The Mental Health of Educators in Hospital Schools in The Gauteng Province

by

Ntlhompheng Marta Khaile

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Supervisor: Dr. Charity M SOMO

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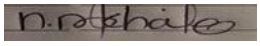
DECLARATION

I, Ntlhompheng Marta Khaile, with Learners Number 50955683, declare that this work titled “The Mental Health of Educators in Hospital Schools in Gauteng Province” is my own. All sources used have been properly acknowledged through complete references following the prescribed referencing style.

I declare that this dissertation has not been previously submitted for any degree at any other university. Any use of Artificial Intelligence (AI) has been fully disclosed and does not replace my own original research, independent critical thinking, and analysis. I further declare that I submitted the dissertation to the appropriate originality detection system endorsed by Unisa, and that it meets the accepted requirements for originality.



Signature

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ABSTRACT

Hospital schools play an important role in ensuring continuity of education for learners who are hospitalised for extended periods. However, educators working in these environments often face unique professional and emotional challenges that may influence their mental health. The purpose of this study was to explore the mental well-being of educators teaching in a hospital school.

This study adopted a qualitative research approach with a phenomenological design to understand the lived experiences of educators working within a hospital school context. Data were collected through semi-structured interviews with hospital school educators. A total of 12 participants were included in the study.

The study's findings revealed several key themes, including educators' experiences in hospital schools, the mental and emotional impact of the teaching environment, key stressors encountered in hospital settings, the perceived benefits of working in hospital schools, and recommendations for improved support systems. While participants reported challenges such as emotional strain, unpredictable teaching environments, and limited institutional support, they also highlighted positive aspects such as professional growth, a sense of purpose, and the opportunity to make meaningful contributions to the lives of these learners.

The study contributes to a deeper understanding of the mental health of educators in hospital school settings and highlights the need for institutional support mechanisms, including wellness programmes and professional support for educators working in such environments

Keywords

Children in Hospital Schools; Educators; Emotional Strain; Hospital Schools; Institutional Support Mechanism; Mental Health; Mental Well-being; Professional Growth and Support; Tutorial Lessons; Wellness Programme.

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CHAPTER 1: OVERVIEW OF THE STUDY

1.1 Introduction

Teachers have a strong influence on the lives of their learners, offering them knowledge, direction, and encouragement. However, educators themselves are not immune to the challenges and pressures of their profession, especially when teaching in unique settings such as hospital schools. The study aims to explore the mental health of educators teaching in a hospital school in Gauteng, South Africa. By understanding and addressing these needs, the researcher can provide better support for educators and ultimately enhance the quality of education for learners in hospital school settings. Hospital schools are specialised educational institutions that cater to the educational needs of children and adolescents receiving medical care in hospitals. These schools operate within the unique context of healthcare facilities, where learnersmay be facing serious mental health conditions, undergoing treatment, or experiencing emotional distress (Yenel et al., 2021)

Teachers are expected to deliver educational services to learners in the wards; they either go from bed to bed or provide multi-grade teaching. However, in large hospitals with advanced resources, such as Tygerberg Hospital, school learners are transported to the school building within the hospital, where a professional nurse will monitor them, and teaching and learning will take place. Teachers do not work normal hours compared to mainstream schools. They educate learners of all ages and levels, from Grade R to Grade 12. Their teaching style is often more casual, fostering a close and personal bond between the teacher and the learners. (Kruger et al., 2012). Figure 1 below shows examples of teaching in a hospital school setting.

Source: Pictures from open sources

Figure 1. Hospital school setting environments

Children in hospital schools follow the mainstream curriculum, and hospital teachers must constantly adjust the standard curriculum used in mainstream schools, since it is also used in hospital schools. Children in hospital schools are facing severe and ongoing health issues that pose significant threats to their lives. such as cancer, chronic heart and lung diseases, HIV/AIDS, and kidney failure. Hospitalisation and illness lead to distress as they experience long separation from family, fear of death, anxiety of illness, and loss of friends they may have gained in the hospital. The unfamiliar environment also affects their mood, as they become overwhelmed by the hospital setting. The type of medical treatment, medications, and procedures they receive may also exacerbate their fears, as they do not know how they will respond to them. These children are hospitalised for either a lengthy or short period of time, so there is also insecurity and anxiety surrounding the length of hospital stay (Robertson et al., 2020). Given the demands of this environment, learners in the hospital are physically, mentally, and emotionally strained and unwell.

This emotionally charged environment presents educators with a range of unique stressors, including psychological burnout, bereavement, and attending to the physical emergencies of ill learners. These stressors affect educators' mental health, teaching effectiveness, and job satisfaction. The mental health of educators directly influences the quality of education and support provided to learners in hospital schools. Educators experiencing high levels of stress, burnout, or mental health issues may struggle to engage with and support their learners effectively (Wong et al., 2017).

Job satisfaction in hospital educators significantly influences the quality of education (teaching and learning) and learners' outcomes. Instruction in a hospital context demonstrates an unusual role that of reinstating continuity to the lives of the children who are experiencing a sense of interruption caused by their illness and hospitalisation (Carstens et al., 2008). Educators are happy about the educational tasks carried out in the hospital, and the direct contact with clients and their families, along with learners' smiles, joy, and engagement in school activities, make the job fulfilling for them. Teacher retention in hospital settings is often influenced by working conditions, structural challenges, and inadequate space for schoolwork. Hygiene in some other medical wards is not maintained, and teaching in such an environment might pose a health risk. Teachers are also not equipped to use hospital resources, such as

adjusting beds when learners request during teaching and learning. These factors might prompt educators to seek a transfer to a mainstream school.

Cefai and Cavioni (2015) emphasised the importance of educators' mental well-being for their job satisfaction and overall functioning. By exploring the mental health needs of educators in a hospital school setting, the research aims to highlight the obstacles they face and to develop strategies to improve their overall well-being, teaching effectiveness, and job satisfaction. Addressing the mental health needs of educators aligns with broader efforts to promote educator well-being and retention. Studies have consistently shown that high levels of stress, burnout, and job dissatisfaction among educators can lead to educator attrition and a decline in educational quality (Agyapong et al., 2022). This study addresses a research gap regarding the mental health needs of educators in hospital schools in Gauteng, South Africa. Studies on educator well-being have been conducted in various contexts; research specifically focused on the mental health needs of educators in hospital schools in this region is scarce (Corrente et al., 2022). This research aims to generate insights relevant to the specific challenges faced by teachers in hospital schools in Gauteng by examining existing gaps.

1.2 Rationale for the Study

The mental health needs of educators in hospital schools have gained increasing recognition in recent years (McGorry et al., 2022). Teachers in hospital schools may become more susceptible to mental health challenges because of working under challenging conditions. Studies have shown that educators in high-stress environments are at risk of experiencing burnout, anxiety, and depression. (Smith & Shain, 2019). Furthermore, the unique context of hospital schools presents additional stressors that may exacerbate these mental health challenges. Kyriacou (2017) highlights the importance of addressing the well-being of these educators, as it is challenged by teaching in hospital schools. In turn, poor well-being undermines effective teaching and overall job satisfaction (McIntyre et al., 2020). This study will explore the mental health of the educators on a personal level, dealing with the emotional challenges of educating children facing serious illnesses and, at times,

death, as well as on a professional level, by continually adjusting teaching methods to accommodate the needs of these learners. As a former teacher at a hospital school,I experienced the unique demands and emotional complexities associated with teaching learners with serious medical conditions. This experience contributed to my interest in exploring the mental health experiences of educators working in a hospital school.

This study is crucial for several reasons. First, the mental health of teachers has a positive influence on teaching and learning outcomes. Teachers who are healthy are more productive, creative, and effective in their teaching. Consequently, addressing teachers' mental health is essential. Second, teachers in hospitals play a vital role in the education of hospitalised learners, making it important to retain these educators. High turnover disrupts learners' education, especially when their lives are already significantly affected. Therefore, teacher well-being directly influences learners' educational success, highlighting the importance of this research for both teachers and learners.Third, existing research has specifically examined the mental health and well-being of educators working in hospital schools. Carstens (2008), particularly within the South African and Gauteng contexts. While existing literature has highlighted the educational and emotional challenges associated with hospital schooling, less attention has been given to the experiences and well-being of educators who provide educational support to hospitalised learners. This gap provides a rationale for the present study, which seeks to contribute context-specific knowledge about the mental health and well-being of hospital teachers and the factors influencing their experiences. In hospital schools, educators play an important role in supporting the continuity of learning for learners receiving medical care.

1.3 Preliminary Literature Review

1.3.1 Mental health of teachers

Research consistently underscores the psychological pressures educators face, particularly those in specialised settings like hospital schools. Teachers, regardless of the setting, grapple with numerous stressors which, if left unaddressed, can lead to several mental health challenges such as stress and burnout (Greenberg et al., 2026),

depression and anxiety (Herman et al., 2018), and grief (Evanoff, 2020; Capone & Petrillo, 2020). Teaching in hospital schools presents unique challenges. Jones et al. (2018) conducted research with educators in paediatric hospital schools and found that they reported heightened stress levels. This stress stemmed from navigating the emotional demands of learners with serious medical needs and continuously adapting instructional methods to cater to their diverse medical situations. The following section examines the specific mental health requirements of teachers operating within a hospital environment.

1.3.2 Teacher stress and burnout

According to Greenberg et al. (2016), a significant portion of teachers report high levels of stress, which can contribute to teacher turnover, reduce instructional quality, and lead to burnout. A study by Smith et al. (2017) found that many educators exhibited high levels of stress, leading to symptoms of depression. Teachers in hospital schools experience emotional exhaustion and fatigue, as well as negative attitudes from other health personnel. Aloe et al. (2014) state that about 20% of teachers experience high levels of burnout symptoms, which influence their ability to teach effectively and connect with learners.

1.3.3 Depression and anxiety

Beyond the realms of stress and burnout, teachers face the challenges of depression and anxiety. Herman et al. (2018) found that the commonness of depressive symptoms among teachers can influence their teaching efficacy, and concurrently, stress often coexists with anxiety. With teachers juggling various responsibilities, from administrative tasks to adapting to the hospital setting as well as managing diverse medical wards, it is unsurprising that anxiety is a common challenge (Carstens, 2008).

1.3.4 Grief in hospital schools

Teachers in hospital schools often interact with learners who have serious, sometimes terminal, illnesses. This exposure to the possibility of learner loss can lead to anticipatory grief or actual grief when a learners passes away. Wenz-Gross and Upshur

(2012) highlight that educators, especially those in hospital settings, are vulnerable to grief due to the nature of their interactions with critically ill learners.

1.3.5 Support systems and resources

Educators in hospital schools require adequate support systems and resources to effectively manage their mental health. Research has identified various support mechanisms and resources that can contribute to their overall well-being. One crucial aspect of support systems for educators is the availability of emotional support from colleagues and Hods. A study by Kim and Kaufman (2018) emphasised the significance of collegial relationships and supportive environments in reducing teacher stress and burnout. Furthermore, a study by Farmer and Polnick (2018) highlighted the importance of school leadership and the role of administrators in fostering a positive and supportive work culture that prioritises the well-being of educators. A positive work environment contributes to better mental and physical health, reduced conflicts, employee satisfaction, and retention.

Besides social support, access to professional development programs and guidance plays a crucial role in supporting educators' mental health. Educator growth prospects focused on stress management, self-care strategies, and emotional well-being have been found to enhance educators' resilience and job satisfaction (Grant & Kinman, 2016). Providing educators with training in mindfulness and other stress reduction techniques can equip them with valuable tools for managing their mental health (Franz et al., 2019). Access to comprehensive employee assistance programs (EAPs) can support educators' mental well-being. EAPs offer confidential counselling services, resources, and referrals to support educators in addressing personal and work-related challenges (Cook-Cottone et al., 2017). These programs can provide educators with a safe space to discuss their concerns and access professional assistance when needed.

The literature highlights the value of self-care practices plus well-being initiatives that educators can engage in independently. Self-care activities such as exercise, relaxation techniques, and hobbies have been found to positively influence educators' mental health and reduce stress levels (Hakanen et al., 2019). Additionally, initiatives

that promote work-life balance, time management, and boundary-setting strategies can support educators in maintaining their overall well-being (Reisel et al., 2018). However, despite the importance of support systems and resources, challenges exist in their implementation and accessibility. Limited resources, time constraints, and lack of institutional support can hinder educators' access to necessary support mechanisms (Farmer & Polnick, 2018). Therefore, educational institutions and policymakers must prioritise developing and providing comprehensive support systems tailored to the specific needs of educators in hospital school settings.

1.3.6 Hospital schools

Hospital schools provide education to children and adolescents with chronic illnesses who must stay in hospitals for extended periods of time or regularly (Yenel et al., 2021). Hospital schools support children in regaining their academic skills through participation in standard school activities. By easing the stress of hospital stays, children are better able to cope, and hospital teachers work to ensure their return to school is as seamless as possible. Teachers play an important role in such situations, as they are qualified, committed to achieving 100% inclusivity, and there are no school fees.

1.3.7 Learners in hospital schools

These children, who have long-term or chronic illnesses and specific educational needs, often attend not only regular schools but also specialised institutions, such as hospital schools, which provide tailored instruction to meet their needs (Małkowska-Szkutnik et al., 2021). The exact structure and content of these educational activities depend on the type of illness, its treatment, and the frequency or duration of the child's absence. As a result, children with long-term or chronic illnesses constitute a highly specialised group. Parents have raised concerns about their children's need for emotional and social support alongside academic assistance. Research indicates that hospital schools can play a vital role in helping children maintain a sense of normality, and it is essential for teachers to recognise these needs when designing programmes and services for children managing chronic conditions (Małkowska-Szkutnik et al., 2021).

1.4 Theoretical Framework

This research framework is based on the Transactional model of stress and coping developed by Lazarus and Folkman (1987). Understanding how teaching operates in a hospital environment offers a strong basis for examining the daily stressors affecting teachers' mental health. Connecting Lazarus and Folkman's (1987) transactional stress model with the challenges faced by hospital teachers, their viewpoints on these issues, and the coping strategies they use captures the teachers' experiences and responses within this complex, unique setting.

1.5 Statement of the Problem

The literature review highlighted the mental health and well-being of educators in hospital schools, the specific stressors and challenges they face, and the support systems and resources available to them. Educators working in hospital schools face unique emotional and professional demands associated with teaching learners who are experiencing serious and chronic illnesses, including exposure to loss, grief, emotional strain, and challenging hospital environments. These demands may affect educators' mental well-being, job satisfaction, and ability to cope with their teaching responsibilities.At the same time, hospital teaching may provide educators with meaningful and rewarding experiences, including opportunities to support learners' educational continuity and well-being. Despite these challenges, the experiences of educators working in hospital schools require further understanding, particularly in the Gauteng context**.** This study will explore the mental health experiences of educators and aims to provide recommendations to improve teacher well-being and retention in hospital schools in Gauteng Province

1.6 Research Questions

Research questions serve a vital but unique function in academic research. Maxwell (2013) highlights that they are more than mere procedural steps; they are the heart of the research design, guiding both what is studied and how conclusions are developed.

- **Primary research question**

What are the mental health and well-being experiences of educators working in hospital schools in the Gauteng Province?

- **Secondary research question**

i. What are educators' experiences of teaching in hospital schools?
ii. What are the key stressors and challenges faced by educators in this specialised educational setting?
iii. How has working in a hospital school influenced the mental health of teachers?
iv. What are the key benefits gained by educators teaching in this specialised educational setting?
v. What are the mental well-being needs of teachers working in hospital schools?
vi. What strategies and interventions can be recommended to promote the mental health and well-being of educators in hospital schools?

1.7 Purpose, Aim, and Objective of the Study

Creswell and Creswell (2018) highlight that research objectives help to narrow the purpose statement and give specific direction to the research. Meanwhile, Saunders, Lewis, and Thornhill (2019) contend that well-crafted objectives ensure coherence by linking data collection and analysis directly to the study's core purpose. The primary aim of this research is to explore and understand the mental health needs of educators teaching in hospital schools in Gauteng, South Africa. Stressors that influence the mental health of these educators will be investigated. The following are the research objectives of this study:

i. To explore and describe the lived experiences of teachers working in hospital schools.
ii. To understand how employment in a hospital school context influences teachers' mental health.
iii. To explore the psychological, emotional, and professional support needs of teachers in hospital schools.
iv. To identify and describe the major stressors and challenges encountered by educators in this specialised educational setting.

v. To explore the personal and professional benefits associated with teaching in hospital schools.
vi. To formulate recommendations for strengthening mental health support systems and enhancing the well-being of educators working in hospital schools.

1.8 Research Methodology and Design

1.8.1 Research approach

The research approach describes the structured strategy and plan a researcher employs to address the study's problem and meet its objectives (Denzin & Lincoln, 2018). This study will adopt a qualitative approach. Qualitative research focuses on understanding participants lived realities, perspectives, and the meanings they associate with their experiences. It aims to explore the complexity of phenomena by collecting detailed narrative data through observations, interviews, and document analysis (Creswell, 2014). This approach is suitable for this study because it seeks to understand the subjective experiences related to the mental health needs of educators working in a hospital school in Gauteng, an area that has been underexplored in existing literature.

It is rooted in an interpretivist paradigm, which emphasizes how individuals derive meaning from their social contexts. This paradigm fits the current study as it seeks to understand hospital educators' experiences from their perspectives. A phenomenological design was chosen to specifically examine the lived experiences of educators in hospital schools. Consequently, the interpretivist paradigm establishes the philosophical foundation, the qualitative approach outlines the methodology, and phenomenology serves as the design for exploring these educators' experiences.

The researcher also seeks to understand the personal experiences educators derive from working with ill learners and how these influence their job satisfaction and sense of purpose. Hospital school working conditions can create a complex environment, making qualitative research valuable for collecting detailed insights into the specific stressors and challenges educators encounter in this unique setting. Therefore, by using a qualitative method, the researcher will gather detailed, nuanced data that reflects educators lived experiences, their coping strategies, and the resources they rely on.

1.8.2 Research design

A research design comprises a set of procedures and guidelines for addressing a research issue (Creswell, 2017). This study uses a phenomenological approach, which aims to explore human experiences through the detailed and meaningful accounts individuals share about their lived experiences (Denzin & Brink, 2003). Phenomenology concentrates on understanding subjects' perceptions and insights related to specific problems (Husserl Dare, 2018). It is well-suited for this research because the goal is to examine teachers lived experiences and the complexities affecting their mental well-being. Husserl (2018) describes phenomenology as providing a description of phenomena, including emotions, thoughts, and actions, blending the depth and essence of phenomenology with the detailed, context-rich analysis characteristic of this approach.

1.8.3. Research paradigm

This study adopted an interpretive paradigm to explore teachers' well-being while working with learners who are in hospital schools. Scholars describe a research paradigm as a collection of views that guide how a researcher understands reality, interprets meaning, and chooses methods (Guba & Lincoln, 2005; Lincoln et al., 2011). A paradigm offers a framework that influences the researcher's perspective on the phenomenon. In educational research, it reflects how the researcher perceives the problem, their beliefs, experiences, and values, shaping the formulation of questions. It also guides data collection and analysis methods, as well as the interpretation of findings. Denzin and Lincoln (2011) note that paradigms are human constructs that help researchers derive meaning from data.

Paradigms are important in research as they guide research outcomes and articulate underlying assumptions about reality (ontology), knowledge (epistemology), and values (axiology), which shape how the study must be conducted.

1.8.4 Data collection techniques

1.8.4.1 Population and sampling

Purposive sampling is the process of identifying and selecting specific individuals for a study who have personal experience of the phenomenon under investigation (Creswell, 2014). A purposive sampling strategy will be employed to select educators with first-hand experience of teaching in hospital school settings. This approach ensures the collection of meaningful data from participants who are most likely to provide insight into the complexities of the research topic (Guest et al., 2013). The strength of purposive sampling lies in its ability to yield focused, comprehensive insights from educators well-acquainted with the challenges and support structures inherent in hospital schools. To take part in this research, participants need to meet the following criteria:

- Educators teaching in a hospital school.
- Teachers should have been teaching at the school for a minimum of 2 years.
- Teachers should have obtained a teaching qualification from a recognised institution.

The following are the exclusion criteria for this study:

- Educators teach in mainstream schools.
- Learners teachers.
- Medical personnel working in the hospital school, nurses and doctors.this paragraph.,

Phenomenological studies typically involve small sample sizes to facilitate in-depth exploration of participants' experiences (Alhazmi & Kaufmann, 2022). Participants were recruited from three hospital schools in Gauteng Province. Five participants were recruited from each of the first two hospital schools while two participants were recruited from the third hospital, resulting in a total of 12 participants.

1.8.4.2 Research instrumentation

Open-ended questions initiate the interview with prompts like 'tell me about your experience,' allowing participants to guide the conversation independently. According to Mapp (2008), responses and discussions are then thematically analysed, with detailed descriptions of themes provided to interpret participants' experiences. Such questions are vital for this study as they encourage participants to express their feelings, challenges, and perceptions about their mental well-being in their specific

work environments. Throughout the interview, the researcher will use prompts to explore topics further and clarify answers as needed. Examples of open-ended prompts included the following:

- What's it like to teach in a hospital school?
- How would you describe your current mental well-being?
- What support do you have as a teacher in a hospital school?

1.8.4.3 Length of the interview and location

Interviews were conducted in person at relevant hospital schools in Gauteng Province, with proper safety measures in place to gather more detailed and tactical data. Each interview lasted between 45 and 60 minutes. The interviews were audio-recorded and then transcribed to facilitate accurate analysis.

1.9 Analysis of Data

Data analysis adhered to the phenomenological research process outlined by Alhazmi and Kaufman (2022), following these steps:

i. Transcribing participant interviews: The researcher used transcribing software called Fireflies to transcribe the audio-recorded interviews verbatim. The transcripts were read thoroughly to gain an understanding of the data.
ii. Developing a sense of the whole: The researcher familiarised themselves with the information collected from the participants and thereafter read the transcripts while listening to the audio recordings to assess transcription fidelity.
iii. Identifying meaning units for each participant's experience (horizontalisation): This refers to identifying key statements. The researcher outlined and extracted key statements that were related to the phenomenon, including statements, sentences, and paragraphs in each transcript, which were examined to verify relevance among participants.
iv. Clustering relevant units of meaning into groups: The researcher organised initial statements into theme clusters by grouping similar meanings into themes that matched common patterns across participant experience in the study.
v. Translating the meaning units: Data collected during interviews remained close

to what participants expressed in their own words, and the primary language used was English. However, some participants code-switch to another local language; it was not a problem. Following data collection, responses in another local language were translated into English while preserving the original meaning.

vi. Developing a textural description for each participant: The researcher combined all the ideas that resulted from integrating all the themes and meanings formulated into a description to generate an overall structure of the experience related to the study.

vii. Searching for essential structures that represent the entire textual description: The researcher ensured that shared common elements form a solid foundation for presenting findings that reflect the lived experiences of hospital teachers.

viii. Evaluating the textural description and structural themes of each participant: Formulating the fundamental structure involved removing repetition and reducing it to a clear summary of the phenomenon. The researcher summarised the core findings into a clear statement and removed redundancies to produce a concise description of the phenomenon.

ix. Synthesising the structure from all participants' accounts, the research diary, and the environmental photographs: This stage involved combining the data derived from the participants, the research diary, and the environmental photographs when interpreting the overall meaning of the phenomenon.

1.10 Reliability and Validity / Credibility and Trustworthiness

Addressing these criteria helps ensure the trustworthiness of a study's results. To enhance research quality, Lincoln and Guba's (2001) criteria for dependability, credibility, transferability, and confirmability were applied.

- Dependability

Dependability describes how consistent and reliable data remains across different times and situations. This will be confirmed by tracking data collected using rigorous data collection techniques and procedures, as well as analyses that are well-documented.

- Credibility

Serves as another aspect of internal validity, focusing on showing that the research was carried out with care and integrity. The researcher will ensure credibility through practices such as continuous observation and peer debriefing, in which another person provides feedback.

- Transferability

Refers to external validity in that it is determined by participants of the study based on their own subjective assessment. The researcher will check how closely the findings relate to their own circumstances based on the detailed descriptions.

- Conformability

Conformability focuses on ensuring that the data accurately reflects the participants' views and experiences, and that the researcher's interpretations are grounded in the data rather than influenced by personal assumptions or imagination (Lincoln & Guba, 2001). To decrease researcher bias and fully represent participants' experiences, the researcher will follow the analysis methodology precisely and employ member checking of the research findings. The researcher will also provide thick descriptions of participants' experiences in the research report.

1.11 Research Ethics

- Permission

Approval to conduct the research in government hospitals and schools was obtained from the Gauteng Department of Basic Education, and ethical clearance was requested and granted by the UNISA Research Ethics Committee before commencing the study.

- Informed consent

According to Neuman (2014), informed consent is an important ethical consideration in research. In this study, participants will be informed about the purpose of the research, their rights, and the voluntary nature of participation. They were allowed to withdraw from the study at any stage without any consequences. The researcher ensured that participants understood the consent form, had an opportunity to ask questions, and were aware that the study was conducted solely for academic purposes.

- Confidentiality

Another significant ethical issue the researcher will address is maintaining anonymity and confidentiality. As Kothari (2017) states, anonymity and confidentiality involve keeping participants shared information private and not revealing it publicly. In this study, the researcher ensured that participants' identities remained protected. This was achieved by using numbers instead of names in interview transcripts and assigning pseudonyms. Additionally, data will be securely stored to safeguard participants' identities.

- Data storage and management

The collected data will be securely stored on a password-protected laptop to ensure the safety and confidentiality of participants' information. Double password protection will be applied to any files that include participant-identifying information, such as an Excel spreadsheet holding demographic data. After confirmability, the data were anonymised at the conclusion of data collection. The anonymised data will be securely stored for at least five years after the completion of the study.

- Data utilisation

Anonymised data will be shared through the publication of research articles and in a master's dissertation for examination. This also includes presentations at local and international conferences, where it will be shared with academics and other professionals.

1.12 Study Limitations

The primary limitation of this study is the absence of psychometric assessments of participants' mental health difficulties. Instead, the study focused on understanding well-being through participants' personal subjective reports, without using objective mental health measurements. Future research should consider employing a mixed-methods approach to assess mental health more comprehensively.

1.13 Definition of Key Concepts

- Mental wellbeing

Baldwin et al. (2021) describe mental well-being as feeling good, functioning well, and maintaining meaningful relationships. Yet, in challenging times, the advice intended to boost mental health can sometimes appear overly simple or inadequate, leading individuals to feel their experiences are being ignored or downplayed.

- Educators or Teachers

In this study, the terms ‘‘teacher' 'and ‘‘educator '' are used interchangeably to refer to teaching professionals working in hospital schools.
Educators and Teachers are professionals engaged in teaching, instruction, and facilitating learning in educational settings. They include teachers, instructors, lecturers, and other educational professionals responsible for imparting knowledge, skills, and values to learners (European Commission, 2017). In this study, educators refer specifically to those teaching in a hospital school in Gauteng.

- Hospital school

A hospital school is a specialised educational institution within a hospital that provides education to learners unable to attend their regular schools due to medical conditions or hospitalisation. This study focuses on educators working in a hospital school setting in Gauteng.

- Children in hospital schools

These are children (referred to as learners) with long-term or chronic illnesses who have educational needs. In addition to attending a “regular” school, they attend schools such as hospital schools, where they can receive specialised instruction that caters for their needs (Małkowska-Szkutnik et al., 2021).

1.14 Layout of the Chapter

Chapter 1: Introduction - This chapter provided an overview of the study, including the background, research aims, objectives, and significance of the research on the mental health needs of educators teaching in a hospital school in Gauteng.

Chapter 2: Literature review - This chapter reviewed and analysed the existing literature on mental health among educators in hospital school settings, exploring the challenges they face, the influence on their well-being, and the support systems available to them. The theoretical framework presented theories relevant to the study, based on the analysis of the research aims and the existing body of knowledge.

Chapter 3: Research methodology - This chapter described the research methodology and approach, including the research design, data collection methods, sampling techniques, and ethical considerations.

Chapter 4: Discussion and interpretation - The findings from the study were discussed and interpreted in light of the existing literature, theoretical frameworks, and conceptual understanding of mental health among educators, providing an analysis and interpretation of the results.

Chapter 5: Conclusion and recommendations - This chapter summarised the key findings from the study, drew conclusions aligned with the research objectives, and offered recommendations for educational institutions, policymakers, and stakeholders to address educators' mental health needs in hospital school settings. It also highlighted the implications for practice and future research.

1.15 Summary of the Chapter

The chapter presented the background of the study, the research aim, objectives, research questions, and the problem statement. The preliminary literature review highlighted that educators' mental health and well-being are critical in the hospital school setting. The literature also emphasised the prevalence of stress and burnout among educators, the unique challenges they face, the need for mental health care systems and resources, and the potential benefits of evidence-based interventions. The proposed research methodology for the study was also outlined. The study highlights a key challenge faced by educators in this specialised setting on how their mental health and well-being directly affect learner outcomes. It emphasises the importance of promoting educator well-being and addresses the existing gap in the literature on the mental health of educators in hospital schools in Gauteng Province. By understanding and addressing the mental health needs of these educators, this research aims to contribute to their well-being. The following chapter will present a literature review in line with the research questions and objectives as outlined.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

The chapter sought to review literature on the mental health needs and key stressors of educators in hospital school settings, exploring the challenges they face, the influence on their mental well-being, and the support systems available to them. The conceptual framework for this research was based on the cognitive theory of stress and coping established by Lazarus and Folkman (1987). This model helped explain how people recognise, appraise, and react to daily challenges in their setting, as well as the coping mechanisms available to them.

2.2 Hospital Schools

Hospital schooling has existed in South Africa's health organisations since 1923, predating the establishment of hospital schools (García-Alvarez, 2017). In this respect, the first institutions providing such educational services were the Johannesburg Hospital (García-Alvarez, 2017). Hospital schools are specialised educational settings operating within the hospital context (Yenel et al., 2021; Tomberli et al., 2023).

Hospital schools are designed to ensure that hospitalised learners continue their education and stay connected with their peers at their regular school (Isiktekiner & Altun, 2011). These schools and teachers main objective is to reduce the anxiety caused by missing school (Keehan, 2021). During prolonged recovery times, children often attend hospital schools with hospital teachers (Keehan, 2021).

Carstens (2008) highlighted that hospital school settings differ from traditional public schools. Learning takes place at the bedside in small groups, depending on the learners's medical condition. Keehan (2021) notes that hospital schools are government-supported and aim to follow the same national curriculum as mainstream schools, ensuring continuity and preventing disengagement. Teachers in hospital settings help children regain academic skills while participating in familiar school activities, maintaining normalcy during treatment (Carstens, 2008; Steinke et al., 2016). Lemke (2004) states that hospital schools were created to fill instructional gaps when possible. According to Hen and Gilan-Shochat (2022), these schools protect the right to learning for hospitalised learners. Such schools have been established in

hospitals worldwide to ensure a functional society (Benigno & Fante, 2020). In many countries, specialised educators teach hospital learners, using the same curriculum as in regular schools (Hen, 2020; Benigno & Fante, 2020; Steinke et al., 2016).

2.3 Teaching and Learning in Hospital Schools - International and African Experiences.

International and African experiences in supporting teaching and learning in hospital school settings share similarities, but challenges and best practices vary accordingly. Hospital schools have been established worldwide, with various countries developing systems to support them (Pinel et al., 2021). However, many nations face maintenance issues such as funding shortages, limited staff, and inconsistent educational standards across hospital schools. A related study by Benigno & Fante (2020) found that several countries have enacted laws to regulate how organisations operate and allocate resources, ensuring effective teaching and learning in children's wards. Despite these efforts, Hoanzl (2010) emphasised the importance of recognising the roles of teachers and hospital schools. He also called on policymakers to improve these systems and increase financial support for hospital schools.

Castro Ibáñez (2023) notes that countries actively practising educational care programmes on paediatric wards aim to uphold children's right to education regardless of hospital context. In these settings, learners are treated as patients, which necessitates teachers to tailor educational programmes to each child's level. Caggiano et al. (2021) found that even in advanced countries with modern hospital school technology, their goals can be maintained during pandemics that threaten to disrupt teaching and learning.

According to McCarthy et al. (2017), the use of technology to support learners who cannot attend school due to illness cannot be overlooked. Similarly, Page et al. (2021) found that robotics was being piloted across countries in Australia, and mobile technologies with relevant digital pedagogies were introduced to help learners who could not attend school due to illness. The findings of McCarthy et al. (2017) highlight the incorporation of technology in hospital schools, demonstrating that a variety of teaching methods, including digital learning platforms, are applied to accommodate the diverse needs of learners with medical conditions.

A comparison of international and African experiences reveals that, while hospital schools aim to maintain educational continuity during hospitalization, available resources and systems vary significantly (Pinel et al., 2021; Benigno & Fante, 2020). Internationally, the adoption of digital technologies and structured educational-care programs has enabled educators to provide instruction despite medical challenges (Castro Ibáñez, 2023; Caggiano et al., 2021). In contrast, African contexts face constraints in funding, infrastructure, and ICT resources (Kruger, 2012). This indicates that South African hospital schools should enhance their resource provision and collaborative efforts between education and healthcare sectors. However, international models cannot be directly applied to South Africa without addressing local constraints and educational realities. Developing context-specific support systems for hospital-school educators and learners is essential.

These differences are particularly evident in African hospital-school contexts, where challenges include insufficient funding for training programmes tailored for hospital-school educators, inadequate infrastructure, and difficulties maintaining computers and ICT facilities. African hospital schools may also experience shortages of stationery, special-needs equipment, and other teaching materials. Kruger (2012) further emphasised that hospital-school principals may bear the responsibility of seeking sponsors to fund special-needs equipment and additional resources. These challenges illustrate that, although the educational needs of hospitalised learners are shared across contexts, the capacity to provide appropriate educational support is influenced by the availability of resources and institutional support.

The literature therefore indicates that, although hospital-school educators share the responsibility of supporting curriculum continuity with mainstream teachers, the context in which teaching occurs is substantially different. Hospital-school educators must adapt teaching to learners' health conditions, medical procedures, mobility restrictions and willingness to participate, which can result in interruptions or changes to the usual teaching routine (Caggiano et al., 2021; Carstens, 2008). Unlike mainstream school settings, hospital-school teaching therefore requires greater flexibility and responsiveness to the hospital environment. These contextual differences are important when considering the mental health of educators working in hospital schools, as the demands of teaching within a healthcare environment may shape their experiences differently from those of mainstream educators.

In the South African context, there is limited published research examining the key stressors and benefits associated with teaching in hospital schools. This gap in the literature highlights the need for further research into the experiences of educators working in these settings. The present study therefore seeks to contribute to this limited body of knowledge by exploring the experiences of educators in hospital schools in Gauteng Province.

2.3.1 Hospital schooling in South Africa

In a hospital school setting, infrastructure includes the organisational framework, physical facilities, and technological resources that facilitate curriculum activities within the hospital. Tomberli et al. (2023) noted that hospital schools differ from traditional schools in two main ways, i.e., the length of contact and their structure. This suggests that resources, especially those available to vulnerable hospital schools, are limited for learners in this environment. The physical setup for teaching and learning also varies, with learners often taught in their hospital beds (Rouse, 2022). Furthermore, Jiliberto & Alva (2025) highlighted that teachers in hospital schools must adapt to unique space and time conditions.

Kruger (2012) highlights that well-resourced hospital schools serve as centres for supporting education and learning for hospitalised learners, offering facilities such as a computer lab, a small library, and a playroom. This mirrors an experience in which one hospital school conducted benchmarking at another hospital school in Gauteng; however, many learners couldn’t participate in outdoor activities due to their health conditions. Consequently, teachers had to teach these learners from bedside. This underscores the need for hospital teachers to be flexible, inventive, and adaptable to the unique environment of hospital schools.

2.3.2 Instructional methods and curriculum

Teaching in hospital schools, as described by Hen (2020), is delivered by qualified teachers who follow the same curriculum as mainstream schools; however, existing studies have not addressed the quality of curriculum activities, and there remains a lack of consensus on their monitoring. It is impossible to be on a par with the curriculum of the child's original mainstream school; therefore, an individual approach is used (Caggiano et al., 2021), and teaching sometimes occurs in small groups to ensure learners are engaged with the curriculum. Sometimes, hospitalised learners are unable to move due to medical drips or their health condition. Educating learners in a hospital school environment is different from teaching in a typical public school (Carstens, 2008). Educators in this context do not work normal hours; they may spend a day without engaging in any teaching and learning activities, and the child is neither forced to participate nor penalised for not wanting to participate. This gap is significant; future studies should explore detailed monitoring of the curriculum and accountability within hospital schools.

2.3.2.1 Teaching aids and practical activities in a hospital school

Teaching aids are resources that enhance the learning process. Incorporating images to support teaching and audio-visual tools helps learners to visualise content more effectively (Ordu, 2021). Bóo, Rodríguez, and Torres (n.d.) pointed out that hospital classrooms are designed to meet the educational needs of hospitalised learners. However, some teaching aids, like science experiments or observations, cannot be used in hospital wards due to the hospital environment and the child's condition.
This is a clear and real challenge, as it could cause complications for the child or other patients in the same ward. ICT gadgets are acceptable when demonstrating practical activities to learners in hospital schools. Teachers use a variety of approaches to align curriculum activities, such as providing families with educational packs to support learners after lessons (Rouse, 2022). This highlights the need for hospital schools and teachers to have a diverse range of tools and methods to ensure learning continues smoothly and to support learners' health needs while maintaining academic standards. Carstens (2008) and Keehan (2019) described the typical daily tasks of hospital teachers, which include, but are not limited to:

- Taking learner statistics of all school-going learners in the hospital, as well as checking the condition of the child to determine if they will be fit to engage in learning activities.
- Introduce the hospital schoolteacher to newly admitted school-going patients (learners) and their families.
- Communicate with the mainstream teachers of the admitted learner to obtain information on how far they are with the curriculum.
- Estimate or confirm with the medical doctor the duration of hospitalisation.
- Plan and implement a suitable learning programme for the learner and send the learner's portfolio containing his or her work at the end of the hospitalisation.

Given these tasks, Kruger et al. (2012) and Jiliberto & Alva (2025) highlighted the features of hospital schools, which include, but are not limited to:

- Focusing on more than just the children's identities as patients but as learners.
- Offering education across various grade levels and accommodating different languages if a learner is not fluent in English.
- Creating individualised education plans that align with the national curriculum.
- Enhancing learning through artistic activities and targeted interventions.
- Having a smaller number of learners compared to mainstream schools.

In South Africa, the Department of Basic Education uses the Screening, Identification, Assessment and Support (SIAS) policy to identify barriers to learning and provide appropriate support to learners experiencing barriers to learning (Department of Basic Education, 2014). However, the SIAS policy does not specifically provide detailed guidance on the educational needs of learners who are temporarily hospitalised and require continued access to education during medical treatment. This highlights a potential gap in policy guidance regarding the education of hospitalised learners. Hospital schooling occurs at the intersection of education and healthcare, requiring educators to provide learning within an environment influenced by healthcare procedures and requirements. Factors such as access to learners, infection-control measures, communication with healthcare professionals, and the availability of appropriate teaching spaces may influence the delivery of education. Consequently, effective hospital schooling requires collaboration between education and healthcare

services to support educational continuity for hospitalised learners. Greater attention to the specific educational needs of hospitalised learners may therefore strengthen the coordination between these sectors and provide clearer support for educators working in hospital-school settings

2.3.2.2 Teacher-learner relationships/dynamics in hospital schools - Continuity and Normality in the Hospital School

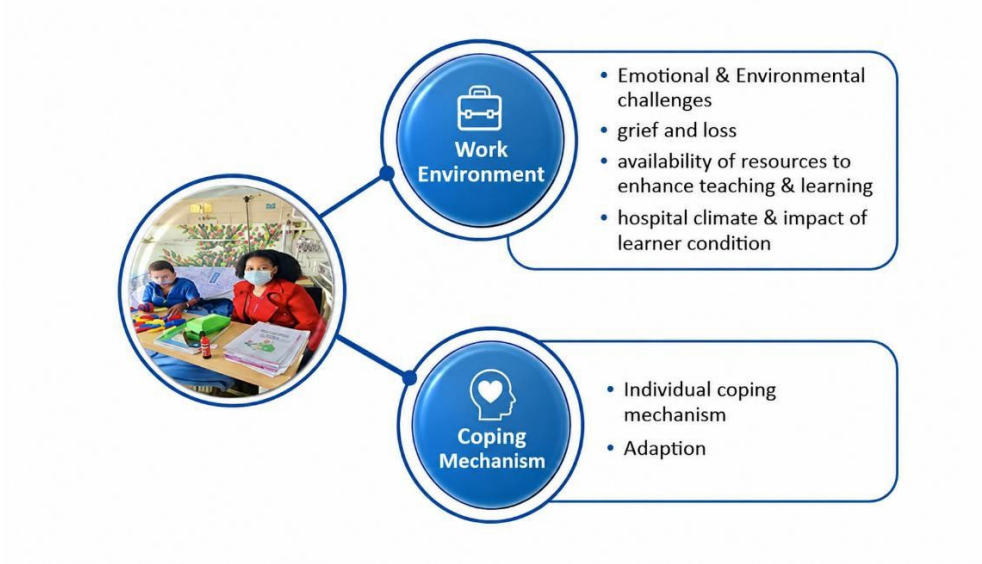
The teacher-learner relationship in a hospital school tends to be more personal and supportive than in mainstream schools, mainly because the learners are often dealing with chronic or recovering illnesses (Jiliberto & Alva, 2025). Consequently, teachers in these settings are compassionate, understanding, and patient. Studies indicate that this close relationship goes beyond just handling curriculum activities, highlighting the strong bond between teachers and learners.

Hospital teachers provide emotional support to learners, helping them temporarily forget their hospitalisation. According to Ranković (2019), learners often experience feelings of joy and relief, temporarily forgetting their illness. Benigno & Fante (2020) highlight that these teachers offer counselling without formal training, which can lead to emotional exhaustion. Therefore, strategies to cope with the emotional challenges of these conversations are urgently required. Flexibility is essential for hospital teachers to function effectively. As noted by Benigno and Fante (2020), they need to plan relevant lesson activities, teach across various grades and subjects (Carsten, 2008), and most importantly, respond to learners' academic and emotional needs. This adaptability helps protect learners' well-being and ensures their progress through the curriculum (Jiliberto & Alva, 2025). Given the unique environment, lesson plans often require modification or postponement if a learner's health worsens. This situation demands that educators remain flexible and adjust their strategies accordingly.

2.4 Factors Influencing Teacher Well-being in Hospital Schools

Figure 2 presents a conceptual framework that illustrates two related dimensions of the lived experiences of educators in hospital school settings. The first dimension, 'Work Environment' describes the contextual and working conditions that teachers

face, including emotional and environmental issues, experiences of grief and loss, the availability of teaching and learning resources, as well as the influence of hospital climate and the medical condition of learners on the actual teaching of the curriculum. The second dimension, 'Coping Mechanism', describes how teachers cope under these stressful conditions, including individual resilience, psychological adjustment, and professional adaptation.



Source: Own Composition (2026)

Figure 2: Factors influenceing teacher mental health in hospital school

The framework shows that hospital school teachers are working in a unique educational model where occupational challenges and emotional stressors are closely linked, so that effective coping strategies are necessary to achieve and sustain well-being and professional effectiveness. This framework illustrates an understanding of the intricate relationship between occupational problems and how educators attempt to support their mental health, morale and devotion to their practice in specialised teaching environments.

2.4.1 Mental stressors facing educators teaching in this setting

The concepts of stress, burnout, grief, compassion fatigue, anxiety and depression are related but distinct. Stress refers to the psychological and emotional response to demands or pressures, whereas burnout is specifically associated with prolonged, work-related stress that has not been effectively managed (World Health Organization [WHO], 2019; Brunsting et al., 2014). Grief refers to the emotional response to loss, which may

be particularly relevant to hospital teachers who experience the death of learners (Shore, 2019). Compassion fatigue refers to the emotional strain that may arise from repeated exposure to the suffering of others (Mottaghi et al., 2019; Shore, 2019), while anxiety and depression are distinct mental health conditions that should not be assumed solely from experiences of stress, sadness or emotional exhaustion. In the context of hospital-school educators, these concepts provide different ways of understanding the emotional experiences associated with teaching learners with medical needs and exposure to illness and loss.

2.4.2.1 Grief and loss

Małkowska-Szkutnik et al. (2021) examined the needs of educators in hospital schools, finding that the death of learners is extremely difficult to handle. Even after years of experience, it remains deeply emotional and often resurfaces. Educators in hospital schools teach ill patients (learners), who, unfortunately, may pass away (Steinke et al., 2016). Research by Grandi, Rizzo, and Colombo (2023) shows that repeated exposure to trauma and accounts of traumatic events can lead to secondary traumatic stress, especially among professionals working closely with trauma survivors. Such exposure represents a significant occupational risk, because workplace trauma may negatively influence mental and physical health, frequently resulting in conditions like anxiety and depression (Grandi et al., 2023).

Shore (2019) describes grief as intense emotional sadness from losing someone. Teachers working in hospital schools experience grief themselves. Witnessing grief can trigger their own feelings of loss. As a result, hospital teachers are often affected by the surrounding sadness and may find their own grief surfacing during work. Amanda (2022) observed that teachers frequently experience grief privately, with limited support available for those mourning. Małkowska-Szkutnik et al. (2021) noted that the death of these children (learners) is deeply distressing for hospital teachers; thus, they need to confront their own losses to effectively handle situations where bereavement is a significant issue.

Teachers may find it emotionally challenging to witness a decline in learners' health or

to experience their final loss. Isiktekiner-Altun (2011) noted that coping with the grief of a learner's death is painful, with educators often expressing suffering, shock, disbelief, and anger over the loss of a young life. Lemke (2004) found that facing a learner's death is a heartbreaking part of working with children who have medical needs, and this has been identified in the literature as a significant difficulty for educators working in hospitals.

2.4.2.2 The emotional toll of working with medically fragile learners.

Emotional burden includes feelings of stress, overwhelm, and hopelessness within a work environment (Distaso & Shoss, 2020). For educators, anxiety constitutes an emotional strain caused by various workplace challenges, potentially impairing their ability to perform effectively. Potter (2021) also notes that emotional strain involves both surface acting (SA) and deep acting (DA) to display the emotions expected when engaging directly with others.

This reflects the emotional toll hospital teachers experience when working with medically fragile learners. When these challenges are left unattended, hospital teachers are at risk of emotional exhaustion (Jiliberto & Alva, 2025). Teaching ill children exposes educators to intense emotional stressors. Seeing the suffering and the final loss of young learners can lead to grief, compassion fatigue, and indirect trauma among teachers. Carstens (2008) stated that working with sick learners at the hospital school can be emotionally challenging because educators face unforeseen situations and often experience mixed feelings while on duty (Bodenheimer & Shuster, 2020). For instance, when engaging with their learners, they must offer support and show understanding of their medical conditions while maintaining continuity of learning.

Hen (2020) and Keehan (2019) highlighted that emotional difficulties are the main challenge for hospital teachers in their work setting. Małkowska-Szkutnik et al (2021) observed that working as a hospital teacher is stressful; when instructing a learner with a chronic condition, they face difficult emotions and find it hard to manage them. Research by Shore (2019) outlined that interacting with terminally ill learners can be emotionally exhausting for educators. Witnessing the grief and potential loss of a

young learner can trigger feelings of unhappiness and helplessness among teachers, affecting their mental well-being. Shore (2019) also noted that hospitalised school learners are sometimes in pain, either emotionally or physically, which can disrupt teaching and learning. This puts pressure on educators to provide emotional support to their learners, even though they are not trained to offer such professional services. These teachers and learners eventually develop emotionally close relationships, and the emotional risks arise throughout the lesson (Tomberli et al., 2023).

Teachers are expected to manage learners' emotional instability (Ávalos & Fernández, 2021) and offer psychological support. They often express their roles through strong, intense, and fluctuating emotions. According to Ávalos and Fernández (2021), another study by Isiktekiner and Altun (2011) found that teachers aim to keep these learners motivated enough to mitigate the traumatic effects of illness. However, sharing learners' problems and caring for them proved to be emotionally draining for teachers, especially in hospital schools. Hen (2020) interviewed fifty hospital teachers, discovering that while most found working in a hospital school to be rewarding, challenging, uplifting, attractive, supportive, and meaningful, they also reported it as being tough, stressful, and overwhelming to manage.

2.4.2.3 Dealing with empathy and compassion fatigue

Rouse (2022) defines empathy as the ability to recognise other people's feelings. In this study, hospital teachers demonstrate an understanding of the complex emotions that learners and families experience, and empathy plays an important role in nurturing these relationships. This enables them to build trust and receive the support they need. Empathy is a vital emotional skill that teachers continually employ. However, Mottaghi et al. (2019) and Shore (2019) emphasise that a deep understanding of compassionate empathy is critical in hospital education settings, not only to support learners and families but also to safeguard teachers' well-being. This evidence indicates that teachers extend high levels of empathy without adequate self-awareness or support; they risk becoming overwhelmed and losing perspective, which can impair their ability to cope effectively in the workplace.

Quluzada (2024) notes that feelings of hopelessness and helplessness can heighten

negative emotions regarding one's ability to manage workplace pressures and challenges. For hospital teachers, this may lead to feeling obstructed by tough circumstances, especially when they perceive themselves as unable to affect their learners' medical conditions. In such a demanding setting, empathy and care become important pedagogical strategies, enabling teachers to turn their relationships with families into productive partnerships.

Hospital school teachers need to develop and sustain empathetic skills while working with seriously ill learners and their anxious families (Shore, 2019). Managing feelings of sympathy alongside the practical demands of care can be difficult, often causing teachers to internalise their learners' stress and suffering. This can negatively affect both teachers and learners, as a lack of ongoing empathy and support may deprive them of essential emotional and educational care (Hen & Gilan-Shochat, 2022).

2.4.2.4 Teacher stress and burnout

Burnout, as defined by the WHO (2019), results from long-term work-related stress that hasn't been managed effectively. It manifests as exhaustion, detachment from work or colleagues, and a sense of not achieving anything meaningful (Brunsting et al., 2014). Teacher burnout is a concern in many educational settings, particularly in hospital school settings, where teachers engage in emotionally taxing conversations with families and learners. This work demands a high level of professionalism, as it requires teachers to balance empathy with curriculum activities (Potter, 2021).

Burnout may intensify among teachers experiencing continuous, emotionally demanding, and interactive stressors (Ashby, 2024), especially for those in inclusive and special education settings (Candeias et al., 2021). These findings suggest that in hospital school environments, unresolved stressors can elevate the risk of burnout, resulting in emotional exhaustion or mental health issues. This gap in the literature concerns how hospital teachers experience and cope with burnout, especially in the South African context. Most studies focus on mainstream schools, leaving hospital teachers in complex settings like hospital schools underexplored. This study aims to explore teachers' experiences with daily stressors, emotional challenges, and available support, offering insights into their emotional well-being and immediate

needs.

2.4.2.5 Depression and anxiety among hospital teachers

Research consistently shows that teaching professionals often exhibit symptoms of anxiety and depression, with special education teachers being influenceed and affected the most (Potter, 2021). Hospital educators encounter unique challenges that can negatively influence their mental health. For example, Konieczna (2019) discovered that hospital teachers face a high risk of depression and anxiety because witnessing children's pain and suffering can trigger feelings of vulnerability and existential distress. Likewise, Isenbarger and Zembylas (2006) highlighted that the unpredictable and often traumatic nature of learners' conditions in hospitals can intensify teachers' anxiety and stress, particularly when working with terminally ill children.

2.5 Coping Strategies and Interventions to Promote the Mental Health of Hospital Educators

Coping strategies are the available mental support structures that people use to manage stress. Functioning coping strategies relate to improved mental and physical health outcomes and can help lower burnout levels (McNally, 2020). However, South African hospital teachers often feel unsupported when dealing with the emotional demands of teaching children with life-threatening conditions. Existing literature suggests that individual and organisational coping strategies can help mitigate poor mental health outcomes for these educators.

2.5.1 Individual coping mechanisms.

Adequate sleep remains widely recognised as an essential part of managing stress. Sufficient rest supports mental and physical recovery, equipping teachers with the energy and resilience needed to face daily challenges (McNally, 2020). In addition, prayer has been identified as a beneficial strategy for educators working in special settings. Sharp-Donahoo et al. (2018) found that praying improves stress

management and spiritual well-being, providing individuals with a sense of support and guidance. Educators who work with vulnerable learners and engage in prayer reported increased resilience, improved teaching effectiveness, and greater job satisfaction. Self-care also plays a critical role; Shore (2019) emphasised that healthcare personnel in hospital school settings must proactively manage their emotional well-being to prevent burnout. Saloviita and Pakarinen (2021) also noted that effective personal coping strategies can protect teachers from burnout. McNally (2020) outlined additional methods for reducing stress, including peer support, mentoring programmes, meditation, and physical activity.

2.5.2 Organisational support.

Research highlights the importance of institutional support in reducing teacher anxiety. Hen (2020) and Małkowska-Szkutnik et al. (2021) found that hospital teachers often lack training to cope with the emotionally taxing aspects of their roles. Implementing mentoring programmes can provide critical support and help reduce stress (McNally, 2020). Such programmes enable less experienced teachers to learn from experienced colleagues and offer opportunities for peer debriefing, which can boost self-esteem and provide practical solutions to work-related challenges (Dias-Lacy & Guirguis, 2017).

Amanda (2022) notes that insufficient institutional support can lead to unsupported grief, in which teachers' emotional pain remains hidden and unrecognised, forcing them to cope alone. Berryman (2022) recommends integrating trauma-informed approaches and pre-service training on grief and loss to better prepare hospital educators. Benigno and Fante (2020) argue that well-designed coping interventions, including counselling, support groups, and training in emotion-focused and problem-focused strategies, can be particularly beneficial in the hospital context. Shore (2019) also highlights the need for hospital school supervisors to actively prioritise teacher well-being. Małkowska-Szkutnik et al. (2021) reported that many teachers indicated a need for training in managing stress, especially when supporting chronically ill learners. Access to clinical interventions has also been suggested to be essential for helping teachers process grief and bereavement (Potter, 2021; Lemke, 2004). Despite these recommendations, research remains limited on which coping methods are most

effective for hospital educators in developing resilience (Małkowska-Szkutnik et al., 2021).

McNally (2020) emphasises that policymakers and senior school administrators must recognise the causes of anxiety among special education teachers and implement targeted support measures. Although there are numerous resources on teacher stress and coping, few specifically address the needs of special educators in unique settings such as hospital schools. Continued research in this area could equip decision-makers with the knowledge to better support educators and reduce stress-related challenges in these demanding contexts.

2.6 Theoretical Framework

This research framework is based on Lazarus and Folkman's (1987) Transactional model of stress and coping. Analysing how teaching operates in a hospital environment helps build a solid understanding of the daily stressors affecting teachers' mental health. The connection between the stress model, the challenges faced by hospital teachers, their perspectives on these issues, and the coping strategies they employ reflects their experiences and responses within this unique and demanding environment.
Mar et al. (2017) emphasise this theory, which highlights two main processes that influence how a person interacts with their environment, namely cognitive appraisal and coping strategies. Cognitive appraisal is essential in understanding stress-related interactions because it involves a person's emotional reactions. This process relies on how an individual perceives and accepts the outcomes of unexpected events. In this framework, stress is viewed as a dynamic interaction between the individual and their environment, shaped by external stressors.

The theory describes mental stress as an interaction with the environment that is seen as crucial to a person's well-being, especially when the pressures involved exceed their available coping resources (Lazarus & Folkman, 1987). A study by Biggs et al. (2017) emphasises that the transactional theory of stress and coping remains an important and foundational framework in understanding psychological stress and coping across many fields. Consequently, this theory is appropriate in this context, as teachers experience psychological stress in their work environment. The discussion

focuses on the mental health of educators, examining their daily stressors and coping strategies as they teach unwell learners in a hospital school.

Lazarus and Folkman's (1987) stress and coping theory describes how personal experiences influence emotions. It proposes that stress results from the interaction between people and their environment, rather than from the events alone. The theory highlights that mental stress is not directly caused by external obstacles, but by how a person perceives and reacts to mental stressors within their situation. The following are the key components of this model:

- Primary appraisal involves individuals determining whether their work conditions threaten their mental health. For example, hospital educators might see the health of their learners, emotional demands, or workplace conditions as potential sources of mental stress.
- Secondary appraisal assesses the coping mechanisms available to manage mental stressors in the environment. If these strategies are ineffective in reducing perceived stress, the individual is likely to experience high stress levels. Conversely, when resources and strategies are effectively utilised to support those in stressful environments, mental well-being is maintained, and stress decreases. However, educators in hospital schools often lack support, which can pose risks if not properly addressed.

Hospital teachers often face high emotional exhaustion due to experiencing the death and loss of learners, witnessing declines in learners' health, and working in unpredictable conditions. These educators might feel emotionally overwhelmed and experience stress and emotional strain without proper support. However, if they can manage their mental stressors and access sufficient wellness resources, they are more likely to see these challenges as manageable.

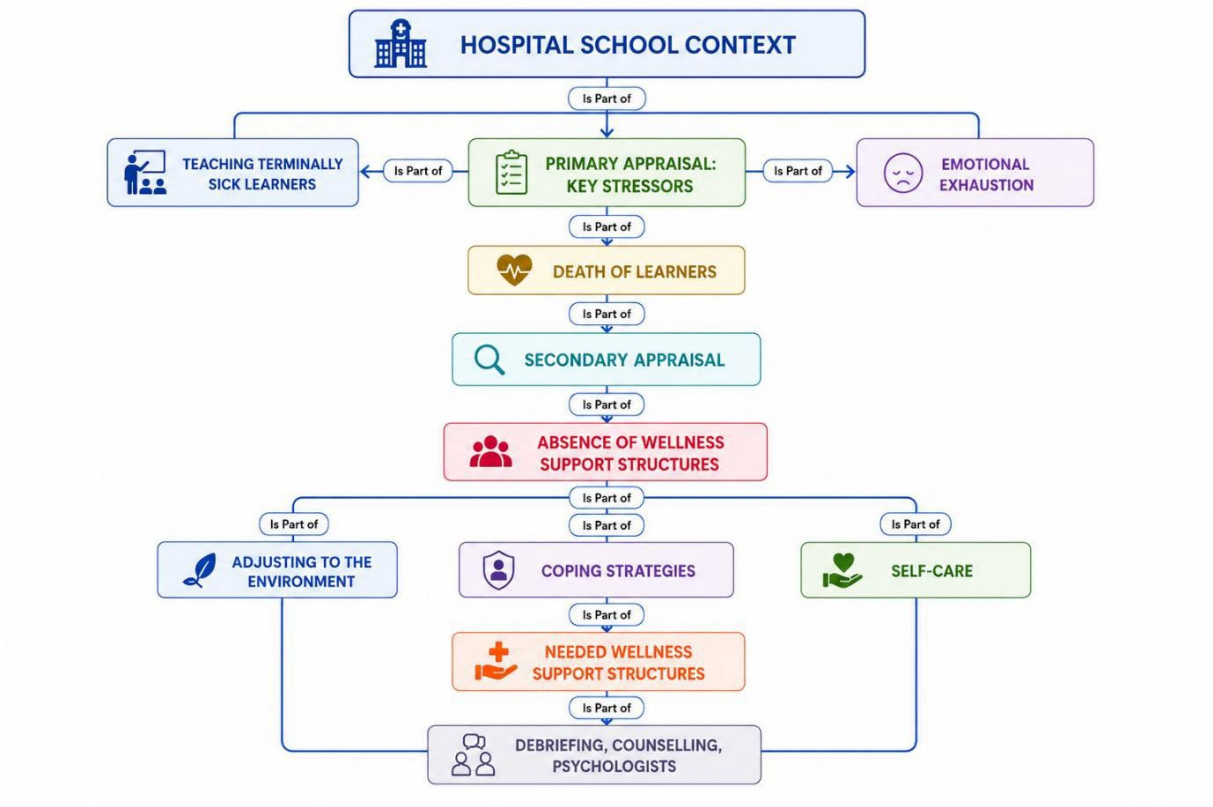
The co-management mechanism consists of mental and physical processes used to handle stress (Kivak, 2020). When facing stress, individuals go through two phases in response to the situation, and intervention becomes necessary. Lazarus and Folkman (1987) identified the following strategies for addressing mental stressors across various fields.

- Problem-Focused Coping involves directly concentrating on stressors to

eliminate or alleviate them. It also entails seeking solutions, such as professional development or institutional support, to handle stressors. In the hospital school, educators adapt to learners' medical conditions and work together with medical personnel, which is a contextual factor. This theoretical model of stress helps the study highlight the critical aspect which affects educators in a hospital school context, who need mental well-being support systems from their institutions, as well as training to manage mental stressors in their complex environment more effectively.

- Emotion-Focused Coping focuses on managing emotions through self-care, peer support, or therapy when stressors cannot be changed. Hospital teachers need to be mindful of their emotional responses to stressful situations, and if coping is unsuccessful, chronic stress and burnout may develop. Therefore, hospital teachers rely on self-care, prayer, and individual consultation with private counselling.

The hospital school triggers key stressors, and hospital teachers appraise them, creating a need for coping strategies. Figure 3 depicts the framework of the conceptual model, which connects and illustrates the relationship among the workplace stressors, appraisal processes, coping mechanisms, and wellness support needs among educators in hospital school environments. Based in the context of hospital educational settings, the framework illustrates that teaching terminally ill learners, learner mortality exposure, and emotional exhaustion are key stress factors shaping educators' experiences. Teachers assess through primary and secondary appraisal of these challenges and develop coping strategies (self-care, environmental adaptation). The framework also emphasises that the presence or absence of wellness support structures (debriefing sessions, counselling services, psychological support) contributes to promoting educator well-being and resilience. The model represents the contribution of a variety of dimensions which influence teachers' psychological adaptation and professional sustainability in specialised hospital-based settings.



Source: Own Composition (2026)

Figure 3. A conceptual framework for understanding how hospital environments affect the well-being of teachers working within hospital settings.

2.7 Summary of the Chapter

Teaching in hospital schools can be stressful for educators working in these environments. Although hospital schools differ from mainstream schools, there has been limited research on how they operate (Keehan, 2021). No published studies have specifically examined the mental health of teachers working in this unique environment, particularly in hospital schools within Gauteng Province. The emotional toll experienced by teachers in this context cannot be overlooked. Therefore, recognising the prevalence and influence of depression and anxiety among teachers requires practical measures to support their mental health. Teachers will be better equipped to fulfil their roles successfully and compassionately in the service of their learners' well-being. Understanding the mental health challenges faced by educators in hospital schools is essential to establishing effective support systems. The next chapter discusses the research design and methodology.

CHAPTER 3: RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

This chapter describes the study methods, procedures, and approaches. It also discusses the chosen research paradigm and design, as well as the rationale for selecting a qualitative approach. That guided the process for gathering and examining primary data from participants. The chapter further discusses how participants were selected and explains the data management and interpretation processes. Furthermore, a detailed explanation of the ethical considerations and how the quality of the research was ensured.

3.2 Empirical Study

The research onion shown in Figure 4 serves as a visual guide that assists researchers in navigating the various layers of decisions involved in designing a research project. According to Saunders et al. (2023), the research onion offers a systematic and structured method for developing a comprehensive and well-defined methodology. Each layer of the onion represents a different component of the research design process. Researchers must carefully peel back each layer in sequence to develop a suitable research strategy. Below is an explanation of each layer, from the outermost inward. The research onion was used in this study to conceptualise and guide the research methodology.

i. Research philosophy

This is the outermost layer and forms the base of your research strategy. It reflects the researcher's core beliefs and assumptions regarding the nature of knowledge and the proper way to acquire it (Saunders et al., 2023). Typical research philosophies incorporate positivism, interpretivism, constructivism, and pragmatism. The philosophical framework of this study is interpretivism, which seeks to highlight participants' lived experiences and the meanings they make from them. The interpretivist philosophy was considered appropriate because it enabled the

researcher to explore educators' experiences of mental well-being in hospital schools from the participants' personal narratives and interpretations.

ii. Research approach

This layer addresses the general methodology for reasoning that will steer your research. The three primary approaches are deductive, inductive, and abductive. The study followed an inductive approach, which was appropriate for this study because it enabled the researcher to understand the lived experiences as they emerged from the data.

iii. Methodological choice

The research onion framework offers a systematic way to design studies, with the chosen methodological approach, whether mono-method, multi-method, or mixed-method, playing a key role in shaping data collection and analysis strategies. According to Saunders et al. (2023), these approaches vary in their use of qualitative and quantitative methods. The study used a qualitative approach, which facilitated the collection of rich, detailed data that addressed the research objectives.

iv. Research strategy

This layer describes the overall plan or approach used to conduct the research. Research strategies may include experiments, surveys, case studies, ethnography, action research, grounded theory, archival research, and phenomenology. A phenomenological research strategy was adopted in this study.

v. Time horizon

This layer pertains to the timeline of the research project. A researcher has the option to select either cross-sectional or longitudinal studies. This is applicable to quantitative research, not qualitative research. The researcher conducted all qualitative interviews during the same period.

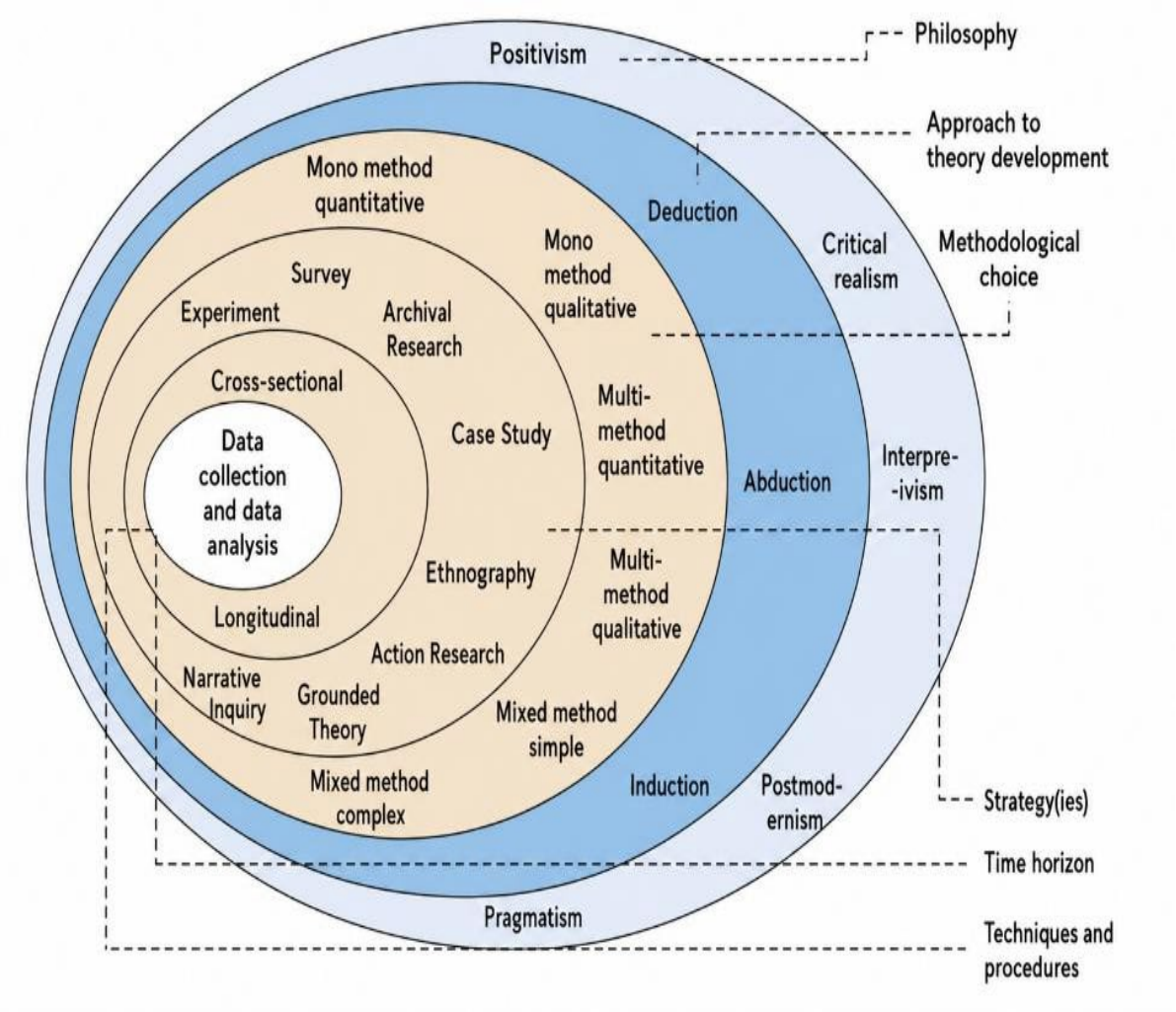
vi. Data collection methods

This layer outlines the techniques used to collect data for your research. Common methods include using questionnaires, conducting interviews, making observations, and analysing documents. The study collected data from the participants through

semi-structured interviews with educators teaching in hospital schools. Semi-structured interviews were considered appropriate because they provided participants with the opportunity to describe their lived experiences, perceptions, and feelings regarding their mental well-being in their own words. This method also enabled the researcher to probe for further information and gain a deeper understanding of the participants' experiences

vii. Data analysis

This is the core layer focusing on the methods for analysing your collected data. The selection of analysis techniques depends on the data type and research goals. Common methods include statistical analysis, thematic analysis, content analysis, and discourse analysis. In this study, the interview data were analysed using a phenomenological approach as described by Alhazmi and Kaufmann (2022). Details of the analysis is described below.



Source: Saunders et al. (2023)

Figure 4. The research onion

3.3 Research Paradigm

This study is grounded in the interpretive paradigm, which aligns with its objective of exploring the mental health experiences of educators who teach chronically ill children. Scholars define a research paradigm as a set of beliefs that guide how a researcher understands reality, interprets meaning and makes methodological choices (Guba & Lincoln, 2005; Lincoln et al., 2011). It provides a context that shapes how the researcher views the phenomenon under investigation. In educational research, it describes how the researcher thinks about the problem, including their beliefs, experiences and values, which inform how questions are asked. It also encompasses the methods for collecting and analysing data, as well as how results are interpreted. Denzin and Lincoln (2011) suggest that paradigms are based on human constructions or on a set of beliefs that help the researcher make meaning from the data.

The Mental Health Of Educators In Hospital Schools In The Gauteng Province. Paradigms are important in research as they shape research outcomes and provide underlying assumptions about reality (ontology), knowledge (epistemology), and values (axiology) that guide how the research must be conducted, thereby ensuring the coherence and credibility of the study.

Ontology in research concerns the assumptions about the nature of the phenomenon being studied and whether reality exists independently or is socially constructed through human experience (Guba & Lincoln, 2005; Lincoln et al., 2011). Interpretivism states that meaning is created by individuals based on their experiences (Kuma, Tongo & Muzata, 2021). This study employs interpretivism to explore how hospital educators interpret and derive meaning from their work with hospitalized learners and how this influences their mental health. Ontologically, teachers form meanings from their experiences of educating hospitalized children, which influences their mental well-being. In line with this paradigm, the researcher will engage closely with participants to understand their perspectives (Guba & Lincoln, 2005). The study recognizes that

teachers' experiences of well-being in a hospital setting are individual and valuable for understanding their specific challenges and experiences with chronic learners, aiming to capture their lived experiences.

Epistemology (the nature of knowledge) explains how we come to know about our world and highlights that knowledge is co-constructed between the researcher and participants (Guba & Lincoln, 2005; Lincoln et al., 2011). The Mental Health Of Educators In Hospital Schools In The Gauteng Province. This study aims to create meaning within the context of hospital schools, including the hospital environment, professional expectations, and daily interactions with learners and fellow staff members. Therefore, the interpretive paradigm will help to understand participants lived experiences through these contextual factors, in which the knowledge was created. The research will use a research diary and observations to enhance the interpretation of interviews with hospital educators. Interpretivism also emphasises the importance of participant voices. Kivunja and Kuyini (2017) claim that the meaning they convey can be understood through dialogue with the researcher. The researcher will prioritise participants' voices through phenomenological data analysis and seek member checking of the data analysis (research credibility).

Axiology (values) concerns the ethical principles and values adopted when conducting research, thereby promoting the integrity of the data, participants, and the audience to whom the research findings will be reported (Kivunja & Kuyini, 2017; Guba & Lincoln, 2005; Lincoln et al., 2011). This study will be conducted after obtaining approval from the Ethics Committee of the University of South Africa and research permission from the Gauteng Department of Education. When recruiting participants, letters will be sent requesting their informed consent to participate in the study. They will be informed that their participation is voluntary and that they may withdraw at any time during the research process. In addition, they will be assured that any information they provide will be protected. All ethical considerations in this research are discussed in detail later on in Chapter 4, The Mental Health Of Educators In Hospital Schools In The Gauteng Province. In conclusion, the interpretivist paradigm provides a coherent foundation that enables the researcher to capture the complex experiences of educators in a hospital school.

3.4 Reflexivity in Qualitative Research

Reflexivity involves carefully considering how the researcher's background and beliefs will influence the study (Lazard & McAvoy, 2020). This study assesses the importance of being aware of the contexts in which research is conducted and how they shape the data produced, particularly in complex studies, for example, in settings such as hospital schools.

It is important for the researcher to reflect on the research process, the literature, and the setting of the phenomenon under investigation, while acknowledging their viewpoints, assumptions, and prior experiences. Researchers do not ignore these experiences but rather seek to acknowledge and manage them accordingly (Braun & Clarke, 2013). Karcher et al. (2024) argue that researchers can practise this, bearing in mind that their role in the study is to focus solely on participants' perspectives and the context under study. Therefore, in this study, the researcher will interpret and describe educators' experiences while being mindful of their understanding and assumptions about the phenomenon under investigation.

Braun and Clarke (2013) draw our attention to reflexivity, reminding researchers to be aware of how they are connected at every stage of the research process. For this study, this means researchers must be critically aware of their interests when asking questions and engaging participants, without bias at every stage of the process.

The Mental Health of Educators in Hospital Schools In The Gauteng Province research process. In summary, reflexivity requires self-awareness and prompts us to reconsider our preconceived notions. This enables the researcher to manage their biases and reduce their influence on the research process.

As a former teacher at a hospital school, I was challenged by the unique demands and emotional complexities of teaching learners with severe medical conditions. I observed some educators struggling to cope with the emotional toll of working in a challenging environment, while others coped effectively and adapted to the setting. This experience sparked my interest in the topic and the design of this study, shaping certain assumptions and expectations. However, I remain open to the diverse

perspectives of hospital teachers. In this study, subjectivity and potential bias will be managed through continuous reflexive practice throughout the research process. A research journal will be kept to document personal reactions during interviews. I will set aside my previous experience and ensure that the participant's voice is prioritised. In addition, I will be careful to capture the raw authenticity of the data without bias. This reflexive method will support the credibility of the research and enable the reporting of authentic experiences of the teachers.

3.5 Research Approach

The study employed a qualitative approach centred on exploring the lived experiences of educators in hospital school environments. As per Denzin and Lincoln (2000), qualitative research involves an in-depth method that guides the researcher to investigate within their specific context and interpret findings through their understanding. It offers detailed descriptions of individual experiences and viewpoints (Braun & Clarke, 2013). A qualitative design was deemed appropriate for capturing ideas that might otherwise remain unaddressed (Creswell, 2017). A recent study by Mantula et al. (2024) found that this approach is valuable for understanding a complex educational phenomenon. It provides rich descriptions of experiences and perspectives.

This approach was selected for the following reasons:

- Qualitative research investigates natural settings. In this study, data were collected in the hospital school where teachers work, which allowed an understanding of the realities of these teachers in their natural setting and a deep understanding of their challenges. This method supported the notion that data are best collected within the context in which they occur.

- Qualitative research derives meanings from a personal articulation of lived experiences. This refers to the personal knowledge and understanding gained from participants involved in the phenomenon being investigated, linking this with the study. Lived experiences are the challenges and realities that teachers face daily in hospital settings. Gaining insight into personally articulated

narratives enabled an understanding of their mental well-being when working in a hospital school through their own voices and statements.

- Qualitative research acknowledges the perspectives of participants. Therefore, in this study, the qualitative approach prioritised the lived experiences as expressed through the subjective perspectives of the participants. This study ensured that educators' perspectives, feelings, and interpretations were dominant, supporting the interpretive paradigm and the objective of the phenomenological research design, meaning, understanding experiences from participants' firsthand perspectives.

- Qualitative research allowed contextual understanding: This identifies that the experiences investigated occur in unique settings. Therefore, in this study, the context, such as a hospital school, revealed how hospital teachers perceived and responded to challenges in their context, which required the researcher to be flexible and adjust interview questions based on their responses, which helped connect common themes emerging from the environment.

- Qualitative research approach allows information to be collected in the form of words, narratives, observations, as well as interviews, which offer insight into lived experiences. This focused on verbal data collected from research interviews. However, observations of' non-verbal communication of participants and the research setting (hospital schools) were also considered. A research diary was used to capture non-verbal communications.

Connecting these components of qualitative research was the most relevant approach to exploring the complex and personal experiences of mental well-being among teachers working in hospitals and schools.

3.6 Research Design

Creswell (2017) defines research design as a systematic strategy that enables researchers to logically and coherently integrate the various elements of a study. This

means that a research design serves as a guideline for gathering, examining, and explaining information.

The study adopted a phenomenological method to investigate and understand the participants' subjective realities. Creswell and Poth (2018) emphasise that phenomenology is grounded in the perspectives and experiences of individuals as they have lived them. This approach is used to explore the lived experiences of hospital educators and to understand their psychosocial well-being within their environment.

This research design was appropriate because it allowed participants to provide rich and detailed descriptions of their experiences (Alhazmi & Kaufmann, 2022). This study aimed to explore the experiences of educators through qualitative interviews, which allowed participants to share their lived experiences in a non-confined manner. The semi-structured interviews were used just to help guide the conversation and set some boundaries, which allowed the participants to share their own stories and experiences. Linking this with phenomenology principles, the study highlighted the significance of environmental context and situation (Creswell, 2017). Teachers' experiences were influenced by their working environment, including their learners and health professionals at the hospital school. Their understanding of well-being was discussed through their working experience in a hospital setting, teaching learners with chronic conditions, and collaborating closely with other health professionals.

3.7 Population and Sampling

This study was conducted with a sample of educators who teach in hospital schools, specifically in the Gauteng Province. An appropriate purposive sample was drawn from this population.

Sampling refers to a method used by researchers to select a smaller subgroup of individuals from a larger population for study purposes (Cresswell, 2021). Sampling is important in research to obtain accurate and reliable results (Staller, 2021). This will help to understand populations better when scholars analyse samples, rather than studying the whole population. The purpose was to understand the collective results

of the subgroup when conducting a study. The goal was to capture a large amount of high-quality data from participants who were selected because of their traits and qualities

Purposive sampling was adopted. because it allowed the researcher to concentrate on specific features of people that were of curiosity, which assisted in answering research questions (Campbell et al., 2020). It ensured that chosen participants had direct experience with the phenomenon being studied, which provided rich and relevant information.

3.7.1 Sampling size

Phenomenological research naturally uses limited sample sizes to enable a thorough examination of individuals' experiences. Alhazmi and Kaufmann (2022). The research participants were sampled from three different hospital schools within Gauteng province. With five participants from each of the first two hospital schools and two from the third hospital school, a total of 12 participants were chosen to take part in this research.

3.7.2 Inclusion and Exclusion criteria

As stated by Patino and Ferreira (2018), inclusion criteria define the sample the researcher will use to answer research questions. This criterion is important in research as it directs the researchers to identify the study sample of interest consistently and reliably, which will help answer research questions. In other words, Inclusion and exclusion criteria help to choose the study group aligned with the research objectives.

Inclusion criteria.

- Educators currently teaching in a hospital school.
- Minimum of two years. Teaching experience in a hospital school.
- Recognised teaching qualification, i.e., Bed or PGCE
- Registered with the SACE, the Council of Education.

Exclusion criteria

- Teachers of education in mainstream schools.
- Teaching assistants.
- Medical personnel working in the hospital school, including nurses and doctors.

3.8 Data Collection Methods

Data collection entails gathering information to gain insights and create tools related to the research topic. A data collection instrument helps gather and organise data, playing a key role in analysis. The main approach involved semi-structured interviews guided by the objectives and the research question. These interviews were conducted in English and formed the core of the data collection process. This is the sequence of how the process developed:

- A researcher received ethical approval from the University of South Africa under ethics number Ref #: 10511. All ethical practices were followed to safeguard participants' integrity and enhance the rigour of this study.
- Research clearance was obtained at the Gauteng Department of Education (GDE).
- Following approval from the GDE, school district permission was obtained from Johannesburg Central District, Tshwane West District, and Tshwane South District.
- Then, each school principal was contacted, and access to conduct research in the institution was granted before interviews were scheduled.
- Participants provided consent after being informed, with a clear explanation of the purpose of the study before participation, and signatures were obtained.
- Qualitative data collection instruments were administered using an observational checklist, noting non-verbal behaviours such as facial expressions, gestures, posture, and tone of voice. To thicken the description of the research context, a research diary was maintained to capture photographs of the school environment.
- Completed questionnaires contained demographic data collected prior to the initial interview. This information was recorded in the research diary, including

details such as qualifications, age, years of teaching experience, and other relevant information.

- Aligned with phenomenological interview methods, data was collected mainly through semi-structured, one-on-one interviews. These sessions allowed participants to express their lived experiences and discuss the nature of working in a hospital school.
- Audio recordings were made with participants' consent using a recording device. The recordings were then transferred to a password-protected laptop and securely backed up. To protect participants' confidentiality, copies were made available to the supervisor for verification. During data collection, field notes were recorded in a research diary to document the environmental context and participants' nonverbal cues; photographs were not taken but were used to interpret the description of a hospital school.
- Audio recordings were transcribed verbatim with the assistance of Otter.AI, followed by a manual review and editing to verify transcription accuracy of the original participants' responses.
- All electronic data is safely kept on a password-protected device, while printed copies of all research documents are securely locked away in a cabinet for the next five years.
- To protect participants' confidentiality, all identifying information was removed and replaced with unique codes across field notes and transcripts. This was done to protect participants' confidentiality in qualitative analysis.
- The data set for analysis was transcribed and organised through transcribing and organising raw information, such as observational notes, interviews, non-verbal gestures, and descriptions of photographs, into an anonymous format. Pseudonyms were used as assigned identities consistently across all transcripts.
- Data analysis was directed in accordance with the phenomenological research process outlined by Alhazmi and Kaufman (2022). As well as utilising ATLAS.ti as a qualitative data analysis software to systematically code and organise emerging major themes and connections of sub-themes according to the relevant research questions.

3.8.1. Research interviews

Phenomenological interviews were used as a data-collection method. These interviews were particularly effective at yielding insights into participants' lived experiences, making them relevant to a study focused on mental well-being. According to Alhazmi and Kaufman (2022), phenomenological interviews are important in research, as they allow participants to engage in in-depth reflection on their narratives. This aligned with the phenomenological approach of the study. This technique was chosen to explore detailed lived experiences of feelings and thoughts related to the mental well-being of teachers working in a complex setting. It allowed participants to express their unique perspectives.

3.8.2. Instruments of data collection

3.8.2.1 Semi-structured interviews

In line with phenomenological interviews, to gather rich, in-depth insights into the lived experiences of teachers working in a hospital school, data were collected through semi-structured interviews. One-on-one interviews provided a safe and confidential space, allowing participants to openly reflect on their experiences. Interviews were conducted in person, consent was obtained and recorded for verbatim analysis. The Semi-structured interview questions were informed by the following themes:

- Personal and professional experience teaching in a hospital school.
- Interactions with learners in a hospital school environment.
- Mental health experiences resulting from working in a hospital school; and
- Factors of resilience in a hospital school environment.

3.8.2.2 Observations

The researcher conducted observations of the school environment and recorded notes in the research diary. These observations lead to thick descriptions within the study context, linking to interpretivism and phenomenological study, which emphasises the

role of contextual factors in the interpretation of knowledge, and the making of meaning from lived experiences.

During qualitative research interviews, participant observation involved noting non-verbal behaviours such as facial expressions, gestures, posture, and tone of voice. These signals provided deeper insight into participants' emotions, attitudes, or comfort levels that could not be expressed verbally. Observing such behaviours helped the researcher interpret responses more accurately and understand the underlying meanings or unspoken perspectives.

3.8.2.3 Setting photographs

This study used photographs of the settings to thicken descriptions of the lived experiences of teachers in hospital settings. Photographs of human participants were not taken. The researcher is a previous teacher at a hospital school and was able to identify objects and surroundings that helped to saturate the lived experiences of the teachers. Photographs were analysed separately to enrich the interpretation of the findings.

3.9 Analysis of Data

The study followed a phenomenological research process outlined by Alhazmi and Kaufman (2022). The following steps were undertaken:

- Transcribing participant interviews was paramount. The researcher used transcribing software to transcribe the audio-recorded interviews verbatim. The transcripts were read thoroughly to gain an understanding of the data.
- Developing a sense of the whole. The researcher familiarised themselves with the data collected from the participants and thereafter read the transcripts while listening to the audio recordings to assess transcription fidelity.
- Identifying meaning units for each participant's experience (horizontalisation) refers to identifying key statements. The researcher outlined and extracted key statements that were related to the phenomenon, including statements, sentences, and paragraphs in each transcript, which were examined to verify relevance among participants.

- Clustering relevant units of meaning into groups was important. The researcher organised initial statements into theme clusters by grouping similar meanings into themes that matched common patterns across participant experience in the study.
- Translating the meaning to establish patterns and themes was imperative. Data collected during interviews closely reflected what participants expressed in their own words, and the primary language was English. However, some participants code-switch to another local language; it was not a problem. Following data collection, responses provided in another local language were translated into English while preserving the authentic meaning.
- Developing a textural description for each participant was important. The researcher combined all the ideas that resulted from integrating all the themes and meanings formulated into a description to generate an overall structure of the experience related to the study.
- Identifying essential structures that represent the entire textual description was pivotal. The researcher ensured that shared elements form a solid foundation for presenting findings that reflect the lived experiences of hospital teachers.
- Assessing each participant's textural descriptions and structural themes was essential. The core structure was developed by eliminating redundancies and distilling the information into a straightforward summary of the phenomenon. The researcher condensed the main findings into a clear statement and identified repetitions to produce a concise and precise description of the phenomenon.
- Synthesising the structure from all participants' accounts, the research diary, and the environmental photographs involved integrating data from these sources to interpret the overall significance of the phenomenon.

3.10 Trustworthiness

Thomas and Magilvy (2011) identify four characteristics that enhance research trustworthiness in qualitative research. The following criteria were applied:

- Credibility

Credibility ensures that data collected from participants accurately reflects their lived experiences. This study captured the experiences of hospital teachers and ensured that the interpretation of the data was accurate during the interviews, and encouraged participants to be open and honest. To validate the credibility of the data, member verification was used to ensure that the experiences of the participants were accurately captured by analysing individual transcripts for similarity between study participants.

- Transferability

Transferability involves presenting enough findings about the study so that other readers can decide whether its findings can be used in a different context or whether they make sense in their setting. The study focused specifically on hospital teachers. Chapter 4 provides detailed explanations of the context to ensure that the person who reads can determine the applicability of the results to a different context.

- Dependability

Dependability refers to the research approach characterised by consistency and thorough documentation, enabling others to understand how the study was conducted. The researcher ensured that records of all documentation and data from the first initial step of planning until the evaluation of findings were consistent during the study. Peer debriefing was adopted through discussions with fellow postgraduate learners experienced in qualitative research during the data analysis phase.

- Confirmability

Confirmation requires verifying that research outcomes are shaped by participants rather than researchers' assumptions. This study ensured that a reflective journal was maintained. By recording the researcher's ideas, presumptions, and choices, this journal promoted openness and reduced the possibility of bias.

3.11 Ethical Considerations

Ethical principles guided the design and implementation of this study to ensure the human rights, dignity, and well-being of the participants were protected during the research process. Since the study focused on the mental well-being of educators teaching in a hospital school setting, a likely sensitive and emotionally sensitive topic, special care was taken to maintain ethical integrity. Ethical approval was obtained from the Ethics Committee of the College of Education of the University of South Africa (UNISA). Approval was granted by the Department of Basic Education to do research within the hospital's schools in the Gauteng province. The study adhered to ethical principles in the following manner:

- Informed consent

It is a process that ensures that participants are well informed about the objectives and goals of the study and the processes to be used during the research process (Creswell, 2017). This process was important because it ensured that participants were aware of the objective of the study, risks, as well as benefits, before participation, and that their rights were protected. Informed consent in writing was obtained from the participants before the start of data collection, while the researcher ensured that each hospital educator received a detailed sheet explaining the intentions of the study. Informed consent was also verbally discussed with each participant before the start of each interview.

- Voluntary participation

According to Creswell and Poth (2018), voluntary participation means that the human researcher has the freedom to choose whether or not to take part in a research activity. It is important to exercise this, as it respects the participants' freedom to choose to participate in the study without pressure. Participants in the study were fully voluntary, and they were guaranteed that choosing to participate or decline would not affect their relationship with the institution.

- Privacy, Confidentiality, and Anonymity

According to Hwang (2023), privacy involves protecting participants' rights to control the data collected, used, or shared with others. Confidentiality means preventing unauthorised access to any data collected from participants during research (Hwang, 2023), while anonymity in research means that individuals cannot be identified from the information collected (Hwang, 2023). In the context of this study, participants had control over the data collected from them and could refuse to provide any information they did not wish to disclose. This study ensured anonymity by removing personal names from transcripts and replacing them with pseudonyms. This includes names of hospitals, schools, and teachers, as well as any other identifiable information from the research. Furthermore, with respect to privacy, this research took place in a private space within the school. Participants were asked to identify a private space before the interview.

- Sensitivity to emotional well-being

The study focused on mental well-being; therefore, emotional support was provided, and details of professional support services were made available to participants who experienced emotional discomfort. Since the research involved hospital schools, the available hospital wellness services on-site were consulted for support. Hospital and wellness clinic, employee wellness helplines, and a professional psychologist from the department of education were consulted before commencing the research.
Participants were also made aware that they had the option to pause or discontinue the interview whenever they felt uneasy. It was important to observe ethical principles during the research process, as this allowed participants to feel valued and protected

- Data storage

Research requires that the collected data be stored securely to safeguard the rights and confidentiality of the participants (Creswell, 2021). Data were kept on a password-protected laptop that is only available to the researcher. Double password protection was applied to any files that include participant identification information, audio

recordings, and interview transcripts. An external hard drive was used as a backup to prevent data loss, hard copies of signed consent were locked in a cabinet for safety after confirmation, and data was anonymised at the end of research. Anonymised information will be kept for at least five years following the conclusion of the investigation, after which all electronic and hard copies will be deleted.

3.12 Summary of the Chapter

The research methods utilised in the study were detailed, encompassing the qualitative approach and research design, as well as the techniques for data collection and analysis. The rationale for selecting the specific population and sampling methods was provided. The discussion wrapped up with the steps taken to ensure the study's trustworthiness and address ethical considerations. These methodological decisions were well-aligned with the overall objectives of the research, contributing to its credibility. The next chapter will present the findings of the study.

CHAPTER 4: RESEARCH FINDINGS AND DISCUSSIONS

4.1 Introduction

Chapter 3 described the research methodology of the study. A qualitative approach was adopted, with 12 participants providing consent for research interviews. Their demographics are listed in this chapter. The aim here is to present the findings, with a focus on educators' mental well-being in hospital schools. Data analysis followed a phenomenological framework to capture participants lived experiences. The data were processed using ATLAS.ti through iterative coding and categorisation. Five main categories emerged, each with relevant sub-categories: (1) The complexity of teaching in hospital wards; (2) Major stressors in hospital schools; (3) Mental health effects on teachers working with chronically and terminally ill learners; (4) Advantages of hospital schooling; and (5) Support systems needed in hospital schools.

4.2. Participant Demographic Details

The study consisted of 12 participants, 11 of whom were female and only 1 was a male participant. This gender demographic mirrors the gender trends of teachers in hospital schools. Their ages ranged from 30 to 59 years, with most between 30 and 39 years old (n=6). Their teaching experience ranged from 4 to 15 years, indicating an experienced group of educators; they held diverse academic qualifications, with the majority holding a Bed qualification (n=6). The number of years teaching in a hospital school ranged from 3 to 8 years, indicating that participants had strong exposure and experience in the hospital school environment. The demographic data for the participants are presented in Table 1 below.

Table 1. Demographics of the participants

Participa-nt	Gender	Age in years	Home language	Teaching experien-ce	Qualifica-tion	Years in hospital school
P1	Female	40-49	Setswana	7 years	BEd	7 years
P2	Female	40-49	Isizulu	6 years	Diploma	6 years
P3	Female	30-39	Isizulu	5 years	Diploma	3 years
P4	Female	40-49	Xitsonga	9 years	BEd	8 years
P5	Female	50-59	Setswana	5 years	Honours	4 years
P6	Female	30-39	Isixhosa	8 years	BEd	5 years
P7	Female	30-39	Isizulu	10 years	BEd	8 years
P8	Female	30-39	Isizulu	12 years	Diploma	6 years
P9	Male	30-39	isizulu	5 years	BEd	4 years
P10	Female	50-59	Setswana	8 years	MEd	5 years
P11	Female	50-59	Setswana	15 years	Diploma	8 years
P12	Female	30-39	Isizulu	4 years	Bed	3 years

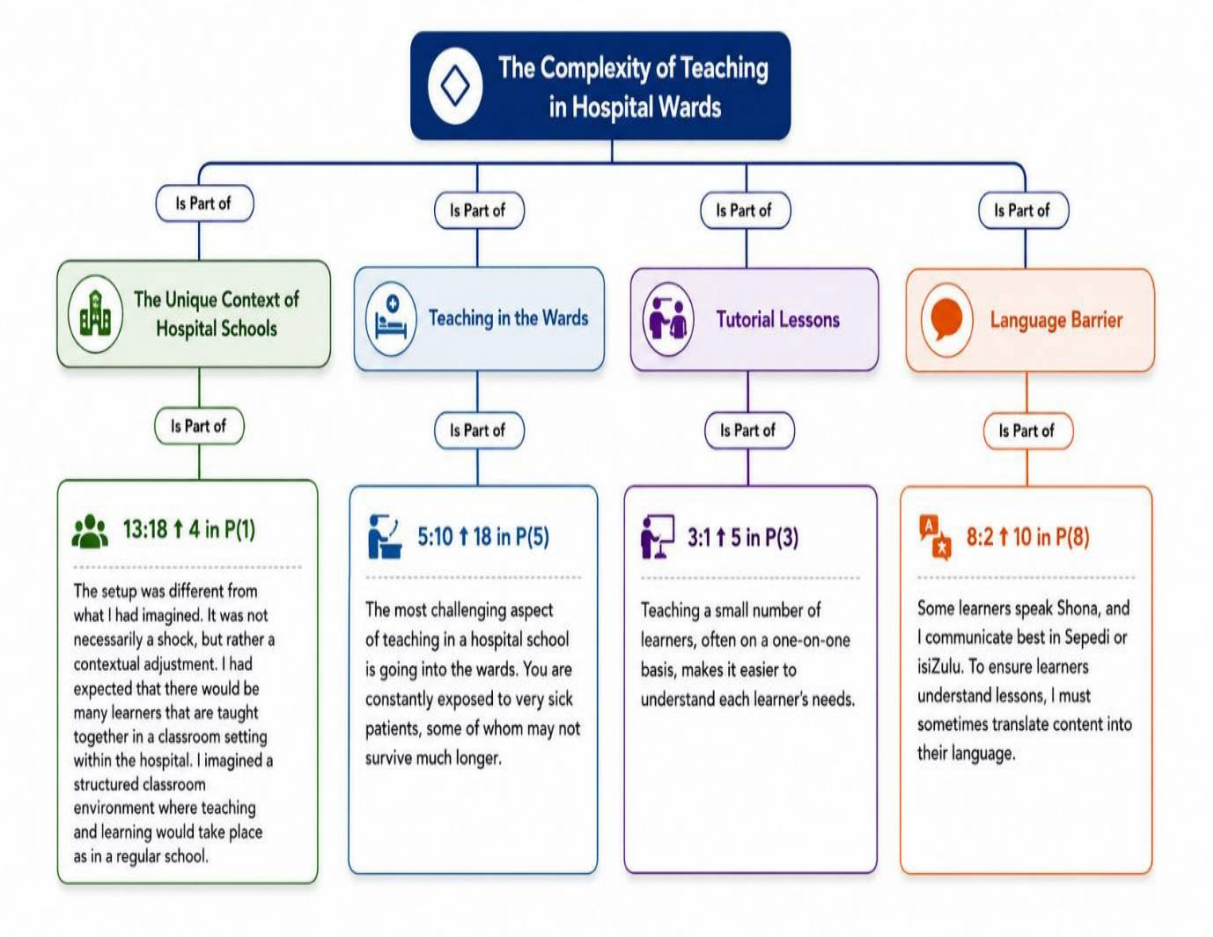
4.3. Major Themes and Sub-Themes

The next section presents the themes and sub-themes. The following part elaborates on each theme and its corresponding sub-theme, supported by quotes from relevant participants.

- **Theme 1: The Complexity of Teaching in Hospital Wards**

This theme captures the complexities of teaching chronically ill learners in the medical wards of a hospital. Teaching in a hospital school is not only about meeting the academic needs of hospitalised learners; it also involves teaching within the context of the medical wards and witnessing various medical conditions and procedures. Within this context, teachers must adjust their teaching methods to suit the medical condition of learners. Consequently, the hospital environment requires educators to be patient, flexible, and responsive to effectively address the challenges they face. The participants lived experiences show that teaching in a hospital school is

significantly different from teaching in a mainstream classroom and is structurally and emotionally complex. This complexity is defined by four sub-themes of (1.1) The unique context of hospital schools, (1.2) Teaching in the wards, (1.3) Language barriers, and (1.4) Tutorial lessons. Each subtheme is explored below. Figure 1 depicts this theme and its sub-themes in the context of teaching within a hospital school.



Source: Own Composition (2026)

Figure 5. Theme 1 and its sub-themes

- **Sub-theme 1.1 The Unique Context of Hospital Schools.**

This sub-theme highlighted participants' descriptions of how the hospital school context differs significantly from mainstream schooling. Participants in this study reported structural and psychological complexities in hospital teaching. They noted significant differences between teaching in a hospital school and a mainstream school. As stated by participant 1 (P1) *"The setup was different from what I had imagined. It was not necessarily a shock, but rather a contextual adjustment. I had expected that*

there would be many learners who are taught together in a classroom setting within the hospital. I imagined a structured classroom environment where teaching and learning would take place, as in a regular school."

Teaching in a hospital ward also requires complex navigation, as teachers must provide one-on-one instruction amidst daily hospital routines. This assertion was corroborated by participant 7 (P7), "*Teaching in a hospital school can be quite challenging at times, especially when faced with the realities observed in the wards*." Participants reported that teaching in a hospital school is not only complicated but also emotionally challenging for teachers, as they must connect with sick learners.

Participant 5 (P5) noted that *''We try to adjust to this environment because it is where we work, but the experience is far from easy. It affects you mentally, physically, and psychologically. Every day, coming into the wards is stressful because of what we witness."* These findings highlight that teaching in a hospital context is different from the mainstream, and the setting needs adaptation from hospital teachers.

- **Sub-theme 1.2: Teaching in the Wards**

This sub-theme describes the experience of teaching in the wards, highlighting the challenges associated with this environment. Participants indicated that there are lesson disruptions due to the movement of people and the medical procedures that are being performed, which also indicates a lack of proper classes within the wards, making it difficult when teaching next to their bedside**.**

P1 stated that *"Teaching takes place in the wards, where learners face serious health challenges that are difficult for anyone to cope with",* and P5 reported that "*Every day, coming into the wards is stressful because of what we witness." The participant further stated that" the most challenging aspect of teaching in a hospital school is going into the wards. You are constantly exposed to very sick patients, some of whom may not survive much longer."*

Teaching in a ward meant experiencing the secondary trauma of witnessing illness and death regularly. This can be particularly distressing for teachers, who are not trained or equipped to deal with the emotional baggage that comes with working in such an environment. P6 stated that *''The hospital environment is unique, and you encounter unusual situations, such as seeing very sick patients or even deceased*

individuals while performing your duties."

Figure 6. illustrates the oncology ward where teaching takes place, highlighting the clinical environment in which hospital-school educators provide educational support to learners receiving medical care.

These findings suggest that teaching in a hospital ward is structurally difficult and needs creative navigation for effective teaching and learning to take place. The theme also suggests that teaching in a ward is emotionally and psychologically complicated,

as teachers must navigate teaching ill children, some of whom have terminal illnesses. In addition to these challenges, participants highlighted language barriers as a significant issue affecting communication within the hospital context. This is further explained in the following sub-theme on language barriers in the hospital environment.

- **Sub-theme 1.3: Language Barriers**

Hospital teachers identified language barriers as a challenge within the hospital context. The hospital schools in this study are tertiary hospitals, which means they receive patients from different Provinces. South Africa has 11 official languages, with diverse languages spoken across different Provinces. Teachers reported difficulties when teaching learners from outside the province or from other countries since they speak different languages. English is used as the language of teaching and learning across the hospital. Participants indicated that some learners have difficulties understanding or communicating in English. The following participants expressed the following, starting with P2 saying, "*As a single teacher, I am expected to teach all subjects and languages. For example, a learner may come from Limpopo and speak Sepedi, while I was trained to teach in Setswana and English. This requires me to prepare myself in advance to support that learner effectively. At times, this becomes challenging.*" P3 was quoted as saying, *"One of the main challenges I experience relates to language barriers. I am a Zulu speaker, and many learners speak Setswana*."

However, it was difficult with non-South African learners, who typically did not speak a South African language. One participant described enjoying learning from diverse languages. But the majority expressed frustrations, making it difficult to proceed with teaching and learning. P12 said, *"Some parents don't even understand what we are saying. Some children speak languages we don't understand. We must try to communicate and make the child at ease."* P8 was reported saying, "*Some learners speak Shona, and I communicate best in Sepedi or isiZulu. To ensure learners understand lessons, I must sometimes translate content into their language*."

These findings highlight the language barriers prevalent in teaching in major hospital schools in a country where 11 official languages are spoken. This barrier is increased

by teaching non-South African learners who do not speak any of the official languages. Language barriers can delay teaching and learning. This suggests a need for language support to accommodate diverse learners in hospital schools. Participants also emphasised tutorial lessons as a novel, adoptable strategy compared to the mainstream approach. The next theme is that tutorial lessons offer detailed information when teaching in a hospital setting.

- **Sub-theme 1.4: Tutorial Lessons**

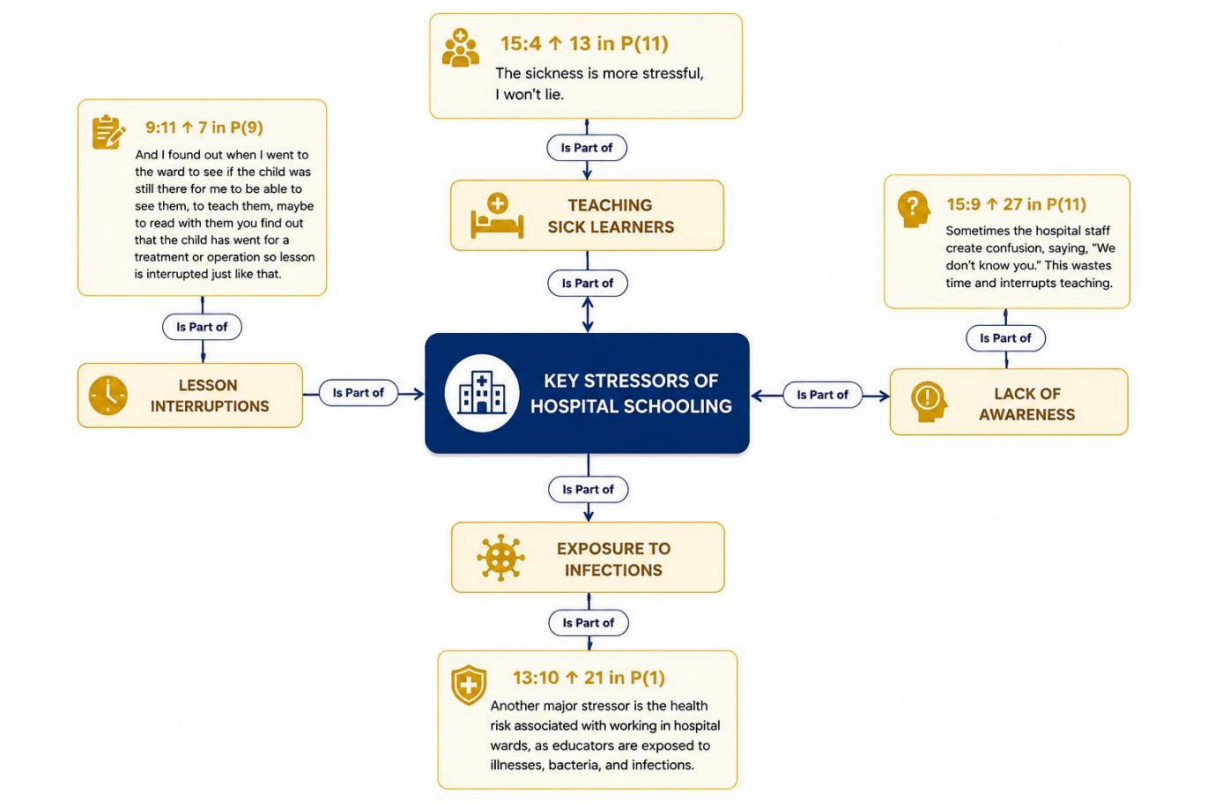
This sub-theme describes tutorial lessons as a common approach to teaching in a hospital school, allowing teachers to provide 100% individual support to meet the learner's needs. Benigno and Fante (2020) suggest that the tutorial lesson in a hospital context should be approached with understanding and that it is the best strategy for teaching and learning, particularly for learners who cannot move from their beds. This necessitates that teaching and learning take place next to their bedside, which supports the results of this sub-theme. P8 stated, *"The experience is extremely different from mainstream schools. Here, teaching is one-on-one."* While P3 reported that *"Teaching a small number of learners, often on a one-on-one basis, makes it easier to understand each learner's needs***."** This sub-theme means that hospital teachers provide dynamic teaching through one-on-one tutorials and promote learners' understanding and clarification during teaching and learning, which is difficult to achieve in a mainstream setup due to the large number of learners in class. P4 reported that *"Coming from a mainstream school with many learners, the shift to one-on-one instruction with sick learners was new and challenging for me."."* Additionally, P6 reported*, "I enjoy individual sessions because I get to understand the learners' needs".*

The transition from mainstream school to a hospital context requires adaptation for hospital teachers. For some educators, this shift presents a challenge, as they must continuously modify their teaching strategies to accommodate the diverse medical conditions of their learners. The benefit is that tutorial lessons allow for time flexibility, which is important when accommodating diverse learners. Additionally, they highlight the close interaction between the teacher and the learner by providing emotional support while promoting continuity in teaching and learning within the hospital context.

It also teaches educators to adopt new strategies for teaching and learning in different contexts, which will enhance their competencies in the teaching profession. Most importantly, it assists hospital learners in overcoming learning gaps by identifying specific areas of concern and providing appropriate support.

- **Theme 2: Key Stressors in the Hospital School**

Hospital school contexts present key stressors for teachers. Participants expressed the hospital school as a challenging environment with unique stressors as compared to mainstream schools. This theme is presented through several sub-themes, namely (2,1) Exposure to infections, (2,2) Stress from lack of teamwork, (2.3) Lack of professional & role recognition. (2.4) Lesson interruptions and (2.5) Teaching sick learners. The findings highlight that hospital teachers are forced to adjust to multiple challenges arising from the hospital context. Figure 6 below illustrates the key stressors identified and their sub-themes, as derived from participants' experiences.



Source: Own Composition (2026)

Figure 6. Theme 2 and its sub-themes

- **Sub-theme 2.1: Exposure to Infections**

Exposure to infections was described as a key stressor in hospital school settings. Participants reported that close interaction with sick learners in the wards opens teachers up to exposure to contagious illnesses. This risk was seen as a key stressor that required teachers to take extra precautions while teaching in the wards. For instance, P1 stated that *"We work with learners who have different illnesses, and sometimes infections may spread*", highlighting the vulnerability of exposure to infections within the wards, and that they feel unsafe and at risk when on duty. Working in this environment is also overwhelming, as P8 reported that *"The work is physically and emotionally demanding. We handle very sick learners, and the environment can be overwhelming, including the smell and the severity of illness."*

Teachers are exposed to septic hospital smells and to witnessing severe illness. What is particularly challenging is that, unlike the medical staff, teachers are not trained within this context and are not equipped to deal with the emotional and physical demands of hospital smell, severe illness, and death. P2 expressed their thoughts on this by saying that "*Most teachers are not trained to work in hospital environments. We worry about infections; we are trained to teach in traditional school settings". P10 reported, "we don't even have the right unform to wear when going to the ward to avoid infections."* This highlights the gap between the skills and training of educators, as it was for mainstream schools and not the actual experiences in hospital schools; they were never prepared for the hospital environments, which increases feelings of fear and anxiety of getting infected with a disease while at work. The findings suggest that extra measures are needed to protect hospital teachers, such as protective clothing when going to the wards, as well as relevant training to deal with the stressors when teaching in the wards.

- **Sub-theme 2.2 Stress from Lack of Teamwork**

Lack of teamwork was identified as a stressor within the hospital school. Participants reported a lack of communication between the health staff and the teachers, making it difficult to support learners' academic needs in the wards. P11 reported that *"The main problem is communication between the school and the hospital. There isn't a*

good working relationship." This means that the hospital staff and the school do not have clear communication systems to best serve the child's academic interests during their hospitalisation. and it may cause disturb teaching and learning. P12 reiterated by stating that "*It's hard when your hard work isn't recognised. When I go the extra mile, and it isn't acknowledged, it's stressful*." This means teachers are not recognised for the extraordinary work they do, and feeling undervalued may demotivate teachers in the context of hospital schooling.

To add to these stressors, P2 expressed their thoughts by saying, *"My primary need for my mental well-being is collaboration and teamwork among teachers. As teachers, our main purpose is to support the learner."* Similarly, P8 reported that some *teachers were not treated respectfully, particularly when doctors found them conducting lessons with learners. Teachers were sometimes told that "education and health don't mix."* This means there is also no unity and cooperation amongst other teachers in the hospital school, resulting in working independently with no support and facing challenges alone. This implies that Teamwork is essential for safeguarding the best interests of hospital learners, as well as for our professional effectiveness and mental well-being. The findings suggest that teachers navigate challenges of their working environment independently, with no support from the health staff and other teachers, and the senior management team (SMT).

- **Sub-theme 2.3: Lack of Professional and Role Recognition**

Not only is there a lack of cooperation from the medical staff, but Hospital schooling is not recognised by other hospital (medical) staff. Teachers reported that they must always explain their roles and the practices of hospital schooling. This was frustrating for the teachers and time-consuming. This finding slightly contradicts the studies of García Alvarez (2017), who reported that hospital schooling is professionally recognised in South Africa; however, participants in this study did not experience that recognition as professionals. Many health professionals still need to be educated about hospital schooling. P1 reiterated this by stating, "*Also, how other hospital staff treat and view educators can be tough. Even though everyone is busy with their jobs, not understanding or supporting what we do can make things more stressful."* P11 stated that *"Sometimes the hospital staff creates confusion, saying, 'We don't know*

you." This wastes time and interrupts teaching. But sometimes they create chaos, and you must introduce yourself repeatedly." This causes frustration for teachers.

Perhaps the worst part is that even district officials are unaware of teachers' roles in hospital schools. In relation to this assertion, P8 stated that *"District officials often do not understand the work we do in hospital schools*." While P10 stated that *"the district has not visited the hospital school in a long time, but say hospital teachers are doing nothing* This is devastating as this means that teachers are not receiving adequate support from district officials and that there is a lack of understanding regarding hospital schooling.

As a result, hospital teachers feel that their work is undervalued in hospital schools. In the context of this study, this is seen as a gap that needs immediate attention to allow smooth operation when teachers are supporting learners academically in hospital schools. The absence of integrated systems that facilitate the merging of education and healthcare within the same environment is a huge gap. This lack of integration hinders effective collaboration and disrupts the teaching and learning processes in hospitals. Consequently, this situation may undermine teachers' working environment and their professional value within the hospital setting.

- **Sub-theme 2.4: Lesson Interruptions**

The hospital school setting presents many challenges in the form of interruptions among other hospital teachers because of the nature of the hospital. This makes sense because hospitals are primarily a place of healing rather than a classroom; interruptions will always be a key stressor for hospital teachers. Participants described medical procedures, routine check-ups, and movement of other health staff, which affect the concentration and continuity of the lesson**.** P1 reported that *"The ward has a lot of challenges because there's always a lot of movement and medical activities happening."* Another observation by P7 who reported that *"when I went to the ward to see if the child was still there for me to be able to see them, to teach them, maybe to read with them, you find out that the child has gone for a treatment or operation, so the lesson is interrupted just like that".* Meanwhile P9 stated "*Another challenge is lesson preparation. Often, when we arrive at the wards, we find that a child has been discharged or is undergoing medical treatment. This can be disheartening because we come prepared to teach, only to find that we may go days or even weeks without the*

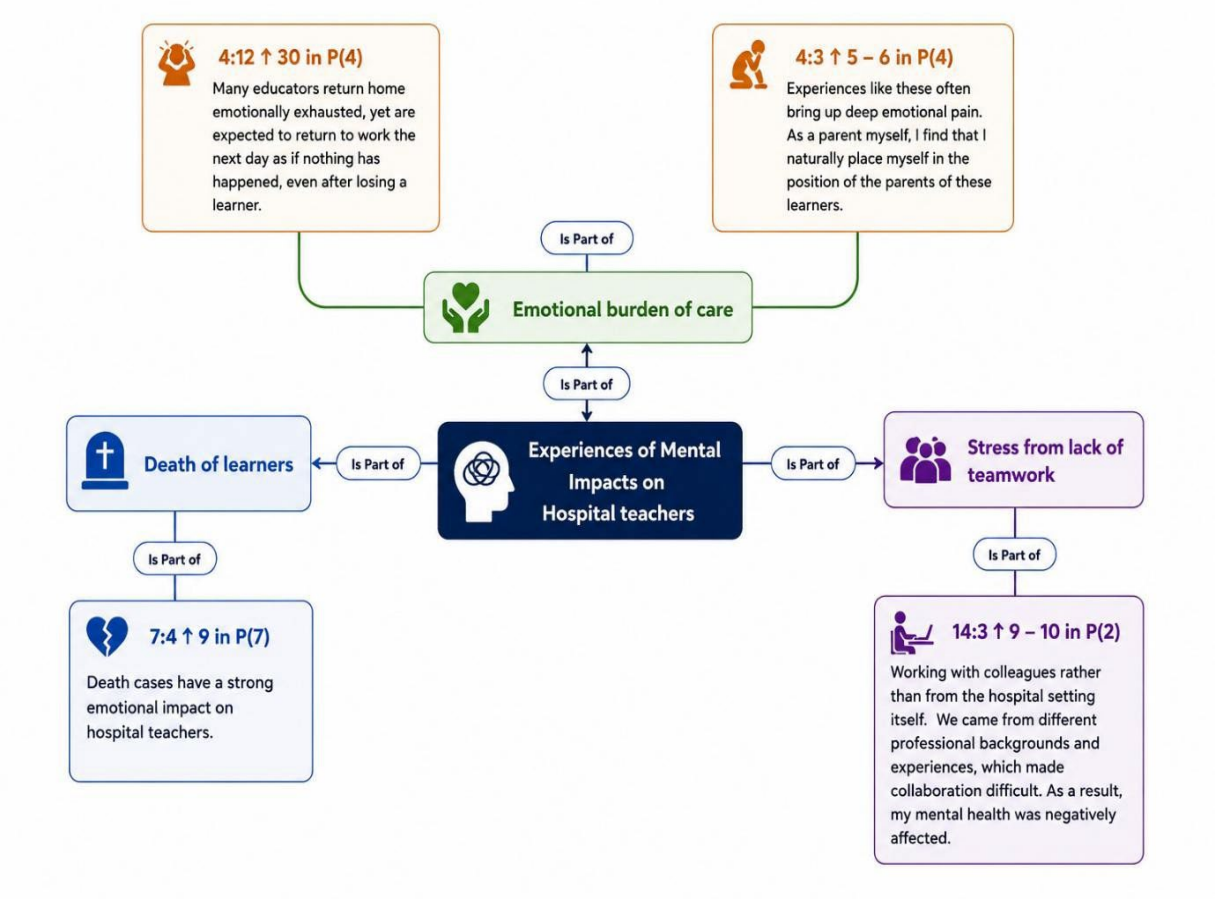
opportunity to engage with learners." Teaching in a hospital school can be unpredictable and disruptive, which affects the continuity of learning. Teachers prepare for lessons, but the unique nature of the hospital environment can disturb that preparation and make it ineffective if teaching and learning do not occur.

- **Sub-theme 2.5: Teaching Sick Learners**

Teaching ill learners becomes difficult to continue with lessons when they are receiving treatment and are in pain. P6 corroborate this assertion by stating that "*The biggest challenge is teaching learners who are getting medical treatment. Some of them have burns or other conditions that keep them from going to regular classes."* P5, on the other hand, stated that "*To witness children who are chronically ill and in pain is emotionally taxing for us as hospital teachers*." While P4 reported that "*the screaming and crying of learners in pain was difficult to witness,"* This is worsened when learners are in so much pain that they express that it may be better if they pass away. This situation has a profound negative influence on the mental health of hospital teachers, as discussed in the following theme.

- **Theme 3: The mental health influence of teaching chronically and terminally ill learners**

This theme describes the emotional experiences of teaching terminally ill learners in hospital schools. This theme is expressed through the following sub-themes: (3.1) Death of learners, (3.2) Emotional burden of care, and (3.3) Stress from lack of teamwork. Keehan (2021) has identified having to witness the death of a learner as a leading challenge faced by hospital teachers. Lemke (2004) and Steinke et al. (2016) report that continuous sadness and grief after witnessing a severe illness and death can cause poor mental health for teachers. Figure 7 below illustrates a visual representation of the mental health influences when teaching chronically ill learners in a hospital environment.



Source: Own Composition (2026)

Figure 7. Theme 3 and its sub-themes

- **Sub-theme 3.1: Death of Learners**

This sub-theme emerged as a strong, common experience among participants. It describes the experiences of losing learners, and because of attachment forms, it is deeply painful for hospital teachers to deal with the death of learners in hospital schools. This has an emotional influence, leading to feelings of sadness, grief, and emotional exhaustion. P9 reported that *"Death cases have a strong emotional influence on hospital teachers."* Similarly, P11 stated that *"I do feel sad when a child has passed*". P12 reported '*I struggled to deal with the death of learners."* The observational notes supported these accounts, as several participants appeared visibly sad and emotional when discussing the illnesses and deaths of learners. In one interview, a participant became visibly tearful while discussing the death of a learner. This resonates with most of the participants in this study, which means that death is unavoidable in a hospital school, and all teachers react differently to grief and loss. When left unattended, grief may affect their ability to cope effectively at work. This

highlights the ongoing emotional burden experienced by hospital teachers and is discussed in the following sub-theme.

- **Sub-themes 3.2: Emotional Burden of Care**

Teachers not only deal with teaching and learning of hospitalised learners, but they also must emotionally and psychologically care for learners, which can lead to vicarious trauma. P4 stated that ‘‘*You get to face trauma from a third person. You get to witness kids that are struggling, that are coming from different social backgrounds, kids that are raped, kids that have experienced a lot of things, and you are there as a teacher; you must support them, and you're not trained for that.”* Learners are chronically ill, in pain, and sometimes their medical conditions are due to traumatic experiences, such as noted by participant 4 above. This means that teachers are vicariously exposed to several traumatic life experiences of their learners, and they must support them emotionally and psychologically because learners do not necessarily have access to a mental health practitioner. This can be overwhelming, and teachers often wonder whether what they are saying to the child is comforting or if it may make things worse.

The researcher’s prior experience in a hospital school indicates that this aspect of the job is the most challenging and strongly resonates with the findings from the participants in this study. P5 stated that “Some *feeling of helplessness whenever you cannot help a learner. So mentally, it touches you, you have a feeling of being a parent, but you can’t help a child. So, it influences us, especially if we don't take care of our mental health. Seeing a young child undergo repeated medical procedures is extremely distressing. This environment has affected my emotional well-being, and I have not been coping well”.* The hospital environment can create a deep sense of helplessness for educators working with chronic learners or observing medical conditions that are challenging to manage. This experience affects the emotional well-being of hospital teachers, highlighting the urgent need for wellness support to help address these challenges.

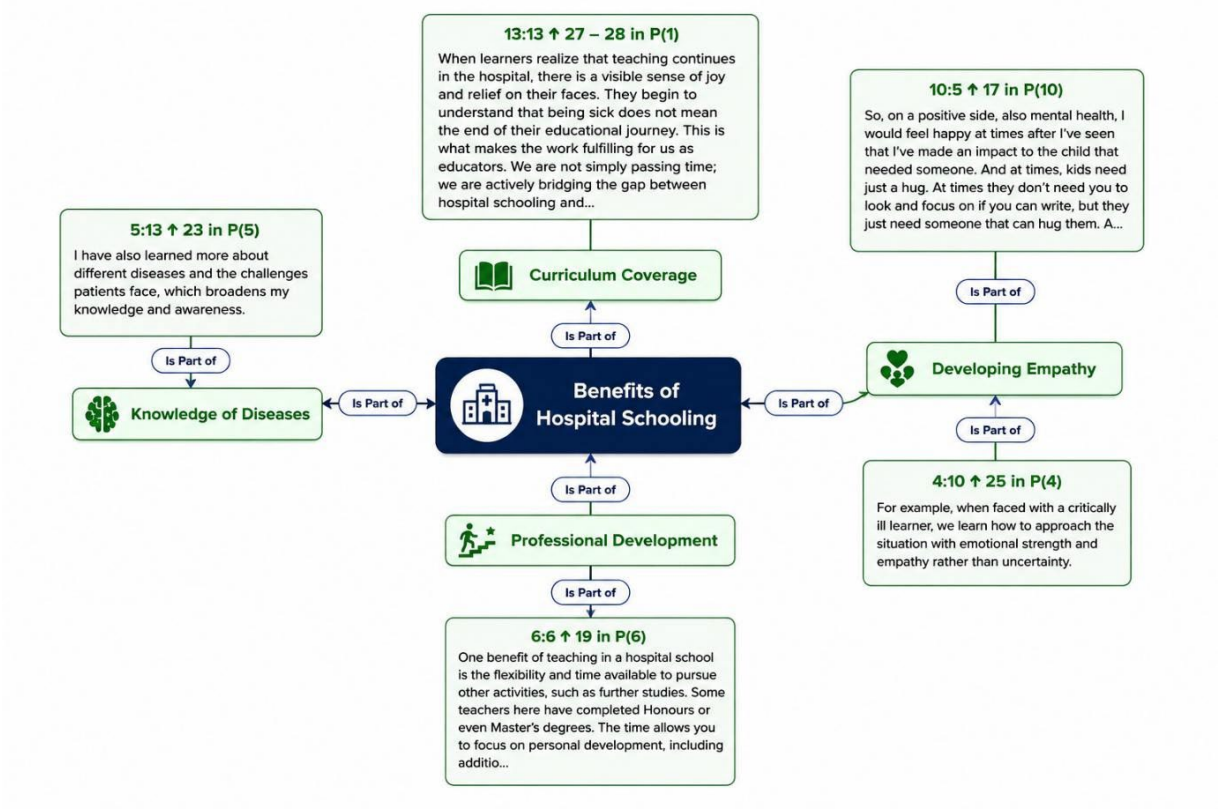
Another participant (P1) explained that *“I find myself reflecting on similar challenges from my work environment. This made me realise that the emotional strain carries over into my personal life.”* These challenges can cause stress to spill over into personal

life. Work stress spillover can undermine work retention. It therefore becomes important to emphasise the importance of wellness programmes for teachers struggling to cope. This was also reported by P2 that the hospital environment *''It's a bit taxing emotionally. I've always kind of believed that it would be a good thing to have a routine debriefing, especially in this kind of environment that we're working in."* This implies that wellness support is absent, and this is a need in the context of hospital schooling.

Teaching in a hospital school can lead to mental health challenges, such as grief when a learner passes on, secondary trauma, intense distress, and feelings of helplessness when caring for a terminally ill learner. The teachers emphasised the importance of accessible mental health support to help them maintain their well-being and handle mental health challenges effectively. This study argues that because teachers are exposed to repeated emotional exhaustion, which can affect their mental well-being through secondary trauma, there is an urgent need for coordinated wellness structures that are permanently available and accessible to hospital teachers when they need them. Although teaching in hospital schools presents emotional challenges for hospital teachers, this environment also offers rewarding experiences. The next theme highlights the benefits of hospital teaching.

- **Theme 4: Benefits of Hospital Schooling.**

This theme reflects multiple positive experiences within the hospital school context and their influence on both teachers and learners. This theme was expressed in the following sub-themes: (4.1) Curriculum coverage and continuity of learning, (4.2) Professional development for teachers, (4.3) Development of empathy, and (4.4) Informal knowledge of different diseases. Despite the complexities and challenges of teaching in a hospital, participants viewed it as rewarding. Figure 8 below illustrates the benefits of working in a hospital school.



Source: Own Composition (2026)

Figure 8. Theme 4 and its sub-themes

- **Sub-theme 4.1: Curriculum Coverage and Continuity of Learning**

This sub-theme captures the experiences of how hospital schooling assists in bridging the academic gap for learners who are admitted. Tutorial lessons that may support learners returning to their original mainstream schools are important to ensure that learners remain engaged while recovering in hospital. Learners must be able to catch up with the annual teaching plan, which positively influences learners' progress. In relation to this strategy, P1 stated that *"it is difficult for them to keep up with schoolwork. However, our presence ensures that learning continues while they receive medical care."* Whereas P10 reported that *"'Educators in hospital schools make a meaningful difference in learners' lives. When learners are hospitalised, we kind of offer remedial education. For me personally, offering remedial intervention is fulfilling."* When learners find out that they can still learn while in the hospital, they look visibly happy and relieved. They start to realise that being sick doesn't have to mean the end of their education.

The presence of hospital schooling and teachers helps put learners at ease, as some worry about their academic progress during hospitalisation. When they return to their original school, they are not left behind. Some teachers offer extra support to identify any underlying academic challenges, which benefits the learner. This finding suggests that hospital schooling supports learners in maintaining a sense of normalcy during hospitalisation, a point that is well-supported. Hen (2020) asserts that hospital teachers must ensure that teaching and learning proceed uninterrupted during hospital stays.

- **Sub-Theme 4.2: Professional Development For Teachers**

Teaching in a hospital context allows teachers opportunities to further their professional studies, such as enrolling in honours, master's degrees, and other qualifications. The flexibility with time, workload, and support from the school administrators can allow teachers to register for postgraduate studies while still doing their job. For instance, P6 stated that *"One benefit of teaching in a hospital school is the flexibility and time available to pursue other activities, such as further studies."* This was also observed by P8, who reported that *"One key benefit is the opportunity for professional growth,"* and P9, who said, "*There are a lot of development opportunities. Also, management is very supportive of development, training, and all of that. You can even study part-time."*

The school management has acknowledged this flexibility and has supported teachers in pursuing further studies. Notably, the Department of Education could collaborate with higher education institutions to create a postgraduate program tailored to the specific needs of teachers in hospital schools. This qualification might include modules on mental health, the structural aspects of working in hospital schools, and possibly a practicum to familiarise educators with the septic environment.

- **Sub-theme 4.3: Development of Empathy**

The development of empathy emerged as a wonderful sub-theme for this study. It highlights the role hospital teachers play in showing compassion towards their learners. Participants indicated that when empathy is applied, learners' happiness

becomes a fulfilment for them, and the hospital settings allow teachers to go beyond teaching and learning. In relation to this, P2 stated, *"There are many personal benefits gained from working in this environment. You learn to be peaceful, accommodating, and appreciative of life. You learn to laugh, to accept situations that you may not have accepted before, and to understand what true happiness means, working in this setting helps you grow as a human being. You develop compassion and a deeper understanding of humanity."* Despite the sadness and grief reported by teachers, compassion can bring joy and peace to educators.

Similarly, P5 highlighted that "*This environment has taught me to appreciate good health and life. Witnessing the severe illnesses of learners and patients gives perspective on my own well-being and fosters gratitude*." Gratitude and happiness can also be experienced. That said, P10 stated that*, "on a positive side, also mental health, I would feel happy at times after I've seen that I've made an influence on the child who needed someone. And at times, kids need just a hug. At times, they don't need you to look and focus on if you can write, but they need someone who can hug them, and that is fulfilling, that is satisfying personally."* This implies that hospital teachers sometimes set aside their roles as academic educators and assume in loco parentis responsibilities, especially in this type of environment. Not everything revolves around schoolwork; these learners may need someone with whom they can be vulnerable. P12 also observed the same sentiment that in the hospital school, "*You must love the children before you can care for them properly. Some children are admitted without parents, so we become like their mother. We give them love and attention, and that's essential. You are parenting, counselling, and teaching all at once. I understand what the children go through".*

Viewed through the lens of Ubuntu, these findings highlight the importance of humanity in hospital teachers' experiences with their learners. This perspective enables them to move beyond traditional teaching and learning, deepening their values and enhancing the moral and emotional care evident in this study. Ubuntu emphasises how teachers nurture compassion and empathy for their learners. While the hospital environment helped teachers develop empathy, it also fostered an understanding of medical conditions, improving their ability to support learners effectively, as discussed in the following sub-theme.

- **Sub-theme 4.4 Informal Knowledge of different diseases**

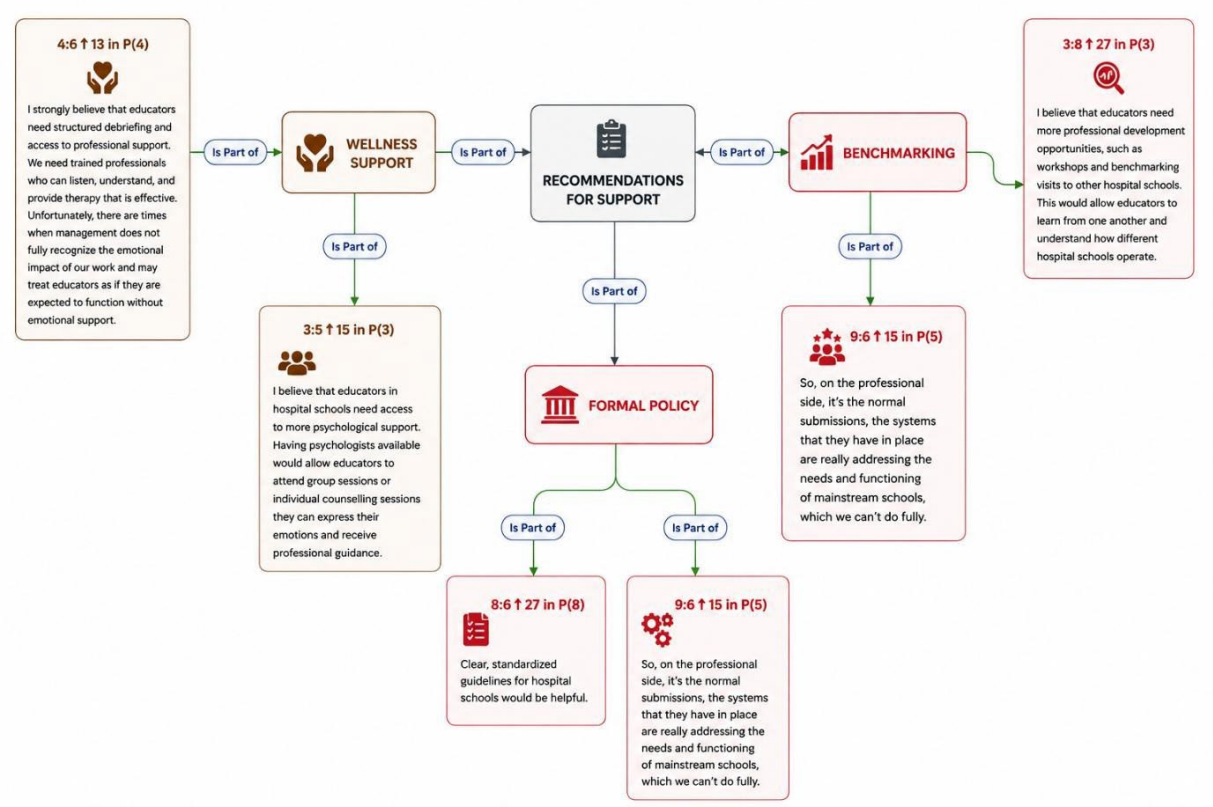
This Sub-theme reflects the participants' experience of having gained informal and helpful knowledge about several diseases because of working in the hospital context**.** P5 reported that *"I have also learned more about different diseases and the challenges patients face, which broadens my knowledge and awareness."* The knowledge assisted the teachers in better understanding and adjusting to the medical conditions they encounter with their learners, allowing them to align their teaching strategies. It also helps them recognise the learner's physical or emotional condition during interaction, allowing for suitable support. P10 also stated that *"I was able to grow. It has aided me to grow in terms of learning more about medical conditions and collaborating with other professionals."* This implies that teachers learn to respond to various medical conditions in their settings and develop meaningful relationships with other professionals in the hospital.

These findings suggest that hospital teachers tend to acquire knowledge about various illnesses, improving their ability to communicate with learners and their families about health issues. Overall, working in a hospital school setting offers both rewards and challenges, indicating that with proper support, this work can be effectively managed. The concluding theme emphasises the importance of support systems for hospital teachers.

- **Theme 5: Needed Support Systems in the Hospital School.**

This study shows that working in a hospital school can be rewarding, but several challenges require intervention. As shown with the major themes of this study, teachers in hospital settings encounter many challenging demands, and support for teacher well-being should be ongoing and holistic. The needed support systems are stated as important areas, namely (5.1) Mental health support systems and (5.2) Formal policy and benchmarking. Participants in this study reported that they needed formal mental health support from professionals such as psychologists and counsellors. Teachers also noted the need for formal policies for the operation of teaching schools. These two sub-themes are discussed below. Figure 9 provides a

visual representation of the support system required to assist teachers working in a hospital school, where they teach chronically ill learners in a hospital environment.



Source: Own Composition (2026)

Figure 9. Theme 5 and its Sub-themes

- **Sub-theme 5.1 Mental Health and Wellness Programmes.**

This sub-theme highlights the need for institutional mental health and wellness programmes for hospital teachers. Participants expressed that having no support structures, such as debriefing, counselling, and mental health support, that help them cope with the emotional and psychological demands of their working environment, weighs heavily on their emotional well-being. P1 reported that, "I *believe that both the district and the school should establish structured support systems for educators. This should include regular meetings facilitated by trained professionals who can assess our mental and emotional well-being and provide a safe space for us to express how we feel and what we have experienced. Ideally, these sessions should take place every week."* This was also observed by participants by 3 more participants, whereby P7 stated that *"We need regular support from psychologists to help cope with the emotional aspects of our work. Counselling sessions from therapists are also valuable.*

At times, educators need support through wellness programs provided by the GDE." P8 reiterated this by stating, "*We need access to a counsellor at least once per term to help us cope with these challenges. A counsellor could provide guidance and support to maintain mental resilience."* P10 on the other hand stated that "*I would prefer that educators in maybe the hospital school would be trauma-informed, would get trauma-informed care of some sort, whereby there's a program where we can go and debrief, or maybe there is like a wellness stream. If we can get a psychologist who is designated to work with educators in our hospital school."* These findings indicate the need for a comprehensive and resident mental health program to support the emotional and psychological needs of teachers.

This theme is confirmed by existing research, which emphasises the significance of institutional wellness support. Studies by Hen (2020) and Małkowska-Szkutnik et al. (2021) found that hospital teachers are not supported to cope with the emotional stressors in their working environment. McNally (2020) stresses the need to implement wellness programmes to support hospital teachers. Furthermore, it is important to have a formalised policy framework to guide the operations of hospital schools within the identified support structure. This will be discussed in the following sub-theme.

- **Sub-theme 5.2: Formal Policy and Benchmarking**

This sub-theme indicates that there is limited benchmarking with other comparable hospital schools and limited formal policies and practices within hospital schools. This means that there are no systems in place to guide the functioning of schooling within the hospitals. For instance, P3 stated, *"I believe that educators need more professional development opportunities, such as workshops and benchmarking visits to other hospital schools. This would allow educators to learn from one another and understand how different hospital schools operate."* Limited collaboration among hospital schools reduces opportunities to share knowledge, skills, and teaching practices.
That said, P8 reported that *"Clear, standardised guidelines for hospital schools would be helpful."* This suggests that school policies favour mainstream education over hospital schooling, indicating that hospital schools operate without specific policies supporting their unique needs. Most of the time, school practices are driven by management's discretion rather than established policy frameworks. P9 stated that

"*The systems that they have in place are mainly addressing the needs and functioning of mainstream schools, which we can't do fully."* This suggests that the policies favour mainstream schools over hospital schooling, and teachers may feel compelled to follow a system that does not suit hospital schools. Most importantly, teachers might also feel unsupported in their specialised setting. P8 reported that *"Clear, standardised guidelines for hospital schools would be helpful."* This suggests that school policies favour mainstream schools over hospital schools, which appear to operate without specific policies. P9 stated that "*the systems that they have in place are mainly addressing the needs and functioning of mainstream schools, which we can't do fully."* School practices are frequently dictated by management discretion rather than formal policy frameworks.

This outcome highlights a significant gap within the context of this study, arising from a lack of formal policies and benchmarking against other hospital schools, which limits opportunities for improvement in hospital schools. This gap represents an area that has yet to be addressed and requires further research within the context of this study.

4.4 Summary of the Study

This chapter presented the findings as the experiences of teachers working in hospital schools, highlighting both the challenges and the rewarding aspects of the role. These findings indicate that teaching in this type of setting requires teachers to be flexible and willing to adapt their methods to accommodate different learners. This adaptability results in valuable professional growth, fostering empathy and compassion as teachers strive to better understand the medical conditions of their learners while engaging in teaching and learning.

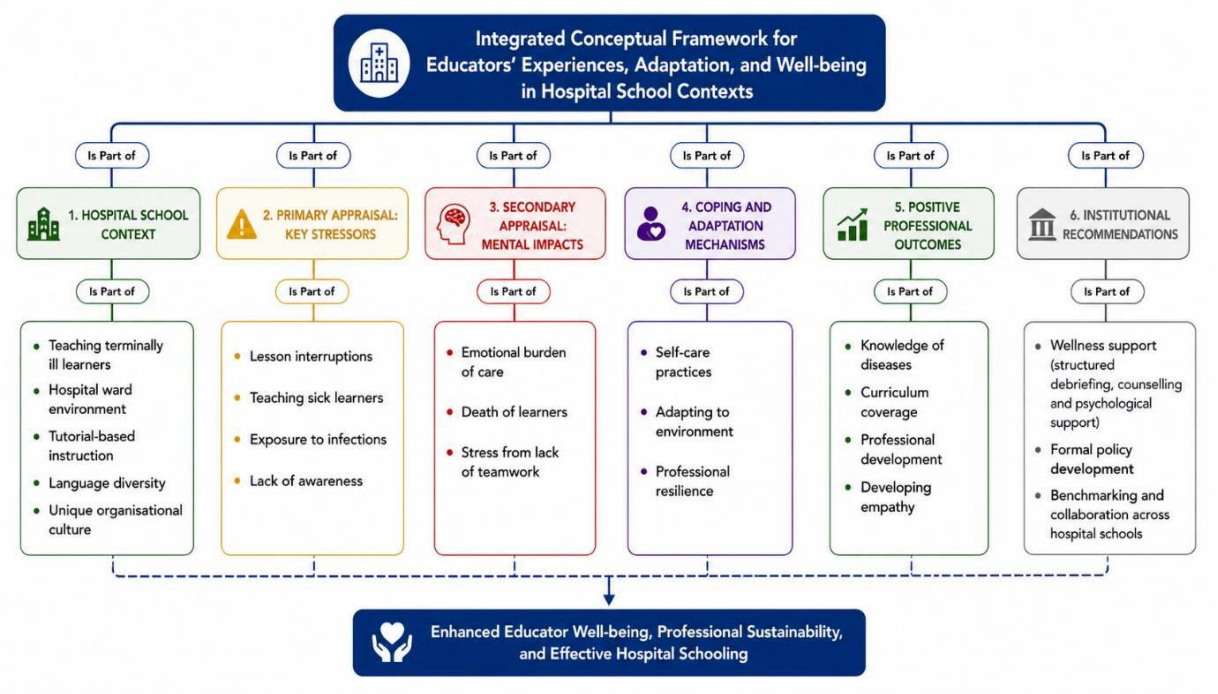
Furthermore, the findings reveal challenges associated with emotional stress and with limited support structures and policy frameworks for well-being. Operational policies for hospital schools make it especially difficult for teachers to cope. They are expected to adapt mainstream schooling policies to a hospital context, which often does not align at all.

The findings indicate that teaching in a hospital school can be rewarding for hospitalised learners and valuable for the professional growth of hospital teachers, thanks to the flexible scheduling and administration in such settings. The next chapter explores the implications of these results and proposes recommendations for future practices in hospital schools.

CHAPTER 5: DISCUSSIONS, RECOMMENDATIONS, AND CONCLUSION

5.1 Introduction

This chapter offers an interpretation and discussion of the study findings, which investigated the mental health and well-being of hospital teachers in a hospital school setting, through the primary research question: What are the mental health and well-being experiences of educators working in hospital schools in the Gauteng Province? The purpose of the chapter is to analyse the findings presented in Chapter 4 by interpreting the lived experiences of teaching within the hospital environment. This discussion relates to the existing literature on educator well-being, the stress and coping model, and the overall experiences of hospital schooling. Hospital schooling presents unique emotional and environmental challenges that extend beyond those teachers experience in mainstream schools. However, only a few studies have explored its influence on the mental health and well-being of hospital teachers. This study, therefore, contributes to addressing this gap by highlighting the lived experiences of hospital teachers and exploring the emotional effects of teaching in hospital settings in Gauteng Province. Figure 10 provides a brief overview of how this integration relates to the study.

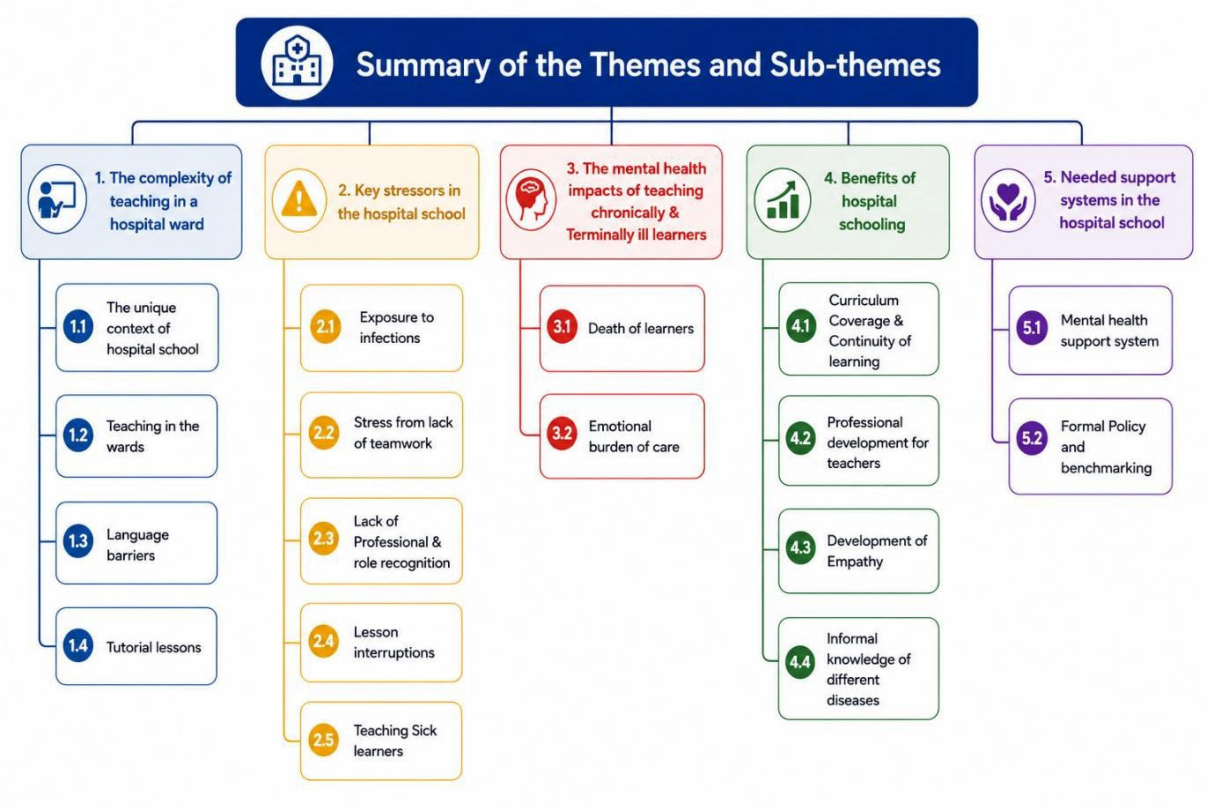


Source: Own Composition (2026)

Figure 10. Integrated conceptual framework - hospital school context

5.2 Overview of Emerging Themes

Five themes emerged from the data analysis, reflecting the experiences of hospital teachers working with terminally ill children (learners) in hospital schools. These themes capture the emotional and environmental demands faced by hospital teachers and the influence on their well-being. Figure 11 summarises the themes and sub-themes identified in this study.



Source: Own Composition (2026)

Figure 11. Summary of the themes and sub-themes

5.3. Interpretation of Themes in Relation to Research Questions.

To support a cohesive discussion of the findings, the following sections will address the study's research question (RQ). As stated above, the primary research question guiding this study was: What are the mental health and well-being experiences of educators working in hospital schools in the Gauteng Province? This overarching question was comprehensively explored through the secondary research questions.

The findings related to these questions are presented and discussed in the following section.

- **RQ 1.1: What are educators' experiences of teaching in hospital schools?**

The results of this research showed that teaching in a hospital is underpinned by complexity (Theme 1). These findings align with Rouse (2022) and Jiliberto & Alva (2025), who found that the structure of learning in hospital schools differs from that in mainstream settings. For example, as opposed to being taught in a classroom setting with traditional school desks and blackboards, most learners are taught at their bedside due to medical conditions. This highlights a need for flexible teaching approaches in hospital schools to accommodate the medical conditions of learners. Carstens (2008) highlighted that hospital teachers must adapt to the conditions of space and time. Teachers in this study reported that adaptation was the common practice among hospital teachers. This indicates that the unpredictability of the hospital environment can disturb teaching and learning. However, existing research recognises that adaptation in this context by hospital teachers is important, as learners who are ill can still benefit from being taught. Therefore, while teaching in a hospital school is complex and requires continuous flexibility from the teachers, learners are still able to benefit from the school.

The main challenge lies in managing this complexity, which includes teaching in a hospital ward, language barriers between learners and teachers, and adjusting the teaching style for each learner. These factors can influence teachers' mental health. When interpreted through the model of stress and coping, it suggests that the hospital environment is the primary source of stress appraisal. Teachers described feeling emotionally stretched and overwhelmed by the environment, which suggests that the environment is a challenge to their well-being. Highlighting a need for a support system structure to assist teachers in coping with the challenges of their environment.

Overall, the experiences of teachers in hospital schools are that teaching in a hospital school is underpinned by complexities, it has several unique key stressors, and it can lead to poor mental health outcomes. The teachers also report that while it can be

challenging and complex, teaching in this context can bring a sense of purpose, peace and perspective. To continue teaching in this context and to improve the well-being of the teachers, holistic mental health support systems are greatly required.

- **RQ 1.2: What are the key stressors and challenges faced by educators in this specialised educational setting?**

The findings of this study indicate that the hospital teachers experience several key stressors in hospital schools. Participants identified a lack of professional awareness, teaching terminally ill patients, and lesson interruptions as challenges that reflect both emotional and environmental demands within the hospital environment. These findings indicate that teaching in a hospital environment is emotionally challenging for hospital teachers who were never trained to work in such settings, requiring them to manage multiple responsibilities beyond their scope of practice. Teaching terminally ill children while managing the curriculum is challenging. It represents a significant source of stress and a dual responsibility that can become overwhelming, as they try to stay academically engaged despite their illnesses and feelings of helplessness.

These findings align with existing literature. Tomberli et al. (2023) confirm that the diverse challenges faced in a hospital context differ significantly and can affect teachers' well-being. These findings emphasise the necessity for improved working conditions in hospital education and the establishment of organised training programs for hospital teachers. Similarly, Kruger (2012) emphasises that, particularly in the South African context, hospital teachers encounter complex challenges. These findings highlight that these challenges are common; however, the participants' experiences show that inadequate role clarity and limited teamwork in the hospital setting worsen these stressors, requiring an urgent need for training and support to help teachers understand their environment. Just as health professionals receive training to work effectively in healthcare facilities, teachers also require similar training to adapt and cope without compromising their well-being.

When applying the Lazarus and Folkman (1987) model of stress and coping, it becomes clear that the main stressors originate from the hospital teachers' work environment. According to the themes and sub-themes identified thus far, primary

appraisal involves how the teachers assess stressful situations, such as teaching sick learners, limited awareness about teaching practices within the hospital, and lack of teamwork. These environmental demands require ongoing evaluation and consistent support as part of effective coping mechanisms. The results indicate that workplace challenges can contribute to stress among hospital teachers. Teachers are often required to be flexible, improvise, and adapt to their setting, which can be difficult without proper support. Addressing these issues could enhance teacher well-being and improve hospital schools as supportive learning environments.

- **RQ 1.3: How has working in a hospital school influenceed the mental health of teachers?**

The findings of this study reveal that teaching chronically and terminally ill learners has an emotional influence on hospital teachers, who often witness their learners' health deteriorate and their eventual deaths. Hospital teachers reported feeling emotionally exhausted and having to manage their own emotions during lessons. For some teachers, this can be difficult because they are also vulnerable and affected by their environment, increasing their emotional stress. These experiences indicate that the hospital environment necessitates continuous emotional engagement with sick learners and the grief surrounding them. While teachers acknowledged the emotional burden of teaching and the strain they experienced, they did not describe their experiences as burnout, depression, or anxiety. Instead, they described their experiences as sadness, grief, secondary trauma and emotional. These findings are therefore presented as teachers' subjective experiences of emotional and psychological strain rather than as clinical diagnoses of burnout, depression, or anxiety.

The findings align with the existing literature. For example, Ayalew et al. (2022) found that emotional exhaustion is common when working directly with ill people. In the context of this study, teachers and learners are likely to develop an attachment, which is relevant given the nature of the school. Being close to the learners makes teachers aware of their condition, especially when the learner's health worsens, which cannot be avoided. Getting too emotionally involved and being vulnerable are common for hospital teachers. This suggests hospital teachers may not observe professional and

emotional boundaries, potentially increasing teachers' emotional vulnerability within the hospital setting.

This finding confirms the emotional burden that hospital teachers experience when working with terminally ill children and dealing with the grief of their learners. The study also suggests that frequent exposure to traumatic situations puts teachers at risk of emotional exhaustion.
When integrating these findings with the model of stress and coping, the absence of institutional wellness structures in hospital schools may influence educators' secondary appraisal processes, where teachers think they can handle the situations affecting their emotional well-being independently.

This study highlights the importance of establishing permanent, structured mental health support systems for hospital teachers. Examples of such support include debriefing sessions, access to a designated psychologist, and counselling services. These interventions can assist hospital teachers in processing their experiences more effectively, alleviating emotional stress, and enhancing their overall mental well-being within the hospital setting.

- **RQ 1.4: What are the key benefits gained by educators teaching in this specialised educational setting**

This study reveals that working in a hospital setting offers both professional and personal advantages for hospital teachers and learners. Teachers see hospital schools as catch-up programs that enable learners to continue their education, and they derive satisfaction from their learners' happiness. They take pride in witnessing academic progress and providing emotional support, showing resilience in their teaching despite learners' medical challenges. This involvement creates a sense of purpose and job fulfilment within the hospital environment.

Most teachers identified professional development as a key advantage of working in this setting, citing the flexibility of their reduced administrative tasks. They feel motivated to pursue further professional studies in the comfort of their working environment. This dual influence positively influences the teachers' careers, a unique

contribution that has not been widely discussed in previous studies on hospital schooling.

Furthermore, the emotional support teachers provide extends beyond academics; it also encompasses pastoral care, which is a significant aspect of education in hospital schools. This support includes empathy, encouragement, and a genuine understanding of learners' medical conditions, indicating that teachers' roles surpass the traditional curriculum. Such experiences highlight the complex emotions involved in teaching in a hospital setting.

These findings align with the existing literature of Keehan (2021), which explains that the development of hospital schools was aimed at bridging curriculum gaps. This reflects the exact experiences of hospital teachers. Hen and Gilan-Shochat (2022) emphasised that hospital schools play a vital role in upholding children's educational rights, ensuring that hospitalised learners are not excluded and that their right to education is not compromised during their hospital admissions. Participants in this study highlighted similar sentiments. The findings of this study broaden this perspective by emphasising the professional and personal rewards experienced by hospital teachers. These rewards stem from working in a hospital context and include supporting professional growth and demonstrating compassion for their learners. Such positive aspects can motivate hospital school teachers to feel more satisfied with their work environment.

- **RQ 1.5: What are the mental well-being support needs of teachers working in hospital schools? And**

- **RQ 1.6: What strategies and interventions can be recommended to promote the mental health and well-being of educators in hospital schools?**

Theme five revealed that teachers need institutional wellness programmes and policy-led school structures and functioning. Participants noted the absence of structured wellness programmes, and that some rely on private consultation with a psychologist,

while others cope by adjusting to the environment. This indicates that the mental health support system of hospital teachers is not structured to fully support them, especially in this context, which is emotionally challenging. Additionally, there are limited formal policy frameworks that guide the functioning and practices of hospital schools in Gauteng.

Benchmarking with other hospital schools was reported to be limited, emphasising the need to adopt best practices and enhance hospital school operations. These findings reveal a gap concerning wellness programs within the hospital school, suggesting that the School Management Team (SMT) does not acknowledge the mental health needs of its teachers. Additionally, the hospital's operational practices and policies are not assessed for their effectiveness or potential improvements.

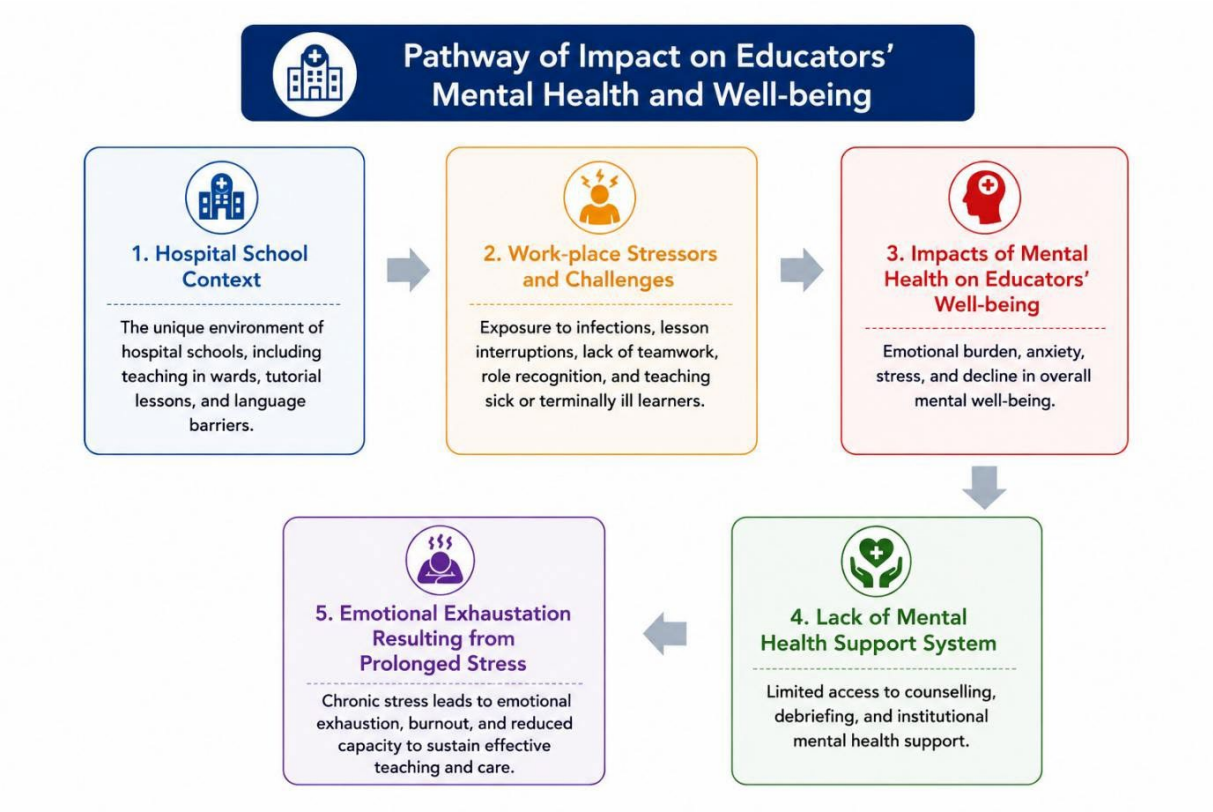
These findings align with Hen (2020) and Małkowska-Szkutnik et al. (2021), who found that hospital teachers often lack training to cope with the emotionally taxing aspects of their roles. This strongly supports the findings of the study, as all participants indicated the need for a dedicated psychologist or a structured wellness program accessible whenever necessary. This suggests the importance of structured wellness programmes to help manage the mental health influences of hospital teachers.
McNally (2020) further explains individual coping strategies to alleviate emotional exhaustion, such as prayer, which participants reported using. However, this suggests that temporary solutions are insufficient for addressing overall well-being, aligning with the findings of the study. Shore (2019) also emphasises that self-care can be practised by teachers, especially given the lack of institutional wellness programs, to support their mental health. This underscores the critical role of institutional support in reducing teacher stress. The researcher offers practical and policy recommendations based on participant responses later in this chapter.

5.4. A Conceptual and Theoretical overview showing how themes relate to one another

The research was based on Lazarus and Folkman's (1987) transactional model of stress and coping to explore the mental well-being of educators teaching at a hospital school. The model provided a theoretical perspective that helped in understanding the findings , particularly in relation to how hospital teachers appraise environmental demands, experience stress, and respond using available coping resources**.** By adopting this theory, the study aimed to understand how hospital teachers explain their stressors when working in the hospital context. The results indicate that the model was suitable in explaining how hospital teachers appraise and react to environmental stressors, including emotional demands, teaching very sick learners, and lack of institutional well-being programmes.

The model helped explain coping mechanisms that could be adopted in the absence of wellness support within these institutions. However, some findings relating to the benefits of hospital schooling and the policy framework did not fall within the scope of this model. The model is closely connected to the three primary research questions and objectives of this study, which aimed to understand stress-related experiences of hospital teachers when teaching terminally ill children.

The findings were examined through Lazarus and Folkman's (1987) model of stress and coping. Figure 12 illustrates that the hospital school environment contributes to stressors for hospital teachers, which negatively affect their well-being and lead to emotional exhaustion. The absence of institutional mental health support systems further exacerbates these issues. The themes are therefore conceptually connected through the processes of environmental demands, stress appraisal, coping, and perceived resources.



Source: Own Composition (2026)

Figure 12. Pathway of influence on educators

- Theme 1: The complexity of teaching in a hospital ward.

Describes the environment where hospital teachers experience stress, such as teaching sick learners in wards, handling unexpected interruptions, and exposure to illness. These situations form the context for how they appraise stress.

According to Lazarus and Folkman's (1987) transactional model of stress and coping, teachers may perceive these demands as stressful when they appraise the hospital environment as challenging or potentially threatening to their well-being. This primary appraisal provides a basis for understanding how the hospital ward environment contributes to teachers' experiences of stress**.**

- Theme 2: Key stressors in hospital schools.

This reflects the primary appraisal, where teachers pointed out issues such as lesson interruptions, lack of teamwork, insufficient institutional support for teaching sick learners, and unawareness of hospital schooling roles and practices. In this study,

they perceive these environmental stressors as daily sources of stress. This illustrates Lazarus and Folkmans (1987) idea of primary appraisal, where individuals assess if environmental demands are challenging,or pose a stress to their well-being

- Theme 3: The mental health influence of teaching chronically and terminally ill learners.

Teachers' mental influences explain how stress appraisal of the teaching environment affects them. These influences include emotional strain from counselling by unqualified teachers supporting learners' psychological needs, the bond between teacher and learner, and expressions of compassion and empathy, along with grief management. Secondary appraisal relates to the resources available to manage stressors. The research findings highlight the emotional experiences of teachers, illustrating how the pressures of the hospital setting can affect their overall well-being. In this study, there is no formal wellness support system to help teachers cope with environmental stressors. Instead, teachers depend on private consultations they arrange themselves, self-care, and adapting to their surroundings. The absence of these coping resources is therefore important in understanding how teachers manage the emotional demands associated with their work.

- Theme 4: Benefits of hospital schooling in the context of this study.

This is viewed as a coping strategy in the hospital setting, where learners' happiness, compassion, and sense of purpose are emphasised. It exemplifies emotion-focused coping by seeking meaning within their environment.

- Theme 5: Needed support structure in hospital schooling

This also relates to secondary appraisal; hospital teachers describe having an absence wellness structure to manage emotional stress caused by grief, sadness, and secondary trauma. Lazarus and Folkman's (1987) model suggests that people's reactions to stress are shaped both by how they assess environmental challenges and by their views on the resources they must use to handle those challenges. Consequently, the lack of institutional support in hospital schools affects teachers' ability to cope effectively. The

study confirms the model's relevance by showing how environmental stressors influence the development of coping strategies in hospital schools.

5.5 Support and Practice Recommendations

The final and key objective of this study was to identify and develop recommendations and intervention strategies to promote the mental health and well-being of educators in hospital schools. Findings from the study suggest hospital teachers are aware and concerned with challenges related to their well-being and the hospital context. Several recommendations are proposed to support the mental well-being of educators teaching in hospital schools, namely:

I. Development of Structured Wellness Programmes (Institutional Support)

The findings exposed that hospital teachers experience emotional and professional challenges related to teaching sick learners in hospital schools. Therefore, it is highly recommended that institutional managers and wellness authorities in education provide a structured and permanent support system for hospital teachers, including wellness programmes, counselling services, and debriefing sessions to promote mental well-being.

II. Awareness and Policy Framework for Hospital Schools

The study highlights the importance of increasing awareness about hospital schooling operations and practices. Hospital schools remain under-recognised within the education system, with a limited understanding of their role and functioning. Educational authorities should work to raise awareness of hospital schooling and emphasise the crucial role educators play in maintaining educational continuity for hospitalised learners. Additionally, policies need to be refined to better guide the operation of hospital schools.
Relating to procedures in the wards, adjusting the hospital curriculum, and educator roles and responsibilities within the hospital and support structures. Such policies improve the effectiveness of hospital schools.

III. Specialised Training

The findings indicated that the hospital environment requires specialised skills, including emotional support for learners. It is recommended that specialised training be arranged to prepare educators for the varied challenges of the hospital context.

IV. Improved Teaching Classrooms within the Wards

Participants pointed out challenges in teaching on the wards, especially the lack of dedicated learning spaces. Therefore, providing suitable learning areas within the wards is recommended to support curriculum activities and improve working conditions for hospital teachers.

V. Future Research

Future research might examine the experiences of hospital teachers in different provinces to expand understanding of hospital school teaching. Additionally, future studies could investigate new methods to enhance collaboration between health and education sectors in supporting and promoting hospital schooling.

5.6 Limitations of the Study

Location limitations (Gauteng): The study was conducted exclusively at three hospital schools within Gauteng province. As a result, the findings may not reflect the context of hospital schools in other provinces or countries.

Gender imbalance in hospital schools: Most study participants were female teachers, with just one male participant. Consequently, male viewpoints and experiences within the hospital teaching environment might not be fully captured. This situation reflects the staffing reality in hospital schools, where data from each institution showed a notably lower number of male teachers across all three hospitals.

The study focuses on hospital teachers as participants, excluding other health professionals from the hospital. This might restrict insights into perceptions of hospital schooling and the roles of teachers in that environment.

5.7 Trustworthiness of the Study

The research results were analysed to represent the experiences of hospital teachers throughout the study. Credibility was established through meticulous verification of the research journal and participant checklist, with transcription supported by Otter and analysis performed using ATLAS.ti to identify emerging codes. Transferability was addressed by providing detailed descriptions of participant experiences, including verbatim quotations in Chapter 4 to illustrate relevance to similar settings. Dependability was maintained through organised documentation of data collection, such as consented audio recordings of interviews. Confirmability was ensured by utilising a reflexive journal to reduce bias and anchor the findings in participants' experiences. Overall, the results reflect the experiences of participants teaching in a hospital school, with all qualitative methods outlined in Chapter 3 being carefully followed.

5.8 Summary of the Study

The study explored the experiences of educators teaching in a hospital school and how it influences their mental well-being. The findings reveal complex and rewarding benefits for both teachers and learners. The lack of institutional wellness support and awareness indicates a need for urgent interventions to support the well-being of hospital teachers. The contribution of this research provided qualitative research on hospital schooling, specifically the mental well-being of teachers, a limited area that is underexplored. The study adopted a phenomenological approach reflecting the subjective realities of teachers working in hospital school settings when teaching terminally ill learners, as well as presenting theoretical and practical implications for improvement. The findings acknowledge that supporting the mental well-being of hospital teachers and their surroundings is important for ensuring effective schooling for hospitalised learners. The study aligned with its objectives and laid a foundation for future research and policy improvement in the context of the study.

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APPENDICES

APPENDIX A: ETHICS CLEARANCE CERTIFICATE

UNISA university of south africa

College of Education _ERC

NHREC Registration # : (if applicable)
Ref #: 10511
Name: Miss Ntlhompheng Khaile
Student #: 50955683
Staff #:

Date: 03/12/2025

Dear: Miss Ntlhompheng Khaile

Decision: Ethics Approval from 03/12/2025 to 02/12/2028

Researcher: Miss Ntlhompheng Khaile

9714 Hayseed street ,The Orchards ,Akasia

Pretoria

50955683@mylife.unisa.ac.za 0782689134

Supervisor: Dr Charity Mokgaeti Somo esomocm@unisa.ac.za

Co-Supervisor: Prof Kamleshie Mohangi mohank@unisa.ac.za

Co-Researcher(s):

Email address:

The Mental Wellbeing of Educators in Hospital Schools in The Gauteng Province

Qualification: MED; Psychology of education (98407)

Thank you for the application for research ethics approval by the College of Education _ERC Psychology of Education for the above-mentioned research study. Ethics approval is granted for three years.

The **medium risk application** was **reviewed** by the College of Education _ERC in compliance with the Unisa Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment.

The proposed research may now commence with the provisions that:

1. The researcher(s) will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.
2. Any adverse circumstance arising during the undertaking of the research study that may affect the ethical integrity of the study, including those involving research participants, third parties, or juristic persons, must be reported in writing to the College of Education _ERC without delay.
3. The researcher(s) will conduct the study according to the methods and procedures set out in the approved application.
4. Any changes that may affect study-related risks to research participants, juristic or third persons, must be reported in writing to the College of Education _ERC , accompanied by a progress report.

5. The researcher will ensure that the research study complies with all applicable national legislation, professional codes of conduct, institutional guidelines, and scientific standards relevant to the specific field of study. Where applicable, adherence to the following South African legislation is essential: the Protection of Personal Information Act (No. 4 of 2013), the Children's Act (No. 38 of 2005), and the National Health Act (No. 61 of 2003)

6. Future use of this research data is permitted only in de-identified form and only for secondary research with objectives similar to those of the original study. Any secondary use involving identifiable human data will require additional ethics clearance.

7. No fieldwork activities may continue beyond the stated expiry date (02/12/2028). A completed Research Ethics Progress Report must be submitted as an application for renewal and is subject to approval by the Research Ethics Committee. A Close-Out Report must be submitted upon completion of the research study.

8. The College of Education _ERC may require the submission of regular progress reports on an annual basis, in alignment with Section 7.2 of the Unisa Policy on Research Ethics (2024).

Additional Conditions

1. Disclosure of data to third parties is prohibited without explicit consent from the research participants and Unisa.
2. Research data must be stored in compliance with the university's research data management policy for a period of up to 15 years.
3. When publishing the results, the researcher must take appropriate precautions to safeguard the confidentiality and privacy of the research participants, juristic persons, third parties, and the university, in accordance with institutional policies and ethical standards.
4. Adherence to the National Statement on Ethical Research and Publication Practices, specifically Principle 7 on Social Awareness, must be ensured. This principle states: 'Researchers and institutions must be sensitive to the potential impact of their research on society, marginal groups, or individuals, and must consider these when weighing the benefits of the research against any harmful effects, with a view to minimising or avoiding the latter where possible.' The University of South Africa (Unisa) accepts no liability for any failure to comply with this principle.

Note

The reference number 10511 should be clearly indicated on all forms of communication with the intended research participants, as well as with the Committee.

Kind regards,

Prof Justin Oswin August
Chair of College of Education _ERC
E-mail: augusjo@unisa.ac.za

APPENDIX B: PROOF OF EDITING

Certificate of Editing

This is to certify that I, *Pule Matthews Mogorosi*, a qualified professional copy editor, certificate no: 59679311-01-J9B0 (UCT), affiliated with Eudoxia Research University (ERC/IIP/3091), have edited the following mini-dissertation.

Title of Dissertation/Thesis:

The Mental Health of Educators in Hospital Schools in The Gauteng Province

Author (Student):

NM KHAILE

orcid.org/0000-0000-0000-0000

Student Number: 50955683

Qualification

Master of Education: Psychology of Education

Scope of Editing:

I, the undersigned, performed an academic edit on this manuscript, which included:

- Language editing: UK (grammar, spelling, punctuation, syntax, clarity, and coherence).
- Structural editing refinement to enhance academic rigour and logical flow.
- Referencing consistency checks
- Technical Conformity (tables, figures, headings, numbering)

Declaration:

I am not a member of the author (student) supervisory, assessment, or examination committee. All ideas, arguments, analyses, interpretations, and conclusions are solely the author's own evidence. No academic content was added, modified, or created, other than improving language and presentation. All edits were conducted ethically and in accordance with academic integrity standards.

Editor's Details:

Name: Pule Matthews Mogorosi

Qualifications: MBA (NWU) | PGDip: Management (NWU) | PGCE (NWU)
PGDip: HTM (UCT) | NDip: Ele Eng (CUT) | OHS (UCT)
Copy-Ed (UCT)

Affiliation: Eudoxia Research University (ERC/IIP/3091)

Email: pule.m.m@icloud.com

Phone: +27 78 049 2058 or +27 74 578 4529 (WhatsApp)

Business Address: No. 29 Wilgen Street, Dassierand, Potchefstroom, 2532

Signature: _____ Date: 08 June 2026

APPENDIX C: TURNITIN SIMILARITY INDEX

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APPENDIX D: PERMISSION TO CONDUCT RESEARCH

GAUTENG PROVINCE
Department: Education
REPUBLIC OF SOUTH AFRICA

8/4/4/1/2

GDE RESEARCH APPROVAL LETTER

Date:	06 February 2026
Validity of Research Approval:	09 February 2026 – 30 September 2026 2025/558A
Name of Researcher:	Khaile NM
Address of Researcher:	9714 Hayseed Street The Orchards EXT 84
	Akasia 0182
Telephone Number:	0782689134
Email address:	ntlhomphengkhaile@gmail.com
Research Topic:	The Mental Well-Being of Educators in Hospital Schools in The Gauteng Province
Name of University:	UNISA
Type of qualification	Masters
Number and type of schools:	3 LSEN Schools
District/s/HO	Johannesburg Central, Tshwane West, Tshwane South

Re: Approval in Respect of Request to Conduct Research

This letter serves to ndcate tha: approval is hereby granted to the above-mentioned researcher to proceed with research in respect of the study indicated above. The onus rests with the researcher to negotiate appropriate and relevant time schedules with the school/s and/or offices involved to conduct the research. A separate copy of this letter must be presented to both the School (both Principal and SGB) and the District/Head Office Senior Manager confirming that permission has been granted for the research to be conducted.

The following conditions apply to GDE research. The researcher may proceed with the above study subject to the conditions listed below being met. Approval may be withdrawn should any of the conditions listed below be flouted:

Making education a societal priority

Office of the Director: Education Research and Knowledge Management
7th Floor, 17 Simmonds Street, Johannesburg, 2001
Tel: (011) 355 0488
E-mail: Faith.Tshabalala@gauteng.gov.za
Website: www.education.gpg.gov.za

APPENDIX E: INFORMATION AND LETTER OF CONSENT

UNISA university of south africa

Human Participant Information Sheet and Consent Form

PARTICIPANT INFORMATION SHEET

Ethics clearance reference number: _____

Date: _____

Title: The Mental Health of Educators in hospital schools in the Gauteng province.

Dear Prospective Participant

My name is Ntlhompheng Marta Khaile, and I am conducting research under the supervision of Dr. CM Somo, a lecturer in the Department of Psychology at the University of South Africa. you are invited to participate in a study entitled The mental well-being of Educators in hospital Schools in the Gauteng Province.

WHAT IS THE PURPOSE OF THE STUDY?

I am conducting this research to explore and understand the mental well-being needs of educators teaching in hospital schools in Gauteng, South Africa, and the factors that impact the mental well-being of these educators will be investigated, as well as strategies and intervention programs that may help to promote the mental well-being of educators in hospital schools.

WHY AM I INVITED TO PARTICIPATE?

You are invited to participate because you meet the criteria for teachers who work in a hospital school. I am interviewing teachers about their experiences working in a hospital school. I obtained your contact details from the GDE database of the Gauteng Department of Education with the permission of your school principal; the study will include approximately 18 participants.

University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
www.unisa.ac.za

WHAT IS THE NATURE OF MY PARTICIPATION IN THIS STUDY?

The study involves semi-structured interviews. The expected duration of the interview is 45–60 minutes. you will be asked open-ended research questions about your experience as a hospital teacher. Examples of questions include the following.

Theme 1: Influence of the hospital setting on the teaching and learning of hospitalised learners.

Theme 2: Mental well-being needs of educators in hospital schools.

Theme 3: The key stressors and challenges faced by educators in this specialised educational setting.

Theme 4: Strategies and interventions to promote the mental health and well-being of educators in hospital schools.

CAN I WITHDRAW FROM THIS STUDY EVEN AFTER HAVING AGREED TO PARTICIPATE

Participating in this study is voluntary and you are not under no obligation to consent to participate. If you decide to participate, this information sheet will be given to keep and you will be asked to sign a written consent form. You are free to withdraw at any time and without providing a reason. You may request that your data (interview recording and transcripts) be removed from the study; however, once the data has been anonymised and attached to the final analysis, it will not be possible to withdraw because it cannot be linked back to you.

WHAT ARE THE POTENTIAL BENEFITS OF PARTICIPANT IN THIS STUDY?

Participating in this study will not result in any financial or other form of gain. However, you may benefit through the phenomenological process by sharing your lived experiences, which will allow you to reflect on your own well-being and promote personal awareness and acknowledgement of coping strategies. The study aims to inform the development of policies related to hospital schools, the implementation of wellness and support programmes specifically for educators working in complex settings, as well as professional interventions aligned with their needs. Furthermore, your voices will be authentically represented so that you are heard and validated, thus contributing to a deeper understanding of educators well-being.

ARE THERE NEGATIVE CONSEQUENCES FOR ME IF I PARTICIPATE IN THE RESEARCH PROJECT?

University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
www.unisa.ac.za

There are no physical risks linked with this study; however, you may experience some emotional discomfort when discussing the mental stressors of teaching terminally ill children, should this happen and you become unable to continue with the research study, the interview will be stopped and you will be provided with a list of on-site clinics and wellness facilities within the hospital where they provide mental health care at no cost.

To mitigate these risks, the following measures will be in place:

- You are free to stop or stop the interview at any time without giving any reason.
- You may not answer questions that make you uncomfortable.
- A professional psychologist will be on standby for support for debriefing the interview.

WILL THE INFORMATION THAT I CONVEY TO THE RESEARCHER AND MY IDENTITY BE KEPT CONFIDENTIAL?

Your name will not be recorded anywhere, and no one will be able to connect you to the answers you provide, this measure refers to anonymity. Your answers will be assigned a code number or a pseudonym, and you will be referred to in this way in the data, publications, or any other research reporting methods, such as conference proceedings. *This measure refers to confidentiality.*

HOW WILL THE RESEARCHER(S) PROTECT THE SECURITY OF DATA?

electronic information (research interviews and transcribed interviews) will be stored on a password-protected computer. Future use of the stored data will be subject to further Research Ethics Review and approval

WILL I RECEIVE PAYMENT OR ANY INCENTIVES FOR PARTICIPATING IN THIS STUDY?

There will be no payment or incentives for participation in the research and you will not incur any additional expenses because of participating in this study.

HAS THE STUDY RECEIVED ETHICS APPROVAL?

This study has received written approval from the Research Ethics Review Committee of the College of Education_ *ERC Psychology of Education,* Unisa. A copy of the approval letter can be obtained from the researcher if you wish.

University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
www.unisa.ac.za

HOW WILL I BE INFORMED OF THE FINDINGS/RESULTS OF THE RESEARCH?

If you would like to be informed about the final research findings, please contact Ntlhompheng on 0782689134 or Email: ntlhomphengkhaile@gmail.com

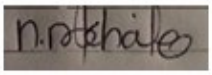
Should you have concerns about the way in which the research has been conducted, you may contact Dr. Charity Mokgaetji Somo. Email: esomocm@unisa.ac.za

Office phone: 012 420 2022

Thank you for taking the time to read this information sheet and participating in this study.

If you agree to participate in the study, please sign the form on the next page.

Thank you.



Miss Ntlhompheng Khaile

University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
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Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
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UNISA university of south africa

CONSENT TO PARTICIPATE IN THIS STUDY

I, _____ (participant name), confirm that the person asking my consent to take part in this research has told me about the nature, procedure, potential benefits, and anticipated inconvenience of participation.

I have read (or had explained to me) and understood the study as explained in the information sheet.

I have had a sufficient opportunity to ask questions and am ready to participate in the study.

I understand that my participation is voluntary and that I am free to withdraw at any time without penalty (if applicable).

I am aware that the findings of this study will be processed into a research report, journal publications, and/or conference proceedings, but that my participation will be kept confidential unless otherwise specified.

I agree to the recording of the <insert specific data collection method>.

I have received a signed copy of the informed consent agreement.

Participant Name & Surname..... (please print)

Participant Signature.....Date.....

Researcher's Name & Surname.....(please print)

Researcher's signature.....Date.....

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