

# Yuan Brought Us Together: Teachers' Experiences in Working with Adolescent Cancer Survivors for Successful Middle School Reentry

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## ABSTRACT

**Purpose:** With the advancement of medical technology and effective treatment protocols, many children diagnosed as having cancer can return to school during or after their treatment cycles. However, childhood cancer survivors face numerous physical, socioemotional, and academic challenges on returning to school. Recent studies on school reentry of childhood cancer survivors in Taiwan have mostly been conducted by nursing professionals, who have approached the children's school reentry issues from a medical perspective. Although these nursing researchers recommend multidisciplinary collaboration for serving children with cancer after they return to school, they seldom include teachers' perspectives and approaches in which they could be involved in their research. To understand children's back-to-school experiences and design a successful school reentry program for childhood cancer survivors, it is essential to explore teachers' relevant attitudes and experiences in this regard.

**Methods:** By focusing on childhood cancer survivors' overall well-being on return to school, this qualitative study adopts a phenomenological approach to explore three

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\*\* Acknowledgements: The research was funded by the Ministry of Science and Technology (MOST 106-2410-H-017-030-MY2). I would like to express my heartfelt thanks to all participants who generously shared their experiences, to the two anonymous reviewers for their insightful comments and thought-provoking suggestions, and to my two dear senior colleagues, Dr. Wen-ing Niew and Dr. Chiung-chu Wang, whose constant support and encouragement made this article possible.

middle school homeroom teachers' perceptions and experiences working with students. Specifically, each of the participants reflected upon one of their students who were diagnosed as having leukemia or osteosarcoma in Grade 7, received treatment for 2 years, and officially returned to school for Grade 9. Two of these teachers also served as their students' bedside instruction teachers. The research data were collected through 1-2-hour-long semistructured in-depth interviews conducted at the time and place convenient to the participants. With the participants' consent, the interviews were audio-recorded and transcribed verbatim. The data were then analyzed using thematic analysis to transform teachers' concrete daily experiences to several abstract concepts informing their experiences. These concepts were represented by the themes introduced in the findings. **Results/Findings:** Thematic analysis of the in-depth interviews revealed teachers' deep sympathy for the students and their mothers, their Yuan-specific cultural beliefs concerning teacher–student relationships, and their creative and flexible ways of maintaining constant and close interactions with students and their mothers and connecting hospitalized students with their classmates. The connections among teachers, adolescent cancer survivors, their peers, their mothers, and other school personnel bridged the otherwise separate entities of school, hospital, and home. Additionally, it created a virtual learning community that offered more learning opportunities for all involved than these settings combined. Teachers reported undergoing a transformation in the process themselves as their understanding about life and death and the meaning of school attendance changed along the way. **Conclusions/Implications:** The implications of this study comprise encouraging the school teachers of students diagnosed as having cancer to serve as bedside instructors whenever possible, increasing classroom teachers' and bedside instruction teachers' knowledge on childhood cancer and the ramifications of cancer treatment, taking advantage of bedside instructor's official bridging role in ensuring home–school communication and interactions through formal and informal channels, and utilizing real-time or on-demand online instruction and communication programs for hospitalized students.

Keywords: Childhood cancer, middle school reentry, qualitative research, survivorship, teacher's perspective

Each year approximately 500 children are diagnosed with cancer in Taiwan (Childhood Cancer Foundation, 2018). Given the current advancement of medical technology, childhood cancer is no longer a terminal illness. In Taiwan, Childhood Cancer Foundation (2018) reported the overall 5-year survival rate of childhood cancer between 2005 and 2016 was 78% and it was 92% for children diagnosed between 2013 and 2017 for acute lymphoblastic leukemia (ALL), the most common childhood cancer. We are gladly seeing more children survive cancer and return to school during or after cancer treatment.

For children hospitalized for cancer treatment, school symbolizes a cancer-free future where they can study and play along with their peers (Chen & Chen, 2011). While children look forward to school life and regular school attendance is beneficial for childhood cancer survivors as it provides children with a sense of normalcy and self-efficacy (Askins & Moore, 2008; Tougas, Jutras, Bigras, & Tourigny, 2016), children during or after cancer treatment are faced with a host of issues that might affect their school reentry experiences.

First, when children return to school, they may lag behind academically and socially because of their long-term absence from school (Wang, 2013). A typical cycle of treatment for ALL can take up to two years (American Cancer Society, 2017), which is a long time for a child to be missing school. Second, due to the acute and late effects of cancer treatment, children surviving cancer are likely to be presented with multiple adverse complications, including physical, neurological, endocrine, cognitive, language,

visual, auditory, and motor changes (Bhojwani et al., 2014; Krull et al., 2016; Murdoch, 1999). These physical and cognitive changes can be long-term and continue to affect their learning, overall development, and quality of life in their formative and adult years (Ki Moore, Hockenberry, & Krull, 2013; Levin Newby, Brown, Pawletko, Gold, & Whitt, 2000; Moxon-Emre et al., 2014). In addition, children's hospitalization and treatment experiences can negatively impact their emotional and psychological wellbeing and education outcomes (An & Lee, 2019; Ang, Koh, Lee, & Shorey, 2018; Gurney et al., 2009; Yi, Kim, Hong, & Akter, 2016).

Another aspect of surviving cancer is how survivors perceive themselves and are perceived by others. Kim and Yi (2014) studied how public stigma people attached to Korean cancer survivors affected survivors psychologically. Cancer is also a stigma in Taiwan. It is often associated with death, reduced social circles, and long-term struggle (Tang, Mayer, Chou, & Hsiao, 2015).

However, Cheng and colleagues' qualitative study (2016) of 11 aboriginal youths found interpersonal factors strongly counteracted the negativity with which the cancer diagnosis and cancer treatment were associated. The support from family, classmates, teachers, and community not only offset the negative impact of illness but also motivated these adolescents to reflect on new and positive aspects of life after cancer, confirming the findings of Arpawong, Oland, Milam, Ruccione, and Meeske (2013) that strong connections to one's family and community provided emotional support to the survivors.

Given the wide range of impacts of cancer and issues childhood cancer survivors are faced with, researchers have examined school reentry issues and developed protocols and strategies to support childhood cancer survivors' return to school. In Taiwan, nursing professionals were especially productive in research on hospital-school collaboration and school reentry protocol development (Chen & Chen, 2007; Chen, 2011; Hsu & Huang, 2011; Lu, 2014) in which parents and teachers were expected to play a minor or passive role. In Chen's (2011) school reentry study, medical professionals deliberately kept school teachers and parents outside the decision making circles because the medical team assumed the parents (not present in the meetings) might not want to divulge their children's medical information to the teachers. In addition, whereas the major challenges that childhood cancer survivors encountered at school were academic and social in nature and teachers' support facilitated school reentry (Yi, Kim, Hong, & Akter, 2016), the majority of these hospital-based school reentry plans continued to focus on children's medical care. The perspectives and roles of educators are not yet fully investigated and incorporated into these school reentry studies.

With childhood cancer survivors' overall wellbeing in mind, this study explored three classroom teachers' perceptions and experiences of working with childhood cancer survivors in middle school and addressed the following research questions. 1. How do homeroom teachers perceive working with childhood cancer survivors? 2. What are the lessons these teachers have learned from working with childhood cancer survivors?

## Literature review

In Taiwan, school is hard (Hsieh, 2010). Nursing professionals Chen and Chen (2007) reported 15 adolescent cancer survivors' difficulties with completing homework assignments, attending daily remedial lessons, being teased and bullied by classmates, and getting berated by teachers for not studying hard enough. Some participants confessed they hated school and tried to cut classes because their teachers and classmates treated them with distrust and disrespect. Other participants appeared to fare better with the support from their family and friends in school.

Teachers play an important part in students' school adjustment. Chiang's survey study (2004) of regular education teachers found a positive correlation between teachers' knowledge about children cancer survivorship and their students' adjustment to school. Most teachers, however, expected special education teachers to provide them with relevant information about cancer survivorship. It is understandable as childhood cancer prevalence is low and most teachers have little experience serving students with cancer.

Nursing professional Wang (2013) surveyed the caregivers of 61 children in grades 4-9 who were treated for cancer. She found mothers' involvement was positively related to children's school adjustment and regular school attendance was associated with children's academic performance. Alarming, 20 children did not or attended classes less than a day per week and "many children did not attend classes on a regular basis even after they had completed treatment and

were being followed up as outpatients” (Wang, 2013, p. 80) and many parents did not have any contact with the school personnel. She attributed it to limited resources and information provided by the medical professionals, overprotecting parents, and school personnel who were not ready and incapable of working with students.

Tang's 2019 interview study on mothers' interaction with homebound teachers serving their children with cancer continued to report little action and initiation in transitioning children from home to school by itinerant homebound teachers and school personnel after the children's health conditions were deemed stable for school.

As Taiwan society continues to regard care work as women's responsibilities (Lan, 2009), mothers in Wang's and Tang's studies were teachers' main points of contact and played an essential role in home-school communication and interaction.

These studies revealed a serious need in providing appropriate transition and educational services for childhood cancer survivors in school settings. Children wanted to go back to their normal life after cancer but research showed a disconnection between hospital, home, and school in terms of awareness, planning, and implementation for school reentry of childhood cancer survivors. Teacher knowledge about childhood cancer was especially limited. A similar situation was observed in the US as well. Studying the perceptions of nurses, school personnel, and parents regarding their children's school reentry experiences, Moore, Kaffenberger, Goldberg, Oh, and Hudspeth (2009) found the lack of communication and distrust among

these parties prevented children from receiving effective services.

### **School reentry projects initiated by nursing professionals in Taiwan**

Nursing researchers in Taiwan have initiated studies in school reentry for childhood cancer survivors in recent years. Hsu and Huang (2011) presented a case report on working with an immigrant mother's child who expressed a wish to return to school four months into chemotherapy. Initially the mother was expected to relay medical information from the researchers to the school. However, the researchers felt they were not able to “increase her (the mother's) cognitive and communication abilities” (p. 86) with repeated training and had to take up the hospital-school liaison role and frequently communicated with the school personnel. They concluded that this school reentry was a success with the strategies they offered to teachers such as peer support and assignment and assessment adjustments.

Despite its success, some concerns emerged in the process. First, the parent was entrusted as a liaison. Immigrant or not, parents might find it difficult relaying new and unfamiliar medical information to the school (Cheng, 2010). Second, the school seemed passive and clueless. Third, they regarded the mother's linguistic and cultural differences, limited knowledge, and passive role at home were deficits and barriers to the care of her child.

Student nurse Chen conducted an action research project (2011) to develop a school reentry protocol for children with cancer. The project was exclusively established by the

medical professionals while parents and school personnel were expected to follow medical professionals' instructions. Another student nurse, Lu (2014) proposed a family-centered care model to extend what Chen had established in 2011. One issue raised by Lu was exactly the need for parents' and teachers' opinions and feedback. Special educators' presence and input "transformed the school reentry model's nature," according to a physician in the meeting (p. 61). Lu's study confirmed the importance and value of school professionals' involvement in the school reentry programs.

Nursing professionals' contribution to school reentry studies and school reentry protocol development for children with cancer in Taiwan was commendable. However, most studies did not reflect school personnel's views and experiences which are immediately relevant and absolutely essential to an effective school reentry program.

## Methodology

A qualitative interview design was used to explore teachers' perceptions and experiences working with childhood cancer survivors. Interview as a research approach is based on the phenomenological principles that stressed people perceive reality from their own perspectives (Brinkmann & Kvale, 2015). For this study, I interviewed teachers of childhood cancer survivors to obtain their stories in their own words and from their own perspectives. I deliberately chose not to assume I knew how the issues were defined so that I could better understand the

experiences lived by the participants. Moreover, different school atmospheres and operations provided different contexts in which teachers lived their experiences. The interview method allowed me to probe into these contexts (Marshall & Rossman, 2006).

## Participants

This study is a part of a larger project with 29 teachers from elementary, middle, and high schools. For the purpose of understanding factors and contexts of positive school reentry experiences in middle school, interviews with three middle school teachers were selected because they reported that after their students returned to school, they attended school regularly, appeared to have friends in class, and graduated with average or above average grades. The teachers are female, in their 40's, and have taught middle school for more than 20 years. At the time of the interview, Teacher Ling and Teacher Wen discussed their first time working with students receiving cancer treatment. Teacher Lan had another student with cancer previously but unfortunately he did not make it back to school. See Table 1 for participant information.

## Data collection

Introduced by a full-time bedside instructor, I contacted the participants by phone and emailed a letter of introduction to this study and an informed consent to those who agreed to be interviewed. After a chat about teacher's years of service and general experiences, I started the in-depth interviews with "tell me how you started working this student." The interviews

**Table 1 Participant Information**

Teachers	Student diagnosis	Time diagnosed	Time of school reentry	Subject area taught	Bedside instructor	Prior experiences with students with cancer
Teacher Wen	Osteosarcoma	Grade 7	Grade 9	Biology	No	No
Teacher Ling	Leukemia	Grade 7	Grade 9	English	Yes	No
Teacher Lan	Leukemia	Grade 7	Grade 9	Chinese Language Arts	Yes	Yes

took place in participants' schools and were between 1-2 hours in length. The interview was a conversation between the participant and me in which the participant did most of the talking and I asked open-ended questions, prompted and probed the participants for more details, examples, and clarification to understand the contexts of these experiences. During the interview, I constantly reminded myself to be aware of and try to suspend my own assumptions and judgment by "seeing and listening" but not "thinking" (Brinkmann & Kvale, 2015, p. 31) as this study was phenomenological in nature. As much as I tried to "see and listen," there were bound to be relevant information not touched upon or questions not answered during the interview given the time constraint, interview guide design, and the relationships between the researcher and the participant. Participants might be reluctant to respond because they did not understand the questions or were afraid to elaborate. One way that might help participants feel more comfortable during the interview is to use hypothetical questions to protect their sense

of privacy and confidentiality (Niew, personal communication, March 9, 2020). The interviews were audio-recorded using a digital recorder and transcribed verbatim by research assistants in my office. I then compared the transcript against the audio recording for accuracy.

### Data analysis

After removing all personal information, I uploaded the transcripts to Nvivo 10, a research data manager program to reduce time for data organization, storing, and retrieval during the coding process. The transcripts were analyzed through the three steps of thematic analysis (King & Horrocks, 2010, pp. 153-158). The data analysis was a process of constant comparison starting from identifying the sections of the data that is relevant to the research questions (descriptive coding) and moving up through the levels of abstraction (interpretive coding) to concepts (themes).

### Methods to ensure trustworthiness

From the start of the research, I kept a

research journal for reflective memos. Through memoing, I constantly reflected on how I should approach the research participants and the information they provided. I developed new ideas and modified my own assumptions as I continued to collect data from different teachers. For example, I sensed that teachers initially made a negative judgement about the parents who wanted to resume their children's schooling while receiving cancer treatment at the hospital. Rather than attributing this negative judgement to teachers' personal disapproval of the parents who seemed too eager for their children treated for cancer to study hard, I reminded myself in the memo that social contexts mattered and took a step further to examine the concept of schooling in the Taiwanese society and how it might be related to teachers' understanding of mothers' decisions to request for bedside instruction services at the hospital.

I also engaged a retired faculty member from my university who is specialized in qualitative research as a research consultant from the inception of this study. Whenever I had questions about research design, data collection and analysis, and reviewers' comments, we would discuss my questions and thoughts and develop responses together.

During data collection, I took the following steps to ensure the credibility of research data. These steps included collecting multiple artifacts to substantiate teachers' interview data, following up with telephone calls to check for the accuracy and clarify parts of the interview data which I was uncertain about, and cross-examining participants' interview content with other professionals and

students with whom they worked. For example, Teacher Ling sent me the class video the students made for the hospitalized student. Teacher Lan gave me the recommendation letter she wrote for her student with cancer to apply for an award. In the letter she described how she worked with the student when he was hospitalized. I called the teachers, especially Teacher Wen, several times to review our interview data because some sections were recorded when the school bell rang and our conversations got cut off. I know the bedside instruction teacher assigned to their students so I doubled checked with the bedside instructor to obtain a deeper understanding of the contexts.

During data analysis, I shared thoughts and ideas with some school teachers, bedside instruction teachers, and graduate students and colleagues from the university. I also discussed how I interpreted the data with educational and medical professionals in Taiwan and US at conferences. These debriefings expanded how I approached and interpreted the data.

This study has been approved by the Human Research Ethics Committee at National Cheng Kung University in 2017.

## Findings

In the study, I explored three middle school homeroom teachers' perceptions and experiences about working with students returning to school during and after cancer treatment. I also examined what they did in relation to their students' successful school reentry. These teachers' reflections and experiences demonstrated that working with students with



cancer is a transformative process that changed how they perceived childhood cancer, learning, teaching, and life in general.

### **Cherish the present under the looming threats of cancer**

Despite the effective treatment, the teachers were uncertain whether the students would survive cancer and decided to focus on the present rather than the future when interacting with the students with cancer. The same uncertainty also pushed them to encourage the class to cherish the moments when the students with cancer were back with them in class.

When Teacher Wen “heard (the student) got cancer, we (she and the class) really were prepared for the worst. Who would have thought that the treatment went so well?” However, her fear for the student’s unknown future persisted. “What if he would leave us in three, five months? The class all the more cared about spending the time with him.”

Teacher Ling witnessed the fragility of children with cancer when she was teaching at the hospital every week for almost two years. She urged her class to appreciate the present as the student with cancer was receiving treatment and studying at the same time. Every time when she came back to school from the hospital, she said to the students “You should cherish the present when you are healthy and are able to study in the classroom... I saw the sick children in the pediatric cancer ward and they were (trailing off, sounding sad).”

### **It was Yuan (緣)**

Taiwan is a Chinese dominant society and teachers referred to the concept of Yuan when describing their relationship with their students. Teacher Ling understood Yuan as destiny. She told her students “It was my goal that we respect one another because Yuan got us together and that was why you 20 to 30 kids got to be in the same class and I got to be your homeroom teacher.”

Discussing teaching her student at the hospital, Teacher Lan emphasized that “it just happened because of Yuan and it was only natural for me to take it up. I did not need to resist or feel uncomfortable about it (travelling to the hospital and extra workload).” When discussing how she coordinated with other subject area teachers to work with her student with cancer, Teacher Lan simply chalked it up to “the positive Yuan the student with cancer had with all the teachers who supported the student,” implying it was Yuan at work and she did not have much to do with it. Yuan was the basis of Teacher Wen’s teaching philosophy. “It was Yuan that brought the students to me. Our job is to see them grow.”

### **Re-conceptualize the meaning of education**

Initially when Teacher Lan and Teacher Ling heard of the mothers of their students applying for bedside instruction, they were a bit puzzled, wondering why these mothers wanted to have their children study while receiving cancer treatment in the hospital. Teacher Lan shared “When the student went home from the hospital after one treatment cycle, he was not fully recovered yet. I was not sure what they (parents and child) had in mind. If I were the mother,

I would probably put aside school work (and concentrate on his health).”

When she heard of her student’s mother request for bedside instruction, Teacher Ling’s first thought was the mother was a bit too anxious about her daughter’s academics. Teacher Ling recalled:

*At first I misunderstood her and thought she cared too much about her child’s academic performance. She was just admitted to the hospital and you came to our school to ask for instruction in the hospital.... Only after we had a chat later in the hospital, did I realize that I misunderstood her. She did not request bedside instruction for fear that her daughter might fall behind. She did not want her daughter who just started middle school to be surrounded by nurses, physicians, and other sick children in the cancer ward. She hoped her daughter could see teachers from the school and that might give her some hope, the hope for her to return to school in the future.*

Although Teacher Wen did not serve as a bedside instructor for her student, she worked very closely with the student’s mother and appreciated her efforts in bringing the child back to school whenever he was discharged between treatment sessions. She shared the sentiment expressed by Teacher Ling that being in school helped the student focus on the present and distracted him from the shadow of death.

*I thought what his mother did the best was she let him come back to our class every 28 days. She could not predict how much longer his life will be but she let him continue keeping contact with our class. I thought being in the class would make him feel he was not excluded by us, he was not a patient, and he was not a person who’s waiting to be sentenced to death.*

### **The student changed us**

Looking back, Teacher Ling felt appreciative for the change brought about by working with the student with cancer and her family. “Initially I questioned mother’s request for bedside instruction, wondering why she wanted to put more pressure on her daughter. I realized after a while what she wanted for her daughter (i.e. sense of hope and future) was something that I would have never considered (bedside instruction would offer).”

Not only did Teacher Ling feel she learned something new about the purpose of academic instruction in the hospital, the students in her class seemed to have been transformed into “angels [天使]” as they kept being updated by the teacher of the student’s situations at the hospital.

*I often learned tremendously from my students.... As soon as I decided to teach (the student) in the hospital.... I told my Grade 7 class ‘If you let me go teach (the student) in the hospital without having to worry about you at school, you are practicing great kindness.’ I felt the seed of being kind in them started to germinate through this process. Later my colleagues*

*told me 'this class is a class of angels'.*

Teacher Wen also felt she and the class were changed by this experience.

*His mother let us know we could help kids in the similar situation.... He inspired the class to be kind and loving and our students were all willing to help others. He made an impact on us, giving us an excellent lesson for life.*

Teachers were mostly emotionally affected by their students' cancer diagnosis and the negative ramifications associated with cancer. Their responses to these emotions were mediated by their understanding of Yuan and the sense of responsibility, which was reflected by their willingness to explore new aspects of their teaching career such as teaching students in the hospital and being transformed in this process. They eventually realized school work meant something very different for the mothers and their children with cancer. While teachers perceived that school work was difficult and a source of great stress, mothers wanted their children to, through bedside instruction, be exposed to a normal world where typical middle school students do schoolwork and the school teachers would bring hope and diversion to their children.

### **Doubling as flexible bedside instructor**

In the municipality (population 329,790 for the age bracket of 0-14 in 2019) where the study was conducted, quite often regular education teachers from the students' school were asked to

provide bedside instruction to make up for the bedside instructor shortage and to teach specific academic subjects. When asked if they were willing to work with their students at the hospital, both Teachers Ling and Lan agreed. Teacher Ling recalled "I did not know that hospitalized students might not receive instruction for all subject areas because the teachers were not always available. The students had to request again when the teachers became available. So they asked me."

Teacher Ling "taught the student at home when she came home from the hospital in between treatment" and "tried to work around the treatment schedule." Teacher Lan also worked around the student's schedule. "In the beginning of the treatment cycle, he often went home between treatment sessions and attended the cram school once a week. When he had to stay at the hospital for longer treatment and could not attend the cram school, I and the Science teacher would teach him at the hospital once a week."

Teachers were also flexible when it came to how to conduct bedside instruction in terms of instruction approaches and content. Teacher Lan shared "of course we were being very flexible. When he was sitting up in the bed, I would sit by him and used the bedside table to have our lessons." Instead of "teaching," Teacher Ling "chatted" with the student one time.

*The student usually would smile when I came to the hospital. But one time when I arrived, she pursed her lips to force a smile. I asked: 'you knew we are having a lesson today?' She nodded.... I told her 'Never mind the lesson. We don't*

*have to do the lesson today.... Can you tell me why you are in a bad mood?’ She then told me ‘Because when I think of the chemotherapy and the drugs I am going to have through the intravenous injection this afternoon, I get depressed.’ She started to cry. I patted her on her back and told her ‘you are strong, I know, but this is tough.’ That was the only time we chatted instead of studying.*

### **Working closely with mothers - we were like friends**

Teachers and the students’ mothers became friends who supported each other through sharing the students’ medical information, care responsibility, and frequent communication. When Teacher Wen’s student and his mother came back to school, she “liked to chat with the mother the most.” “Whenever the students were having fun together in the class party, I and the mother would chat on the side. This way, I found out more about the student through the mother and the mother felt the same. We also supported each other, I think.” Teacher Wen continued:

*When the student was hospitalized, his mother would keep in touch with me, updating me with his current conditions and when he was coming back to school. I would let the class know. Our class was also thinking about him. The class was happy about his coming back to school. His mother would buy soft drinks for the class to show her appreciation for the*

*class’ concern for his son. She was a bridge between the student and the class. You know when a child was away from school for a while, he would feel a bit distant and might not seem a part of the class? But it was not the case here. When he came back, he and the class together discussed how to play some video games. My role was similar to the mother’s as we were both bridges between the two sides (hospital and school). We sent messages back and forth from either side.*

Teacher Ling recalled how she relieved mother from the care chores in the hospital whenever they had bedside instruction. “I told the mother to go home to do whatever for a respite break.” The mother of Teacher Lan’s student sometimes would tell her “the cancer index was higher or other medical information” when they met in the hospital and Teacher Lan “would remind her take care of herself...” and they “were like friends.”

### **Coordinating school-wide and community resources**

Teachers also involved their colleagues and other parents in supporting their students’ school reentry. When scheduling became an issue, “the other teacher would go to their home to take my place. We thought of enlisting another teacher’s assistance because she lived in the same township as the student.” When the student was well enough to come back to school, “we would have lessons at school. It went well because the communication and coordination

went smoothly...It was really no trouble at all...I was just coordinating whatever resources we had available at the time.”

After the student came back to school full time, Teacher Lan would talk to the Physical Education teacher “about the need of moderate amount of exercises. His mother told me he got sweaty easily so she prepared sports outfits that wick moisture faster than our school sports uniform.”

In her constant interaction with the student's mother, Teacher Ling found that the student's family was under great financial stress and “decided to contact our class parent association chair to raise fund for the family.” Teacher Wen chatted with other subject area teachers about the student's treatment outcomes “when they passed each other by on campus” so the teachers were kept up-to-date about the student and “all were aware of his medical conditions.”

### **Facilitating class-wide peer support**

Teachers all have maintained regular contact with their students with cancer. Teacher Wen took advantage of class or school events to invite the student back to school so the student and his classmates felt he was a member of the class. She also took the class to visit the student. “The hospital was right next to the school. It was not far and we walked there.” Teacher Wen and the mother “were always in touch” and together they created opportunities for the students to participate in class and school activities.

*The student came back whenever he could. He came back to school as soon as he was out of the hospital. Whenever I was*

*informed of his discharge date, I would tell the class that the student was coming back. The class was happy to hear about his coming back to school.... He was a part of our class after all.*

Teacher Ling reflected “possibly through my constant going back and forth between both sides like a medium and let the students in our class be reminded of the student who was also part of our class.” She also encouraged her class to write and make a class video for the hospitalized student and asked the class to “talk to her, say something to her” in the video. She later showed the video to the student in the hospital and told her “the class is waiting for you to be back.”

The three students officially came back to school full time in Grade 9. In terms of student's adjustment, Teacher Ling “did not think she had any adjustment issues. She really adjusted well and interacted with the classmates very nicely. Her personality helped. The classmates were also being accepting and they interacted really well.”

Knowing her student's physical conditions first hand, Teacher Ling also arranged some peer support for the student and observed they interacted quite well. “Before she came back, I thought of her needs. She needed her classmates to carry her school bag as she used crutches when walking. Because I went to teach her regularly so I knew her conditions.” From the teacher's point of view, she did have a circle of friends she hung out with and they happened to be her “guardian angels(小天使, peer assistants)”.

When Teacher Lan conducted “bedside

instruction” in school and the student would visit his classmates before or after the lesson. When he came back in Grade 9, his interaction with the classmates were good because “his personality was quite distinct. He was straightforward and had a sense of justice. He was positive and did not lose his temper easily. His classmates identified with his values so his social interaction with them was pretty good.” Teacher Lan did not observe “reentry issue” as she concluded that “the student’s learning process was continuous except for it took place at different times and spaces.”

Teachers worked closely with the students’ mothers, bridged the physical gap between the class and the students hospitalized for cancer treatment, coordinated school-wide educational and financial resources for the students and their families, and created a friendly class atmosphere before and after the students officially came back to school for Grade 9.

## Discussion

Long-term absence from school (Ang et al., 2018; Hewitt, Weiner, & Simone, 2003; Leigh & Conklin, 2010; Wang, 2013), effect of cancer and cancer treatment (An & Lee, 2019; Ang et al., 2018; Leigh & Conklin, 2010; Vanclooster et al., 2019), lack of home-school-hospital communication and collaboration (Chen & Chen, 2007; Hsu & Huang, 2011; Moore et al., 2009), limited awareness of benefits of school reentry (Tang, 2019; Wang, 2013), and teachers’ lack of knowledge about childhood cancer (Chen, 2011; Chiang, 2004; Leigh & Conklin, 2010)

were often cited as factors affecting childhood cancer survivors’ school reintegration. Academic competitiveness in secondary schools (Tang et al., 2015) and stigma of cancer could be additional stressors for adolescent childhood cancer survivors returning to school in Taiwan (Wang & Lee, 2010). This study demonstrated, from the teachers’ perspective, the optimal conditions and actions supporting adolescent childhood cancer survivors’ school reintegration and confirmed that home-school communication (Moore et al., 2009; Tang, 2019; Wang, 2013) and frequent interaction between the students with cancer and their classmates (An & Lee, 2019; Ang et al., 2018; Chen, 2011; Vanclooster et al., 2019; Yi et al., 2016) were essential for successful school reentry. Cheng et al. (2016) noted in their study that “support from teachers and peers provide hope for the aboriginal adolescent cancer survivors” (p. 83). Teachers and the peers in this study did exactly that for the students receiving cancer treatment.

With regular, frequent, and in-depth interaction with their students with cancer and their parents, teachers in this study acquired a great deal of first-hand information and professional medical knowledge about cancer and the treatment process and developed empathy with the parents. This intimate knowledge helped the teachers facilitate appropriate class peer support and coordinated much needed school-wide or even community-wide resources for the students and their families.

**Re-conceptualizing “school reentry” and special education as a learning community**

The current study revealed other emotional and practical aspects of successful school reentry from teachers' perspective. These teachers did not seem to find their students, with and without cancer, encounter a "school reentry" issue as described by other researchers (An & Lee, 2019; Ang et al., 2018; Chen & Chen, 2007; Chen, 2011; Yi et al., 2016). The teachers and the classes felt deeply for the students and their families and were touched by their perseverance in the face of hardships. The concept of Yuan, as "affinity, luck, or condition by which people are brought together" (Yang & Ho, 1988, p. 263), framed how teachers regarded their relationships with and responsibilities for all students, including students with cancer. They applied the same concept of Yuan in facilitating peer and community support, urging the classes and parents to cherish their good fortune of meeting one another among this many people on the earth and make the best out of this lucky encounter.

While rights-based approach to education forms the current education policy foundation predicated on social equality (Ministry of Education, 2019), teachers in this study appeared to regard their work as a social responsibility rather than a legal obligation. Teachers' belief in Yuan motivated them to exert their own agency and to creatively and flexibly provide students with alternative schooling arrangements. This relationship-based approach to teacher-student relationship continues to operate in today's education settings, a ramification of a hierarchical society like Taiwan where people at different social positions are expected to fulfill their responsibilities and obligation for people above

and below their social ranks (費孝通, 1993).

However, this relationship-based approach to education is at risk of unequal distribution of services because relationships can sour. Education laws are necessary to ensure all students with special needs receive a certain level of quality education services when they need it.

In this study, the highly involved teachers, students with cancer, their parents, and their classmates formed a virtual learning community that encompassed hospital, home, and school. Although students and teachers were situated at different spatial locations and temporal moments, with the close connections between the teachers and mothers of/and students with cancer, learning took place across physical boundaries and its impact was far-reaching and more complex than each location alone could offer. In this learning community, teachers, the conventionally designated educators, were being transformed into learners in the process.

### **Re-conceptualizing bedside and homebound instruction**

In Taiwan, when students' medical conditions require them to be hospitalized for more than six weeks or longer, their education needs are mostly fulfilled by bedside and/or homebound instruction services under the special education division rather than by the students' regular schools (Kaohsiung Municipal Special Education Unit, 2018). This practice is also typical in the US where "children are often absent from their regular school during periods of treatment and generally receive at least some educational services at home or

in the hospital” (Hewitt et al., 2003, p. 130). Inadvertently, students are “removed” from their own schools and thus, giving rise to the later need for “school reentry.” In this study, due to a shortage of bedside instructors and the close proximity between the school and hospital, Teacher Ling and Teacher Lan were asked to double as the bedside instructors and, this way, their hospitalized students had never really left school. Teacher Wen did not teach her student at the hospital but she and the student’s mother were “like friends” and she visited the student in the hospital. The teachers had developed extensive knowledge about the needs and strengths of the students and their families and were able to facilitate effective peer support and coordinate school and community resources.

### **Implications for policy makers and practitioners**

When the hospital is near, we can encourage school teachers to double as bedside instructors. However, rural children have to leave home and school to receive cancer treatment (Cheng et al., 2016). How do we create opportunities for regular and constant teacher-student and peer interaction even when teachers and classmates cannot be physically present in the hospital? First, as full-time bedside instructors (special education teachers) are entrusted with working with hospitalized students and coordinating students’ mandatory Individualize Education Plan, we need to increase their professional knowledge about childhood cancer and awareness of the importance of early school reentry as these teachers are the main link between the school

and the students with cancer and their families. They might arrange for the school teachers and students to visit or send personal messages back and forth and serve as a bridge between the class and the students with cancer as the teachers did in this study. Second, with extensive internet services in Taiwan, some online social and communication applications might be appropriate for promoting interactions. Third, an E-learning portal allows the student away from school to be in the same classroom with their peers and learn together in real time. Fourth, an age-appropriate program similar to Monkey in My Chair program for children with cancer to stay connected with their classmates might be useful (The Cure Starts Now Foundation, 2019), an idea I learned from a pediatrician at a conference in the US. Finally, the development of a school-based school reentry protocol for childhood cancer survivor is also an urgent task.

### **Limitations and suggestions for future research**

Childhood cancer survivors’ perspectives are equally, if not more, important, in understanding their school reentry experiences. More qualitative studies in this area are warranted. Perspectives of parents, both fathers and mothers, caregivers, siblings, classmates, medical and school professionals are also necessary for understanding the overall school reentry contexts in Taiwan.

### **References**

費孝通 (1993) : 鄉土中國與鄉土重建。臺北:



- 風雲時代。[Fei, Xiaotong. (1993). *From the soil*. Taipei, Taiwan: Storm and Stress Publishing.]
- American Cancer Society. (2017). Treatment of children with acute lymphocytic leukemia (ALL). Retrieved from <https://www.cancer.org/cancer/leukemia-in-children/treating/children-with-all.html>
- An, H., & Lee, S. (2019). Difficulty in returning to school among adolescent leukemia survivors: A qualitative descriptive study. *European Journal of Oncology Nursing, 38*, 70-75. doi:10.1016/j.ejon.2018.12.008
- Ang, S. H., Koh, S. S. L., Lee, X., & Shorey, S. (2018). Experiences of adolescents living with cancer: A descriptive qualitative study. *Journal of Child Health Care, 22*(4), 532-544. doi:10.1177/1367493518763109
- Arpawong, T. E., Oland, A., Milam, J. E., Ruccione, K., & Meeske, K. A. (2013). Post-traumatic growth among an ethnically diverse sample of adolescent and young adult cancer survivors. *Psycho-Oncology, 22*(10), 2235-2244. doi:10.1002/pon.3286
- Askins, M. A., & Moore, B. D. I. (2008). Preventing neurocognitive late effects in childhood cancer survivors. *Journal of Child Neurology, 23*(10), 1160-1171. doi:10.1177/0883073808321065
- Bhojwani, D., Sabin, N. D., Pei, D., Yang, J. J., Khan, R. B., Panetta, J. C., Krull, K. R., Inaba, H., Rubnitz, J. E., Metzger, M. L., Howard, S. C., Ribeiro, R. C., Cheng, C., Reddick, W. E., Jeha, S., Sandlund, J. T., Evans, W. E., Pui, C., & Relling, M. V. (2014). Methotrexate-induced neurotoxicity and leukoencephalopathy in childhood acute lymphoblastic leukemia. *Journal of Clinical Oncology, 32*(9), 949-959. doi:10.1200/jco.2013.53.0808
- Brinkmann, S., & Kvale, S. (2015). *InterViews Learning the craft of qualitative research interviewing* (3<sup>rd</sup> ed.). Thousand Oaks, CA: Sage.
- Chen, C. M., & Chen, Y. C. (2007). School Adaptation among adolescent brain tumor survivors. *Yuan-Yuan Nursing, 1*(2), 64-73. doi:10.6530/yyn.2007.1(2).07
- Chen, M. H., & Chen, Y. C. (2011). A lived experience among children with cancer and their families in eastern Taiwan. *Tzu Chi Nursing Journal, 10*(4), 66-76.
- Chen, W. C. (2011). *The action research to establish a school reentry care model for school-age children with cancer: A case of medical center in southern Taiwan*. National Cheng Kung University, Available from Airiti AiritiLibrary database.
- Cheng, C. C. (2010). *Mothers' experiences and interactions with professionals when caring for children in early intervention in Taiwan*. Unpublished doctoral dissertation, University of Wisconsin - Madison, Available from ProQuest (UMI 3437296).
- Cheng, Y. C., Huang, C. Y., Wu, W. W., Chang, S. C., Lee-Hsieh, J., Liang, S. Y., & Cheng, S. F. (2016). The lived experiences of aboriginal adolescent survivors of childhood cancer during the recovering process in Taiwan: A descriptive qualitative research. *European Journal of Oncology Nursing, 22*, 78-84. doi:10.1016/j.ejon.2016.03.005

- Chiang, W. H. (2004). *A study of childhood cancer survivors' stressors in school and school teachers' professional knowledge and skills*. National Taipei University of Education, Available from Airiti AiritiLibrary database.
- Childhood Cancer Foundation, R. (2018). *2017 Annual Report*. Retrieved from <http://www.ccfroc.org.tw/upload/files/Newsletter/2017/2017.pdf>
- Gurney, J. G., Krull, K. R., Kadan-Lottick, N., Nicholson, H. S., Nathan, P. C., Zebrack, B., Tersak, J. M., & Ness, K. K. (2009). Social outcomes in the Childhood Cancer Survivor Study cohort. *Journal of Clinical Oncology*, *27*(14), 2390-2395. doi:10.1200/jco.2008.21.1458
- Hewitt, M., Weiner, S. L., & Simone, J. V. (Eds.). (2003). *Childhood cancer survivorship: Improving Care and Quality of Life*. Washington DC: National Academies Press.
- Hsieh, M. C. (2010, March 1). Education in Taiwan is too much and too hard. *Taipei Times*. Retrieved from <http://www.taipetimes.com/News/editorials/archives/2010/03/01/2003466920>
- Hsu, H. C., & Huang, M. C. (2011). Culturally competent care: Helping an immigrant mother's child with cancer return to elementary school. *The Journal of Nursing*, *58*(3), 85-89. doi:10.6224/jn.58.3s.85
- Kaohsiung Municipal Special Education Unit. (2018). *Kaohsiung Municipality's Implementation Plan for Itinerant Bedside Instruction in Primary and Secondary Schools*. Kaohsiung: Kaohsiung Education Bureau.
- Ki Moore, I. M., Hockenberry, M. J., & Krull, K. R. (2013). Cancer-related cognitive changes in children, adolescents and adult survivors of childhood cancers. *Seminars in Oncology Nursing*, *29*(4), 248-259. doi:10.1016/j.soncn.2013.08.005
- Kim, M. A., & Yi, J. (2014). Life after cancer: How does public stigma increase psychological distress of childhood cancer survivors? *International Journal of Nursing Studies*, *51*(12), 1605-1614. doi:10.1016/j.ijnurstu.2014.04.005
- King, N., & Horrocks, C. (2010). *Interviews in qualitative research*. Los Angeles, CA: Sage.
- Krull, K. R., Cheung, Y. T., Liu, W., Fellah, S., Reddick, W. E., Brinkman, T. M., Kimberg, C., Ogg, R., Srivastava, D., Pui, C., Robison, L. L., & Hudson, M. M. (2016). Chemotherapy pharmacodynamics and neuroimaging and neurocognitive outcomes in long-term survivors of childhood acute lymphoblastic leukemia. *Journal of Clinical Oncology*, *34*(22), 2644-2653. doi:10.1200/jco.2015.65.4574
- Lan, P. C. (2009). Cultures of carework, carework across cultures. *Review of Social Sciences*, *3*(2), 1-27.
- Leigh, L. D., & Conklin, H. M. (2010). Educational issues for children with cancer. In P. A. Pizzo, & D. G. Poplack (Eds.), *Principles and practice of pediatric oncology* (pp. 1388-1403). Philadelphia, PA: LWW.
- Levin Newby, W., Brown, R. T., Pawletko, T. M.,

- Gold, S. H., & Whitt, J. K. (2000). Social skills and psychological adjustment of child and adolescent cancer survivors. *Psycho-Oncology*, 9(2), 113-126. doi:10.1002/(SICI)1099-1611(200003/04)9:2<113::AID-PON432>3.3.CO;2-6
- Lu, H. Y. (2014). *Action research: Building a sustainable development model of school reentry care for children with cancer*. National Cheng Kung University, Available from Airiti AiritiLibrary database.
- Marshall, C., & Rossman, G. B. (2006). *Designing Qualitative Research* (4<sup>th</sup> ed.). Thousand Oaks, CA: Sage.
- Ministry of Education (2019). *Special Education Act*. Taipei: Ministry of Education.
- Moore, J. B., Kaffenberger, C., Goldberg, P., Oh, K. M., & Hudspeth, R. (2009). School reentry for children with cancer: Perceptions of nurses, school personnel, and parents. *Journal of Pediatric Oncology Nursing*, 26(2), 86-99. doi:10.1177/1043454208328765
- Moxon-Emre, I., Bouffet, E., Taylor, M. D., Laperriere, N., Scantlebury, N., Law, N., Spiegler, B. J., Malkin, D., Janzen, L., & Mabbott, D. (2014). Impact of craniospinal dose, boost volume, and neurologic complications on intellectual outcome in patients with medulloblastoma. *Journal of Clinical Oncology*, 32(17), 1760-1768. doi:10.1200/jco.2013.52.3290
- Murdoch, B. E. (1999). *Communication disorders in childhood cancer*. London: Whurr Publishers.
- Tang, J. C. (2019). *Childhood cancer survivors' parents' perspectives on homebound services provided by and interaction with itinerant resource teachers*. Unpublished Master's Thesis, National Kaohsiung Normal University, Kaohsiung, Taiwan.
- Tang, P. L., Mayer, D. K., Chou, F. H., & Hsiao, K. Y. (2015). The experience of cancer stigma in Taiwan: A qualitative study of female cancer patients. *Archives of Psychiatric Nursing*, 30(2), 204-209. doi:10.1016/j.apnu.2015.08.015
- The Cure Starts Now Foundation. (2019). *Monkey in My Chair Program Overview*. Retrieved from <http://www.monkeyinmychair.org/program>
- Tougas, A. M., Jutras, S., Bigras, M., & Tourigny, M. (2016). The potential role of benefit and burden finding in school engagement of young leukaemia survivors: An exploratory study. *Child: Care, Health and Development*, 42(1), 68-75. doi:10.1111/cch.12245
- Vanclouster, S., Bilsen, J., Peremans, L., Van Der Werff Ten Bosch, J., Laureys, G., Paquier, P., & Jansen, A. (2019). Reintegration into school after treatment for a brain tumor: The child's perspective. *Global Pediatric Health*, 6, 1-10. doi:10.1177/2333794x19860659
- Wang, M. L., & Lee, H. M. (2010). The influence of school-related stress on academic achievement for junior high school students: The moderating role of internal locus of control. *Formosa Journal of Mental Health*, 23(1), 1-33. doi:10.30074/fjmh.201003\_23(1).0001

- Wang, T. H. (2013). *A Study of the Learning Adjustment and Its Correlates in Children with Cancer*. National Taiwan University, Available from Airiti AiritiLibrary database.
- Yang, K. S., & Ho, D. Y. F. (1988). The role of Yuan in Chinese social life: A conceptual and empirical analysis. In A. C. Paranjpe, D. Y. F. Ho, & R. W. Rieber (Eds.), *Asian contributions to psychology* (pp. 263-281). New York, NY: Praeger.
- Yi, J., Kim, M. A., Hong, J. S., & Akter, J. (2016). Childhood cancer survivors' experiences in school re-entry in South Korea: Focusing on academic problems and peer victimization. *Children and Youth Services Review*, 67, 263-269. doi:10.1016/j.chilyouth.2016.06.02219

收稿日期：2019.12.15

接受日期：2020.04.13

# 國中教師服務癌癒後 學生返校的經驗

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癌癒後兒童返校繼續學業時可能面臨不少挑戰。目前臺灣癌癒後兒童返校方面的研究者大多為護理人員，比較缺少教師方面的角度和參與。從癌癒後兒童的福祉出發，本質性研究以現象學研究派典來探究三位國中教師服務三位癌癒後兒童（一位教師各服務一位學生）的觀點及實際經驗。他們的學生七年級時分別被診斷為骨癌或血癌，經過兩年治療，於九年級返校。本研究以深度訪談方式蒐集研究資料，訪談時間為 1-2 小時。訪談錄音檔的逐字稿經過主題分析，得到以下結果：教師和學生及家長建立深刻正面關係，以「緣」看待師生關係，擔任學生的床邊教學教師，以極具創意及彈性的做法來增進在校同儕和住院學生間的互動，促進並動員班級、全校、社區的支持及資源整合。教師扮演的橋樑功能將學校、家長（母親）、醫院連接起來創造了一個虛擬卻意義深遠的學習社群。雖然學生學習的時間空間並不相同，教師和學生的學習比在各別學習環境中學習機會更為豐富多元。為了讓學生順利返校，除了鼓勵學科教師擔任床邊教學教師外，原本擔任床邊教學／在家教育的特教教師更應該提升兒童癌症相關知能並擔任學校、家長、及醫院間的橋樑。另外，建議利用網際網絡及技術，開發適合課程平台，讓無法返校學習的學生能在線上和班上同學一起學習及互動。

關鍵詞：兒童癌症、國中生癌癒後返校、教師觀點、緣、質性研究、癌癒後兒童

