Biesta's Theory of Education as a Conceptual Basis for Teaching Students in Hospital Settings

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A B S T R A C T

Hospital-based teaching constitutes a distinct didactic model tailored to students who, due to health-related circumstances, are hospitalized and consequently unable to participate in regular school instruction. Although hospital teaching exists in many countries, there is still a lack of scholarly work that systematically addresses its theoretical foundations, pedagogical purpose, and regulatory frameworks. This paper seeks to investigate the potential of applying Gert Biesta's theoretical framework as a foundation for reconceptualizing hospital teaching to enhance its pedagogical significance. Drawing on Biesta's three core educational domains – qualification, socialization, and subjectification, the study explores strategies for integrating these dimensions within the specific conditions of the hospital environment. Methodologically, the paper is grounded in a qualitative analysis of Biesta's works, pertinent academic literature, and regulatory documents governing hospital-based education in Serbia, as well as relevant international framework.

The results of the qualitative analysis indicate the necessity of both normative and conceptual strengthening of hospital teaching as an inherent part of the educational system. Only through the integration and mutual interconnection of these three dimensions does teaching attain its full pedagogical value: as a process that supports the acquisition of knowledge, the development of skills, attitudes, and values, preparation for life in the community, as well as a space for personal affirmation and the formation of autonomous subjectivity. The paper recommends the development of an interdisciplinary approach, support for teachers, and the formulation of pedagogical standards that will ensure hospital teaching is both transformative and teleological – in line with Biesta's vision of education. It concludes that hospital instruction has the potential not only to ensure continuity of learning, but also to foster personal development, restore a sense of normalcy, and sustain students' connection with the broader social world beyond the hospital environment.

Keywords: *qualification, socialization, subjectification, Biesta's theory of education, purpose of teaching, students in hospital care*.

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Introduction

"When I fell ill, my homeroom teacher even visited me in the clinic and brought me letters from my class. In that way, I always felt that I still belonged to my class."

(Landesinstitut für Schulentwicklung, 2013: 8)

In dominant pedagogical narratives, the question of the purpose of upbringing and education has been increasingly marginalized in favour of technocratic approaches focused on measurable learning outcomes and educational achievement standards (Biesta, 2009, 2010, 2021, 2023; Darling-Hammond, 1991; Moore, Jensen & Hatch, 2003). In this context, Lewis Carroll's quotation – "If you don't know where you are going, any road will get you there" – metaphorically illustrates the consequences of formal education deprived of a clearly defined *telos*. This issue gains particular weight in sensitive educational contexts, such as hospital teaching, where students are exposed to physical, psychological, and social vulnerability. When hospital teaching is reduced to the mere administration of instruction and the formal "compensation" of missed school content, it fails to provide meaningful support for students' learning, development, and the preservation of their subjective integrity. In such circumstances, the absence of a clearly and pedagogically articulated purpose of teaching emerges not only as a professional issue but also as an ethical one. Moreover, education devoid of purpose turns into a self-referential system that loses the ability to articulate its cultural dimension or fulfill its socio-humanistic role.

In light of the foregoing considerations, Biesta's theory of education[1] (Biesta, 2006, 2009, 2010, 2012, 2021, 2023) offers a relevant theoretical framework for re-examining and redefining the concept and practice of hospital teaching. His conceptualization of education – as a process of qualification, socialization, and subjectification – provides pedagogical and didactic coordinates that enable an integrated reflection on what teaching is, what it serves, and how it is implemented in the specific hospital context. Although Biesta's theory does not directly address hospital teaching, it opens the possibility of recognizing this context as an important space for personal development, dialogue, subjective positioning of students, and the maintenance of social ties with teachers, family, and peers. This implies a shift in focus from the question of *what* a student should *learn* during hospitalization to the question of *what* education and teaching enable them to *be or become*. Biesta's critical stance toward education as a mechanism for "meeting standards" can direct scholarly attention to what education allows the hospitalized student to become in an existential, and not merely academic sense.

[1] In his works, Biesta discusses the dimension of education related to shaping personality, moral development, and building a perspective on the world – which represents the very essence of upbringing.

A brief historical overview of educational practices with children during hospitalization highlights how deeply these insights are embedded in pedagogical thought. In the early stages, pedagogical activities in hospital settings were primarily driven by concern for children's well-being and their basic life needs, while the explicitly educational component gradually assumed greater importance. One of the earliest organized forms of hospital teaching was established in 1910 in Lausanne, Switzerland, through the efforts of Professor Dr. Rollier. His practice is regarded as a pioneering example of educating children during medical treatment (Aleksić & Grumić, 2018). In France, the first hospital classroom was established in Paris in 1935, at the initiative of Henri Sellier, as a response to the needs of children affected by the consequences of war (Kochem, 2019). Similar initiatives were recorded at Stanford University Hospital during the 1920s (Eaton, 2012). However, the roots of hospital pedagogy can be traced even further back. Sir William Purdie Treloar (1843–1923) is often cited as a pioneer in this field; during his tenure as Lord Mayor of London, he organized care, nutrition, and later education for hospitalized children (Csinády, 2015). In Yugoslavia, the first forms of hospital teaching appeared in 1946 as a direct response to the needs of children affected by the hardships and severe illnesses resulting from World War II. Hospital-based education in Serbia traces its origins to 1965, with the establishment of the Primary School Dr. Dragan Hercog in Belgrade, which provided children undergoing medical treatment with instruction aligned to the regular curriculum. In 1972, Primary School Miodrag Matić was opened at the Institute for Cerebral Palsy. Preschool educational groups began operating in 1981 at the Children's Hospital Dr. Olga Dedijer, and during the 1990s similar diversified programs were developed in other healthcare institutions across Serbia (as cited in Semiz, 2023a). A similar developmental trajectory was recorded in other countries of the former Yugoslavia. In Slovenia, the establishment of a hospital school in Ljubljana in 1951, initiated by Professor Dr. Marij Avčin with the assistance of teacher Breda Juvančič, marked the beginning of organized education for sick children (Kajfež & Kolenec, 2013). At the same time, that same year, a school for children with musculoskeletal diseases was opened at the hospital in Valdorta near Koper.

Although these initiatives represented significant progress, they did not always ensure continuity and consistent quality of educational work, which led to the need for developing new modalities of pedagogical engagement during hospitalization or periods of recovery at home. These very circumstances open space for the conceptual reflection on hospital instruction as a practice increasingly recognized within the field of inclusive education. Building on the theoretical postulates advocated by Biesta, this paper initially seeks to create space for the conceptual redefinition of hospital teaching, and subsequently to contribute to the broader pedagogical discourse on the necessity of restoring the question of purpose in education.

Approach to the research problem

The aim of this paper is to examine the possibilities of applying Biesta's theory of education as a theoretical and practical framework for shaping teaching

intended for students undergoing hospital treatment. The study is guided by the following research questions:

(a) In what ways can the concepts of qualification, socialization, and subjectification in Biesta's model of education be implemented in the specific context of hospital teaching?

(b) What practical implications does this theory have for pedagogical work in the hospital setting, in terms of the aims and objectives of teaching, teaching methods, and the roles of teachers?

(c) What is – or what should be – the purpose of teaching for students undergoing hospital treatment?

The study is designed as a qualitative theoretical analysis with elements of the descriptive-analytical method. It employs the method of theoretical analysis, that is, the analysis of G. Biesta's scholarly works, relevant academic and research literature, as well as the analysis of normative documents related to hospital teaching in Serbia and in the broader global context. The general theoretical concepts of Biesta's theory are compared with the specific characteristics of the hospital educational environment, considered through the lens of existing scholarly and professional literature, as well as the relevant legislative framework. Special attention is devoted to the analysis of the concepts of qualification, socialization, and subjectification in Biesta's model, and to their potential for redefining the concept of hospital teaching. In addition, the paper includes a normative analysis aimed at re-examining the questions of the purpose and aims of education in the specific context of the hospital environment.

Biesta's theory of the purpose of education as a framework for hospital-based teaching

Gert Biesta, one of the most prominent contemporary theorists of education and upbringing, developed a pedagogical conception that transcends traditional views of upbringing as a process of socialization and the transmission of cultural heritage from older to younger generations (Bratanić, 2005), as well as the understanding of education solely as knowledge transmission. According to Biesta (2009), education consists of three fundamental dimensions: qualification, socialization, and subjectification. These dimensions form the backbone for reflecting on the didactic aspects of educating students undergoing hospital treatment, particularly in the context of planning, implementation, evaluation, and improvement of teaching in the hospital environment.

The first dimension – *qualification* – concerns the acquisition of knowledge, the development of skills, and the formation of competencies that enable students to engage with the world and actively contribute to society (Biesta, 2009). This dimension underpins further education, professional achievement, and students' personal well-being. Although it frequently occupies a central place in educational policies and practices, Biesta (2023) warns that it is necessary to recognize normative aspects here

as well – specifically, that the knowledge conveyed reflects particular interpretations of natural and social reality and embodies what a given society regards as valuable and relevant. In the context of hospital teaching, this dimension assumes particular significance, as it secures continuity of learning and facilitates the student's reintegration into the regular educational process following hospitalization and during the period of home recovery (Semiz, 2025). Additionally, this dimension supports successful transitions from one educational and social environment to another, thereby contributing to the stability and empowerment of students in complex life circumstances. However, even here, it is essential to critically reconsider the selection of educational content and the methods of its presentation, since students are always presented with a specific version of the world (Biesta, 2023). Hospital teaching should not be reduced to mere compensation for "lost lessons"; rather, it should aim for pedagogical relevance in both present and future life circumstances. What truly matters is how the student engages with what is learned – how they act and respond when life demands an answer (Biesta, 2021). In addition to teaching tailored through the individualization of content, methods, and forms of work, other educational and upbringing activities also play a significant role (Kajfež & Kolenec, 2013). Cultural, scientific, technical, and sports days allow students undergoing hospital treatment to acquire new, primarily experiential knowledge in an engaging way and to connect with the experiences of others.

Biesta also emphasizes the significance of *socialization* as the second essential dimension, which entails the inclusion of students in social and cultural systems. He highlights that socialization denotes the process of introducing individuals into existing social, cultural, and political orders (Biesta, 2009), "with an invitation – and in some cases an insistence – to find their place within them" (Biesta, 2023, p. 264). Socialization plays a crucial role in providing students with orientation in the traditions, cultures, and practices of both past and present, while also carrying the risk of reducing them to "objects of socialization" whose success is measured by how closely they reach the desired social and cultural ideals (Biesta, 2021).

For students under hospital care, hospital teaching thus assumes an important social function – to preserve existing and develop new social values and norms. It represents a key mechanism for maintaining and building social connections, which are often disrupted due to physical isolation, medical procedures, and interruptions in daily routines. Social connectedness is realized both through direct interaction with other students, teachers, and medical staff in the hospital environment, and through communication with peers and teachers from the home school via digital platforms, augmented, and through virtual reality. This type of connectivity contributes to preserving a sense of belonging, alleviates feelings of isolation and marginalization, and fosters the overall social and emotional well-being of students. Contemporary educational practices in the hospital context increasingly incorporate activities that integrate emotional and social dimensions of learning – such as workshops, art therapy, playful activities, and psychosocial support (Hanada et al., 2019; Hen, 2023). Furthermore, digital technologies play a significant role in bridging physical and social

distance, enabling students to maintain contact with their peers and teachers (Chubb et al., 2021; Thabrew et al., 2022), thereby facilitating reintegration into the home school after completing the treatment. The importance of hospital teaching in preventing social isolation and supporting psychosocial development is supported by numerous research findings (Almazroui, 2023; Chalkiadakis et al., 2024; Maor & Mitchem, 2015; Stöcker et al., 2024). In this context, the *KidsTUMove* programme stands out as an example of good practice, organizing specialized camps for children with chronic illnesses through active participation in diverse activities with peers, friends, and family members under the supervision of an interdisciplinary team of experts. Activities during summer and winter camps provide children with chronic illnesses opportunities to form sincere and supportive relationships with peers who share similar life experiences, thereby creating an environment of understanding, acceptance, and empathy. This very sense of social connectedness represents a protective factor in the process of treatment and rehabilitation (Stöcker et al., 2024).

The third dimension in Biesta's theory is *subjectification*. This process entails that the student becomes an autonomous and free subject who acts with responsibility and authenticity (Biesta, 2009). Subjectification not only positions the student as a responsible member of society but also as an individual capable of making meaningful choices. During hospital treatment, however, students often lose control over their body, time, and space. In this context, teaching should create opportunities for them to experience personal autonomy through choice and creative expression. In hospital teaching, fostering subjectification involves creating opportunities and conditions in which the student – despite illness, stress, and isolation – can preserve their identity, voice, and personal autonomy. Therefore, teaching practice has to be adapted to the individual needs, interests, and abilities of the student and be sensitive to their psychosocial reality. Within this process, the teacher supports the development of the student's intrinsic motivation, decision-making ability, and expression of personal stance. Research findings (Coyne, 2006) consistently indicate that students need to be provided with adequate and tailored information, and that their opinions should be respected when planning and organizing healthcare, teaching, and other educational services. However, some reviews suggest that the views of hospitalized children are insufficiently heard and considered, which contradicts the guidelines of certain international strategic and legislative documents (Semiz, 2023a).

The central thesis of Biesta's book *Education Oriented Towards the World: A View for the Present* is that education is not preparation for the future, but a response to an existential question: *how to exist in a world that is not tailored to us and has no obligation to provide what we expect from it*. Ultimately, Biesta warns that education is not a simple or stable process, but a continual balancing act between qualification, socialization, and subjectification (Biesta, 2010). By incorporating these three concepts into hospital pedagogy, teaching becomes a holistic process that educates in the narrower sense (qualifies), socially includes (socializes), and builds the personality (subjectifies). In light of the above, Biesta's theory provides a strong theoretical framework for conceptualizing hospital teaching as a complex pedagogical practice that

simultaneously creates conditions for and supports the comprehensive development of the child as an active participant in their own educational process.

Biesta's philosophy of education (2006, 2012, 2023) begins with a critique of critique of education that marginalise teaching in favour of learning, highlighting that this is both a political and cultural process. Education is increasingly reduced to the language of learning, with significant implications for understanding its aims as well as for teaching practice itself – a phenomenon known in English as the "learnification of education." Within this framework, education is increasingly treated as a service, the student as a client, and the teacher as a mediator in the provision of knowledge. This perspective fosters the acceptance of education as an economic transaction (Biesta, 2006). Although ideas such as "self-regulated learning," "learning communities," "learning environments," and "the student as an active participant in learning" are often considered progressive, the key problem is that questions regarding the purpose, content, and relationships in education become invisible or are assumed to be self-evident (Biesta, 2021). Such a conce-ption implies that the social, ethical, and political dimensions of education become secondary to the individual goals and preferences of the student (Biesta, 2006). As Biesta (2012, p. 36) states, "the point of education is never that children or students learn, but that they learn *something*, that they learn it for particular *purposes*, and that they learn it *from someone*." In line with this view, Andevski (2023) and Bodroški-Spariosu (2023) point to three dominant forms of reductionism contemporary education – psychologization, economization, and technologization – which suppress the original pedagogical principles. These tendencies represent contemporary forms of what in the past was ideological appropriation of the pedagogical field. As Bodroški-Spariosu (2023, p. 43) notes, "authentic pedagogical understanding of education in the tradition of continental Europe has been displaced by the dominance of Anglo-American frameworks." Similarly, Antić, Pešikan, and Ivić (2015: pp. 616–617) observe that in our context, education is often reduced to the achievement of educational goals, while upbringing is marginalized and perceived as a "relic of socialist times." Pedagogical practice in this context must therefore strive for a balance between learning as a process of acquiring knowledge and education as a holistic development of the personality, in which the moral, social, and cultural competences of students are nurtured, thereby avoiding the pitfalls of all forms of reductionism in education.

Practical implications of Biesta's theory of education in hospital-based teaching

In light of contemporary pedagogical trends that challenge the technical-instrumental mission of education, Biesta's theory provides a referential framework for understanding the specificities of teaching in sensitive and unpredictable contexts – such as hospital instruction. By its nature, hospital teaching entails specific didactic-methodological elements, which necessitates further problematization of questions concerning the aims and tasks of teaching, teaching methods, as well as the role and professional competencies of teachers. Hospital teaching takes place under conditions

of students' physical and emotional vulnerability, uncertainty, and often fragmented presence, outside the usual school environment. Key obstacles in planning, organizing, and implementing hospital teaching can be identified in the health status of the hospitalized child (Griffith & Doyle, 2009; Page et al., 2020; Semiz, 2025), in the structural and functional limitations of the educational system itself (Boles & Winsor, 2019; Semiz, 2023b; Semiz, 2025), as well as in insufficient or inconsistent cooperation among teachers, healthcare staff, and parents (Ranković, 2022).

Biesta's insights on teaching as an open, semiotic, and recursive process (Biesta, 2023) gain their full pedagogical relevance in the context of the hospital environment. In this setting, teaching cannot rely on a deterministic assumption of causal relationships whereby certain teacher actions necessarily lead to specific learning outcomes. The student's health condition, emotions, capabilities, interests, and needs make teaching an open and unpredictable system. In this regard, Biesta warns that the idea of teaching as a controlled intervention producing predetermined results is a pedagogical myth.

By its very nature, hospital teaching needs to be pedagogically adaptive and ethically sensitive. It should start from the particular child, in a particular situation, at a particular moment. The teleological character of education suggests that decisions about the goals of activities and the actions of teachers and students are always composite judgments balancing and prioritizing qualification, socialization, and subjectification in education (Biesta, 2012). Therefore, what is demanded of the teacher is pedagogical wisdom: the capacity to perceive what is desirable in educational terms within a given context and to respond accordingly. In this sense, the hospital teacher may be seen as a pedagogical artist, one who co-creates, together with the hospitalized student, an environment in which education remains possible.

One element of Biesta's theory with significant heuristic value is the notion of the formation of attention (Biesta, 2023). He conceptualizes teaching as an act of guiding the student's attention toward what is worthy of discussion, reflection, and relational engagement. For a student experiencing pain, uncertainty, anxiety, or isolation, dialogue with the teacher and peers, along with the shared search for meaning, can provide a renewed sense of belonging and connection to the world. The teacher should enable the student to direct attention away from the illness and treatment themselves – towards a particular idea, story, symbol, or relationship. Thus, the formation of attention entails supporting the student in becoming aware of themselves, of others, and of relationships in the world. This awareness is a prerequisite for their development as a subject capable of ethical and autonomous action within society. From this perspective, the very goal of teaching is redefined. The goal of teaching is no longer merely academic progress but the preservation of the student's subjectivity, sense of identity, and meaningful presence in the world. As Biesta states, education is more than socialization and qualification – it is the space in which the student learns to speak in their own voice, to be and to exist (Biesta, 2020).

Biesta also emphasizes the necessity of reducing the complexity of the educational process, so that teaching can be possible at all. In hospital teaching, this complexity is especially acute – arising from health-related factors, emotional barriers, and systemic or institutional constraints. Within such circumstances, the teacher's task is to create conditions that make meaning possible despite these challenges. In this sense, hospital teaching becomes a space of care: care for meaning, social relationships, and the integrity of the student. The teacher thus mediates between socialization (the cultural and social structure) on one hand, and subjectification (the individual development and construction of the student's subjectivity) on the other. In the practice of hospital teaching, teachers are expected to make decisions regarding persistent dilemmas: To what extent should they insist on adhering to the curriculum, learning outcomes, and educational standards, and/or follow exclusively the individual pace, needs, and interests of the student? How can a balance be established between these two educational dimensions? In their efforts to find appropriate pedagogical approaches that restore hospitalized students' sense of meaning, motivation, and emotional engagement, while mediating desirable social and cultural structures, Russian educators have identified reading as a practice of support, dialogue, and personal empowerment for students (Alekseevna et al., 2022).

Hospital teaching represents a particularly specific and demanding didactic model that requires a high level of professional competence from teachers. By its nature, it necessitates the individualization of goals, tasks, methods, and teaching resources, as it is based on students with diverse health conditions, psychophysical characteristics, educational needs, and emotional challenges. This type of teaching most directly demands the application of inclusive (Ilić, 2012), individualized (Jovanović and Dimić, 2016; Radović et al., 2021; Vasilijević, 2007), and individually planned instruction (Jerković, 2017).

In this context, individualization does not serve merely to adapt the pace and content of teaching; it rather aims to create conditions in which the student, during hospital treatment, can freely think, act, and take responsibility for their choices. Besides flexibility and alignment of the core constituents of teaching, Biesta emphasizes that the selection of teaching methods, forms, and resources should mediate meaning, that is, free thought, authentic understanding, and the construction of meaning through interaction between the student, teacher, and peers.

In light of contemporary didactic perspectives (Radović et al., 2021; Vasilijević, 2007), the key competencies of teachers engaged in hospital-based education should encompass the recognition of individual student needs, the creative planning and adaptation of instructional processes, the provision of high-quality individualized support, the assumption of multiple professional roles, as well as flexibility, empathy, and the capacity for collaboration and teamwork. As an essential first step, it is necessary to design instruction grounded in the student's realistic capacities, taking into account their health condition, mental and physical strength, psychological stability, as well as their current knowledge and motivation. The hospital

teacher should be able to identify the specific educational, health, and emotional needs of each student. This involves systematic collection and exchange of relevant data, continuous monitoring of progress, and identification of possible learning difficulties, which form the basis for developing individualized teaching plans.

Given the dynamic conditions of work in hospitals (e.g., frequent absences, medical procedures and therapies, changes in the student's health condition), teachers have to be prepared to flexibly and creatively adapt teaching content, forms, and methods according to the specific needs of each student. Furthermore, flexible forms of evaluation and assessment focused on the quality of the student's progress should be applied. Inclusive pedagogy insists on outcomes based on understanding, meaningful learning, and the personal development of the student (Ilić, 2012). In hospital teaching, this means that the student should be assessed according to their own progress and engagement, rather than in relation to the standards of the mass educational system.

Another important characteristic of hospital teaching is the pronounced focus on collaboration and teamwork among all participants in the educational process. Teaching in the hospital setting requires coordinated and continuous cooperation between teachers, doctors, psychologists, parents, as well as teachers and professional associates from the student's home school. Only through such intersectoral and interdisciplinary collaboration is it possible to ensure continuity in education and provide support for the student's academic and psychosocial development.

Providing quality-individualized support demands pedagogical tact, patience, and the ability to motivate students on the part of the teacher. Teaching instructions should be adapted not only to the age and cognitive abilities of the students but also to their current psychophysical condition. The teacher working in hospital conditions assumes multiple roles. Besides the role of a teacher in the narrow sense (lecturer), they become a counselor, mentor, learning facilitator, support in the treatment process, and even a moderator between parents, healthcare staff, and the home school.

Finally, hospital teaching requires educators who embody flexibility, empathy, and a creative spirit. The capacity to foster optimism and to recognize the potential in every student represents a core professional value. Developing personalized educational materials and applying alternative teaching methods, such as portfolio work, learning through play, music, movement, and art, further strengthen students' motivation and foster their holistic development.

What is and what should be the purpose of teaching students in hospital settings?

The question of the purpose of teaching in the hospital environment cannot be considered in isolation from the broader normative context in which such teaching takes place. Any effort to answer *what hospital teaching is and what it should be* should be grounded in a critical examination of national and international legislative

frameworks, as well as in understanding of contemporary theoretical concepts of education in specific hospital conditions.

Within the education system of the Republic of Serbia, the *Rulebook on the Organization of Instruction for Students Under Long-Term Home and Hospital Care* (hereinafter: the Rulebook, 2018) represents a key normative document. The Rulebook regulates the educational work with students who, due to prolonged health conditions, are unable to attend classes under regular school circumstances. It thus plays a fundamental role in ensuring access to education and the continuity of education. The Rulebook stipulates various forms of teaching organization (individual, group, and class-based instruction in hospital settings), ensuring flexibility in accordance with students' health conditions and needs, on the one hand, and with the resources and specificities of the hospital environment, on the other. Furthermore, it requires that instruction is aligned with the existing curriculum while also being adapted through an individualized education plan. This provision is of particular importance as it enables a personalized and individualized approach to students with diverse abilities and limitations.

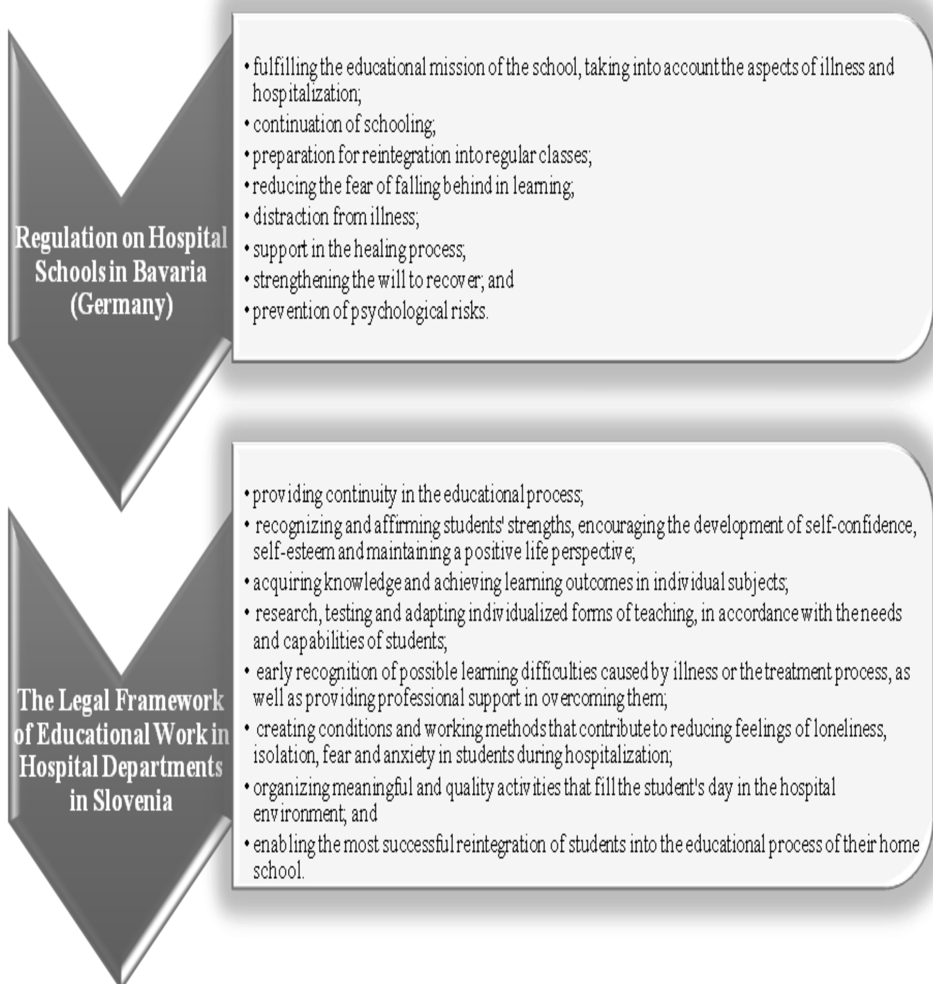
However, the Rulebook leaves room for numerous challenges. First, the procedure for obtaining consent from the Ministry and other authorities for the implementation of educational work can be administratively burdensome, potentially delaying a prompt response to the educational and psycho-social needs of students. Second, although the Rulebook foresees that the lesson duration may be shortened depending on the student's health condition, it does not sufficiently emphasize the importance of adapting teaching methods and technologies that would facilitate learning, socialization, and psychosocial development of students during treatment. Modern approaches based on digital technologies, such as online teaching and hybrid models, have not been specified in the Rulebook. Third, although the Rulebook mentions the cooperation among schools, healthcare institutions, and families, it should articulate this collaboration more concretely through well-defined mechanisms of teamwork and systematic communication. In practice, such communication is often insufficiently coordinated, which can undermine the quality of both instruction and student support. Finally, the Rulebook does not adequately address the aspects of psychosocial support for students undergoing long-term treatment, despite the fact that this support is critical for their reintegration into the school environment and the successful continuation of their education. Moreover, the Rulebook does not clearly and explicitly define the purpose of instruction for students in long-term home and hospital care. Although Article 4 states that the goal of educational work is to ensure continuity and return to school, other important aspects require emphasis that is more explicit. These include providing systematic support for students' emotional and psychological well-being, fostering motivation for learning under conditions of limited functionality, adapting teaching content, methods, and outcomes to individual abilities, creating conditions for successful reintegration into regular classes and the broader school community, as well as encouraging the development of personal interests and affirming students' subjectivity. The absence of a clearly articulated and comprehensive purpose

of instruction risks leading to inconsistencies in practice, leaving teachers and schools without a reliable framework to guide their work with students in hospital settings.

A comparative analysis of international documents (Figure 1) provides further insights into defining the purpose of hospital-based education (Bayerisches Staatsministerium für Unterricht und Kultus, 2026; Kajfež & Kolenec, 2013). In addition, the general objectives of educational work are further differentiated into specific ones, depending on the modality of pedagogical practice – namely, whether the students are undergoing short-term treatment, long-term treatment, or coping with severe illnesses.

Figure 1

The Goals of Hospital Teaching in a Comparative Context: An International Overview



Taking into account the current legislative framework and the key theses of Biesta's theory, the purpose of hospital-based education is to ensure the qualification, socialization, and subjectification of the hospitalized student, as well as to maintain continuity in the educational process during treatment, while at the same time respecting all characteristics and fundamental principles of institutional instruction (Meyer, 2002):

– *preservation of dialogical interaction* between teacher and student in conditions adapted to the student's health status;

– *institutional integration* – hospital-based teaching is embedded within the formal education system and seeks to ensure continuity of regular schooling;

– *planning and purposeful orientation* – instruction is delivered in accordance with individualized education plans that align with the regular curriculum while being adapted to the student's needs and abilities;

– *structured approach* – content and activities are adapted to the student's health and psychophysical condition while maintaining an educational framework;

– *sense of community* – although the student is physically separated from the classroom, efforts are made to preserve a feeling of belonging and connection with the home school;

– *formative function* – in addition to knowledge acquisition and skill development, hospital-based education supports the growth of personal and social competencies;

– *pedagogically designed environment* – the learning environment is organized to promote learning, belonging, and a sense of normalcy;

– *delivered by qualified personnel* – instruction is provided by professionals with pedagogical and didactic expertise, sensitive to the specific conditions of hospital-based education;

– *state-supervised* – as part of the formal education system, hospital-based teaching is subject to educational standards and regulations.

Hospital-based education, designed on these principles, has the potential to contribute to the maintenance of academic progress and continuity, the preservation of a sense of normalcy, and the development of student identity and connectedness with the outside world beyond the hospital setting.

Concluding considerations

Students undergoing hospital treatment often face adverse psychophysical conditions in the course of their education – they are exposed to pain, stress, anxiety, uncertainty, fear, as well as isolation from their peers and school environment. For this

reason, hospital-based education should, above all, be teleologically grounded – directed toward a clear purpose and value-oriented goals – and subsequently carefully didactically structured and individually adapted to each student, which represents the essence of inclusive education.

Gert Biesta revitalizes and reexamines fundamental questions regarding the purpose and nature of teaching, highlighting its threefold purpose – qualification, socialization, and subjectification. Only through the integration of these three dimensions does education achieve its full pedagogical value: as a process supporting knowledge acquisition, skill development, attitudes and values, and preparation for life in the community, while also serving as a space for personal affirmation and the development of autonomous subjectivity. Otherwise, as Carol's metaphor warns, any "path" may appear to lead to a goal, yet in reality, students receiving hospital treatment may be deprived of timely and necessary support.

He rejects two dominant myths about education: (a) the first, that it is outdated and should be entirely subordinated to learning, and (b) the second, that the most important factor is the achievement of measurable outcomes (Biesta, 2012, 2023). Contrary to these reductionist positions, Biesta conceives of education as a communicative act, where the key is not control over outcomes, but the relationship, interpretation, and creation of meaning. In Biesta's framework, teaching is understood as an act of communication between teachers and hospitalized students, aimed at contributing to students' qualification, socialization, and development as responsible subjects in their own life trajectories. Of particular significance is his observation that education functions as an open, semiotic, and recursive system, in which the teacher-student relationship is mediated through communication and interpretation. In this context, instruction requires the teacher's capacity to make thoughtful, value-grounded decisions in new, dynamic, and often uncertain situations regarding what, why, and from whom students will learn. Biesta proposes that teaching should be understood as the art of (re)directing students' attention – shaping attention and opening it toward the world. Viewing education as a process of reducing complexity within an open semiotic space, he emphasizes that authentic education occurs in a context in which the student becomes the subject of education, responsible and capable of acting in the world.

These theoretical insights are particularly significant in the context of hospital-based education, which by its nature requires far more than didactic engineering. Biesta's theoretical framework allows us to understand hospital-based education as a transformative, teleologically oriented, and ethically engaged pedagogical practice, entailing continuous and reflective consideration of fundamental educational questions under conditions of students' uncertainty, physical and emotional suffering, and vulnerability. In contexts where teachers are expected to provide pedagogical care, adopt an empathic approach, and support the student as a whole, vulnerable, yet active subject, this perspective offers substantial theoretical grounding.

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