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10.30546/2518-752X.2.507.01067

FROM ISOLATION TO INTERACTION: DEVELOPING COMMUNICATIVE COMPETENCE IN HOSPITALIZED CHILDREN

Keywords: *hospital pedagogy, hybrid learning, communicative competence, inclusive education, resilience*

Açar sözlər: *xəstəxana pedaqogikası, hibrid öyrənmə, kommunikativ səriştə, inklüziv təhsil, davamlılıq.*

Ключевые слова: *госпитальная педагогика, гибридное обучение, коммуникативная компетенция, инклюзивное образование, устойчивость.*

Hospital pedagogy has emerged as a vital field within inclusive education, ensuring that children undergoing medical treatment are not deprived of their right to learning. Prolonged hospitalization often disrupts academic progress, peer interaction, and emotional development, which can lead to educational and social exclusion if left unaddressed [1, p.1]. Hospital schools, sometimes referred to as *Mehrli maktab* in Uzbekistan, provide specialized instruction tailored to the needs of children with chronic or temporary illnesses. These institutions combine pedagogical expertise with healthcare support, thereby safeguarding continuity in both academic and social development [2, p.143]. In recent years, attention has increasingly shifted toward communicative competence as a central aim of hospital pedagogy. Communicative competence, originally defined by Hymes (1972) as the effective and context-appropriate use of language, has been expanded to include pragmatic, intercultural, and emotional dimensions of interaction. For hospitalized children, the ability to communicate is not only essential for academic success but also for maintaining resilience, building relationships, and navigating healthcare environments [3, p.1123]. Hybrid methods of teaching, which blend in-person and digital modes, have further transformed hospital pedagogy, opening new opportunities for interaction and inclusivity [4, p.45]. This article examines how communicative competence can be cultivated through hospital pedagogy, with a focus on hybrid learning approaches. Drawing on both Uzbek and international scholarship, the study explores the theoretical foundations, inclusive practices, emotional dimensions, teacher roles, healthcare communication, and cultural considerations that shape communicative competence in hospital schools.

Foundations of Communicative Competence. The notion of communicative competence emphasizes the social and functional aspects of language use, extending beyond grammar to include pragmatic and intercultural abilities [5, p.269]. In hospital settings, this competence plays a dual role: it enables children to participate meaningfully in learning while also offering therapeutic support in coping with

illness [1, p.2-3]. Vygotsky's (1978) sociocultural perspective reinforces this view, positioning communication as a medium for both cognitive development and emotional regulation. Research confirms that hospital-based instruction, when designed around interaction and dialogue, promotes self-expression and sustains students' sense of identity during treatment [3, p.138].

Hospital Pedagogy as Inclusive Educational Practice. Hospital pedagogy is fundamentally inclusive, as it ensures that medical conditions do not become barriers to education. International research highlights the importance of flexible curricula, collaborative work between teachers and healthcare staff, and individualized learning plans [4, p.45-62]. In Uzbekistan, the establishment of *Mehrli maktab* represents a localized effort to embed these principles into the national system, reflecting both global commitments and cultural contexts [6, p.1880-1882]. Such practices not only secure academic continuity but also foster social belonging, enabling hospitalized students to maintain a connection with peers and the wider learning community [1, p.4].

Resilience and Social-Emotional Learning (SEL). Hospitalization often exposes children to stress, anxiety, and isolation, making resilience a critical outcome of hospital pedagogy. Integrating social-emotional learning (SEL) into educational programs helps children build emotional regulation, empathy, and social skills [3, p.1123-1138]. Empirical studies suggest that SEL-oriented practices enhance psychological well-being and facilitate reintegration into mainstream schooling after recovery [7, p.9-12]. Teachers in hospital schools contribute to resilience by creating supportive environments where students feel safe to communicate and express themselves. In this way, hospital pedagogy balances academic goals with the emotional and psychological needs of learners.

Teachers' Roles, Professional Development, and Hybrid Learning. Teachers in hospital schools assume multifaceted roles that combine instruction, counseling, and coordination with medical professionals [1, p.3]. Their effectiveness depends on specialized training that develops skills in inclusive pedagogy, empathy, and the use of educational technologies [6, p.1882-1884]. The shift toward hybrid learning, accelerated during the COVID-19 pandemic, has further expanded teachers' responsibilities. Digital tools such as Zoom and Google Classroom allow hospitalized children to remain engaged with lessons and peers despite physical isolation [3, p.1123-1138]. Research from Uzbekistan highlights that hybrid formats not only ensure academic continuity but also strengthen communicative competence through interactive digital tasks [8, p.255-257]. Thus, teacher training and technological adaptation are essential pillars of modern hospital pedagogy.

Communication Insights from Healthcare & Cultural Competence. Effective communication in hospital pedagogy parallels practices in healthcare, where clarity, empathy, and trust are central to patient well-being [9, p.22-28]. Similarly, teachers must adjust communication strategies to meet the linguistic, cognitive, and emotional needs of hospitalized learners. Cultural competence further enhances these interactions, ensuring inclusivity across diverse backgrounds [1, p.1-3]. In Uzbekistan's multilingual and multicultural context, teachers who integrate cultural awareness into their practice foster greater trust and participation among students

[10, p.323-325]. Such cross-disciplinary insights underscore the interdependence of healthcare and education in hospital environments.

Synthesis: Toward Communicative Competence in Hospital Pedagogy.

Taken together, the literature demonstrates that hospital pedagogy extends beyond academic support to encompass communicative, emotional, and social dimensions of child development. Building communicative competence involves not only linguistic instruction but also fostering resilience, emotional intelligence, and cultural sensitivity [4, p.45-62]. Uzbek scholarship adds unique perspectives by contextualizing these global insights within the *Mehrli maktab* framework, which integrates inclusivity, digital innovation, and cultural awareness [2, p.143-150]. Overall, communicative competence emerges as both the goal and the mechanism of hospital pedagogy, positioning it as a transformative model of inclusive education.

Research Design. This study employed a qualitative research design to investigate the role of hybrid learning in developing communicative competence among hospital school students. Qualitative methods provide rich, descriptive insights into learners' lived experiences and are especially appropriate in medical and inclusive educational contexts [10, p.323-325]. This design aligns with hospital pedagogy research, which emphasizes individualized learning and the emotional dimensions of education in medical environments.

Participants. The participants consisted of hospital school students and teachers directly engaged in hybrid education. Students were selected through purposive sampling, focusing on those with extended hospitalization or long-term home-based instruction due to chronic illness. They represented various age groups within primary and lower-secondary education.

Teachers were included based on their professional experience in **hospital pedagogy, inclusive education, or blended learning**, ensuring informed perspectives on pedagogy in hybrid settings. This balance of student and teacher voices aimed to create a holistic view of communicative competence development [11, p.273-276].

Data Collection

Data were collected using three complementary methods:

- **Semi-structured interviews:** Conducted with both students and teachers. Student interviews explored self-expression, peer communication, and confidence in hybrid environments. Teacher interviews examined pedagogical strategies, challenges, and digital tool use.

- **Classroom and online observations:** Carried out in hospital classrooms and virtual sessions to capture real-time communication, participation, and engagement strategies.

- **Document analysis:** Lesson plans, instructional materials, and digital platform logs were reviewed to assess how hybrid methods embedded communicative goals.

Data Analysis. Thematic analysis was employed to analyze interview transcripts, observation notes, and documents [12, p.77-101]. Codes were generated to identify recurring themes, which were then grouped into broader categories reflecting aspects of communicative competence: listening, speaking, peer interaction, and digital communication. Triangulation across interviews, observations,

and document analysis strengthened reliability. Findings were also compared with existing literature on hospital pedagogy and hybrid learning.

Ethical Considerations. Strict ethical standards were maintained due to the vulnerability of the study population. Approval was secured from educational and medical authorities. Informed consent was obtained from parents or guardians, and assent was sought from students with age-appropriate explanations. Anonymity and confidentiality were guaranteed, and participants could withdraw at any time. Care was taken to ensure research activities did not interfere with medical treatment or emotional well-being [2, p.143].

Findings. Analysis of interviews, observations, and lesson materials highlighted several consistent themes. First, hybrid learning environments provided hospital school students with greater opportunities for communication compared to traditional bedside or classroom-only models. Students expressed feeling more connected when digital tools allowed them to participate in group discussions, interact with peers, and maintain contact with teachers during extended treatment periods. Teachers reported that hybrid methods made it easier to personalize learning, encourage self-expression, and integrate communication-focused tasks, such as online presentations or collaborative projects.

Observations confirmed that communicative competence— particularly listening and speaking skills – was strengthened when students engaged in both in-person and online interaction. Digital platforms facilitated confidence-building, as shy or withdrawn students often felt more comfortable participating through chat functions or smaller breakout groups. Document analysis further revealed that teachers were intentionally embedding communicative objectives into lesson plans, reflecting a shift from purely academic instruction toward holistic development.

Discussion. These findings resonate with previous studies emphasizing the psychosocial role of hospital pedagogy. Lucas Ávalos (2020) demonstrated that hospital education ensures continuity and supports resilience by fostering social interaction. The current study extends this perspective, showing that hybrid learning adds a new dimension by enabling consistent and flexible communication channels, even when hospitalization isolates students physically.

The results also align with Ernazarova's (2023) emphasis on hospital pedagogy as a tool for inclusive development, where education must address emotional and social needs alongside academic ones. By integrating hybrid tools, teachers were not only preserving continuity but actively cultivating communicative competence as a form of empowerment. This competence is essential for reintegration into mainstream schooling and for maintaining peer relationships, both of which are critical for psychological well-being.

Nevertheless, challenges emerged. Teachers highlighted difficulties related to digital infrastructure, unequal access to devices, and the need for specialized training to effectively design communication-focused hybrid lessons. These challenges mirror broader concerns in hybrid and inclusive education, suggesting that hospital pedagogy must be supported by institutional investment in technology and professional development.

Conclusion. This study demonstrates that hybrid learning methods significantly enhance communicative competence in hospital school contexts by ena-

bling ongoing interaction, fostering self-expression, and bridging physical isolation. The integration of digital tools allows hospital pedagogy to move beyond continuity of academics, positioning communication as a central outcome of education in medical environments.

Practically, the findings suggest that hospital schools should invest in digital infrastructure, provide teacher training in hybrid methodologies, and design lessons that prioritize communicative goals. Future research may extend these results by examining long-term outcomes of communicative competence, including its role in reintegration to mainstream schooling and broader social participation.

In conclusion, hospital pedagogy, when supported by hybrid learning, not only protects the right to education but also empowers students through communication – a critical skill for resilience, recovery, and lifelong learning.

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Xülasə

İZOLASIYADAN ƏMƏKDAŞLIĞA DOĞRU: XƏSTƏXANADA YATAN UŞAQLARDA KOMMUNİKATİV KOMPETENSİYANIN İNKİŞAFI

Xəstəxana pedaqogikası uzunmüddətli tibbi müalicə alan uşaqlar üçün təhsilin davamlılığını təmin edir, onlara təkcə akademik tərəqqini deyil, həm də emosional sabitliyi və sosial əlaqələri qorumağa kömək edir. Xəstəlik və xəstəxanaya yerləşdirmə tez-tez ünsiyyət və qarşılıqlı əlaqəni pozur, buna görə də kommunikativ səriştənin inkişafı xəstəxana təhsilinin əsas məqsədidir. Son illərdə əyani və rəqəmsal öyrənməni birləşdirən hibrid tədris metodları bu tələbələrə dəstəkləmək üçün yeni imkanlar açıb. Bu tədqiqatda müalicə alan məktəblilərdə hibrid metodların ünsiyyətin inkişafına necə dəstək verdiyini araşdırmaq üçün müsahibələr, müşahidələr və təhsil sənədlərinin təhlili daxil olmaqla keyfiyyətli yanaşmadan istifadə edilmişdir.

Nəticələr göstərir ki, hibrid mühit tələbələrə fiziki təcrid olunmalarına baxmayaraq müəllimlər və həmyaşıdları ilə bağlı qalmağa imkan verən çevik qarşılıqlı əlaqə kanalları yaradır. Müəllimlər qeyd etdilər ki, rəqəmsal alətlər öyrənmənin fərdiləşdirilməsini və inamın inkişafını dəstəkləyir, müşahidələr dinləmə, danışma və əməkdaşlıq bacarıqlarında irəliləyişləri təsdiqləyir. Bununla belə, texnologiyalara qeyri-bərabər çıxış və məhdud müəllim hazırlığı kimi problemlər qalmaqdadır. Ümumilikdə, tədqiqatın nəticələri göstərir ki, hibrid öyrənmə kommunikativ səriştəni gücləndirir, davamlılığı inkişaf etdirir və xəstəxana pedaqogikasına daxil olmada inklüzivliyi dəstəkləyir. Praktiki tövsiyələr rəqəmsal infrastrukturun gücləndirilməsi, müəllim hazırlığının təkmilləşdirilməsini və kommunikativ məqsədlərin xəstəxana məktəbi kurikulumlarına inteqrasiyasını özündə ehtiva edir.

Миршод Уралов

Резюме

ОТ ИЗОЛЯЦИИ К ВЗАИМОДЕЙСТВИЮ: РАЗВИТИЕ КОММУНИКАТИВНОЙ КОМПЕТЕНЦИИ У ГОСПИТАЛИЗИРОВАННЫХ ДЕТЕЙ

Госпитальная педагогика обеспечивает непрерывность образования для детей, проходящих длительное медицинское лечение, помогая им сохранять не только академический прогресс, но и эмоциональную стабильность и социальные связи. Болезнь и госпитализация часто нарушают коммуникацию и взаимодействие, поэтому развитие коммуникативной компетенции является центральной целью госпитального обучения. В последние годы гибридные методы обучения, сочетающие очное и цифровое обучение, открыли новые возможности для поддержки таких учащихся. В исследовании использовался качественный подход, включающий интервью, наблюдения и анализ учебных документов, чтобы изучить, как гибридные методы способствуют развитию коммуникации у школьников, находящихся на лечении. Результаты показывают, что гибридная среда создаёт гибкие каналы взаимодействия, позволяя учащимся оставаться на связи с преподавателями и сверстниками, несмотря на физическую изоляцию. Учителя отмечали, что цифровые инструменты поддерживают индивидуализацию обучения и развитие уверенности, а наблюдения подтверждали улучшение навыков слушания, говорения и совместной работы. При этом сохраняются проблемы, такие как неравный доступ к технологиям и ограниченная подготовка преподавателей. В целом, результаты

исследования показывают, что гибридное обучение укрепляет коммуникативную компетенцию, развивает устойчивость и поддерживает инклюзию в госпитальной педагогике. Практические рекомендации включают усиление цифровой инфраструктуры, повышение квалификации учителей и интеграцию коммуникативных целей в учебные программы госпитальных школ.