

## Resilience in children exposed to chronic illness: improving teachers' actions



### Education

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### ABSTRACT

*This paper focuses on two main objectives. First to analyze the term resilience in relation to children exposed to chronic health condition. Secondly, to present some standards of performance that ordinary school teachers have to manage in order to help students with chronic illnesses to be more resilient. All of this with the purpose to answer to these questions: How does the good professor when one of his or her students has a serious illness? How to act when one of his or her students is diagnosed with a serious illness or has a serious accident?*

#### Starting with some adverse consequences of illness

Children and adolescents with medical needs are, on the whole, subjected to repeated hospital stays and have to face, not only the fear or pain of their illness, but also the phenomena of hospitalization and the lack of a normal life (Lizasoain, 2008). As a result of the hospitalization, the child has to integrate into a new system, which is the origin of a significant source of new conflicts.

Most research that has been carried out regarding this aspect (Lizasoain, 2011) supports the statement that illness and hospitalization are stressful experiences, frequently associated with adverse psychological consequences for a child; among said consequences, the following may be included:

- Behavioral changes such as aggressiveness, oppositional behavior, lack of adhesion to the medical treatment, sleep disturbances, problems with appetite, avoidance responses, silence and affective dependence.
- Cognitive changes such as attention problems and difficulty in concentrating.
- Emotional changes, such as anxiety and fears; depression, apathy or lack of interest in things, loss of emotional stability.

In addition, the problems are made worse as a result of the illness itself (fatigue, tiredness, pain, general discomfort) and by the nature of the organization of hospital centers (uniformity, rigidity, monotony).

As a result, the chronic illnesses of children have a strong impact on the entire family system. It is well known that the hospitalization of children also leads to a series of negative repercussions on parents. The main effects described in this regard are usually:

- The psychological impact (anxiety and stress).
- The physical impact (sleep disturbances, changes in sexual relations, etc.).
- The impact on employment (off work, significant financial expenses, etc.).
- The social impact (the feeling that people are avoiding them or breaking off social relationships).

Illness may also have a significant impact on the other siblings. They may experience an increase in the levels of stress as they may have to help out more at home while receiving less attention from their parents. This could lead to conflicts in their relationship with the sick sibling, resulting in a series of behavioral, emotional and social problems (these possible problematic responses are a significant source of added stress for the parents).

Therefore, there may be certain disorders and psychopathologies that will depend on factors such as the nature and duration of the child's illness, the family structure and family function, the family's material resources and the medical, psychological and

educational support that the family is receiving.

Nowadays, accumulating literature (González-Torres, 2011) points to the potential for successful outcomes among children with a chronic health condition and their families. Resilience research has changed the conceptualization of the experience in such patients and families from a pathological perspective to a growth-enhancing opportunity (Grotberg, 1997; Pearson, 2006; Castro & Kelly, 2010). Following this line of thought, the concept of resilience has practical applications. What this means is that families and children exposed to chronic or severe stress will become competent and successfully adapt to the situation over time.

But these families and their children cannot do it all by themselves. They will need tremendous biological, psychological and environmental resources in order to do this (Bellin y Kovacs, 2006). Children and adolescents with medical problems need love, care, and support, not only from their parents, but from educational personnel as well. One of the main objectives for hospital teachers, home schooling teachers, regular school teachers or any other professionals involved in education of children and adolescents with medical needs, is to minimize the possible negative effects that illness can cause, in order to ensure the best adaptation on the part of the children themselves as well as the entire family.

Resilience does not stem from the person alone. While personal characteristics are important, the environment's role cannot be forgotten. A resilient personality is not sufficient because environmental factors also come into play. Resilience has multi-dimensional aspects and people, opportunities and environments are all part of the resilience equation (Henderson & Milstein, 2003).

Teachers in regular schools have an essential role in helping students with chronic illnesses to become more resilient. Those who work with children and families need some tools in order to cope with childhood disease (simple to communicate, clear in meaning, and adaptable for use), helping them apply information to particular situations, interventions or programs.

We can assume that the type and degree of the educational needs of children with medical problems when they return to school will vary from case to case. In general, their needs will depend on the following factors: the psychopedagogical care they were given when they were in the hospital, the manner in which the stabilizing factors have been maintained, and how these children have been living their disease so far).

The next point covers some guidelines that are especially designed for teachers in regular schools in order to help them cope with childhood disease.

#### Resources for helping teachers to stimulate resilience in children exposed to chronic illness

First of all, teachers must be aware that, in these circumstances,

the parents need help. Therefore, they should keep in close contact with the parents, showing their concern and interest by being good listeners and giving their support.

The good teacher transmits knowledge, teaches ways of doing things and ways of reacting, and knows all of his/her students fairly well. This type of teacher listens, offers support, and encourages as well as accompanies the children throughout their learning process (Castro, Kelly & Shih, 2010). With regards to the chronically ill schoolchild, a good teacher acts as liaison between the school and the family. The teacher makes phone calls and/or pays visits to the child when hospitalized or convalescing at home; therefore, this teacher should be a trustworthy person. With regard to paying visits to the ill child, an interesting option would be for the teacher to go accompanied by a classmate (if the patient agrees). In essence, helping children with chronic illness to integrate back into school after diagnosis or treatments requires that the teacher maintain contact with the sick student during hospitalization or while recuperating at home.

Some tips for helping the ill child to keep in touch with classmates include: inviting the hospital teacher to speak to the class regarding their classmate (the sick child should always be involved in the information that is to be discussed); sending pictures of the child to the class, and vice versa; having the class make get well cards or send notes to their ill classmate. Keeping up with schoolwork is also important, when the child is physically well enough to do so.

Some specific intervention guidelines for teachers to help them cope with childhood disease and stimulate resilience in children exposed to chronic illness are as follows:

- Communicate with parents regarding the child's health and discuss specific problems that may occur at school; address the possible effects of the illness and the medical treatment received on the child's school performance.
- Teamwork, through contacts with hospital teachers, home teachers and school teachers.
- Ask for help when a given situation exceeds their present capabilities.
- Anticipate the possible physical changes and emotional problems of the sick child. Children are often very self-conscious about their physical appearance, especially if they still do not have hair, or if they have gained or lost an excessive amount of weight. They may also suffer from fatigue and have problems concentration. One must keep in mind that a sick child (or one who has recently been sick) will probably be more sensitive and emotional than a healthy child; a child who is ill is usually prone to temper tantrums, fits of anger, and crying.

- Help children overcome their feelings of insecurity, fragility or vulnerability.
- Prepare the class for the physical and emotional changes of the sick child and propose ways in which the classmates can be of help.
- It is also important to explain the illness to the rest of the class in an easily understandable manner. However, we must always have the permission of the parents and the child itself (depending on age), before informing others at the school.
- Adapt school planning to the child's needs. It is essential that teachers mark objectives, tasks and activities for children during their school absence, and coordinate a hospital/home work program.
- Be flexible, encouraging the ill child to achieve the same objectives of the syllabus as his/her classmates.
- Treat the child as normally as possible. With regard to discipline, a child with a serious illness can be just as naughty as a healthy child, and there is no reason to treat him any differently.

One of the most difficult tasks for a teacher is to find a balance between inadvertently placing excessive demands on a chronically ill child and making the mistake of being overly permissive. As a general rule, we can say that we should expect the same results from the sick child as from the other students; yet, there will always be some concessions which will have to be made, especially considering the fact that during treatments the sick child loses a lot of school time. However, once the treatment has finished, the child should be encouraged by the teacher to do his/her best. All the aforementioned is important if we want to ensure that our sick children are getting the best school experience possible.

### Conclusions

Resilience is a concept that has enormous potential for educational professionals (Neenan, 2009). It implies the positive dynamic response of forging ahead. It not only deals with the aspect of resisting but also permits reconstruction, thereby improving the quality of life for people and helping to make their future projects possible. Therefore, it is essential that the teachers promote resilience in their sick students through activities that favor self-concept, independence, the acceptance of others, and a sense of humor. Realistic objectives should be proposed and academic success should be encouraged. Teachers have a commitment with the welfare of these students which obliges them to take an active role (Muñoz & De Pedro, 2005) and become an essential key element regarding the prevention and intervention of adaptation problems that may be exhibited by a chronically ill student.

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