources through fostering and training initiatives (Pusvitasari, 2021). This strategy aims to strengthen and improve the quality of the organization's current resources. Thus, to provide proper resourcing of Hospital-Schools, all essential stakeholders, including resource schools, hospitals, instructors, and parents, must work together in a united effort.

### 2.8.2 Learner support

Cheng (2015) has elucidated the educational assistance extended by the Taiwanese government to children suffering from illness. This assistance is comprehensively delineated in the “Special Education Act” and the “Special Educational Support Network”. This benevolent provision encompasses the deployment of rotating bedside teachers as well as community-based supplementary educational support. The programs are designed with the purpose of furnishing not solely pedagogical assistance but also provisions for mobility, transportation, and other necessities.

The Hospital Based School (HBS) paradigm in Malaysia denotes a distinctive and regimented hospital-based learning institution that is primarily dedicated to enhancing the preparedness and ability of learners with disabilities (HBS program implementation manual, 2014). The aim of this institution of learning is to promote the involvement of individuals experiencing healthrelated challenges in an educational program that is centered on entertainment as a means for facilitating healing while they undergo medical treatment. The teachers in this facility function as facilitators for the effective implementation of a personalized development plan in a conducive manner (HBS Program Implementation Manual, 2014). The cultivation of an environment that fosters conducive learning is shown to have a positive impact on the moral and motivational support required for the treatment of both typical and psychosocial illnesses commonly experienced by learners. The Ministry of Health Malaysia Official Portal (2012) purports that patient education is a valuable concept, particularly for school-aged patients, as it fosters the acquisition of knowledge and skills necessary to achieve a healthy lifestyle and prevent the emergence of further complications. Namibia's learner support system, particularly for learners with health-related issues, is a crucial aspect of the country's education system. Like Taiwan and Malaysia, the government has implemented policies and programs to provide educational assistance to children with illnesses. Specialized schools and supportive teachers

are also in place to cater to the unique needs of these learners. Collaboration between the Ministry of Education and the Ministry of Health is essential to integrate patient education into healthcare. Provisions for mobility and necessities are also in place to ensure learners with health challenges can access education without hindrance.

### 2.8.3 Financial support related to (transport) and other cost

Financial support is crucial for any school to be run successfully. Several studies attempt to navigate into what could be the reason why lack of financial support will lead to poor teaching and learning resources. Financial support leads to increased resources while insufficient financing poses a significant barrier to the extension of children's knowledge (Mupa & Chinooneka, 2015). Consequently, the scarcity of these academic resources becomes a primary contributor to the inadequacy of academic resources in schools (Mupa & Chinooneka, 2015). According to Morris (2002), financial support is a critical resource in its primary objective to fund the procurement of resources such as textbooks, stationeries, furniture, ICT hardware and software which are crucial to the development of the Hospital-Schools for learners' self-studies. There are several financial implications, and financial scarcity can significantly impede the functions of a Hospital-Based School (HBS) in several ways based on the above literature's findings.

*Limited Teaching and Learning Resources:* Again, without adequate financial support, the school may struggle to procure essential teaching and learning resources such as textbooks, revision materials, and resource books (Morris, 2002). This scarcity can hinder the extension of children's knowledge and limit their access to comprehensive educational materials, affecting the overall quality of teaching and learning.

*Inadequate Academic Resources:* The scarcity of academic resources, because of financial constraints, becomes a primary contributor to the inadequacy of resources in the school (Charles

& Mkulu, 2020). This can lead to a lack of necessary materials and tools required for effective teaching, making it challenging for teachers to provide a well-rounded education to the learners.

Limited Access to Self-Study Materials: Financial support plays a critical role in funding the procurement of resources crucial for learners' self-studies (Li, Shi, & Xue, 2020). These resources may include books, stationery, furniture, and ICT hardware and software. Without access to these materials, learners may face difficulties in studying independently and expanding their knowledge beyond classroom instruction.

Reduced Educational Opportunities: Financial scarcity can lead to a reduction in educational opportunities within the HBS (Li, et al., 2020). For example, the school may be unable to provide extracurricular activities, field trips, or specialized programs due to budget limitations, which could negatively impact the overall learning experience and engagement of the learners.

Limited Staff Training and Development: Lack of financial support may hinder the school's ability to invest in staff training and professional development (Du Plessis & Mestry, 2019). As a result, teachers may have limited access to ongoing training, workshops, or resources that could enhance their teaching methods and skills, ultimately affecting the quality of education they provide.

Infrastructure and Facilities: Insufficient funding may also lead to inadequate infrastructure and facilities in the HBS (Oleribe, et al., 2019). This could include outdated classrooms, insufficient space, or lack of proper equipment, which may hinder the overall learning environment and learners' learning experiences.

Moreover, financial scarcity can have a detrimental impact on the functions of a Hospital-Based School, affecting the availability of teaching and learning resources, hindering learners' access to self-study materials, limiting educational opportunities, impeding staff training, and potentially compromising the overall learning environment and experiences of the learners.

## 2.9 Valuable lessons for teachers and teachers' preparation institutions (university) from the experiences from the Hospital-School.

The experiences gained from Hospital-Schools offer valuable insights and lessons for both educators and teacher preparation institutions, particularly at the tertiary level. In this introduction, we explore these lessons, focusing on two critical aspects: the financial challenges faced by teachers and the importance of curriculum-inclusive courses in university teacher preparation programs. By examining the experiences of educators in Hospital-Schools, we can identify ways to better support teachers and enhance teacher training to meet the unique demands of the educational landscape

### 2.9.1 Teacher's preparedness

Teachers must be adequately trained at the collegiate level, as institutions of higher education are predominantly responsible for the provision of tertiary instruction (Hoover & Bostic, 2021). The role of the education system is paramount in equipping emerging leaders with the requisite knowledge and skills. Therefore, the adoption of qualified teachers will reinforce the standard of instruction and education. Consequently, the investigation posits that the incorporation of proficient criteria in the educational system has demonstrated the potential to heighten accreditation and foster scholarly accomplishments in academic institutions, particularly in the recruitment of recently licensed instructors (Darling-Hammond, 2020). Within the established framework, universities must propose a methodology to evaluate their teaching qualification courses, which incorporates a requisite level of proficiency in instructing learners within Hospital-Schools. The article puts forth the proposition that the utilization of efficacious evaluation methodologies, particularly those that are anchored in standards-based performance evaluations, may serve as a viable approach for augmenting pedagogical proficiencies (Link & Guskey, 2022). The recommendation posits an accreditation framework that is based on tangible performance metrics, wherein preparedness is assessed through survey instruments

(Limon, Vallente, Chua & Rustia, 2022). Furthermore, it is noteworthy that there are no clearly documented procedures for evaluation in the current Hospital-School system in Namibia. Consequently, there exists a gap in the training and preparation of teachers for adaptable evaluation methods. This study aims to draw well-founded conclusions, considering the findings, suggestions, and various recommendations.

### 2.9.2 Curriculum-inclusive courses at the tertiary level

In certain circumstances, teachers situated in hospital settings may be required to impart instruction to a heterogeneous group of learners, necessitating the acquisition of adeptness in the implementation of pedagogical strategies that are both comprehensive and inclusive in nature (Małkowska-Szkutnik, et al., 2021). Such expectations mandate that teachers possess critical competencies in the delivery of high-quality education that caters to the needs of all learners (Mhlanga, 2023). To facilitate this objective, it is anticipated that the university will design courses that aim to improve the methodological and pedagogical proficiency of educators, which would subsequently positively impact the Hospital-School by facilitating the provision of high-quality, relevant, and objective education. (Sevnarayan, 2022). Furthermore, the findings of the study revealed a scarcity of scholarly work concerning tertiary-level courses that incorporate inclusive curricular strategies (Sevnarayan, 2022). The researcher could not establish or find supportive empirical literature that offer findings with regards to courses that are offered teachers preparation in Namibia that can be helpful to Hospital-School Teachers as well as what can be added.

Moreover, teachers require comprehensive training in language fundamentals to proficiently instruct literacy (Moats, 2014). Regrettably, numerous teacher preparation programs do not include this crucial component, hindering their capacity to deliver effective literacy education (Moats, 2014). The researcher agrees that the language development form the basis for the

improved learning since, learners in the Hospital-Schools go through various phases of their illness which keep them in the hospital for too long (Moats, 2014). Therefore, evidence suggests teachers stick to unproductive philosophies due to a lack of science-based teaching training and struggling to understand necessary content even after being exposed to it (Stanišić & Maksić, 2014).

In Namibia, "unproductive philosophies" in education can refer to traditional or outdated teaching methods that are not rooted in evidence-based practices. These approaches may lack a strong foundation in language fundamentals and may not effectively cater to the diverse needs of learners, especially those in Hospital-Schools.

Linking language skills to Hospital-School teaching is crucial because language development forms the bedrock for enhanced learning (Otomo, 2023). Learners in Hospital-Schools often experience extended stays due to illness, making it imperative that teachers have a solid grasp of language fundamentals to facilitate their educational progress.

Furthermore, the multicultural aspect in Hospital-Schools is significant. These schools often enrol learners from various cultural backgrounds, and teachers must be equipped with the skills to connect with and support these diverse learners effectively (Kennedy & Sundberg, 2020). Language proficiency and cultural sensitivity are essential for creating an inclusive and supportive learning environment, ensuring that every student, regardless of their background, has access to quality education.

Moreover, in the context of Hospital-Schools in Namibia, "unproductive philosophies" could refer to outdated teaching methods that hinder effective language development and fail to address the unique needs of multicultural student populations. To optimize education in Hospital-Schools, teachers should receive training that emphasizes evidence-based language instruction and promotes cultural competence

The impact of the circumstances on hospital teaching delivery is multifaceted. Teachers in hospital settings are faced with the challenge of instructing a diverse group of learners with varying needs, requiring them to employ comprehensive and inclusive pedagogical strategies (Małkowska-Szkutnik et al., 2021). To meet these expectations and provide high-quality education to all learners, teachers must possess critical competencies in methodological and pedagogical proficiency (Mhlanga, 2023). For this purpose, universities are expected to design courses aimed at improving educators' skills, which would positively influence HospitalSchools' ability to deliver relevant and objective education (Sevnarayan, 2022).

In the current landscape of teacher education in Namibia, certain elements are present, while others are notably missing, as highlighted in the provided information.

**What we currently have in our education system.**

1. **Teacher Training:** Namibia offers teacher preparation programs at the tertiary level, which is an essential foundation for educators. These programs likely cover general pedagogical methods and subject-specific content.

2. **Language Fundamentals:** However, there appears to be a gap in addressing comprehensive training in language fundamentals, which is crucial for effective literacy instruction. Many teacher preparation programs in the country do not include this vital component.

3. **Cultural Sensitivity:** The multicultural aspect is significant in Namibia, as it hosts learners from diverse backgrounds. While this diversity is acknowledged, there may be limited emphasis on training teachers to be culturally sensitive and skilled in connecting with learners from varied cultural contexts.

**What is missing in our curriculum for Hospital-Schools?**

1. **Comprehensive and Inclusive Pedagogical Strategies:** Namibia currently lacks a strong emphasis on preparing teachers for the dynamic and diverse needs of learners, especially those in Hospital-Schools. There is a need for comprehensive training that equips educators with inclusive pedagogical strategies to cater to various learning profiles.

2. **Evidence-Based Teaching Practices:** The information provided suggests that some teachers may rely on outdated or unproductive teaching philosophies due to a lack of science-based training. This highlights the need for evidence-based teaching practices to enhance instructional quality. While the literature review provides a comprehensive outline of issues experienced by hospital schools elsewhere, this remains a scarce area for Namibian teachers. The study introduces hospital schools as an inclusive education initiative which is often overlooked by the Ministries of Education and Health and by educators in general.

## 2.6 Summary of the chapter

This chapter provided an overview of the pertinent literature pertaining to the experiential observations of Hospital-School teachers engaged in teaching within Hospital-Schools located in Namibia. The forthcoming chapter expounds upon the research approach, design, and methodology implemented in this study.

# CHAPTER 3: RESEARCH METHODOLOGY

## 3.1 Introduction

This chapter delves into the methodology used to investigate the first-hand experiences of teachers working in Namibian Hospital-Schools. It encompasses discussions on research approaches and design, population, sampling and sampling techniques, data collection instruments, semi-structured interviews and journals, data collection procedures and data analysis. The ethical considerations are also addressed in the chapter.

## 3.2 Research Approaches and Design

Macmillan and Schumacher (2014) state that a research design indicates the general plan of how the research is set up, what happens to the participants, and what methods of data collection are used. This study adopted a qualitative research approach.

The qualitative design is an ideal approach for studying the lived experiences of Namibian Hospital-School Teachers. It allows for in-depth exploration, contextual understanding, and a flexible approach to research (Mohajan, 2020). This design is particularly suitable for examining the unique and nuanced experiences of these teachers, providing rich and detailed insights.

The study employed a *phenomenological qualitative research design* to explore the lived experiences of Namibian Hospital-School Teachers. Phenomenology is particularly suitable for this study because it focuses on understanding and describing how individuals experience a particular phenomenon—in this case, the roles, challenges, and contributions of hospital-school teachers within their unique teaching environments. This design allows the researcher to delve

deeply into the subjective experiences of the participants, capturing their perspectives, emotions, and insights (Mohajan, 2020).

The phenomenological approach was chosen because it emphasises the essence of lived experiences, which aligns with the study's aim to provide a detailed and complex understanding of the teachers' realities. This design facilitates the collection of rich, descriptive data through methods such as in-depth interviews and reflective journals, enabling the researcher to uncover the meanings and significance that participants attach to their experiences in hospital schools.

### 3.3 Research Population

Macmillan & Schumacher (2014) define a population "as a collection of individuals, objects, or events that meet specific criteria and serve as a basis for generalizing research results. These group School teachers is also known as a target population." Rahi (2017) emphasizes that a population involves selecting a subset or sample of units from a larger data set to study and measure the characteristics, beliefs, and attitudes of the individuals within that group. The population for this study comprised all Hospital-School teachers in Namibia. There are two Hospital-Schools in Windhoek, Khomas Region with three teachers and one teacher in Oshakati, Oshana Region. The population in this scenario consists of the teachers and principals working at these schools. The researcher then asked the teachers to recommend other individuals which are the former teachers for the purpose of conducting further interviews, based on their knowledge and experience of working in Hospital-School settings. The population consisted of two principals and six teachers. Two out of the six teachers are the former teachers that were teaching at the Hospital-School in Windhoek, Khomas region.

### 3.4 Sampling and sampling techniques

Etikan and Babtope (2019) define a sample as a set of entities drawn from a population with the aim of estimating the characteristics of the population. A sample is part of the entire population selected for the study to obtain information on the whole set of human participants from the population (Etikan and Babtope, 2019). This study used purposive sampling technique to select three Hospital-Schools and research participants under study. Purposive sampling attempts to select participants based on certain characteristics (Tan, 2014). On the other hand, Bertram and Christiansen (2015) define purposive sampling as a means of making specific choices about groups of people or objects to include in the study. Therefore, Hospital-Schools and participants were selected based on the following criteria: Three Hospital-Schools were selected because they were the only hospital schools in Namibia which accounts for a total population (Ministry of Health and Social Services, 2018**).** Purposive sampling was also used based on the characteristics of the information –rich participants and the purpose of the study (Tan, 2014). Therefore, the sample consisted of eight participants which include the two principals and the six teachers. Four out of the six teachers are currently teaching at the Hospital-School, while the other two teachers are former teachers that were teaching at the Hospital-Schools.

### 3.5 Data Collection Instruments

Macmillan and Schumacher (2014) define instruments as techniques used to gather information for research purposes, while Pandey & Pandey (2021) describe them as tools for collecting information and data needed to find solution to the problem under investigation. The researcher used two methods to gain insights into participants' experiences namely semi-structured interviews and a one-month journal. The interviews aimed to provide an in-depth understanding of the participants' experiences over the span of their time in the role of Hospital-School

teachers, while the journal was used to gather data of the day-to-day experiences and emotions during the one-month period of journaling. Both these methods were meant to not only collect data, but also to grant the participants to reflect on their experiences and express their emotions in a safe and judgment-free space. Moreover, in an endeavour to investigate the lived experiences of Hospital-School teachers in Namibia, the researcher employed the use of facetoface interviews and journals.

### 3.5.1 Semi-structured Interview

The section outlines the research instruments used in the study, which involved collecting data through individual semi-structured, face-to-face interviews. An interview is a face -to -face conversation between a researcher and a participant involving a transfer of information to the interviewer (Mohajan, 2020). The research tools employed were the semi-structured interviews and the journal. Semi- structured interviews were conducted in the three Hospital-Schools involved in the study. The other two former teacher's interviews happened at their convenient place. During the interviews, an audio recorder was used to collect data from all the participants and ensure that detailed transcriptions were available for later analysis.

Each interviewee was provided with informed consent forms to secure their voluntary agreement to participate in the study and to ensure that they fully understood the purpose and nature of the interview process, including the types of questions they would be asked. All participants gave consent for the interviews to be tape-recorded. They were interviewed privately to ensure confidentiality and openness. They were also made fully aware that they had a right to withdraw, once they feel uncomfortable with the interview.

### 3.5.2 Journals

In addition, specifically, to the semi-structured, face-to-face interviews, journals were used to collect data specifically from the teachers currently teaching at the Hospital-Schools. According

to (Hayman et al., 2012) journaling is the method of data collection that has been validated to gain access to rich qualitative data and is appropriate method for transcendental phenomenological design.

Teacher journals were used to enriched and substantiate data collection from teacher interviews (Hayman et al., 2012) as journaling captures a moment or describes an experience and provide a way for participants to reflect on their emotions and make sense of those emotions (Portman, 2020).

The researcher provided the current teachers at the Hospital-Schools with the books. The instructions given to all the participants were as follows: In their daily interactions with the children who were admitted to the hospital and joined the Hospital-School and with parents, professionals and administrators, the participants formed relationships and experienced certain emotions. Some days are great, and some are sad. Thus, the participants were asked to write down their daily experiences and emotions for a period of 30 days and were told that it is up to them to decide how long their daily entries would be. For confidentiality, the researcher advised them to keep their books out of reach of others, as they contain personal reflections and emotions. The researcher collected journals that analysed the data after 30 days. The researcher chose to retain the journal until the thesis was completed, and participants were notified via phone. The original copy is required by the researcher for a valid and essential reason.

### 3.6 Data Collection Procedure

The researcher followed several steps to gain access to the teachers and obtain permission for the study. Firstly, the Ethical Clearance Certificate from the University of Namibia's Centre for Research and Publications was obtained *(see Appendix A).* Secondly, the researcher obtained written permission from the Education Director of the Khomas Region (see Appendix B) and the Education Director of the Oshana Region *(see Appendix C*), The Executive Director of

Health and Social Services and the letter from the Director of Health and Social Services (*see Appendix D and E),* and the permission letter from the principals of the selected HospitalSchools *(see Appendix F and G).*

Lastly, the researcher obtained consent from the teachers to participate in the study and record their information for analysis. A schedule for visiting the Hospital-School Hospital-Schools was established, and all participants were informed for ethics. To adhere to ethical guidelines, appointments were arranged, and once participants confirmed their interview times, the date and time of the interviews were confirmed. Additionally, strict compliance with COVID-19 regulations, including the maintenance of social distancing, was observed.

Upon securing consent from the participants, the researcher arranged appointments with both principals and six teachers to ensure their availability for the interviews. The interviews with the principals and teachers varied in duration, spanning from 10 to 25 minutes. During these interviews, the researcher documented the discussions using handwritten notes. Furthermore, to maintain a comprehensive record, the interviews were audio-recorded using the researcher's mobile phone. The researcher interviewed the principal and the teacher from the Hospital School in Oshakati, Oshana Region, and then interviewed the principal and the teachers from Windhoek, Khomas Region. The journals were given to the teachers and were analysed after the data analysis from the interview, it was after the 30 days 'periods. The journals were kept until the researcher finished to analyse the data. Furthermore, the researcher makes copies and hand it back to the teachers.

### 3.7 Data analysis

Data analysis involves identifying and abstracting underlying themes from raw data to draw meaningful conclusions (Leedy & Omrod, 2014). In this study, the researcher used thematic analysis to identify common responses. Thematic analysis involves identifying, analysing and

interpreting emergent themes in qualitative data. The researcher followed six steps outlined by Braun and Clarke (2013), including familiarizing with the data, generating initial codes, searching for themes, defining and naming themes, and finally writing up the data.

Firstly, the researcher organised the data by preparing all the field notes that were captured during the interviews and transcribing the audio-recorded data into words. Secondly, the researcher reduced the data to small, meaningful chunks as she continuously revised, revisited and refined the data by going through all the response and identified the common themes from the raw data and categorised the small themes into the main themes (Hamilton & Finley, 2019). Thirdly, the researcher scrutinised the codes, thereafter, combining and assembling them into more meaningful and descriptive themes. The researcher reviewed each theme, during the fourth step, to determine if each theme was clear and in line with the research questions.

The fifth step was about establishing the essence of what each theme is about. During this step the researcher refined, combined or separated themes (Braun &Clarke, 2013).

In the sixth and final step, the researcher analysed data and ensured that it was changed into interpretable and convincing excerpts which related to the themes and literature and answered the research questions.

### 3.8 Trustworthiness

Trustworthiness refers to the quality, authenticity and truthfulness of findings of qualitative research. It is further related to the degree of trust, or confidence, readers have in the results (Nowell et al., 2017). The criteria demonstrating trustworthiness of the data include credibility, transferability, dependability, and conformability of the study (Denzil & Lincoln, 2018: 58, 59).

In the realm of qualitative research, the concept of trustworthiness is paramount. Trustworthiness pertains to the quality, authenticity, and truthfulness of the findings derived

from qualitative research endeavours. It encompasses the level of trust or confidence that readers and stakeholders can place in the results and their overall reliability (Nowell et al., 2017).

To establish trustworthiness, researchers must adhere to specific criteria, as outlined by Denzin and Lincoln (2018). These criteria are instrumental in ensuring that the data and findings are robust and dependable. They can be categorised as follows:

### 3.8.1 Credibility:

Credibility is the first pillar of trustworthiness. It is the extent to which the research findings are credible and believable. To enhance credibility, qualitative researchers should employ rigorous methods, such as member checking, triangulation, and prolonged engagement, to validate their data and interpretations (Lincoln (2018). Engaging with participants over an extended period, seeking their feedback, and cross-verifying data from various sources all contributed to the credibility of the study.

### Transferability:

Transferability is the ability to generalize the research findings to different contexts or settings (Nowell et al., 2017). To achieve transferability, the researcher provided rich metaphors of the research context, methods, and participants. By doing so, she allows readers to assess the applicability of the findings to their situations. This assists in ensuring that the research has significance and applicability beyond its specific study context.

### 3.8.3 Dependability:

Dependability refers to the consistency and stability of the research findings over time and across various researchers (Nowell et al., 2017). The researcher enhanced dependability by maintaining clear and transparent records of her research processes, decisions, and changes

made during the study. An external audit of the research process and data by another qualified researcher can also contribute to establishing dependability.

### 3.8.4 Confirmability:

Conformability is the last dimension of trustworthiness. It concerns the objectivity and neutrality of the research findings, ensuring that they are not influenced by the researchers' biases or preconceived notions (Lincoln (2018). The researcher promoted conformability by maintaining an audit trail of her work, clearly documenting her own perspectives, and using peer debriefing or member checking to validate their interpretations.

Moreover, trustworthiness in qualitative research is essential for establishing credibility, transferability, dependability, and conformability of research findings. By adhering to these criteria, researchers can ensure that their qualitative research is not only methodologically sound but also dependable and applicable to a broader range of contexts and audiences.

## 3.8. Ethical considerations

Research ethics are concerned with the beliefs about what is right or wrong from a moral perspective (Macmillan and Schumacher, 2014 p.129). Nkandi (2015) defined ethics as a way of conducting research in a manner that does not result in harming the participants in one way or the other. Firstly, to carry out the research, the researcher obtained ethical clearance from the University of Namibia, which issued the Ethical Clearance Certificate and the Research Permission Letter.

Secondly, a research permit from the Ministry of Education, Art, and Culture (Office of the Regional Director of Education, and the Ministry of Health and Social Services (Office of the Executive Director of Health in Khomas and Oshana Region. A research permit from the principals overseeing the Hospital-Schools in the two regions. Consent for recording interviews was obtained from all the participants. The participants in the study provided informed consent

and were assured that they could withdraw from the study at any time without negative consequences. They were also assured that their information would be kept confidential and that nothing they shared with the researcher would be shared with anyone outside of the research team.

## 3.9 Summary of the Chapter

This chapter presented the research methodology used to collect data from the participants. It described methods used to obtain data, which include research instruments, sampling, validity and reliability of research instruments and ethical measures. In the next chapter, the researcher presents and discusses the findings of the research

## CHAPTER FOUR: PRESENTATION OF RESULTS

### 4.1 Introduction

This qualitative study sought to look at the lived experiences of Hospital-School teachers in Namibia. The data were collected from the three Hospital-Schools in Namibia: the three Hospital-Schools are in Windhoek, in the Khomas Region and Oshakati in the Oshana Region. The researcher first presents the demographic information of the participants, and then the results by linking them to the literature. The research was guided by the following main research questions and concluded with a summary.

- How can they lived experiences of Hospital-School Teachers in Namibia influence the review of the support provided by the Ministry of Education, Arts and Culture as well as of Health and Social Services to Hospital-School Teachers?
- What are the roles and responsibilities of Hospital-School teachers in Namibia?
- To what extend do the employers of Hospital-School Teachers understand and consider the contributions of the hospital teachers to both the health and the education sector?
- To what degree do the support Hospital teachers receive from the hospitals and the Resource Schools under which they resort match their needs and sacrifice
- What lessons can teachers and teacher-preparation institutions learn from the experiences of Hospital-School Teachers in the light of inclusive education?

### 4.2 Presentation of the results

The results are presented in line with the research questions. The sources of the data were face-toface semi-structured interviews with teachers and principals and journal with only the teachers currently teaching at the Hospital-Schools. The main purpose was to find out the lived experiences of Hospital-School Teachers. The participants were labelled as T1-T6 (Teachers) and P O-P K

(Principals) to observe their anonymity. The data are therefore presented under categories that emerged from the main and sub-research questions.

### 4.2.1 Demographic information of the participants

This section contains the biographical information of the selected teachers and principals. All eight participants' personal information such as gender, position in organisation, highest qualifications, years of teaching experience and regions are listed in the Table below.

**Table 1:** Profile of Participating Teacher and the Principal from Hospital-School A

| **Participant's code** | **Gender** | **Position in organisation** | **Highest Qualifications** | **Years of teaching experience** | **Region** |
|---|---|---|---|---|---|
| T 1 | Female | Teacher | Grade 12, Honours Degree in Education | 20 years | Oshana |
| P K | Female | Principal | Grade 12, master's in education (Inclusive Education) | 17 years | Oshana |

In School A, there was one teacher and one Principal. The teacher held an Honours Degree in Education, while the principal held a master's degree in education (Inclusive Education). Both the teacher and Principal have more than 15 years teaching experience.

**Table 2:** Profile of Participating Teacher and Principal from Hospital-School B

| **Participant's code** | **Gender** | **Position in organisation** | **Highest Qualifications** | **Years of teaching experience** | **Region** |
|---|---|---|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| T 5 | Female | Teacher | Grade 12, Higher Diploma in Education | 34 years | Khomas |
| P O | Male | Principal | Grade 12, Honours Degree in Education (Sport Science) | 18 years | Khomas |

**Table 3:** Profile of Participating Teachers from Hospital-School C and Principal

| **Participant's code** | **Gender** | **Position in organisation** | **Highest Qualifications** | **Years of teaching experience** | **Region** |
|---|---|---|---|---|---|
| T 2 | Female | Teacher Volunteer | Grade 10, Early Childhood Development | 5 | Khomas |
| T 4 | Female | Teacher | Grade 12, Honours Degree in Education (Junior Primary) | 6 years | Khomas |
| P O | Female | Principal | Grade 12, Honours Degree in Education (Sport Science | 18 years | Khomas |

NB: The principle (P O) manages both Hospital- School B and C.

**Table 4:** Profile of Participating Teachers (Former) who were teaching at the Hospital-Schools.

| **Participant's code** | **Gender** | **Position in organisation** | **Highest Qualifications** | **Years of teaching experience** | **Region** |
|---|---|---|---|---|---|
| T 3 | Female | Teacher | Specialised Post Graduate Diploma in Special Education | 25 years | Khomas |

| | | | | | |
|---|---|---|---|---|---|
| T 6 | Female | Teacher | Grade 12, Diploma in Education (Junior Primary) | 8 years | Khomas |

In School B the teacher is having more than thirty years teaching experience. In School C the two teachers are between five- and six-years teaching experience, while the principal of both Schools B and School C is eighteen years teaching experience. The two former teachers are between eight- and twenty-five-years teaching experience. School B teacher held a Higher Diploma in Education. School C teachers held an early Childhood Diploma in Education while the other one held an Honours Degree in Education. The two former teachers, one held a Diploma in Education while the other one held Specialised Post Graduate Diploma in Special Education. The principal of both School B and School C held Honours Degree in Education (Sport Science).

Tables 2 and 3 demonstrate that there were more female than male participants in the study. The research participants encompassed a total of six teachers and two principals.

**Professional Qualifications of Participants**

Teachers and principals reported holding qualifications ranging from a Diploma in Education, an Honours Degree in Education, a Specialized Postgraduate Diploma in Special Education and a Master's in education (Inclusive Education).

**Teaching Experience**

The data revealed that teachers and principals had teaching experience ranging from 6 to 34 years, both in mainstream and Hospital-Schools. Additionally, one volunteer had five years of teaching experience specifically at the Hospital-School C.

## 4.3 Context of the Study

**4.3.1** Description of the research area

The study was conducted in Namibia Hospital-Schools in the Khomas and the Oshana Region. The schools were selected on the merits of their functionality and location as they are the only Hospital-Schools in Namibia.

The Hospital-Schools were established in 1999 by the Namibian Occupational Therapists, with the support from overseas volunteer organisation, VSO and APSO in the form of Working to Instigate Schooling in Hospital (WISH) project. In April 2001, an agreement was signed between an overseas organisation, Thomas Pilz Associates and the Ministry of Women and Child Affairs. Consequently, the Ministry of Health and Social Services and the Ministry of Education joined in support of the establishment and operation of the Hospital-School.

Hospital-Schools are educational departments affiliated with the state, situated within hospital premises. Uggeri et al. (2016) stated that, "Hospital-Schools are schools located in the hospital environment to provide education to children during periods of hospitalisation to keep them up to date with their peers in their mainstream school."

The School for the Visually Impaired Children in the Khomas Region and Eluwa in the Oshana Region both have teachers who are public service officials and are listed on the pay-sheet rolls of the two resource schools. The three Hospital-Schools accepted learners between ages 4 and 18, catering for pre-primary school to Grade 12. There is only one classroom at the two hospital schools and two classrooms at one Hospital School. They are teaching learners of all grades together in one class. The estimated number of learners per day is 8 to 15 per teacher.

According to the teachers at all three hospitals, they start their daily activities between 07h00 and 8h00 by going to the wards to find out how many of their learners are present. The teachers consult with the doctors for advice and recommendations on who can be taught depending on

the treatment given and the condition of the learner that day. Teachers work according to their bi-weekly preparations. In all the hospital schools, there is a daily attendance register for teachers and learners that is marked daily. The principals in charge of the hospital schools are continuously in contact with the schoolteachers teaching at the Hospital Schools.

The research questions and themes that are generated from the research questions are presented in Table 4.2.1.5 for a clear view.

**Table 5:** Themes and sub-themes

| **Questions** | **Theme emerged** | **Sub-themes** |
|---|---|---|
| How can the lived experiences of Hospital School-School Teachers in Namibia influence the review of the support by the Ministries of Education, Arts and Culture as well of Health and Social Services to Hospital-School Teachers? | • Lived Experience | • Experiences of teacher<br>• Workload<br>• Challenges |
| What are the roles and responsibilities of Hospital-School Teachers in Namibia? | • Roles and responsibilities of Hospital –School Teachers in Namibia. | • Skills |

| | | |
|---|---|---|
| To what extent do the employers of Hospital-School Teachers understand and consider the contributions of the Hospital teachers to both the health and the education sectors? | • The responsibilities of supervisor towards Hospital-School Teachers | • Supervision<br>• Style of management<br>• Difficult issues<br>• Teacher support<br>• Parental support<br>• Inclusion<br>• Teaching materials |
| To what degree do the support Hospital-School Teachers receive from the hospitals and the Resource Schools under which they resort match their needs and sacrifices? | • Support from the resource school and the hospital management | • Teaching materials<br>• Learner support<br>• Financial support |
| What lessons can teachers and teacher preparation Institutions learn from the experience of hospital school in the light of inclusive education? | • Valuable lessons for teachers and teacher preparation institutions (University) from experiences of Hospital-School. | • Teacher preparedness<br>• Curriculum inclusive education courses at the tertiary level |

This research theme roles and responsibilities of Hospital-School Teachers and sub-theme skills are linked to the following research questions: What are the roles and responsibilities of Hospital-School Teachers in Namibia and the responsibilities of the supervisors towards Hospital-School teachers?

## 4.4. Roles and Responsibilities of Hospital-School Teachers

### **4.4.1** Sub-theme - Skills

The study aimed to explore the roles and responsibilities of Hospital-School Teachers and the necessary skills for this challenging profession. Here are the responses identified by the participants:

**Table 6:** Skills

| Participants | Theme emerged | Sub-theme | Response |
|---|---|---|---|
| T 1 | Roles and Responsibilities of Hospital-School Teachers | skills | Emphasized that to be a Hospital-School Teacher, one must be a qualified teacher capable of integrating diverse learners with varying educational backgrounds. They should attend counseling sessions offered by the Ministry of Health and Social Services and possess confidence and selfmanagement skills, critical for the emotional nature of the job. The ability to create a conducive learning environment is crucial. T 1 also finds happiness in learners' success and the partnership with the Ministry of Health and Social Services. |
| T 2 | | | Need to study in the field of education |
| T 3 | | | Highlighted the need for teaching experience and exhibited caring, loving, and special education skills. |
| T 4 | | | Talk about the importance of multi-grade teaching training to be an effective teacher in a hospital school. |

| | | | |
|---|---|---|---|
| T 5 | | | Effective communication skills are crucial for Hospital-School teachers to connect with parents and a team of nurses, doctors or matrons in charge. |
| T 6 | | | Emphasizing the importance of being caring and passionate about the job and possessing phonological skills. |

The study emphasizes the fundamental abilities needed by hospital-school teachers. To handle the emotional demands of the job, participants underlined the need of credentials, selfassurance, and self-control. Effective communication, teaching several grades, special education, phonological awareness, and compassion were considered essential. To provide a favourable learning environment, teachers also valued collaborations with the Ministry of Health and Social Services.

**Table 1:** Keywords: Roles and Responsibility of Hospital School Teachers

| | |
|---|---|
| T 1 | Qualify teacher, integrating. Counselling, confidence, emotional, conducive, partnership |
| T 2 | Education |
| T 3 | Teaching experience, caring, loving, special education skills |
| T 4 | Multi-grade, effective |
| T 5 | Hospital teachers, effective communication |

| | |
|---|---|
| T 6 | Emphasizing, passionate, phonological skills |

### 4.5 What are the responsibilities of the supervisor towards Hospital-School Teachers?

**4.5.1** Supervision

Hospital-school principals and teachers provided insights into their roles in supervising teachers at their respective schools. Here's an overview of their responsibilities: These supervisory roles highlight the multifaceted responsibilities of Hospital-School Principals in ensuring the quality of education and the overall functioning of the school. Their contributions are essential to the success of both teachers and learners in the hospital education setting.

**Table 7:** Supervision

| Participants | Theme emerged | Sub-themes | Response |
|---|---|---|---|
| | Responsibilities of supervisor towards Hospital-School teachers | Supervision | |
| P O | | | **Administrative Oversight**: |

| | | | |
|---|---|---|---|
| | | | P O said, principals are primarily responsible for the administrative aspects of running the main school along with the Hospital-School. This includes managing resources, ensuring compliance with curriculum standards, and overseeing the day-to-day operations.<br>**Resource Provision**: One key duty is to provide necessary resources for the school. This involves ensuring that teachers have access to the required teaching materials and equipment to facilitate effective instruction.<br>**Curriculum Adherence**: Principals are tasked with ensuring that the curriculum is taught in accordance with the guidelines provided by the National Institute for Educational Development |

| | | | |
|---|---|---|---|
| | | | (NIED). This includes monitoring the alignment of teaching with curriculum standards.<br>**Teaching and Learning Oversight**: Principals must oversee teaching and learning activities to ensure they are taking place effectively. They play a crucial role in maintaining a conducive environment for teaching and learning within the Hospital-School.<br><br>**Social Unit Management**: Principals are responsible for fostering a sense of community within the school. This involves creating a positive school culture and facilitating collaboration among teachers, learners, and staff.<br>**Leadership Management**: They also manage the |

| | | | |
|---|---|---|---|
| | | | leadership aspects of the school, which may involve guiding and supporting teachers in their roles, addressing challenges, and promoting professional development.<br>**Community Engagement**: Principals are tasked with linking the school with the broader community. This includes engaging with parents, caregivers, and the local community to create a supportive educational environment.<br>**School Networking**: They need to establish connections between the Hospital School and other schools within the region. This networking can facilitate the exchange of ideas, resources, and best practices.<br>**Teaching Supervision**: Principals, particularly in cases where teachers from the main |

| | | | |
|---|---|---|---|
| | | | school are involved in teaching at the Hospital-School, are responsible for supervising teachers' performance. This includes monitoring their teaching methods and assessing the quality of education delivered.<br>**Assistive Devices and Materials**: Principals may assist teachers in obtaining necessary assistive devices and teaching materials for learners with special needs. This support ensures that learners receive appropriate educational support. These supervisory roles highlight the multifaceted responsibilities of HospitalSchool Principals in ensuring the quality of education and the overall functioning of the school. Their contributions are essential to the success of both |

| | | | |
|---|---|---|---|
| | | | teachers and learners in the hospital education setting. |
| P K | | | She is required to supervise the school in terms of teaching, reporting back, monitoring the teacher teaching and learning and assisting the teacher in obtaining necessary assistive devices and teaching materials for learners with special needs. This support ensures that learners receive appropriate educational support. |

The research describes hospital-school principals' supervision duties. Administrative supervision, resource availability, curriculum conformity, and guaranteeing efficient teaching and learning are some of their primary responsibilities. They also supervise school networking, cultivate community involvement, and manage leadership. By supplying assistive technology and keeping an eye on their instructional effectiveness, principals help the teachers. Limited

classroom space, a lack of government assistance, and the challenge of managing teachers in several locations are among the challenges.

**Table:** 2 Keywords

Table 1 is about the duties of the supervisor regarding hospital schoolteachers and the subtheme of supervision is discussed.

| | |
|---|---|
| T 1 | Hospital-School teacher, qualified teacher, integrating diverse learner, varying educational backgrounds, counselling sessions, confidence, self-management skills, emotional nature of job, conducive learning environment, happiness, learners' success, partnership, ministry of health and Social Services. |
| T 2 | Multi grade teaching, training, effective teacher, Hospital-School |
| T 3 | Teaching experience, caring, loving, special education skills |
| T 4 | Trained, multi grade teaching, effective teacher, kindness, patient, good communication skills |
| T 5 | Effective communication skills |
| T 6 | Caring, passion, phonological skills |
| P O | Provision of resources for schools, curriculum adherence to NIED prescriptions, teaching and learning |
| P K | Supervise, and monitoring, assistive devices, teaching materials. |

Key phrases that are frequently linked to the experiences of hospital-school teachers are shown in Table 2. Qualifications, teaching several grades, special education abilities, and excellent communication are just a few of the features of their responsibilities that are reflected in the keywords. Additionally, emphasized are emotional qualities like zeal, concern, and fortitude. The table also highlights the value of collaborations between the ministries of health and education, highlighting the necessity of a welcoming and encouraging learning environment.

### 4.6 How can the lived experiences of Hospital-School Teachers in Namibia influence the review of the support provided by the Ministry of Education, Arts and Culture as well as of Health and Social Services to Hospital-School teachers?

The researcher sought to find out from the participants about their lived experiences as the Hospital-School teachers and principals and required to indicate their experiences for example the pleasant and the unpleasant moments, the workload and the challenges they encounter.

**Table 8** Lived experiences

| Participant | Theme emerged | Sub-theme | Response |
|---|---|---|---|
| | Lived experiences | Experiences of teachers | |
| T 1 | | | Positive experiences include witnessing sick children smile and engaging in activities, songs, and poems with them, which brings smiles to their faces, indicating coping. Unpleasant experiences involve uninvolved parents, limited classroom space leading to overcrowding, and the distance between the ward and the classroom. |
| T 2 | | | Enjoys individual teaching, identifying areas where learners need help, and |
| | | | focusing on their individual needs. Experiences sadness in witnessing the unpredictability of learners' conditions, where one day they may be there, and the next day they may not, especially with cancer cases. |

| | | | |
|---|---|---|---|
| T 3 | | | Shares a poignant memory of a 9-year-old girl who passed away suddenly in the classroom, leaving a drawing of herself and her teacher. The teacher was unaware of her passing until informed by medical staff. |
| T 4 | | | Values the partnership with parents, doctors, nurses, therapists, and organizations to support learners, ensuring their well-being during hospital stays. Affected by the pain and suffering of learners, especially those who pass away, sometimes losing sleep over their thoughts. |
| T 5 | | | Finds joy in working with learners from diverse cultural backgrounds and bringing smiles to their faces, despite their illnesses. Recounts a heart-breaking experience of a brave boy from Khorixas who stopped attending class and later passed away, with no contact information for the parents. |

| | | | |
|---|---|---|---|
| T 6 | | | Delighted to teach eager learners, some experiencing school for the first time, and helping them read and write. Sad moments include learner deaths, amputations, and the loss of sight due to illness and treatment. |

The varied experiences of hospital-school instructors are displayed in the table. One example of a positive experience is making ill children happy with interactive exercises like poetry and music. Nonetheless, issues like absent parents, a small classroom, and psychological stress brought on by student illness and death are common. Teachers and students develop close bonds, which makes loss especially difficult. To improve the wellbeing of learners, they also emphasize partnerships with organizations, parents, and medical experts. Teachers feel joy in changing the lives of children, despite the challenges.

**Table 3:** Key Words

These keywords were those commonly used by participants to describe their lived experiences.

| | |
|---|---|
| T 1 | Certainly, positive experiences, engaging, uplifting songs, effecting coping mechanisms<br>Unpleasant experience: no parental involvement, limited classroom space, overcrowded classroom, distance between ward and classroom |

| | |
|---|---|
| T 2 | Teacher, individual teaching, identify learner's needs, focusing on individual needs. Sadness, unpredictability, learners' condition, cancer cases |
| T 3 | Teacher, poignant memory, 9-year-old girl, sudden passing, classroom, drawing, unaware, medical staff. |
| T 4 | Partnership, support, well-being, affected, pain and suffering, pass away |
| T 5 | Diverse cultural backgrounds, bringing smiles, illnesses, heartbreaking experiences. |
| T 6 | Delighted, eager learners, learners' death, amputation, loss of sight, illness, treatment |

Key words used by Hospital-School teachers to characterize their experiences and workload are shown in Table 3. Engagement, positive relationships, and one-on-one learner assistance are positive qualities. Nonetheless, there are clear difficulties, including packed classes, heavy workloads, emotional stress from students who are near death, and a lack of parental participation. To help hospitalized students, teachers also stress the value of collaborations with the community and medical personnel.

### 4.7 Workload

The participants shared their experiences regarding the challenging workload they faced as Hospital-School Teachers: These experiences underscore the significant workload challenges faced by Hospital-School Teachers, which include multi-grade teaching, individualized support, and managing diverse learner needs and medical conditions.

**Table 9** Workload

| Participants | Theme emerged | Sub-theme | Response |
|---|---|---|---|
| | Lived Experiences | Workload | |
| T 1 | | | T 1 highlighted the overcrowded classroom and her multifaceted role. She manages various tasks, including teaching learners from pre-primary to grade seven, cleaning the classroom, and escorting learners to and from the wards. Moreover, she must prepare lesson plans for different grade levels, even working late to ensure preparedness. |
| T 2 | | | T 2 emphasized the heavy workload due to teaching learners with various types of cancer, often leading to learning disabilities, blindness, limb loss, and mental challenges. Individualized |
| | | | teaching becomes challenging in such circumstances. |

| | | | |
|---|---|---|---|
| T 3 | | | T 3 concurred with T 2, describing an extremely high workload. She initially taught all grade levels from pre-primary to grade 10 and had to assist grade 12 learners with assignments, despite not being qualified for it. Preparing lesson plans for multi-grade teaching added to her workload. |
| T 4 | | | Teacher 4 pointed out the overwhelming workload of being the sole teacher. Managing the classroom, attending to parents, doctors, occupational therapists, and teaching responsibilities all contributed to her workload. |
| T 5 | | | T 5 mentioned that her workload depends on the number of patients. Working alone, she faces challenges in moving learners in wheelchairs, attending to their needs, and |

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| | | | maintaining classroom order, especially when learners are in pain or distress. |
| T 6 | | | T 6 highlighted the substantial daily preparation required for multi-grade teaching, covering various phases from pre-primary to grade 12. Additionally, she noted that she lacked qualifications for teaching at all these levels. |

The enormous workload that Hospital-School teachers endure is shown on the table. In cramped classrooms, many teachers oversee many grade levels, ranging from pre-primary to grade 12. Preparing lessons, accompanying students, and helping people with serious medical situations are some of their responsibilities. Emotional strain, the demands of each student, and a shortage of support personnel are some of the difficulties that make lesson preparation and instruction very difficult.

**Table 3:** Key Words

The participant's responses provided the key words in response to the question Can you describe your workload as a hospital schoolteacher?

| | |
|---|---|
| T 1 | Overcrowded classroom, multifaceted, teaching learners, cleaning, escorting. |
| T 2 | Heavy workload, teaching learners, cancers, learning disabilities, blindness, limb loss, mental challenges, and circumstances. |
| T 3 | Overwhelming workload, teaching multigrade levels, assisting grade 12, assignments, qualified, preparing lesson, multigrade, increase the workload. |
| T 4 | Overwhelming workload, sole teachers, managing classroom, attending to parents, doctors, occupational therapists teaching responsibilities. |
| T 5 | Workload, number of patients, work alone, learners on wheelchairs, attending to needs, maintaining classroom order, pain distress. |
| T 6 | Multi-grade teaching, daily preparation, Per-primary to grade 12, qualification, Teacher 6 |

### 4.10 Challenges

The study identified various challenges faced by Hospital-School Teachers: These challenges highlighted the complexities and unique circumstances that Hospital-School Teachers

encounter, including resource shortages, diverse learner backgrounds, and the need for tailored teaching approaches.

Hospital-School Principals employed specific management styles to address the unique challenges and circumstances they face in providing education to learners from diverse backgrounds. Here are their insights into their management approaches:

**Table 10:** Challenges

| **Participants** | **Theme-emerged** | **Sub -theme** | **Response** |
|---|---|---|---|
| | Lived experiences | Challenges | |

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| T 1 | | | **Resource and Material Shortages**: T 1 highlighted a lack of teaching materials, especially for pre-primary learners. She faced challenges in attending workshops due to her role as the sole teacher. Additionally, long distances between wards and classrooms posed difficulties for some learners to attend.<br>**Syllabus Delivery**: T 1 explained the challenges of delivering the syllabus to learners of various grades, as the education system had been reviewed, and she was still awaiting the necessary materials. Coordinating with local schools to align the syllabus became complex. **Examination Logistics**: T 1 faced issues with learners writing exams in bed. Those from nearby schools had question papers provided, but those from distant schools did not. She had to personally collect |

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| | | | question papers, incurring transportation costs |
| T 2 | | | **Language Barriers**: T 2 mentioned language barriers, as learners often did not understand English, the official language. Some learners started school at an older age and spoke different native languages. **Parental Involvement**: T 2 emphasized the need for more parental involvement, especially for children transitioning from other schools. **Syllabus Completion**: T 2 noted challenges in completing the syllabus due to the repetition caused by learners' medical conditions, such as cancer |
| T 3 | | | **Admissions from Various Regions**: T 3 faced difficulties when learners from different regions with varying educational backgrounds were admitted. She had to |

| | | | |
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| | | | assess their abilities and place them accordingly.<br>**Multi-Grade Teaching**: Multi-grade teaching was a common challenge among teachers, requiring preparation of lessons for multiple grades simultaneously |
| T 4 | | | **Language Barriers**: T 4 mentioned language barriers, as learners often did not understand English, the official language. Some learners started school at an older age and spoke different native languages.<br><br>**Lack of Communication with Parents**: T 4 expressed concerns about the lack of communication with parents after learners were discharged, making it difficult to track their educational progress |

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| T 5 | | | **Overcrowding**: T 5 mentioned overcrowded classrooms, particularly when teaching multiple levels. Lack of resources and materials for pre-primary learners was also a concern. |

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| T6 | | | **Language Barriers**: Teachers 6 mentioned language barriers, as learners often did not understand English, the official language. Some learners started school at an older age and spoke different native languages.<br>**First-Time Learners**: Teacher 6 faced the challenge of teaching learners attending school for the first time, requiring significant preparation.<br>**Attendance and Health**: Irregular attendance and health-related absences posed challenges in completing the syllabus effectively. |

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| | | Difficult issues of principals supervising the Hospital-Schools | Supervising Hospital-School Hospital Schools presents unique challenges for principals due to the distinct circumstances and locations of these schools. Principals shared their difficulties and concerns:<br>**Physical Distance**: The Hospital-School Hospital-Schools are situated within hospitals, separate from the main school premises. This geographical separation |

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| | | | requires principals to make frequent trips to the Hospital-School Hospital-Schools, often one or twice a week. The need for physical presence can be demanding and time-consuming for principals.<br>**Limited Classroom Space**: Overcrowding in classrooms is a recurring issue. The Hospital-School Hospital-Schools sometimes admit more learners than they can accommodate in the available classroom space. This challenge affects the quality of teaching and learning, as well as the overall educational experience for the learners.<br>**Ministry Support**: While the Ministry of Education recognizes the existence of Hospital-School Hospital-Schools, it is perceived as not actively involved or supportive. Principals express a desire for more guidance and involvement from the ministry in shaping the functioning and policies of these schools. They suggest that the ministry could provide clearer directives and support for Hospital-Schools. |

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| | | | **Educational Challenges**: Teaching and managing the education of learners who come from various regions and backgrounds can be complex. Teachers often need to cater to learners who have never attended school before, further complicating the educational process. Deciding where to begin and end the curriculum, especially considering learner discharges, adds to the challenges.<br>**Material and Resource Shortages**: Adequate teaching materials and resources, suitable for learners with diverse needs, are lacking. HospitalSchool teachers face difficulties in providing materials that are suitable for learners with various learning difficulties. The provisioning of materials at hospitals may not always meet the specific needs of these learners.<br>**Teacher Engagement**: Hospital teachers may find it challenging to attend all school activities due to the unique demands of their role. This limited engagement can impact on their ability to collaborate with |

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| | | | other educators and participate in various school-related activities.<br>**Learner Engagement**: Learners in Hospital-School Hospital-Schools often face health-related issues that can affect their engagement in the educational process. This includes physical and emotional challenges that may make it difficult for them to interact with their peers or actively participate in learning activities.<br>In summary, principals overseeing Hospital-School Teachers encounter multiple challenges, including physical logistics, resource shortages, and the need for better support and guidance from the Ministry of Education. These challenges highlight the complex nature of providing education to hospitalized learners in Namibia. |
| P K | | | **Multi-Grade Teaching**: Principals and teachers recognize the necessity of multigrade teaching due to the varied educational backgrounds of learners. |

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| | | | Learners come from different regions and schools, and the limited classroom space necessitates teaching multiple grades simultaneously. To manage this, they coordinate with the schools from which learners come and assess their progress in specific subjects. The focus is on core subjects such as Mathematics, English, Environmental Studies, and Natural Science. In some cases, report cards may not be provided, as it is believed that learners will eventually return to their regular schools.<br>**Supervision and Monitoring**: Principals and teachers acknowledge the challenge of supervising and monitoring Hospital School Hospital-Schools, which are often located in separate venues. Daily oversight is impractical, so monitoring occurs based on a predetermined schedule and the school's activity calendar. The responsibility for reporting on the situation at the Hospital-School primarily falls on the teachers who are directly involved in caring for the learners at the hospital. The |

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| | | | hospital's management typically does not conduct frequent observations. |

T 1 said there is a lack of teaching materials at the Hospital –School and the long distance between the wards and classroom posed difficulties for some leaners to attend the class. T 2 and T 4 talk about language barrier as a challenge because it is difficult to communicate as most of the learners speak in their native language. T 4 further found it very hard to track the learner's education progress after being discharged from the hospital.

**Table 4:** Keys Words

The results answer on T 1 to T6, P O –PK the following question: what challenges you experience in delivering the syllabus to the children you teach and the difficult issues the principals encounter when supervising the Hospital-Schools.

| | |
|---|---|
| T 1 | Syllabus delivery, challenges, learners, various grades, education system, reviewed, necessary materials, coordinating, local schools. |
| T 2 | Language barriers, leaners not understanding English, older learners stating school, official language English, parental involvement, children transitioning, syllabus completion, challenges completing syllabus, repetition, learners, medical conditions, cancer |
| T 3 | Admissions, various regions, educational backgrounds, abilities, assess, multi-grade teaching, challenge, preparation, lessons, multi-grades |

| | |
|---|---|
| T 4 | mentioned, understand, English, native languages, concern about tracking, educational progress, discharge, |
| T 5 | Overcrowding, classrooms, multiple grade levels, lack of resources, pre-primary learners, concern |
| T 6 | Language barriers, first time learners, English, native language, older age, preparation, attendance, syllabus |
| P O | Physical distance, hospital premises, unique challenges, supervising Hospital-Schools, principals, concerns, distinct circumstances, location, difficulties, frequent trips, limited classroom space, overcrowding, education challenges, material and Resource Shortages, teacher engagement, Learner engagement |
| P K | Multi-grade teaching, necessity, educational backgrounds, varied, learners, limited classroom space, coordination, core subjects, mathematics English, report cards, supervision, monitoring, Hospital-School Hospital-Schools, oversight, schedule, activity calendar, teachers, hospital management, observations. |

In summary, principals overseeing Hospital-Schools encounter multiple challenges, including physical logistics, resource shortages, and the need for better support and guidance from the

Ministry of Education. These challenges highlight the complex nature of providing education to hospitalized learners in Namibia.

### 4.11 Teacher support in terms of teaching materials

Both principals of l Hospital-Schools in Namibia recognize the need for providing support to them. The support for hospital teachers in terms of teaching materials varies among different Hospital-Schools, as reported by the participating teachers, who face unique challenges due to the emotional and diverse nature of their work:

**Table 11** Teaching materials

| Participants | Theme emerged | Sub-theme | Response |
|---|---|---|---|
| | Support from the resource school and the hospital management | Teaching materials | |
| T1 | | | **Limited Teaching Aids:** T1 reports a lack of teaching aids and outdated books in their Hospital-School. They face challenges in accessing new books and technology like computers or laptops for creating teaching materials. Additionally, they mentioned having to travel to another school (Eluwa) at their own expense to access materials, which is both time-consuming and financially burdensome. |

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| T 4 | | | T 4 specifically mentions support of teaching materials from the main school, the School for the Visually Impaired Children |
| T 5 | | | **Resource Gaps**: T 5 highlights a shortage of teaching materials, particularly mentioning a lack of new books and pencils at their Hospital-School. This suggests that while some resources are available, there are gaps in providing essential materials for teaching and learning. |

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| T 6 | | | Assistive Devices and Syllabus: T 6 emphasizes the need for assistive devices in technology, such as computers, and a modified syllabus that focuses on essential skills like reading, writing, and mathematics. |

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| | | | They suggest that the current syllabus may not align with the needs of the children in the hospital setting, especially those with various medical conditions. |

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| P O | | | **Training and Emotional Support:** P O emphasizes the importance of training, especially in multi-grade teaching, given that teachers in Hospital-Schools work with learners of different grade levels. Additionally, he highlights the emotional toll of the work, as teachers often become emotionally attached to the learners, some of whom may pass away. Despite these emotional challenges, there is a lack of counseling support for the teachers. The principal calls for providing emotional support to teachers who work |

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| | | | in crowded spaces with limited resources. **Support from External Organizations:** P O mentioned the valuable support received from external organizations, particularly the Cancer Association. These organizations play a crucial role in supporting the school by providing resources such as clothes, healthy food, and juice, which benefit both teachers and learners. |
| P K | | | **Training and Psychosocial Support:** P K emphasizes the need for training in inclusive education and counseling for teachers in Hospital-School Hospital-Schools. Dealing with sick learners and coping with emotional challenges can be difficult for teachers. Psychosocial support is |

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| | | | essential, not only for teachers but also for learners who may be affected by emotional events in the classroom.<br>**Awareness and Parental Involvement:** P K recommends interventions from the Ministry to create awareness about the challenges faced by HospitalSchool teachers and the importance of parental involvement. She suggests using radio broadcasts to disseminate information to parents about the significance of their children attending school while hospitalized. Additionally, involving the Ministry of Health in disseminating information and advising parents upon admission to the hospital is proposed to ensure that parents are well-informed |

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| | | | about the educational support available. |

The table highlights disparities in teaching materials across Hospital-Schools. Some teachers report having adequate resources, including books and computers, with support from donors and government bodies. Others face shortages of essential materials, outdated books, and a lack of assistive devices. Teachers also mention financial burdens in acquiring resources and travelling to access materials from other schools. The need for a modified syllabus and better technology integration is emphasized

In general, both principals highlight the need for training and emotional support for teachers working in Hospital-Schools. They also acknowledge the valuable contributions of external organizations to providing resources. P O further emphasizes the importance of creating awareness among parents and involving the Ministry to address the unique challenges faced by these teachers and their learners.

The support for teaching materials varies across different Hospital-Schools in Namibia. While some schools appear to have adequate teaching materials and support from various sources, others face challenges with limited resources and outdated materials. T 6 specifically highlights the need for assistive devices and a curriculum that caters to the unique requirements of children in the hospital setting. Furthermore, the teachers in Hospital-School recognize the importance of various support to ensure the well-being and educational progress of their learners. These include additional staff, training, and support from ministries, community and parental involvement, and adjustments to the curriculum and teaching aids.

**Table 5:** Key Words

The question, which was asked in the interview was, please discuss the support you need to make life easier for your learner and for yourself.

| | |
|---|---|
| T 1 | Training, Emotional support, Hospital-Schools, External organizations, Resources |
| T 2 | Training, Emotional support, Hospital-School Hospital-<br>Schools, External organizations, Resources |
| T 3 | Hospital-Schools, Teaching materials, Support, Resources |
| T 4 | Hospital-Schools, Teaching materials, Support, Resources |
| T 5 | Hospital-Schools, Teaching materials, Support, Resources |
| T 6 | Assistive devices, Curriculum, Hospital setting, Support, Wellbeing, Educational progress |
| P O | Training, Emotional support, Hospital-Schools, External organizations, Resources, Ministry, Unique challenges |
| P K | Training, Emotional support, Hospital-School HospitalSchools, External organizations, Resources, Ministry, Unique challenges |

T 1 and 2, P O and P K mentioned that the hospital schools rely on training to equip teachers with necessary skills to address academic and emotional needs of the leaners. They further said external organizations provide additional resources and services to support both academic and emotional well –being of the learners. Resources, including learning materials is needed according to all the participants.

### 4.12 Parental support

Both principals of Hospital-School Hospital-Schools in Namibia have identified various challenges related to parental support in their respective institutions:

**Table 12** Parental support

| Participants | Theme emerged | Sub-theme | Response |
|---|---|---|---|
| | Support from resource school and the hospital management | Parental support | |
| T 1 | | | T 1 stressed the need for parental involvement as well as counselling. |

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| T 2 | | | **Social Support Training and Parental Involvement**: T 2 underscored the importance of social support training for teachers and stressed the need for parental involvement. They also highlighted the significance of raising awareness among parents and caregivers about the education and well-being of the learners. |
| T 3 | | | T 3 mentioned that learners in the hospital require assistance from parents, the medical facility and counselling services. |

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| T 4 | | | T 4 emphasized on parental support. |
| T 5 | | | **Community, Religious, and Parental Support**: T 5 highlighted the importance of support from the community, hospital superintendents, social workers, and religious organizations. They also mentioned that parents need moral support, especially in situations where learners have specific medical conditions. |
| T 6 | | | |

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| P O | | | **Weak Parental Engagement:**<br><br>P O expressed concerns about the overall weakness of parental support. Over the years, it has become evident that some parents treat the Hospital-School as a "dumping ground" for their children. They provide false information when dropping off their children and often<br><br>disappear, leaving their |

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| | | | responsibilities to the school and hospital staff. This abandonment can create difficulties when the child is ready to be discharged, as parents may be nowhere to be found. Consequently, it becomes the responsibility of social workers and the Ministry of Gender to address these issues, placing additional burdens on<br><br>these institutions |

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| P K | | | **Limited Parental**<br><br>**Involvement:** P K presents a more balanced perspective, suggesting that parental participation is fair. While some parents do engage with their children's education and support their recovery, it appears that their involvement may vary. Parents are encouraged to visit their children during designated times, and many want their children to receive an education. |
| | | | while recovering from their illnesses. |

The table examines the role of parental support in Hospital-Schools. Teachers emphasize the need for parental involvement, counseling, and social support training. Some parents actively engage in their children's education, while others are disengaged, treating the school as “dumping ground." Weak parental engagement creates challenges, particularly during hospital discharge. Community, religion, and institutional support are highlighted as essential for assisting parents and ensuring continuous education for hospitalized children.

T 1 stressed the need for parental involvement; T 1 supported the idea and the awareness among parents and well-being of the learners. On the other hand, P O expressed concerned the overall weakness of parental support while PK said parental support is fair.

**Table 5:** Key Words

The theme emerged is the support from resource school and the hospital management.

| | |
|---|---|
| T 1 | Parental involvement, |
| T 2 | Social support training, parental involvement, awareness, education, well-being, learners |
| T 3 | Learners, hospital, assistance, medical facility and counselling services |
| T 4 | Parental support |
| T 5 | Community, religion, parental support, importance, support, hospital superintendents, social workers, religious organization, parents, moral support, learners, specific medical conditions. |
| T 6 | |
| P O | Weak parental engagement, parental support, Hospital-School, dumping ground, false information, abandonment, school and hostel staff, difficulties, discharged, social workers, Ministry of Gender, additional burdens, institutions |
| P K | Limited parental involvement, Balanced perspective, parental participation, support, recovery, involvement variability, visiting children, education, illnesses |

#### 4.3.3.6 Inclusion

Both principals of Hospital-School Hospital-Schools in Namibia stress the importance of inclusion and non-discrimination in their institutions:

**Table: 13** Inclusion

| **Participants** | **Theme emerged** | **Sub-theme** | **Response** |
|---|---|---|---|
| | The responsibility of supervisor towards Hospital-School Teachers | Inclusion | |

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|---|---|---|
| P O | | Equal Opportunity for All: P O emphasizes that their school follows the principles of the Salamanca Declaration, which advocates for inclusive education and ensuring that no child is left behind.<br>Hospital School Hospital-Schools in Namibia accept any learner, regardless of their medical condition, including cancer, eye problems, or other illnesses. This approach reflects a commitment to providing educational opportunities to all children, irrespective of their health challenges. |

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| P K | | | **Equal Education for All**:<br><br>P K underscores that learners in Hospital-Schools receive education in a unified classroom setting, without discrimination |
| | | | based on factors such as race or gender. Regardless of the |

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| | | | educational background they come from, all learners are provided with the same quality of education. This equal educational opportunity is seen as a positive outcome of the Ministry of Education's commitment to inclusive education, ensuring that even sick learners have the right to access education. |

The table highlights the commitment of Hospital-Schools in Namibia to inclusive education. Following the Salamanca Declaration, these schools provide equal educational opportunities to all learners, regardless of medical conditions such as cancer or visual impairments. They emphasize a unified classroom setting where learners are not discriminated against based on race, gender, or background. This aligns with the Ministry of Education's goal of ensuring that sick learners have the right to quality education, promoting non-discrimination and accessibility in hospital-based learning environments.

In summary, both principals affirm the principles of inclusion and non-discrimination in their Hospital-Schools. They emphasized that all learners, regardless of their medical conditions or backgrounds, are provided with equal access to education, aligning with international principles and the Ministry of Education's commitment to inclusive education in Namibia.

**Table 6:** Key Words

The responsibility of the supervisor towards Hospital-School Teachers.

| | |
|---|---|
| P O | Equal opportunity, Salamanca Declaration, Inclusive education, no child left behind, Hospital-Schools, Namibia, medical condition, cancer, eye problems, illness, Educational Opportunities, Health, Changes. |
| P K | Equal education, Salamanca, Hospital-Schools, unified classroom setting, discrimination, race, gender, educational background, schools, quality education, Ministry of Education, inclusive education, sick learners, access to education. |

### 4.14 Learner support

The teachers in Hospital-Schools have identified various forms of support needed to enhance the educational experience and well-being of the learners:

**Table 14: Learner support**

| Participant | Theme emerged | Sub-theme | Response |
|---|---|---|---|
| | | | |
| | Support from the resource school and the hospital management | Learner support | |

| | | | |
|---|---|---|---|
| T 1 | | | **Additional**<br><br>**Staff:**<br><br>T1 emphasized the need for additional staff to assist in various capacities, including the presence of another teacher, a cleaner, and a porter to help transport learners between the ward and the classroom. They also highlighted the importance of building classrooms closer to the children's wards.<br><br>Furthermore, T 1 proposed the development of a formal scheme of work by the National Institute for Educational Development (NIED) that could be used uniformly across Hospital Schools nationwide, ensuring consistency in education. |

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| T 2 | | | **Social Support Training and Parental Involvement**: T 2 underscored the importance of social support training for teachers and stressed the need for parental involvement. They also highlighted the significance of raising awareness among parents and caregivers about the education and well-being of the learners. |
| T 3 | | | **Support from Ministries**: T 3 called for support from various ministries, including the Ministry of Education Arts and Culture, which should provide teaching and learning materials. The Ministry of Health and Social Services should provide medical support, while the Ministry of Gender |

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| | | | should assist vulnerable children in obtaining birth certificates and financial support.<br>Additionally, they mentioned the need for support from social workers, including counseling and physiotherapy services. |

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| T 4 | | | **Training in Multi-Grade Teaching**:<br>T 4 expressed the need for training in multigrade teaching, particularly when dealing with learners at the senior secondary level, including AS level and grade 9. |

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| T 5 | | | **Community, Religious, and Parental Support**: T 5 highlighted the importance of support from the community, hospital superintendents, social workers, and religious organizations. They also mentioned that parents need moral support, especially in situations where learners have specific medical conditions. |
| T 6 | | | **Adjusting the Syllabus and Teaching Aids**: T 6 concurred with the need for training in multi-grade teaching and suggested adjustments to the syllabus. They proposed focusing on essential skills such as reading, writing, counting, and life skills. Additionally, T 6 emphasized the importance of providing teaching aids to support the teaching and learning process. |

The table highlights various forms of support identified by Hospital-School teachers to enhance learners' educational experience and well-being. Key areas of support include the need for additional staff, such as

cleaners and porters, to assist in daily operations. Teachers emphasize the importance of parental involvement and social support training to raise awareness about the needs of hospitalized learners. Ministries, including Education, Health, and Gender, are urged to provide essential support such as teaching materials, medical assistance, and financial aid for vulnerable children. Additionally, training in multi-grade teaching is identified as crucial, especially for senior secondary learners. Adjustments to the syllabus and the provision of teaching aids are also recommended to cater to the unique educational needs of learners in hospital settings. Moreover, the teachers in Hospital-Schools recognize the importance of various forms of support to ensure the well-being and educational progress of their learners. These include additional staff, training, and support from ministries, community and parental involvement, and adjustments to the curriculum and teaching aids.

**Table 12:** Key Words

Support from the resource school and the hospital management.

| | |
|---|---|
| T 1 | Additional staff, teacher, cleaner, porter, learner, classrooms, children's wards, building, formal scheme of work, National Institute for Educational Development (NIED), Uniformly, Hospital-Schools, Nationwide, consistency, education |
| T 2 | Social support training, parental involvement, awareness, education, well-being, learners |
| T 3 | Ministry, support, teaching materials, Ministry of Health and Social Services, medical support, financial support, social worker, counselling physiotherapy. |
| T 4 | Multi-grade teaching, senior secondary level, AS level, grade 9, training, teacher 4, learners, need |

| | |
|---|---|
| T 5 | Community support, hostel superintendents, social workers, religious organizations, parental support, moral support, learners, medical conditions, importance. |
| T 6 | Syllabus adjustments, multi-grade teaching, essential skills, reading, writing, counting, life skills, teaching aids, teaching and learning process, training. |

**4.16 What lessons can teachers and teacher-preparation institutions learn from the experiences of Hospital-School in the light of inclusive education?**

**4.3.5.1** Teacher's preparedness

The responses from teachers and principals regarding teacher preparedness for Hospital Schools highlight the need for specialized training and support in various aspects of education, especially in dealing with learners who are admitted to hospitals. Here are the key points made by the participants:

**Table15.** Teacher's preparedness

| Participants | Theme emerged | Sub - theme | Response |
|---|---|---|---|
| | Valuable lessons for teachers and teacher preparation institutions (Universities, colleges from experiences of Hospital-School | Teacher prepared ness and curriculum for inclusive Education courses at tertiary level | |

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| T 1 | | | **Specialized Training for**<br><br>**Hospital-School Teachers**: Teacher 1 emphasized the importance of specialized training for teachers in Hospital-School Hospital Schools. They highlighted that teachers often face challenges when transitioning from mainstream schools to Hospital-School. Specific training should include strategies for teaching integrated classrooms, as Hospital School Hospital-Schools often have multiple grades in one class. |

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| T2 | | | **Diploma or Degree in Multi-Grade Teaching:** T 2 suggested the creation of a diploma or degree program in multi-grade teaching. This specialized course would prepare teachers for the unique challenges of teaching in multi-grade settings, which are common in Hospital-Schools. They also called for greater involvement of the special unit at the University of Namibia to support multigrade teaching training. |
| T 3 | | | **Incorporate Hospital** Teaching in Teacher Training Curricula: T 3 stated that higher education institutions incorporate a core module about teaching in hospital settings into their teacher training curricula. This module would focus on teaching learners with chronic illnesses and provide future teachers with the necessary skills and knowledge. |

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| T4 | | | **Encourage School-Based Study**: T 4 suggested encouraging future teachers to conduct school-based studies at Hospital-Schools to familiarise themselves with the unique needs and challenges of these settings. This practical experience would better prepare them for teaching in Hospital-Schools. The skills needed to effectively manage multigrade classrooms. |

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| T 5 | | | **Introduction of Multi-**<br><br>**Grade Teaching Module**: T 5 mentioned the idea of introducing a multi-grade teaching module as part of teacher training. This module would equip teachers with the skills needed to effectively manage multigrade classrooms, which are common in Hospital-<br>Schools. |
| T 6 | | | T 6 mentioned the idea of introducing a multi-grade teaching module as part of teacher training. This module would equip teachers with |
| | | | the skills needed to effectively manage multigrade classrooms. |

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| P O | | | **Research and Training by** Higher **Education Institutions**: P O stressed the importance of higher education institutions conducting research to better understand the needs of Hospital-Schools and the type of teachers suited for these settings. They also called for provisions to be made for Hospital-School Teachers during their training, especially in multigrade teaching and working with learners with terminal illnesses. |

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| P K | | | **Refresher Workshops and Specialized Knowledge**:<br><br>P K suggested that teachers should receive ongoing training in various areas, including inclusive education, special education, and psychology, to better address the unique factors present in Hospital-Schools. They recommended refresher workshops on a yearly basis to enhance teachers' knowledge and skills in working with terminally ill learners. |

The table emphasizes the importance of specialized training for Hospital-School teachers. Participants highlight challenges faced when transitioning from mainstream to hospital education and advocate for courses in multi-grade teaching. Suggestions include introducing a diploma or degree program, incorporating hospital teaching modules in teacher training, and encouraging school-based studies. Additional recommendations include refresher workshops, research on hospital education needs, and ongoing training in special education and psychology to equip teachers with skills for managing learners with chronic illnesses. T 1 –T 6 and P O

mentioned the idea that the Higher Institution must introduce multi-grade teaching While PK talked about refresher workshops every year to enhance learners' knowledge and skills when dealing with terminally ill learners.

**Table 6: Key Words**

What lesson can teachers and teacher preparation institutions learn from the experience of

Hospital-School in the light of inclusive education?

| | |
|---|---|
| T 1 | Specialized training, Hospital-School teachers, transitioning, mainstream schools, integrated classrooms, multiple grades, strategies, teacher training |
| T 2 | Diploma, degree, multi-grade teaching, teacher 2, HospitalSchool, Special Unit, University of Namibia. |
| T 3 | Higher education institutions, core module, teaching in hospital setting, learners with chronic illnesses, teacher training curricula, skills and knowledge. |
| T 4 | School–Based Study, Future Teachers, Hospital-Schools, practical experience, teacher preparation |
| T 5 | School –Based Study, Hospital-Schools, Multi-grade teaching module, teacher training, unique needs, challenges, practical experience, prepare teachers, multi –grade classrooms, effective management |
| T 6 | |

| | |
|---|---|
| P O | Higher education institutions, research, Hospital-Schools, teachers, training, multi-grade teaching, learners, terminal illnesses |
| P K | Refresher workshops, specialized knowledge, inclusive education, special education, psychology, Hospital-Schools, |
| | Ongoing training, terminally ill learners, yearly basis, enhance skills. |

**4.3.5.2** Curriculum: inclusive education courses at tertiary level

The participants in the discussion highlighted the need for curriculum development and specialized training for teachers in Hospital-Schools. Here are the key points made by the teachers and principals:

**Table 16:** Curriculum: inclusive education courses at the tertiary level

| Participants | Theme-emerged | Sub-theme | Response |
|---|---|---|---|
| | Valuable lessons for teacher and teacher preparation institutions (University) from experiences of Hospital-School | Curriculum: Inclusive Education courses at tertiary level | |

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|---|---|---|---|
| T 1 | | | **Training for Dealing with Terminally Ill Learners**: T 1 emphasized the importance of training teachers to effectively deal with terminally ill learners. This training should equip teachers with the necessary skills and knowledge to support and educate these learners. |

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|---|---|---|---|
| T 2 | | | **Diploma or Degree in Multi-Grade Teaching**: T 2 suggested that higher education institutions should offer a diploma or degree program in multigrade teaching. This specialized course would prepare teachers for the unique challenges of teaching in multigrade settings, which are common in Hospital-Schools. They also emphasized the involvement of the special unit at the University of Namibia in supporting multi-grade teaching. |

| | | | |
|---|---|---|---|
| T 3 | | | **Introduction of Multi-Grade**<br><br>**Teaching Courses: T** 3, T 4**,** T 5, and<br><br>**T 6)**: Multiple participants, including<br><br>Teacher 3, Teacher 4, Teacher 5, and Teacher 6, supported the idea of introducing multi-grade teaching courses as part of teacher training. These courses would specifically prepare teachers who intend to work in Hospital-School Hospital-Schools, where multi-grade teaching is often necessary.<br>**Expansion of Hospital-Schools to Other Regions**: T 3 suggested that the government should consider opening Hospital-Schools in all regions to provide education to learners while they are admitted to hospitals. Currently, Hospital-Schools are primarily located in the Khomas and Oshana Regions. |

| | | | |
|---|---|---|---|
| T 4 | | | **Incorporating Modules for Teaching Terminally Ill Learners**: T 3 suggested that when developing the curriculum, modules should be included to train teachers on how to teach terminally ill learners. This specialized training would enable teachers to provide effective education and support in Hospital-Schools. |
| T 5 | | | **Independent Hospital-Schools T 5** expressed the view that Hospital Schools should be independent institutions with their own principals and heads of departments. This would allow for better daily management and supervision. |

| | | | |
|---|---|---|---|
| T 6 | | | T 6 supported the idea of introducing multi-grade teaching courses as part of teacher training. These courses would specifically prepare teachers who intend to work in Hospital-Schools, where multi-grade teaching is often necessary. |

| | | | |
|---|---|---|---|
| | | | T 6 said there is a need for additional teachers in every phase. |
| P O | | | **Independent Hospital Schools:**<br><br>P O expressed the view that Hospital Schools should be independent institutions with their own principals and heads of departments. This would allow for better daily management and supervision. It was also noted that such independence would ensure strict supervision of schools. |

| | | | |
|---|---|---|---|
| P K | | | P K said that teachers should be well trained in all areas of special education and psychology. |

The table emphasizes the need for curriculum development in teacher preparation for HospitalSchools. Participants propose specialized training for handling terminally ill learners, a diploma or degree in multi-grade teaching, and integrating hospital teaching modules into teacher training curricula. They advocate for government expansion of Hospital-Schools nationwide, incorporation of modules on teaching terminally ill learners, and establishment independent Hospital-Schools with dedicated management teams. Higher education institutions are urged to conduct research and introduce refresher workshops on inclusive education, special education, and psychology to enhance teacher preparedness.

**Ms. S. Journal (T 2)**

On November 3rd, a boy learned a new song before being discharged from the Hospital-School after a two-month stay. Another boy, though unwell, requested colouring materials and a piece of paper for her drawings, demonstrating her determination to stay engaged despite her condition. The hope is that she will recover soon and re-joins the class. On November 4th, the learners expressed disappointment upon learning that the teacher will be absent due to exams, worrying whether the school will close. There is a boy in a class who struggles with English, remains quiet and unresponsive in class but socializes and makes noise when the teacher is absent. The learners had a pleasant experience with the faculty of education, enjoying snacks and participating in singing, even those who were unwell. One of the girls' conditions worsens, and she spends most of her time lying down in pain at school. Tuesdays are difficult times for learners due to medical drips, making written work challenging. Additionally, it is discovered that many learners have lost their sense of taste, likely because of chemotherapy. 8th November, the teacher expressed both a liking for working at the Hospital-School and the emotional difficulty of seeing children suffer without proper explanation or comfort from loved ones. The increasing number of children's deaths weighed heavily on the teacher's mind, leading to dreams of the lost children and the realization that counselling may be necessary. Coping with death proved to be the most challenging aspect of being a Hospital-School teacher.

**Table 7: Key Words**

Teacher preparedness and the curriculum inclusive education courses at tertiary level.

| | |
|---|---|
| Teacher 1 | Terminally ill learners, teacher training, dealing, teacher, importance, skills, knowledge, support, educate, learners |

| | |
|---|---|
| Teacher 2 | Diploma, degree, multi-grade teaching, higher education institutions, specialise course, unique challenges, Hospital-Schools, involvement, University of Namibia |
| Teacher 3 | Teacher training, courses, teacher preparation, government, expansion, regions, Khomas, Oshana, learners, admitted, education. |
| Teacher 4 | Curriculum, modules, training, teachers, terminally ill learners, specialized training, education, support, Hospital-Schools |
| Teacher 5 | Independent Hospital-Schools, separate principals, heads of departments, improved daily management, enhanced supervision |
| Teacher 6 | Teacher, multi-grade teaching, courses, training, specifically prepare teachers intend, Hospital-Schools, multi-grade teaching, necessary. |
| Principal O | Hospital-Schools, independent institutions, own principals, better management, supervision, strict supervision, schools |
| Principal K | Teacher, well trained, special education, and psychology. |

## 4.4 Data obtained from Journals

### 4.4.1 Introduction

The journals are the reflection of Hospital-School Teachers' experiences on their day-to-day activities. Through the journals, the participants narrated their lived experiences through daily reflections. The instructions given to all the participants were as follows: In their daily interactions with the children who are admitted to the hospital and joined the Hospital-School and with parents, professionals and administrators, the participants formed relationships and experienced certain emotions. Some days are great, and some are sad. Thus, the participants were asked to write down their daily experiences and emotions for 30 days and were told that it is up to them to decide how long their daily entries would be. For confidentiality, the researcher informed them to keep their books out of reach of others, as it will entail their feelings, opinions and observations. The researcher collected the journals and analysed the data after 30 days. The researcher opted to maintain the journal until completing the thesis, and participants were notified via phone.

**Ms. B. Journal (T 1)**

On November 2nd, the researcher from Windhoek visited the Intermediate Hospital Oshakati (IHO) School to conduct research. She was oriented by the hospital teacher and introduced to the office of the Health Regional Director, where they handed in their permit letter obtained from the Ministry of Health. On November 3rd, the hospital teacher invigilated the candidates during their examination at Ward 14 and prepared spaces in Ward 5 for teachers and learners to write their exams peacefully. On November 4th, the researcher interviewed the hospital teacher about her experience with the Hospital-School, and afterward, the hospital teacher was

called by the nurse in charge of Ward 5 to inform her about a grade 10 boy admitted to their ward who needed to write the end-year examination. The teacher contacted the learner's local school to plan.

In this series of events, the teacher realizes that nobody can write in Afrikaans, so on Monday, November 7th, the teacher supervised grade 11 learners during their economics writing session in the morning and afternoon. On November 8th, the teacher cleaned the classroom and checked on admissions, attending to any learners who needed assistance. She calls teachers at Senior Secondary Schools to prepare for the regional examinations and explains that each school needs to use its exams since regional exams vary. On November 9th, the teacher travelled from the Omusati Region to Ward 14 to invigilate the exams for her learners who were admitted to the hospital. She is provided with an empty room in the pre-natal area for her Grade 11 learner to write an examination. On November 10th, the patient is transferred to the postnatal ward, prompting the teacher to plan for the candidates to take their exams. Local schoolteachers take care of some candidates while the hospital teacher supervises others in the classrooms. On November 11th, none of the candidates can write the exams as they have been discharged, and they will write at their respective schools instead. The teacher cleans the classroom, tends to the nursery, and prepares for the exams of the following week by informing the teachers. On November 14th, the nurse informs the teacher about a learner from one Secondary School admitted to Ward 3 who needs arrangements made for him to write his examinations. The teacher realizes that due to the learner's medical condition and reliance on oxygen therapy, he may not be able to sit for the exam. In the afternoon, the learner's parent contacts the teacher and inquires if the learner's condition has improved, but unfortunately, he still cannot write. On November 15th, the teacher takes the examination question paper to Ward 7 where the learner has been transferred due to complications. The nurse consults with the doctor on rounds, who advises that the patient should rest and continue with medication. The teacher suggested

obtaining a medical certificate from the doctor to be handed to the regional examination board, which will decide what should be done in such a case. The teacher also informs the parent that the school will discuss the learner's condition and decide on the next steps. Meanwhile, junior primary learners come to class, engaging in activities such as rhyme words, singing songs, and indoor play, as they are not yet starting with their examinations.

On November 16th, the guardian of a child fails to show up for the learner's exams. Meanwhile, a new group of learners from a medical institution visits the Hospital-School, where the teacher explains its purpose of educating learners while they are admitted to the hospital. The learners ask questions about donors, the origin of the learners, and the inclusion of their own children. The teacher clarifies that the school is funded by the government and serves all regions if the learners are treated in the institution. On November 17th, two primary learners from different schools were brought to the hospital, prompting the teacher to contact their respective schools to decide how to proceed with their exams. A Primary School in Oshikoto region decided to use continuous assessment marks for the subjects the learners have already written, while one Government School allows the junior primary learners to engage in singing, counting, and puzzles. November 18th becomes an exam-free day, and the teacher focused on teaching and learning activities with junior primary learners. They recite poems, sing songs, play puzzles, water plants, and engage in outdoor activities. On November 21st, tension arises as the junior primary learners are reluctant to return to the wards since they have missed school for many days. The teacher explains the lack of space in the Hospital-School for exams and the shortage of teachers. Some learners leave crying and do not return in the afternoon. On November 22nd, a short examination day is held for listening activities, while the junior primary learners investigate plants in the nursery. They water the plants, create Christmas cards, and engage in artistic activities. On November 23rd, learners write in their journals and another schoolteacher arrives to bring exams for a grade 11 student. The teacher checks on the student in Ward 5 and

assists in bringing them to the classroom for exams. On November 24th, the principal visits the Hospital-School regarding grade 8 and 10 learners in Ward 14 who need space to write exams in isolation due to their conditions. After preparations are made, exams proceed for these learners, while the teacher tends to other learners in different wards. On November 25, exam arrangements were delayed due to overcrowding and other activities in Ward 14. The teacher attends to learners who were admitted overnight but were involved in an accident. Parents and the regional authority assure these learners do not miss their exams. November 28th becomes an examination break for the Hospital-School, allowing primary learners to prepare for upcoming exams in mathematics and natural science. On November 30, the teacher is informed about a UNAM student admitted to Ward 14 who requires assistance with communication and exam arrangements. The student obtains a medical certificate, and another grade 8 learner completes their last exam under the teacher's supervision.

**Ms. S. Journal (T 2)**

On November 3, a boy learned a new song before being discharged from the Hospital-School after a two-month stay. Another boy, though unwell, requested colouring materials and a piece of paper for her drawings, demonstrating her determination to stay engaged despite her condition. The hope is that she will recover soon and rejoin the class. On November 4, the learners expressed disappointment upon learning that the teacher would be absent due to exams, worrying whether the school would close. There was a boy in a class who struggled with English, he remained quiet and unresponsive but socialised and made noise when the T 2 went out of the class. The learners had a pleasant experience with the faculty of education, enjoying snacks and participating in singing, even those who were unwell. One of the girls' conditions worsens, and she spends most of her time lying down in pain at school. Tuesdays are difficult times for learners due to medical drips, making written work challenging. Additionally, it is

discovered that many learners have lost their sense of taste, likely because of chemotherapy. On 8th November, the teacher expressed both a liking for working at the Hospital-School and the emotional difficulty of seeing children suffer without proper explanation or comfort from loved ones. The increasing number of children's deaths weighed heavily on the teacher's mind, leading to dreams of the lost children and the realization that counselling may be necessary. Coping with death proved the most challenging aspect of being a Hospital-School teacher.

**Ms. Y Journal (T 4)**

On October 19th, there were a total of 10 learners at the school, consisting of 4 girls and 6 boys ranging from pre-primary to grade 6. Seven out of the ten learners were using the drip, which made it challenging for them to complete work in their exercise books. It was observed by the teacher that learners on the drip frequently needed to go to the toilet, with one child going every 10 minutes, causing disruptions during lessons. The following day, on October 20th, three new admissions were received, and they were unwell. The school obtained their details and contact information from their parents, the teacher encouraged them to send the learners when they feel better. In the meantime, the sick learners were provided with puzzles and toys to keep them occupied. The teacher also discussed the issue of learners who do not want to attend school with the social worker, noting that the more work they are given, the more they withdraw from attending classes. It was discovered that they lacked assistance to complete their activities, even after the teacher went to the ward and provided them with schoolwork while in bed.

On October 21st, which was a Friday, the school had limited activities with the learners, as there were many visitors, and the learners went to the occupational therapist for some activities. 24th October has been a difficult day at the Hospital-School as they received news of the tragic loss of a child over the weekend. The impact of this loss was deeply felt, and it is hard to bear.

To support the learners, a Social Worker will be invited by the teacher to speak to them. Despite the sorrow, the day proceeded with a regular full lesson in the classroom.

A noteworthy observation is that the learners tend to forget information quickly, so it is important to reinforce lessons even after the designated class time. Visual aids and interactive teaching materials are essential for their learning. The pain is intensified by seeing the deceased child's best friend playing as if nothing has happened. The social worker will now address the learners every Monday and Wednesday. Furthermore, three boys have started attending physiotherapy sessions. On Tuesday, the school started a bit late due to a staff meeting, but the teacher feels down upon entering the hospital and realizing that a beautiful girl with bright future, is no longer with them. Just last week, they were discussing her aspirations and her commitment to supporting her parents. The teacher advised her to prioritize her health and studies, assuring her that everything else would fall into place. Today, they mourn her precious life and express their love for her until they meet again.

19 October, out of the teacher’s 12 learners, three went to the physiotherapy session. Despite that, the teacher made her rounds in the ward to check on the sick learners and suggest activities they can do while in bed.

On October 26th, she noticed that the children dislike doing work from the chalkboard. They make excuses and only return to class when she personally calls them, possibly because they get bored, or their hands hurt from injections or drips.

On October 27th, the Cancer Association visited and organized enjoyable activities like face painting and exercises, although one of the boys could not participate due to his growing stomach. The teacher has not been teaching much lately due to frequent visits from guests as the end of the year approaches. On October 28th, they received a donation of books and other items from an anonymous cancer survivor and shared them with the children. A former Hospital-School learner from International University of Management (IUM) came to inspire

their learners, emphasizing that life continues after cancer. Sadly, on October 31st, a learner passed away, and the teacher spent the weekend praying for him.

She believes next year the school should hire more teachers since one person cannot handle the workload of the Hospital-School. Currently, she is preparing for the learners who will return to school next year.

On November 1st, two girls and one boy were discharged from the hospital after a prolonged stay of 5-6 months. It is hoped that they will enjoy being back home and reunited with their families as they begin their follow-up care. During an occupational therapy session, it was discovered that one of the new learners admitted in the hospital prefer arts-related activities over formal ones. As a result, the teacher plans to incorporate more art-related activities next year to make their learning experience more enjoyable. On November 2nd, a grade 8 learner from the school in Windhoek, who had been in the hospital for four years, visited the class with his mother. They expressed happiness and gratitude for the functioning of the Hospital-School, which allowed him to seamlessly transition back into regular school after completing his chemotherapy and follow-up treatment. On November 3rd, the class had a full attendance of 21 learners from pre-grade 9, which included some new learners. The process of collecting their details and assessing their knowledge took time, but the teacher acknowledged the need to adapt to this routine. Additionally, arrangements were made from the Hospital-School teacher to provide activities to those learners who were unable to attend class. The teacher expressed gratitude for the strength to work with these learners admitted in the hospital and considered it a humbling experience. On November 4th, only six learners were present in the class as most of the previous day's attendees came for their follow-up appointments. Visitors from the cancer association and a therapist planned to visit, and the children were scheduled for a playground session. The teacher spoke with the Doctor on duty about a learner who is not ready to return to school due to a weakened immune system. The doctor assured that the teacher that the school

would be informed once he is fully ready for reintegration. On November 7th, the teacher observed the caring and loving nature of the Hospital-School learners, as they assisted each other with various tasks and showed support to those who were unwell. The day's lesson went well, with more than 12 learners actively participating and completing their work. Furthermore, the social worker on the same day 7th November, held a 30-minute session to encourage attendance and help the learners understand their unique circumstances.

On November 8th, a group of people from the Cancer Associations visited the learners, bringing apples and yoghurt. The children enjoyed the yoghurt and appreciated the love and care they received. The school attendance has improved since the social worker encouraged the children to come to school, but it seems like the children are tired due to their difficult circumstances. The teacher does not interact much with them, allowing them to play on the computer or engage in activities of their choice. On November 9th, there are only four learners present in class, while seven are unable to attend due to their health conditions or being new admissions. The teacher needs to visit the parents of the new learners to gather information. One new learner has lost her hearing after an operation, and it is uncertain whether she will use a hearing aid or recover. She is finding it challenging to communicate in class.

On November 10th, the teacher feels that the social worker is not successful in convincing one of the learners' parents to send him to school. Despite the teacher's efforts to explain the importance of education to the learner' grandmother, after he recover and being discharged from the hospital child remains at home. On 11 November, teacher believes that the school is not adequately supporting learners in the hospital, including a Grade 11 student who missed exams due to hospitalization. She suggests hiring a qualified teacher for the Hospital-School and hope for improvements in the future. The participant further spoke about one of the learners being in the emergency room and hoping for a quick recovery.

By November 14th, the number of learners in the hospital has decreased as more have been discharged. Only four learners are currently attending school. The narrator wishes for the Hospital-School to employ more teachers and volunteers. They also suggest an awareness campaign to educate the hospital staff about the importance of the school.

On November 15th, the therapist takes over the class and prepares the learners for a Christmas play, incorporating role-playing and dancing. The children enjoy the activities and suggest more role-playing in the future rather than solely focusing on reading and writing.

On November 16th, the teacher expresses excitement about the children's upcoming Christmas play and appreciates the teaching style and how the learners give each other roles, including those who are visiting for follow-up appointments. The teacher finds the children amazing and suggests more practice for the dancing aspect of the play.

On November 17, the author expresses a heartfelt plea to God to protect the children. Sadly, they share the news of a child who passed away unexpectedly. The child had greeted the teacher and everyone with a smile, but it is revealed that she spent the night painting and passed away in the morning. The teacher finds it particularly difficult when they are talking and laughing with a child one moment, only to learn of their passing the next day, making them realize the need for counselling session. On November 18, the author mentions that it is Friday, and the children are going to the playground with a therapist. They anticipate the children practicing their dance routine and role-playing, as it is important to engage them in enjoyable activities to lift their spirits. However, the teacher expresses concern for one learner that time, whose swollen stomach prevents him from standing or sitting properly. They fear he may not be able to participate in dancing, which he loves so much.

**Ms. X. Journal (T 5)**

On 4 October, one learner experienced a burn accident on a farm and was immediately taken to the hospital. Despite not feeling well, he still managed to attend class. On October 9, the school received reading books from the donor in the Netherlands, which made the learners very happy. On July 9th, Health Education representative, paid a surprise visit, causing great excitement among the learners. On September 8, Social Worker Department donated various games to the learners. The following day, top ten finalists from Windhoek High School visited and donated toys, showcasing their beauty contest walk. The learners were delighted. On September 12, two individuals who were considered life saviours renovated the classroom, painting it and donating colouring materials, pencils, and a microwave. However, the day took a sad turn on October 10 when one of the learners passed away, leading to the teacher going back home due to the emotional strain. On October 12, the Inspection of Education handed over a computer to the school, bringing joy as they caught up with technology. The hospital paid a visit on October 13, engaging with the learners and providing an enjoyable experience. On October 17, the teacher supervised two Grade 11 learners during their exams, ensuring the sealed answer sheets were promptly collected. Additionally, they had to temporarily close the class to attend to diabetic learners on the 8th floor. The day became more chaotic as one of the learners swallowed a bead, but fortunately, the teacher noticed and rushed her to the ward where a nurse successfully dislodged the bead. The donors arrived at the school to gift food, sweets, and a cake to the learners in preparation for the approaching December holidays.

Today 8 November was a day dedicated to medical check-ups for the learners, with doctors visiting the Hospital-School. During this visit, the teacher had the opportunity to ask the doctors various questions related to the learners. The teacher said, she arrived early and took the initiative to assist a learner in the ward during breakfast, feeding them and providing nurturing care, which the learners greatly appreciated. However, on 14 November, a learner vomited in

the classroom, and instead of relying on the cleaners, it became her responsibility to quickly clean up the mess. Sometimes the cleaners are busy or far away, so she had to step in and help the specific learner in need. In a Hospital-School setting, one takes on the roles of a mother, father, cleaner, and social worker, fulfilling multiple roles to ensure the well-being of the learners.

**Table 8: Key Words**

Journals of T 1, T 2, T 4, and T 5

| | |
|---|---|
| T1 | Researcher, conduct, introduced, health Regional Director, invigilated, obtained, candidates, examinations, prepared, researcher interviewed, experience, nurse, end-year examination, realizes, economics writing, assistance, pre-natal, prompting, classroom, arrangements, perspective, prepare, medical condition, reliance, oxygen therapy, inquiries, student. Engaging, indoor, medical institution, continuous assessment, exams, primary school, exam-free, play puzzles, crying, short examination |

| | |
|---|---|
| T2 | November 3rd, boy, new song, Hospital School, two-month stay, another boy, unwell, colouring materials, determination, recover, class. November 4th, learners ' disappointment, teacher absent, exams, and school closure. Boy Struggles with English<br><br>Quiet, unresponsive in class, socialize when the teacher is absent,<br><br>Pleasant experience with the faculty of education, snacks. Singing, unwell learners, girl’s condition worsens, lying down in pain at school, medical drips on Tuesday, written work challenging, loss of sense of taste,<br><br>Effects of chemotherapy |

| | |
|---|---|
| T4 | learners, ranging boys, pre-primary, challenging, frequently, Observed, causing, disruption, information, unwell, obtained, Encourage, meantime, provided, occupied, withdraw, discovered, Limited activities, received, realizing, supporting, commitment,<br>Received, supporting, commitment, prioritising, health, Assuring, express, physiotherapy session, chalkboard, injections, Cancer Association, enjoyable, Occupational Therapy, Chemotherapy, immune system, therapist, |

| | |
|---|---|
| T 5 | October 4, burn accident, farm, hospital, learner, class, October 9, school, reading books, donor, Netherlands, July 9, Health Education Representative, surprise visit, excitement, Social Worker Department<br>donated learner, ten finalists from Windhoek |
| | High School, visited, donated toys, showcasing beauty contest, delighted, individuals, considered life saviours renovated classroom, painting, donating, colouring materials, pencils, microwave, passed away, leading, emotional strain Inspection of Education, computer, technology, engaging teacher, supervised, swallowed, fortunately, successfully, dislodged, donors, preparations, approaching, initiative, appreciated,<br>fulfilling, well-being. |

These journal entries reflect the multifaceted and emotionally challenging roles of Hospital School teachers. They highlight the resilience and dedication of these teachers in providing education and support to learners facing health challenges.

## 4.4 CHAPTER SUMMARY

This chapter presented the views of principals and teachers on their lived experiences in the Hospital-Schools in Namibia. The data was obtained through semi-structured face-to-face interviews (teachers and principals) and journals (teachers only). To have an idea were the

The study on Hospital-School Teachers' Experiences revealed a significant disparity in the availability of teaching materials, including outdated textbooks and assistive devices. Teachers also expressed a need for additional support, including extra teachers, social support, and parental involvement. Collaboration between ministries like Education, Health, and Gender was suggested to address learners' well-being. Specialized training was emphasized, with calls for multi-grade teaching courses and modules for terminally ill learners. The study also suggested the establishment of independent hospitals with proper administrative structures. Journals from teacher's revealed challenges related to learners' health conditions, medical treatments, and emotional strain from deaths. The study underscores the importance of specialized training programs, increased access to teaching materials, and improved collaboration between relevant ministries to enhance the quality of education in Hospital School Hospital-Schools. The next chapter will provide the discussions, conclusions and recommendations of the study.

# CHAPTER FIVE: DISCUSSIONS, RECOMMENDATIONS AND CONCLUSIONS

## 5.1 Introduction

In this chapter, the researcher discusses the findings of the research which explored the lived experiences of Hospital-School Teachers in Namibia. The research aimed to provide valuable insights into the challenges and needs of the hospital teachers who work tirelessly to ensure that learners who must spend time in hospital due to serious medical conditions receive education. The researcher analyses the data gathered, and subsequently, make recommendations for improvements in the field of Hospital-School, from the perspective of inclusive education. Finally, the chapter concludes with a summary of the key findings and implications of this study to the education sector, and to consider the implications to policy, practice, and future research.

## 5.2 Discussion

The findings from this study shed light on the unique and challenging experiences faced by Hospital-School Teachers in Namibia. In this discussion, the researcher analyzes the findings by linking them to the theoretical framework and relevant empirical literature in the field of inclusive education. It is better to present these under the research questions. This is where you need demonstrate that you answered all the research questions. It is important to follow the same process you followed in the presentation of findings. I earlier suggested that I use percentage for things like demographic data and qualifications. For example: what is the percentage of males and females; of those in the specific age group of each category of qualifications and how do these assists in good or bad lived experiences?

### 5.2.1 Challenges encountered by Hospital -School teachers

The teachers' journals offer a unique and emotional perspective on the experiences of HospitalSchool Teachers, shedding light on the profound challenges they face in their roles. The emotional toll of dealing with chronically ill learners and the heart-wrenching impact of learners' deaths are themes that resonate with the existing literature, which underscores the emotional demands of teaching in hospital settings (Collins, 2019). Additionally, Collins (2019) explores the emotional demands of teaching in hospital settings, emphasizing the need for teachers to navigate the complex emotions associated with working with chronically ill and sometimes terminally ill learners.

Furthermore, the teachers' journals vividly illustrate these emotional challenges, from the heartbreak of losing a student to the daily struggles of witnessing young learners battling serious health conditions. The emotional toll on Hospital-School Teachers can have significant implications for their own well-being and mental health. The journals provide a window into the psychological strain that educators in Hospital-Schools may endure, as they grapple with grief, loss, and the constant emotional rollercoaster of their profession.

The discussion on journal findings is crucial as it delves into the emotional dimension of teaching in Hospital-Schools. By referencing the research conducted by Collins (2019), we establish a theoretical framework that validates the teachers' experiences. This discussion serves as a foundation for addressing the emotional well-being and support systems required for Hospital-School Teachers.

In general, the findings from this study align with the existing theoretical framework and empirical literature in the field of Hospital-School education. They emphasize the resource

challenges, the need for multidisciplinary support, specialized teacher training, standardized curriculum, and the emotional demands of teaching in Hospital-Schools. These insights provide a foundation for recommendations and policy considerations to enhance the quality of education provided to hospitalized learners in Namibia.

### 5.2.2 Teaching Materials and Resources

The study revealed a significant disparity in the availability of teaching materials and resources in Hospital-Schools in Namibia. T 1's account of lacking teaching aids and outdated books aligns with the resource scarcity perspective discussed in the literature. According to Smith (2017), resource limitations can hinder effective teaching and learning in Hospital-School settings. The lack of computers and laptops also resonates with the idea that technology can be underutilized in Hospital-School Hospital-Schools (Collins, 2019).

Smith (2017) emphasizes the impact of resource limitations on effective teaching and learning in Hospital-School settings. According to Smith, resource scarcity encompasses a range of challenges, including inadequate textbooks, insufficient teaching aids, and limited access to technology. In the case of Teacher 1, the absence of essential teaching aids hampers the ability to create engaging and interactive lessons, which are vital for keeping hospitalized learners motivated and focused on their studies (Smith, 2017).

Outdated books further exacerbate the resource scarcity issue. As the curriculum evolves and educational approaches change, the use of outdated materials can hinder the delivery of relevant and up-to-date content. This misalignment with the current curriculum can impede the educational progress of learners in Hospital-School Hospital-Schools (Smith, 2017).

The lack of computers and laptops, as noted in the study, also resonates with the underutilization of technology in Hospital-Schools, as discussed by Collins (2019). Collins (2019) highlights

that in today's digital age, technology has become an integral part of education, offering various benefits such as access to online resources, interactive learning platforms, and improved communication. However, the absence of these technological tools in Hospital-Schools limits educators' ability to provide diverse and innovative learning experiences.

The discussion on teaching materials and resources is essential because it highlights a foundational issue that impacts the quality of education in Hospital-Schools. By delving into the challenges of resource scarcity and the underutilization of technology and providing in-text citations from Smith (2017) and Collins (2019), we can better understand the constraints faced by Hospital-School Teachers. This discussion serves as a basis for recommendations aimed at addressing these resource-related challenges and improving the overall educational experience of hospitalized learners. T1 highlighted the financial constraints she encounters whenever she had to do activities for the learners. She further said that during examination time, the school where the learners came from do not send the exam papers, thus, she will be forced to travel some distances to get the papers.

The lack of funding can indeed lead to a shortage of teaching and learning resources, affecting the quality of education (Mupa & Chinooneka, 2015).

The support for teaching materials varies across different Hospital-Schools in Namibia. While some schools appear to have adequate teaching materials and support from various sources, others face challenges with limited resources and outdated materials. T 6 specifically highlights the need for assistive devices and a curriculum that caters to the unique requirements of children in the hospital setting. Furthermore, the teachers in Hospital-School recognize the importance of various support to ensure the well-being and educational progress of their learners. These include additional staff, training, and support from ministries, community and parental involvement, and adjustments to the curriculum and teaching aids.

### 5.2.3 Parental Support

The challenges related to parental support in Hospital-Schools include instances of parental abandonment and false information provided by some parents as noted by P O. P K, however, indicates that there is some level of parental engagement, especially during visitation times. These challenges emphasize the need for a more comprehensive approach to addressing parental involvement in Hospital-Schools and the potential role of social workers and government agencies in providing support for abandoned or neglected children.

### 5.2.4 Learner Support

T 1's request for additional support personnel, such as a cleaner and a potter, aligns with the literature emphasizing the need for an adequate support system in Hospital-Schools (Bryant, 2018). T 3's call for support from various ministries, including health and social services, reflects the multidisciplinary approach recommended in the literature to cater to the holistic needs of hospitalized learners (Collins, 2019).

The study's findings shed light on the critical issue of learner support within Hospital-Schools in Namibia. T 1's request for additional support personnel, including a cleaner and a porter, underscores the challenges educators face in addressing the holistic needs of hospitalized learners. This need for a support system aligns with literature emphasizing the importance of an adequate support network in Hospital-Schools (Bryant, 2018).

Bryant (2018) emphasizes the vital role of support personnel in Hospital-Schools. In her research, she highlights that these schools cater to a unique group of learners with complex medical and emotional needs. As such, the presence of support staff, such as cleaners and

porters, is essential to create a conducive and safe learning environment. Cleaners ensure that the school premises are hygienic and free from potential health hazards, which is crucial for the well-being of both learners and teachers (Bryant, 2018). T 1 commented that being without a cleaner at school is very challenging, as she is doing everything at the Hospital-School.

T 3's call for support from various ministries, including health and social services, reflects the multidisciplinary approach recommended in the literature to cater to the holistic needs of hospitalized learners (Collins, 2019). Collins (2019) argues that Hospital-Schools should not operate in isolation but should collaborate with healthcare providers, social workers, and other relevant agencies. This collaborative approach ensures that learners receive comprehensive support, including medical care, emotional assistance, and educational services

The discussion on learner support is crucial as it highlights the multifaceted needs of hospitalized learners. By referencing the research conducted by Bryant (2018) and Collins (2019), we can establish a strong theoretical foundation for the importance of a support system in Hospital-Schools. Furthermore, this discussion serves as a basis for recommendations aimed at improving the support infrastructure for both teachers and learners in these unique educational settings.

The discussion on learner support systems in different countries, such as Taiwan, Malaysia, and Namibia, showcases the global efforts to ensure that children with health-related issues receive proper education. The provision of pedagogical assistance and essential provisions like mobility and necessities exemplifies a holistic approach to supporting these learners (Cheng, 2015). The Hospital Based School (HBS) paradigm in Malaysia denotes a distinctive and regimented hospital-based learning institution that is primarily dedicated to enhancing the preparedness and ability of learners with disabilities (Nagandran et al., 2014). The aim of this institution of learning is to promote the involvement of individuals experiencing health-related challenges in

an educational program that is centered on entertainment as a means for facilitating healing while they undergo medical treatment (HBS Program Implementation Manual, 2014).

### 5.2.5 Teacher Preparedness

The findings underscore the importance of specialized training for Hospital-School Teachers. T 2's suggestion for multi-grade teaching training resonates with the literature's emphasis on the unique pedagogical challenges in Hospital-Schools (Smith, 2017). T 6's recommendation for introducing multi-grade teaching as a distinct profession aligns with the need to recognize Hospital-School teaching as a specialized field (Collins, 2019).

The study's findings highlight the critical need for specialized training for Hospital-School Teachers to effectively address the unique challenges of this educational setting. T 2's suggestion for multi-grade teaching training is particularly noteworthy and resonates with the existing literature's emphasis on the distinctive pedagogical challenges encountered in Hospital-Schools (Smith, 2017).

Smith (2017) emphasizes the importance of specialized training for educators working in Hospital-School Hospital-Schools. These teachers must navigate a complex educational environment where learners' health concerns, emotional well-being, and varying grade levels intersect. Multi-grade teaching, as proposed by T 2, is a pertinent aspect of this specialized training. Educators in Hospital-School Hospital-Schools often find themselves teaching learners across different grade levels in the same classroom due to the diverse health conditions of their learners (Smith, 2017). Specialized training in multi-grade teaching equips teachers with the skills and strategies needed to address the diverse learning needs within a single class.

T 6's recommendation for introducing multi-grade teaching as a distinct profession aligns with the broader need to recognize Hospital-School teaching as a specialized field (Collins, 2019).

Hospital-School Teachers face unique challenges, including frequent disruptions due to medical treatments, varying grade levels, and the need for flexible instructional approaches.

Acknowledging this specialization can lead to tailored training programs and resources that better prepare educators for their roles.

The discussion on teacher preparedness is crucial as it highlights the need for specialized training in the context of Hospital-Schools. By referencing the research conducted by Smith (2017) and Collins (2019), we establish a solid theoretical foundation for the importance of specialized training. Furthermore, this discussion lays the groundwork for recommendations aimed at enhancing the preparedness of Hospital-School Teachers to provide quality education to hospitalized learners.

The availability of teaching materials is undeniably vital for effective education (Hoover & Bostic, 2021). As you mentioned, teachers in Hospital-Schools must exhibit a strong commitment to developing teaching and learning resources. This commitment aligns with scholarly sources advocating for teacher-generated instructional materials (Pusvitasari, 2021). It's crucial that these materials cater to individual learning preferences, as this can significantly enhance comprehension and knowledge acquisition. Moreover, the findings of a study illustrated that the enhancement of the quality of education was implemented through a meticulous analysis of human resource requirements, coupled with the establishment of a comprehensive framework that aligns with the school's vision, mission, and objectives (Pusvitasari, 2021).

### 5.2.6 Curriculum and Inclusive Education

T 1's proposal for a formal scheme of work applicable nationwide reflects the need for standardized curriculum development, as discussed in the literature (Smith, 2017). The call

for Hospital-Schools to be recognized as standalone institutions (T 3) aligns with the literature's recommendation to establish Hospital-Schools as integral components of the education system (Bryant, 2018).

The study findings shed light on the importance of curriculum development and the role of Hospital-Schools within the broader education system. Teacher 1's proposal for a formal scheme of work applicable nationwide underscores the necessity for standardized curriculum development in Hospital-Schools, a notion supported by existing literature (Smith, 2017).

Smith (2017) emphasizes the significance of a standardized curriculum in Hospital-Schools to ensure consistent educational experiences for hospitalized learners. The proposal for a nationwide scheme of work by T 1 aligns with this perspective. Hospital-School Teachers must adapt their teaching to accommodate learners with varying health conditions and grade levels. A standardized curriculum can provide the necessary framework and guidelines to facilitate effective teaching in this dynamic environment.

T 3's call for Hospital-Schools to be recognized as standalone institutions resonates with the literature's recommendation to establish Hospital-School Hospital-Schools as integral components of the education system (Bryant, 2018). Hospital-Schools play a crucial role in providing education to learners whose health conditions prevent them from attending regular schools. Recognizing them as standalone entities ensures that they receive the attention, resources, and support they require to fulfill their educational mission.

The discussion on curriculum and inclusive education in the context of Hospital-Schools is pivotal as it addresses the need for standardized curriculum development and the recognition of these schools as essential components of the education system. By referencing the research conducted by Smith (2017) and Bryant (2018), we provide a solid theoretical foundation for these aspects. This discussion lays the groundwork for recommendations aimed at improving

curriculum development and the integration of Hospital-Schools into the broader education framework.

In certain circumstances, teachers situated in hospital settings may be required to impart instruction to a heterogeneous group of learners, necessitating the acquisition of adeptness in the implementation of pedagogical strategies that are both comprehensive and inclusive in nature (Małkowska-Szkutnik et al., 2021). Such expectations mandate that teachers possess critical competencies in the delivery of high-quality education that caters to the needs of all learners (Mhlanga, 2023). To facilitate this objective, it is anticipated that the university will design courses that aim to improve the methodological and pedagogical proficiency of educators, which would subsequently positively impact Hospital-School by facilitating the provision of high-quality, relevant, and objective education (Sevnarayan, 2022). Furthermore, the findings of the study revealed a scarcity of scholarly work concerning tertiary-level courses that incorporate inclusive curricular strategies (Sevnarayan, 2022).

The impact of these educational requirements on hospital teaching delivery is multifaceted. Teachers in hospital settings are faced with the challenge of instructing a diverse group of learners with varying needs, requiring them to employ comprehensive and inclusive pedagogical strategies (Małkowska-Szkutnik et al., 2021). To meet these expectations and provide high-quality education to all learners, teachers must possess critical competencies in methodological and pedagogical proficiency (Mhlanga, 2023).

In the current landscape of teacher education in Namibia, certain elements are present, while others are notably missing, as highlighted in the provided information.

T 1's proposal for a formal scheme of work applicable nationwide reflects the need for standardized curriculum development, as discussed in the literature (Smith, 2017). The call for Hospital-Schools to be recognized as standalone institutions (Teacher 3) aligns with the

recommendation to establish Hospital-Schools as integral components of the education system (Bryant, 2018).

The study findings shed light on the importance of curriculum development and the role of Hospital-Schools within the broader education system. Teacher 1's proposal for a formal scheme of work applicable nationwide underscores the necessity for standardized curriculum development in Hospital-Schools, a notion supported by existing literature (Smith, 2017). Smith (2017) emphasizes the significance of a standardized curriculum in Hospital-Schools to ensure consistent educational experiences for hospitalized learners. The proposal for a nationwide scheme of work by Teacher 1 aligns with this perspective. Hospital-School Teachers must adapt their teaching to accommodate learners with varying health conditions and grade levels. A standardized curriculum can provide the necessary framework and guidelines to facilitate effective teaching in this dynamic environment.

Teacher 3's call for Hospital-Schools to be recognized as stand-alone institutions resonates with the literature's recommendation to establish Hospital-Schools as integral components of the education system (Bryant, 2018). Hospital-Schools play a crucial role in providing education to learners whose health conditions prevent them from attending regular schools. Recognizing them as standalone entities ensures that they receive the attention, resources, and support they require to fulfill their educational mission.

The discussion on curriculum and inclusive education in the context of Hospital-Schools is pivotal as it addresses the need for standardized curriculum development and the recognition of these schools as essential components of the education system. By referencing the research conducted by Smith (2017) and Bryant (2018), we provide a solid theoretical foundation for these aspects. This discussion lays the groundwork for recommendations aimed at improving

curriculum development and the integration of Hospital-Schools into the broader education framework.

**Recommendations:**

1. **Pre-Service and In-Service Professional Development:** To address the existing gaps in teacher education, it is recommended that Namibian universities introduce courses focused on language fundamentals, inclusive pedagogical strategies, and evidencebased teaching practices. These courses should be integrated into both pre-service teacher education programs and ongoing in-service professional development for practicing teachers. T 5 suggested that multi grade module must be one of the compulsories for those teachers who want to become hospital-school teachers.

2. **Cultural Competence Training:** Additionally, teacher preparation programs should incorporate modules on cultural competence to help educators connect effectively with learners from diverse backgrounds. This training should emphasize the importance of creating inclusive and supportive learning environments.

3. **Collaboration with Hospital-Schools:** To ensure that teachers are adequately prepared for Hospital-School settings, universities can collaborate with HospitalSchools to provide real-world exposure and training opportunities. This would enable educators to better understand the unique needs of learners in these settings.

By implementing these recommendations, Namibia can enhance its teacher education

programs, better equipping educators to provide high-quality, inclusive, and culturally sensitive instruction, particularly in Hospital-Schools where diverse and specialized teaching skills are required.

- **Administrative Oversight**: Principals are primarily responsible for the administrative aspects of running the main school along with the Hospital-School. This includes managing resources, ensuring compliance with curriculum standards, and overseeing the day-to-day operations.
- **Resource Provision**: One key duty is to provide necessary resources for the school. This involves ensuring that teachers have access to the required teaching materials and equipment to facilitate effective instruction.
- **Curriculum Adherence**: Principals are tasked with ensuring that the curriculum is taught in accordance with the guidelines provided by the National Institute for Educational Development (NIED). This includes monitoring the alignment of teaching with curriculum standards.
- **Teaching and Learning Oversight**: Principals must oversee teaching and learning activities to ensure they are taking place effectively. They play a crucial role in maintaining a conducive environment for teaching and learning within the HospitalSchool.
- **Social Unit Management**: Principals are responsible for fostering a sense of community within the school. This involves creating a positive school culture and facilitating collaboration among teachers, learners, and staff.
- **Leadership Management**: They also manage the leadership aspects of the school, which may involve guiding and supporting teachers in their roles, addressing challenges, and promoting professional development.
- **Community Engagement**: Principals are tasked with linking the school with the broader community. This includes engaging with parents, caregivers, and the local community to create a supportive educational environment.

- **School Networking**: They need to establish connections between the Hospital School and other schools within the region. This networking can facilitate the exchange of ideas, resources, and best practices.
- **Teaching Supervision**: Principals, particularly in cases where teachers from the main school are involved in teaching at the Hospital-School, are responsible for supervising teachers' performance. This includes monitoring their teaching methods and assessing the quality of education delivered. T 5 said that hospital schools can have their own management team where they will report daily.

**Assistive Devices and Materials**: Principals may assist teachers in obtaining necessary assistive devices and teaching materials for learners with special needs. This support ensures that learners receive appropriate educational support. T 6 recommend for introducing multi-grade teaching as a distinct profession aligns with the need to recognize Hospital-School teaching as a specialized field (Collins, 2019).

## 5.3 Recommendations

Drawing from the findings and the extensive discussion, the following recommendations are proposed to address the challenges faced by Hospital-School Teachers in Namibia and improve the overall quality of education for hospitalized learners:

1. **Enhanced Teaching Resources and Technology Integration**:

    - The Ministry of Education should allocate dedicated funding for HospitalSchools to ensure the availability of up-to-date teaching materials, textbooks, and technology. This will facilitate more engaging and interactive learning experiences for hospitalized learners.

2. **Specialized Training for Hospital-School Teachers**:

Higher education institutions should introduce specialized training programs for teachers aiming to work in Hospital-Schools. These programs should include modules on multi-grade teaching, inclusive education, and psychosocial support tailored to the unique needs of hospitalized learners.

Moreover, there is a consensus among the participants that teachers in Hospital-Schools require specialized training to effectively meet the needs of their learners. This training should encompass multi-grade teaching, teaching in hospital settings, inclusive education, and psychology to equip teachers with the necessary skills and knowledge for their unique roles.

3. **Standardized Curriculum and Recognition of Hospital-School Hospital-Schools**:

    - The Ministry of Education should develop a standardized curriculum for Hospital-School Hospital-Schools, ensuring alignment with national educational goals. Additionally, Hospital-Schools should be officially recognized as standalone institutions within the education system, enabling them to receive the necessary resources and support.

4. **Multi-disciplinary Support System**:

    - Collaborative efforts between the Ministries of Education, Health, and Social Services should be established to create a comprehensive support system for hospitalized learners. This includes the provision of counselors, social workers, and medical professionals to address the holistic needs of learners.

5. **Emotional Support and Well-being**:

- Hospital-School Teachers should have access to regular counseling and support services to help them cope with the emotional challenges of their profession. Initiatives for peer support and debriefing sessions should be encouraged to maintain their mental well-being.

6. **Research and Data Collection**:

   - Further research should be conducted to continuously assess the needs and experiences of Hospital-School Teachers and learners. Data collection and analysis can inform ongoing improvements in the delivery of education in hospital settings.

7. **Advocacy and Awareness**:

   - Advocate for increased awareness and understanding of the role and challenges faced by Hospital-School Teachers among policymakers, educators, and the public. Highlight the importance of providing quality education to hospitalized learners.

8. **Community Engagement**:

   - Encourage involvement of local communities and organizations in supporting Hospital-Schools through donations, mentorship programs, and volunteering opportunities.

These recommendations aim to address the resource limitations, training needs, curriculum development, and emotional support required for Hospital-School Teachers to effectively fulfill their roles and provide quality education to hospitalized learners in Namibia.

## 5.4 Conclusion

In conclusion, this study delved into the lived experiences of Hospital-School Teachers in Namibia, shedding light on the unique challenges and demands they face in providing education to hospitalized learners. The findings revealed critical areas of concern that impact the quality of education in Hospital-Schools, including the scarcity of teaching materials and resources, the need for specialized teacher training, curriculum development, learner support, and the emotional toll on teachers.

The research underscores the significance of addressing these challenges to ensure that hospitalized learners receive equitable and high-quality education. Recommendations have been proposed to guide policymakers, educators, and stakeholders in enhancing the educational experiences of hospitalized learners and supporting Hospital-School Teachers in their vital roles.

In essence, Hospital-School Teachers play a pivotal role in bridging the educational gap for learners facing health challenges. Their dedication, resilience, and commitment to nurturing the academic and emotional well-being of hospitalized learners deserve recognition and support. By addressing the identified challenges and implementing the recommended measures, we can strive for a future where hospitalized learners in Namibia receive the education they deserve, regardless of their health circumstances.

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# ETHICAL CLEARANCE CERTIFICATE

**Ethical Clearance Reference Number: WKC0012** **Date: 16 August 2022**

This Ethical Clearance Certificate is issued by the University of Namibia Decentralized Ethics Committee (DEC) in accordance with the University of Namibia's Research Ethics Policy and Guidelines. Ethical approval is given in respect of undertakings contained in the Research Project outlined below. This Certificate is issued on the recommendations of the ethical evaluation done by the **School of Education (Windhoek & Khomasdal Campuses) Decentralized Ethics Committee.**

**Title of Project:** Lived experiences of hospital school – teachers in Namibia
**Researcher:** Bertha Mungunda
**Student number:** 9025669

Take note of the following:

1. Any significant changes in the conditions or undertakings outlined in the approved Proposal must be communicated to the ethics committee. An application to make amendments may be necessary.
2. Any breaches of ethical undertakings or practices that have an impact on ethical conduct of the research must be reported to the ethics committee
3. The Principal Researcher must report issues of ethical compliance to the ethics committee (through the Chairperson) at the end of the Project or as may be requested by the ethics committee
4. The ethics committee retains the right to:

i) Withdraw or amend this Ethical Clearance if any unethical practices (as outlined in the Research Ethics Policy) have been detected or suspected,

ii) Request for an ethical compliance report at any point during the course of the research.

The ethics committee wishes you the best in your research.

Dr. Job U. Hengari (Chairperson, Windhoek & Khomasdal Campuses Decentralized Ethics Committee)

Prof. Davis Mumbengegwi
(Head, Multidisciplinary Research)

**CENTRE FOR RESEARCH SERVICES**
*Office of the Pro-Vice Chancellor: Research, Innovation & Development*
University of Namibia, Private Bag 13301, Windhoek, Namibia
340 Mandume Ndemufayo Avenue, Pioneers Park, Office F223 - Fblock, Second Floor
☎ +264 61 206 4673; E-mail:kmbulu@unam.na; URL.: http//www.unam.edu.na

UNAM
UNIVERSITY OF NAMIBIA

## RESEARCH PERMISSION LETTER

**Date: 14/09/2022**

**Student Name:** Bertha Mungunda

**Student Number:** 9025669

**Programme:** Master in Education (Inclusive Education)

**Approved Research Title:** Lived Experiences of Hospital Schools Teachers in Namibia

### TO WHOM IT MAY CONCERN

I hereby confirm that the above-mentioned student is registered at the University of Namibia for the programme indicated. The proposed study met all the requirements as stipulated in the University guidelines and has been approved by the relevant committees.

The proposal adheres to ethical principles as per attached Ethical Clearance Certificate. Permission is hereby granted to carry out the research as described in the approved proposal.

Best Regards

**Dr. AEE Shikongo**
**Head: Postgraduate Support Services**
**Tel: +264 61 206 3129**
**E-mail:** aeshikongo@unam.na

CENTRE FOR RESEARCH SERVICES
Office of the Director
2022 -09- 14
University of Namibia
UNAM

REPUBLIC OF NAMIBIA

KHOMAS REGIONAL COUNCIL
DIRECTORATE OF EDUCATION, ARTS AND CULTURE

Tel: [09 264 61] 293 9411
Fax: [09 264 61] 231 367/248 251

Private Bag 13236
Windhoek

16 September 2022

PO Box 7453
Katutura
Windhoek

**For Attention**: Ms. Bertha Mungunda

**REQUEST FOR PERMISSION TO CONDUCT RESEARCH INTERVIEWS WITH SCHOOL IN WINDHOEK, KHOMAS REGION**

Your letter dated 15 September 2022 on the above topic is hereby acknowledged.

Permission is hereby granted to you to research "*Experience of Hospital – School Teachers Namibia*" in Khomas Region under the following conditions:

- The Principal of the selected school to be visited must be contacted in advance and an agreement should be reached between you and the Principal.
- The school programme should not be interrupted.
- The teachers and students who will take part in this exercise will do so voluntarily.
- The Directorate of Education, Arts and Culture should be provided with a copy of your thesis/ findings.

We wish you success in your research.

Yours sincerely

Paulus D. Nghikembua
**Director of Education, Arts and Culture**

MINISTRY OF EDUCATION
ARTS AND CULTURE
PRIVATE BAG 13236 WINDHOEK
16 -09- 2022
DIRECTOR
KHOMAS REGION

REPUBLIC OF NAMIBIA

OSHANA REGIONAL COUNCIL

DIRECTORATE OF EDUCATION, ARTS AND CULTURE

*ASPIRING TO EXCELLENCE IN EDUCATION FOR ALL*

*Tel: 065 - 229800/25*

*Private Bag 5518*
*Oshakati*

*Enquiries: Hileni M. Amukana*
*Ref. 13/2/9/1*

Bertha I. Mungunda
P.O. Box 7453
Katutura
Windhoek

**SUBJECT: PERMISSION TO CONDUCT RESEARCH IN OSHANA REGION**

Your letter dated 28 September 2022 on the above caption bears reference.

Kindly be informed that permission is hereby granted to conduct an interview with the principal of Eluwa Resource School in Ompundja Circuit, Oshana Region.

**Research Tittle: Lived experiences of hospital school-teachers in Namibia.**

This permission is subject to the following strict conditions; **(i)** There should be minimal or no interruption on normal working schedule **(ii)** Ethical issues of confidentiality and anonymity should be respected and retained throughout this activity i.e. Voluntary participation, and consent from participants.

Both Parties should understand that this permission could be revoked without explanation at any time.

Furthermore, we humbly request you to share your research findings with the Directorate of Education, Arts and Culture, Oshana Region. You may contact Ms. Hilma Nuunyango-George, the Deputy Director; Programs and Quality Assurance (PQA) for the provision of summary of your research findings.

We wish you the best in conducting your study.

Yours sincerely,

**HILENI M. AMUKANA**
**REGIONAL DIRECTOR**

OSHANA REGIONAL COUNCIL
DIRECTOR
19 SEP 2022
Private Bag 5518
OSHAKATI
REPUBLIC OF NAMIBIA

*Cc: Inspector of Education: Ompundja Circuit*

*All Official Correspondence must be addressed to the Regional Director*

REPUBLIC OF NAMIBIA

# MINISTRY OF HEALTH AND SOCIAL SERVICES

Ministerial Building
Harvey Street
Private Bag 13198, Windhoek

OFFICE OF THE EXECUTIVE DIRECTOR

Tel: No: 061 -203 2507
Fax No: 061-222 558
Andreas.Shipanga@mhss.gov.na

**Ref:** 22/4/2/3
**Enquiries:** Mr. A. Shipanga

**Date:** 19 October 2022

**Ms. Bertha Mungunda**
**PO Box 7453**
**Katutura**
**Windhoek**

Dear Ms. Mungunda

**Re: Lived ex eriences hos ital schools teachers in Namibia.**

1. Reference is made to your application to conduct the above-mentioned study.
2. The proposal has been evaluated and found to have merit.
3. **Kindly be informed that permission to conduct the study has been granted under the following conditions:**
   - 3.1 The data to be collected must only be used for academic purpose;
   - 3.2 No other data should be collected other than the data stated in the proposal;
   - 3.3 Stipulated ethical considerations in the protocol related to the protection of Human Subjects should be observed and adhered to, any violation thereof will lead to termination of the study at any stage;
   - 3.4 A quarterly report to be submitted to the Ministry's Research Unit;
   - 3.5 Preliminary findings to be submitted upon completion of the study;
   - 3.6 Final report to be submitted upon completion of the study;
   - 3.7 Separate permission should be sought from the Ministry for the publication of the findings.
4. All the cost implications that will result from this study will be the responsibility of the applicant and **not** of the MoHSS.

Yours sinc el

EXECUTIVE DIRECTOR

O

**EXECUTIVE DIRECTOR**

All official correspondence must be addressed to the Executive Director

9 - 0/0001

# *REPUBLIC OF NAMIBIA*

## *Ministry of Health and Social Services*


Private Bag 5501 Tel: + 264 65 2233019

OSHAKATI **INTERMEDIATE HOSPITAL OSHAKATI** Fax: + 264 65 224564


Enquiry: Mr. Simon Vakwika 04 November 2022

**To**: Ms. B. Mungunda
P. O. Box 7453
Katutura
Windhoek
Cell: +264812812021
Email address: bamungunda@yahoo.com

**RE: AUTHORIZATION TO CONDUCT A RESEARCH STUDY**

This is to inform you that your request to conduct a research study in Oshakati Intermediate Hospital has been approved.

Kindly be informed that confidentiality of the patient information seen during your research must be observed. In case of breach of confidentiality, you will be charged by the Nursing Council of Namibia Regulation Act.

We wish you all the best during your research.

Yours sincerely

**DR. R. KANIME**
**MEDICAL SUPERINTENDENT**
**INTERMEDIATE HOSPITAL OSHAKATI**

MINISTRY OF HEALTH AND SOCIAL SERVICES
PRIVATE BAG 5501
04 NOV 2022
OSHAKATI STATE HOSPITAL

**Appendix F: Journal for Hospital –School Teachers**

Hospital School Teachers will be given a journal (book) to keep for a period of one month. The teachers will record every situation that is happening at the hospital school on a daily basis. Below are instructions given to Hospital School Teachers to guide them through the process of journaling.

In your daily interaction with the children who are admitted in hospital and join the Hospital School and also with parents, professionals and administrators, your form relationships and experience certain emotions. Some days are great and others are sad.

I would like to ask you to use this book to write down your daily experiences and emotions for the coming 30 days. This is your own book. Write whatever comes to mind. It is up to you to decide how long your daily entries will be. Keep the book out of reach of others, as it will entail your feelings, opinions and observations. I assure you that I will keep the information in your journal confidential.

If you have any questions during the process, please do not hesitate to call or send me an SMS, Whats App message or E-mail. My cellular phone number is 0812812021 and my e-mail address is bimungunda@yahoo.com. You can also reach my Supervisor at chaihambo@unam.na

I will collect the book after the thirty days, make copies for my research and hand it back to you. You might want to continue journaling even after this research.

Thank you for your participation.

B. Mungunda

P.O.Box 7453

Katutura

Windhoek

The Principal

School for the Visually Impaired Children

P.O. Box 10793

Windhoek

**RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH AT THE HOSPITAL SCHOOLS IN KHOMAS REGION**

My name is Bertha Injomoka Mungunda, and I am a Master of Education (Inclusive Education) student at the University of Namibia. The research I wish to conduct aims to unravel the "Experiences of Hospital - School Teachers in Namibia." It is against this background that I would like to ask your permission to allow me to conduct an interview among the teachers at the Hospital Schools.

The concept of Hospital Schools is an inclusive education intervention through which children and youth experiencing long-term illnesses, have an opportunity to continue with their education. The role of hospital schools and the experiences of hospital school teachers are not well-known in education circles. I thus, deemed it important to conduct research on this topic and add to knowledge on inclusive education in Namibia. The research process at your schools will entail me conducting an in-depth open-ended interview with the teachers that agree to participate in my research. The teachers will also be given a journal to keep for a period of one month, whereby

they will be recording every situation happening at the hospital school on a daily basis. The interview will be conducted at a time and space of the teacher's choice. The interview will not interfere with school activities. All information provided will be treated with utmost confidentiality and will be used only for academic purposes. The names of the respondents and the name of their school will not appear in any thesis or publications resulting from this study unless agreed to.

If you agree, kindly sign below to confirm your permission for me to conduct this study at your school. After signing, kindly return the signed form in an endorsed envelope.

Should you require any further information, please do not hesitate to contact me. My cellular phone number is 0812812021 and my email address is berthamungunda@yahoo.com. You can also reach my Supervisor at chaihambo@unam.na

Your approval to conduct this study will be greatly appreciated. Thank you in advance for your assistance with this research.

Yours Sincerely,

Bertha Mungunda

Master of Education Student (Inclusive Education)

Approved by

Mr. SMITHY GN ENGELBRECHT
PRINCIPAL

Print name and title

Signature

21/09/2022

Date

MINISTRY OF EDUCATION, ARTS AND CULTURE
PRINCIPAL
SCHOOL FOR THE VISUALLY IMPAIRED
PO Box 10793, Khomasdal
2022 -09- 21
WINDHOEK - NAMIBIA
TEL: 061-217971
FAX: 061-217978
THOMAS REGION

04. 11. 2022
To Dr Komine
Ltto Med Sup.

02-11-2022
Dr. Kanyama &
and Hamst

B. Mungunda
P.O.Box 7453
Katutura
Windhoek

The Director of Health and Social Services
Oshana Region
P/BAG 2164
Oshakati

MINISTRY OF HEALTH AND SOCIAL SERVICES
RECEIVED
10 OCT 2022
SIGNATURE
REGIONAL DIRECTOR
OSHANA REGION

**RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH AT THE HOSPITAL SCHOOL IN OSHANA REGION**

**DEAR: Ms. Haimene**

My name is Bertha Injomoka Mungunda, and I am a Master of Education (Inclusive Education) student at the University of Namibia. The research I wish to conduct aims to unravel the "Experiences of Hospital-School Teachers in Namibia." It is against this background that I would like to ask your permission to allow me to conduct an interview with the teacher (s) teaching at the hospital school in Oshakati state hospital, Oshana Region.

The concept of Hospital Schools is an inclusive education intervention through which children and youth experiencing long-term illnesses, have an opportunity to continue with their education. The role of hospital schools and the experiences of hospital schoolteachers are not well-known in education circles. I thus, deemed it of importance to conduct research on this topic and add to knowledge on inclusive education in Namibia. At this school, I intend to interview the teacher (s). The teacher (s) will also be given a journal to keep for a period of one month, whereby they will be recording every situation happening at the hospital school on a daily basis. The interview will be conducted at a time and space of the teacher's choice. The interview will not interfere with school activities.

All information provided will be treated with the utmost confidentiality and will be used only for academic purposes. The names of the respondents and the name of their schools will not appear in any thesis or publications resulting from this study unless agreed to.

Should you require any further information, please do not hesitate to contact me. My mobile phone number is 0812812021 and my email address is berthamungunda@yahoo.com. You can also reach my Supervisor at chaihambo@unam.na. Attached are my Ethical Clearance Certificate and Permission Letter from the University of Namibia.

Your approval to conduct this study will be greatly appreciated. Thank you in advance for your assistance with this research.

Yours Sincerely,

Bertha Mungunda
Master of Education Student (Inclusive Education)

# INFORMED CONSENT FORM

UNAM
UNIVERSITY OF NAMIBIA

**Informed Consent for**

Informed Consent for teachers, principals, are inviting to participate in research, titled "Lived Experiences of Hospital – School Teachers in Namibia".

| | |
|---|---|
| **Name of Principal Investigator:** | Bertha Injomoka Mungunda |
| **Name of Sponsor:** | |

**This Informed Consent Form has two parts:**

- **Information Sheet (this section, to share information about the study with you)**
- **Certificate of Consent (for signatures if you choose to participate)**

**You will be given a copy of the full Informed Consent Form.**

## PART I: INFORMATION SHEET

**Introduction**

I am Bertha Injomoka Mungunda, working for the School for the Visually Impaired Children and I am pursuing a Master of Education (Inclusive Education) at the University of Namibia. I am doing research on the Lived Experiences of Hospital – School Teachers in Namibia.

I am going to give you information and invite you to be part of this research. You do not have to decide today whether or not you will participate in the research. Before you decide, you can talk to anyone you feel comfortable with about the research. This consent form may contain words that you do not understand. Please ask me to stop as we go through the information and I will take time to explain.

**Purpose of the Research**

The purpose of the research is to find out about the roles and responsibilities of teachers teaching at the hospital schools. The support they received from the hospitals and the resource school under which the hospital schools resort.

Furthermore, this knowledge might help us to know more about the different hospital schools in Namibia.

**Type of Research Intervention**

The research will involve your participation in an interview that will take about one hour. The journal that the teachers will keep for a period of one month to record the information on a

daily basis.

**Participant Selection**

You are being invited to take part in this research because we feel that your experience as a teacher and principal can contribute much to our understanding and knowledge of Hospital Schools in Namibia.

**Voluntary Participation**

Your participation in this research is entirely voluntary. It is your choice whether to participate or not. If you choose not to participate all the services you receive at this Centre will continue and nothing will change.

The choice that you make will have no bearing on your job or on any work-related evaluations or reports. You may change your mind later and stop participating even if you agreed earlier.

**Procedures**

A) We are asking you to help us learn more about Lived Experiences of Hospital – School Teachers in Namibia. We are inviting you to take part in the research project.

B)

Example 2 (for interviews)

Participate in an interview with Bertha Injomoka Mungunda.

During the interview, I will sit down with you in a comfortable place at Hospital School. If you do not wish to answer any of the questions during the interview, you may say so and the interviewer will move on to the next question. No one else but me will be present unless you would like someone else to be there. The information recorded is confidential, and no one else except the researcher will access to the information documented during your interview. The entire interview will be recorded, but no-one will be identified by name in the recording. The recording will be kept in the safe place. The information recorded is confidential, and no one else except the researcher will have access to the recordings. The recordings will be destroyed after one year.

**Duration**

The research takes place over 1 months. During that time, the interview will last for about one hour each. The journal will last about one month.

**Risks**

If the discussion is on sensitive issues e.g. children identify with terminal or chronic diseases, the responsibilities of the employers toward Hospital Schools etc. then an example of text could be something like "We are asking you to share with us some very personal and confidential information, and you may feel uncomfortable talking about some of the topics. You do not have to answer any question or take part in the discussion/interview if you don't wish to do so, and that is also fine. You do not have to give us any reason for not responding to any question, or for refusing to take part in the interview".

**Benefits**

There will be no direct benefit to you, but your participation is likely to help us improve Namibian Education at the Hospital Schools.

**Reimbursements**

You will not be provided any incentive to take part in the research. However, we are thankful for your time and your contribution towards the project.

**Confidentiality**

The information that we collect from this research project will be kept private. Any information about you will have a number on it instead of your name. Only the researchers will know what your number is and we will lock that information up with a lock and key. It will not be shared with or given to anyone except the researcher who will have access to the information, my supervisors, authorised University personnel. However, I may return for further information should need be.

**Sharing the Results**

Nothing that you tell us today will be shared with anybody outside the research team, and nothing will be attributed to you by name. The knowledge that we get from this research will be shared with you and your school.

**Right to Refuse or Withdraw**

You do not have to take part in this research if you do not wish to do so, and choosing to participate will not affect your job or job-related evaluations in any way. You may stop participating in the interview at any time that you wish without your job being affected. I will give you an opportunity at the end of the interview to review your remarks, and you can ask to modify or remove portions of those, if you do not agree with my notes or if I did not understand you correctly.

**Who to Contact**

If you have any questions, you can ask them now or later. If you wish to ask questions later, you may contact Bertha Mungunda, telephone number 0812812021 and my e-mail address bimungunda@yahoo.com

**This research has been reviewed and approved by the relevant Ethics Review Committee at the University of Namibia, which is a committee whose task it is to make sure that research participants are protected from harm. The committee reports to the University's Centre for Research Services. If you wish to contact this Centre, please call +264 61 206 4673 or send an e-mail to research@unam.na.**

## PART II: CERTIFICATE OF CONSENT

I have been invited to participate in research about Lived Experiences of Hospital School Teachers in Namibia.

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have been asked, have been answered to my satisfaction. I consent voluntarily to be a participant in this study

Baradina T. Namwoode ..... .....

Name of Participant (print) Signature of Participant

04/11/22

Date (day/month/year)

**Statement by the Researcher/Person taking Consent**

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the participant understands that the following will be done:

1. List procedures
2. Research objectives
3.

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this ICF has been provided to the participant.

Bertha I. Mungunda .....

Name of Researcher/Person taking Consent (print) Signature

04/11/2022

Date (day/month/year)

Aishe Educational Management Consultancy.cc
Cell: 0812975992/0813941097
P O Box 3317, Ongwediva
educationaishe424@gmail.com

**Reg: cc/2021/11193:**

We specialize in educational consultancy to enhance academic achievement.

**CONFIRMATION FOR LANGUAGE EDITING**

I, the undersigned, hereby confirm that I have meticulously reviewed the research paper of the following student and attest to its alignment with the established standards of academic writing.

Student Number: 9025669

Surname: Mungunda

Given Names: Bertha Injomoka

Title: Mrs.

Thesis Title: LIVED EXPERIENCES OF HOSPITAL-SCHOOL TEACHERS IN NAMIBIA

The report has undergone a comprehensive professional editing process, with the primary focus on preserving the original research content and the author's intended objectives. Minimal alterations were introduced during the editorial procedure.


Yours faithfully

**Mr Eliakim M. Fillemon**

**Master in English and Applied Linguistics**

**Bachelor of Education with Honours in English Language Teaching**

**Advanced Certificate in Education in English Language Teaching**