

# School Problems of Students with Chronic Illness: Implications for Educational Support and Inclusive School Practice

Terézia Harčariková<sup>1</sup>, Katarína Kelemenová<sup>2</sup>, Lukáš Stárek<sup>3</sup>, Jarmila Klugerová<sup>4</sup>

<sup>1</sup>PhD, Comenius University Bratislava, Faculty of Education, Department of Special and Inclusive Education, Račianska 59, 813 34 Bratislava, Slovak Republic. ORCID iD: 0000-0002-9749-9754. Email: harcarikova@fedu.uniba.sk

<sup>2</sup>Mgr. PhD., Comenius University Bratislava, Faculty of Education, Department of Special and Inclusive Education, Račianska 59, 813 34 Bratislava, Slovak Republic

<sup>3</sup>Mgr. Ph.D., MBA, DBA, dr. h. c., AMBIS vysoká škola, a.s./ AMBIS University, Katedra pedagogiky/ Department of Pedagogy, Lindnerova 575/1, 180 00 Praha 8 – Libeň, Czech Republic ORCID iD: 0000-0002-6068-215X . Email: lukas.starek@ambis.cz

<sup>4</sup>PaedDr. Ph.D., AMBIS vysoká škola, a.s./ AMBIS University, Katedra pedagogiky/ Department of Pedagogy, Lindnerova 575/1, 180 00 Praha 8 – Libeň, Czech Republic, ORCID iD: 0000-0002-7174-3704. Email: jarmila.klugerova@ambis.cz

## HOW TO CITE:

Terézia Harčariková, Katarína Kelemenová, Lukáš Stárek, Jarmila Klugerová (2026). School Problems of Students with Chronic Illness: Implications for Educational Support and Inclusive School Practice. International Journal of Special Education, 41(8s), 692-704

## ABSTRACT:

The present study focuses on the identification and analysis of school-related problems experienced by students with chronic illnesses and examines the implications of these findings for educational support within inclusive school settings. The research is based on a mixed-methods design combining qualitative and quantitative approaches to provide a comprehensive understanding of the issue. The qualitative component involved semi-structured interviews with students with chronic illnesses (N = 8), while the quantitative component was conducted through a questionnaire survey among teachers (N = 403) working in primary schools and hospital-based educational settings.

The findings indicate that school-related problems occur in a significant proportion of students with chronic illnesses (37.47 %) and are characterized by a multidimensional nature. The most prominent difficulties were identified in the cognitive and academic domain, particularly in relation to fatigue, reduced concentration, and frequent school absence. These issues were found to be closely interconnected with social and communication difficulties, affecting students' overall school adaptation and participation. Behavioral problems were reported less frequently, suggesting that academic and psychosocial challenges represent the primary areas of concern.

The study further reveals that although teachers report the use of various support measures, their implementation is often inconsistent and largely dependent on individual competencies and experience. No significant differences were found between teachers from mainstream schools and hospital-based schools in terms of identifying or addressing students' problems. Collaboration within school support teams was more frequent

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than cooperation with external counseling services, highlighting both the strengths and limitations of current support systems.

The results emphasize the need for a systematic and interdisciplinary approach to supporting students with chronic illnesses. Key implications include strengthening teachers' professional competencies, enhancing collaboration among stakeholders, and promoting inclusive educational environments that address the complex needs of these students. The study contributes to the existing body of knowledge by providing an integrated perspective on school-related problems and offers practical recommendations for improving inclusive educational practice.

**Keywords:** chronic illness; educational support; inclusive education; school problems; special education; teachers.

**Introduction**

Inclusive education is currently regarded as a key principle of education policy, one that extends beyond the legislative framework and reflects broader societal changes in the perception of individuals with special needs (Stárek, 2022). At present, as a result of significant advances in medicine and healthcare, the life expectancy of individuals with various types of illnesses, including chronic conditions, is increasing. This trend is also reflected in the field of education, where we are increasingly encountering pupils with chronic illnesses being educated in mainstream schools. Whilst in the past this group of pupils was often educated in segregated settings or their education was significantly restricted, current inclusive trends are moving towards their full integration into mainstream education (Lechta, 2016; Michalík, 2013). However, this shift also presents new challenges for educational theory and practice, as the education of pupils with chronic illnesses requires specific approaches that reflect their individual needs and limitations.

Chronic illness cannot be understood merely as a medical problem, but as a complex bio-psycho-social phenomenon that fundamentally influences an individual's overall quality of life, including their academic success and social functioning (Janáčková et al., 2019; Revenson & Hoyt, 2016). The specialist literature (Deavin, Greasley & Dixon, 2018; Leite, 2025; Sentenac et

al., 2023; Tsuchiya & Sato, 2026) states that chronic illness is characterised by long-term duration, often a lifelong course, and the gradual development of symptoms, whereby the aim of care is not complete cure but rather its management and the mitigation of its impact on the individual's life (Bernell & Howard, 2016; World Health Organization, online, 2025). This aspect is of fundamental importance for the educational process, as pupils with chronic illnesses must cope not only with their own illness but also with its impact on the cognitive, emotional and social aspects of their functioning (Harden et al., 2020).

From the perspective of special education, pupils with chronic illnesses constitute a specific group requiring targeted educational support. The pedagogy of individuals with disabilities or impairments focuses on examining the specific characteristics of the education of these individuals and emphasises the need for an individualised approach that takes into account not only the pupil's health condition but also their personality traits and social context (Bačová, 2025; Daněk & Klugerová, 2023; Vančová, Harčářiková et al., 2021). In this sense, it is crucial to view a pupil with a chronic illness not merely through the lens of their diagnosis, but as a complex individual whose educational needs are influenced by a whole range of interrelated factors.

A significant aspect of the education of pupils with chronic illnesses is the fact that their health condition can directly and indirectly influence the course of the educational process. The most common consequences include, for example, increased fatigue, reduced ability to concentrate, more frequent absences from lessons, or limited participation in school activities (Matthew et al. 2025; Sentenac et al., 2023). These factors can lead to a decline in academic performance and the development of further difficulties that extend into the areas of social relationships, communication and behaviour (Lechta, 2016). In this context, it is essential to discuss so-called 'school problems', which represent a significant category of difficulties affecting the education of these pupils.

School problems faced by pupils with chronic illnesses cannot be reduced solely to the area of academic performance; rather, they must be understood as a multidimensional phenomenon encompassing cognitive, emotional, social and behavioural components. Their emergence is determined not only by the illness itself, but also by the way in which the pupil copes with this situation, the support they receive from the school and family, and their individual coping strategies (Revenson & Hoyt, 2016). The level of awareness among teaching staff regarding chronic illness and their ability to respond appropriately to the specific needs of these pupils also plays a significant role here.

Findings from the research by Daněk et al. (2026) suggest a clear pattern in which inclusive values and the interpersonal climate are rated positively, whilst the structural and material aspects of inclusion, particularly physical accessibility and systematic support for individual needs, receive lower ratings. The results point to a persistent tension between the culture of inclusion and institutional conditions in higher education, which has implications for the training of future professionals in inclusive practice.

In this context, the importance of teaching staff comes to the fore; they are in daily contact with pupils and thus play a key role in recognising their difficulties and initiating supportive

interventions. However, teachers often face a lack of information, methodological support or practical experience, which can negatively affect the quality of the support provided (Krnáčová, Križo, 2022). Identifying specific school-related problems and analysing their links to the support measures used therefore represent an important step towards improving the quality of inclusive education. Despite the growing emphasis on inclusive education and the increasing presence of pupils with chronic illnesses in mainstream schools, the issue of their educational difficulties remains insufficiently addressed empirically. This is not merely a question of the teacher's individual pedagogical work, but a broader systemic issue involving collaboration between the school support team, counselling services and the pupil's family (Bezáková et al., 2022). It is precisely the extent of this collaboration and its effectiveness that can significantly influence the success of the educational process and the pupil's overall adaptation to school.

Support measures play a significant role in this area, serving as tools to respond to pupils' individual needs. However, their effectiveness is not determined solely by their availability, but primarily by their appropriate application in specific situations. Practical experience shows that whilst teachers often state that they use support measures, their implementation does not always correspond to the actual needs of pupils with chronic illnesses (Doležalová & Viktorín, 2019; Tkáčová, 2022; van den Brink, 2018). This discrepancy may be caused by inadequate diagnosis of school-related problems, the absence of a systematic approach, or the limited expertise of teaching staff in this area. Another significant factor is the fact that teachers' experience of educating pupils with chronic illnesses varies considerably. This variability highlights the need for a deeper understanding of how teachers perceive these pupils' school-related difficulties and what strategies they employ to address them.

Based on the above premises, the aim of this study is to identify and analyse the educational challenges faced by pupils with chronic illnesses, whilst also assessing the implications of these findings for the provision of educational support

within the context of inclusive school practice. The contribution of the study can be seen both at a theoretical level, where it expands knowledge on the issue of school-related problems faced by pupils with chronic illnesses, and, above all, at a practical level, where it offers implications for educational support and inclusive school practice.

### Literature Review

The issue of educating pupils with chronic illnesses is addressed from various perspectives in current professional literature, with a dominant emphasis on its multidimensional nature. Chronic illness is understood as a factor that fundamentally influences not only an individual's health status, but also their cognitive functions, emotional experiences and social interactions (Janáčková et al., 2019; Revenson & Hoyt, 2016). This complex impact is also reflected in the field of education, where it manifests itself in the form of specific school-related difficulties that can negatively affect both academic achievement and the pupil's overall adaptation.

Research conducted in recent years confirms that pupils with chronic illnesses achieve lower educational outcomes on average and more frequently face problems related to school attendance. For example, the study by Hoffman et al. (2018) highlights the link between chronic illness and reduced academic performance as early as the initial stages of education. Similarly, Henderson et al. (2014) emphasise the significance of chronic absenteeism, which is more common among these pupils and represents a significant risk factor for academic failure. These findings are further supported by Mitchell et al. (2019), who demonstrated in their longitudinal study that chronic health problems have a long-term negative impact on pupils' educational trajectories.

In addition to cognitive and performance aspects, the specialist literature also addresses the social and psychological consequences of chronic illness. Pupils with chronic illness often face limited social interactions, reduced participation in school activities and an increased risk of social isolation (A'Bear, 2014). These factors can further exacerbate their academic difficulties and

negatively affect their motivation to learn. Nagyová et al. (2016) point out that the impacts of chronic illness extend beyond the individual and significantly affect the family environment, which plays a key role in the child's adaptation to the school environment.

From the perspective of inclusive education, it is crucial to focus on the conditions under which pupils with chronic illnesses can be successfully integrated into mainstream schools. Muntaner et al. (2014) emphasise that the inclusion of these pupils is not merely a question of their physical presence in the classroom, but above all the quality of the support provided and the school's ability to respond to their individual needs. Effective inclusion requires a systematic approach that encompasses not only pedagogical strategies but also organisational and institutional measures.

The importance of support measures in the education of pupils with chronic illnesses is highlighted in the literature as one of the key factors in their academic success. Support measures encompass a wide range of interventions, from adjustments to teaching methods and assessment to the involvement of specialist staff, such as school special needs teachers, teaching assistants or healthcare professionals (Čech & Hromádlová, 2020; Červenka et al., 2021). However, research points to the fact that their implementation in practice is not always systematic and often depends on the individual competencies of teaching staff.

Another significant topic is the role of the teacher as a key actor in the process of identifying and addressing school-related issues. Teachers are often the first to notice changes in a pupil's performance or behaviour, and their ability to interpret these signals appropriately is crucial for timely intervention. At the same time, however, the literature highlights the insufficient preparedness of teachers in working with pupils with chronic illnesses, which can lead to the ineffective use of available support measures (Krnáčková & Křižo, 2022).

The education of pupils with chronic illnesses in alternative or specific settings, such as a hospital

environment, also represents a specific area of research. The study by Holanda and Collet (2011) highlights the difficulties associated with the continuity of these pupils' education and emphasises the importance of coordination between the healthcare and education systems. This issue is also addressed by more recent approaches, which emphasise the importance of flexible educational models, including the use of digital technologies and individualised educational plans (Almazroui, 2023).

Despite the growing number of studies focusing on individual aspects of the education of pupils with chronic illnesses, it can be stated that a comprehensive analysis of school-related issues in the context of real-world educational practice remains underdeveloped. Existing research often focuses solely on specific areas, such as academic performance, absenteeism or psychosocial adaptation, but lacks an integrative perspective that would link these dimensions and analyse them in relation to the educational support provided. This gap in the research highlights the need for studies that would systematically examine the school-related problems of pupils with chronic illnesses in their entirety, whilst also analysing the effectiveness of support measures in a real school environment. It is precisely this approach that enables a deeper understanding not only of the nature of these problems, but also of the factors that influence their resolution in practice.

### Methodology

The present study is conceived as a mixed-methods research project, which allows for the combination of qualitative and quantitative approaches to achieve a comprehensive understanding of the issue under investigation. The choice of this design stems from the nature of the research problem, which requires both a deeper understanding of the individual experiences of pupils with chronic illnesses and, at the same time, an understanding of the broader contexts and trends in educational practice. In current methodology, mixed-methods research is considered a suitable approach in situations where the aim is to combine in-depth knowledge

with the possibility of generalising results, and it enables the effective integration of data from various sources (Creswell & Plano Clark, 2018; Hendl, 2023; Mišović, 2025; Tashakkori & Teddlie, 2010).

The qualitative component of the research focused on understanding the subjective experiences of pupils with chronic illnesses in relation to the school environment and identifying school-related problems from their perspective. This part of the research included secondary school pupils with a diagnosed chronic illness ( $N = 8$ ), who were selected through purposive sampling with regard to the type of diagnosis and their ability to reflect on their own experiences with education. The research sample included pupils with various types of chronic illnesses, specifically epilepsy, diabetes mellitus, cystic fibrosis and Marfan syndrome, which made it possible to capture a broader spectrum of experiences and identify both common and specific features of their school-related problems.

The quantitative component of the research was conducted on a sample of teaching staff ( $N = 403$ ) working in lower secondary schools and primary schools attached to healthcare facilities. Respondents were selected based on their experience of educating pupils with chronic illnesses. This sample included teachers with varying lengths of teaching experience and different professional backgrounds, which enabled the capture of a broader spectrum of perspectives on the identification of school-related problems and the use of support measures in practice.

Data collection was carried out using two main research tools corresponding to the individual research strands. For the qualitative part, semi-structured interviews were used, which allow for a combination of a pre-prepared structure of questions with the flexibility to respond to participants' individual answers. The interviews focused primarily on the identification of school-related problems, their subjective perception, and experiences with the support provided. This type of interview is considered a suitable tool for obtaining deeper insights into respondents'



experiences and allows for capturing the complexity of their lived experiences (Hendl, 2023; Mišović, 2025).

Quantitative data were collected using a non-standardised questionnaire designed specifically for this research. The questionnaire contained both closed and open-ended items, which enabled the collection of both quantifiable data on the occurrence of school-related problems and supplementary qualitative information on teachers' experiences. The questionnaire's design was based on the theoretical foundations of the issue and on findings obtained during the qualitative phase of the research, which contributes to its content validity.

The analysis of the data collected was carried out with regard to the mixed nature of the research design, with individual data sets being processed separately and subsequently integrated at the interpretative level. Within the qualitative part of the research, the method of thematic analysis was used, which allows for the systematic identification, categorisation and interpretation of patterns of meaning in textual data. The analytical process involved repeated reading of interview transcripts, open coding, the creation of categories and their subsequent interpretation in relation to the research questions.

Quantitative data were analysed using descriptive and inferential statistics. In the first phase of the analysis, absolute and relative frequencies were used to describe the structure of respondents' answers and identify the most frequently occurring school problems. Subsequently, statistical tests were applied to verify relationships between individual variables, such as between school type, teachers' experience and the occurrence of identified problems (Ahmad et al., 2019; Hasan, 2024).

To enhance the validity of the research findings, methodological triangulation was employed, involving a combination of qualitative and quantitative data. This approach enabled a more comprehensive interpretation of the results and contributed to a higher degree of their reliability. The reliability of the research was supported by a systematic procedure for data collection and

analysis and a transparent description of the individual steps of the research process.

Ethical considerations formed an integral part of the entire research process. All research participants, or their legal guardians where applicable, were informed in advance of the research objectives, the research procedure and how the collected data would be used. Participation in the research was voluntary and was conditional upon the provision of informed consent. All data were processed in anonymised form, and emphasis was placed on protecting respondents' personal data.

As the research involved underage participants, ethical measures were adapted to this fact, and emphasis was placed on their protection and the minimisation of potential risks. Interviews were conducted sensitively, taking into account the participants' health and mental well-being. The chosen methodological approach thus enabled a comprehensive understanding of the issues surrounding school problems faced by pupils with chronic illnesses and provided a relevant basis for interpreting the results.

## Results

The research results are presented in line with the mixed-methods research design and reflect both qualitative and quantitative data streams. Data analysis enabled the identification of several key areas of school-related problems faced by pupils with chronic illnesses, which overlap and create a comprehensive picture of their educational situation.

In terms of quantitative findings, the first step was to analyse whether school-related problems occur at all among pupils with chronic illnesses. The results show that 37.47% of respondents ( $N = 151$ ) reported the occurrence of one or more school-related problems among these pupils, whilst 62.53% of respondents ( $N = 252$ ) did not identify any such problems. This result suggests that although school-related problems are not a universal phenomenon among all pupils with chronic illnesses, they represent a significant category of difficulties affecting more than a third of the population under study.

An analysis of specific types of problems showed that these difficulties are distinctly multidimensional in nature. Based on the qualitative coding of respondents' open-ended answers, four main areas of school-related problems were identified: cognitive-performance, social, and communication and behavioural. This finding is further supported by the verification of research hypotheses, which confirmed that academic problems occur more frequently among pupils with chronic illnesses than communication and behavioural problems.

In the area of cognitive-performance problems, it emerged that these difficulties represent one of the dominant categories. In their open-ended responses, respondents most frequently cited problems related to reduced concentration, increased fatigue and difficulties in mastering the curriculum. These factors were often linked to the course of the illness or its treatment and had a direct impact on pupils' school performance. Irregular school attendance also played a significant role here, having been repeatedly identified by teachers as one of the main factors negatively affecting the continuity of education.

In terms of social issues, the analysis showed that pupils with chronic illnesses relatively often face difficulties integrating into the class. Respondents pointed to the limited participation of these pupils in school activities and their more frequent absences, which can lead to a breakdown in social ties. In many cases, these difficulties were linked to a sense of being different and a reduced level of involvement in group activities.

Communication problems were identified less frequently than school-related problems, which is consistent with the results of the hypothesis verification. Nevertheless, they represent a significant area, particularly in relation to difficulties in expressing pupils' needs and communicating about their health condition. These barriers can negatively affect cooperation between the pupil and the teacher and complicate the provision of adequate support.

Behavioural problems were reported less frequently compared to other categories, a finding also confirmed by the research

hypotheses, which did not support the assumption of a higher prevalence of such problems compared to communication problems. Nevertheless, some pupils exhibited signs of increased anxiety, passivity or frustration, which can be interpreted as secondary consequences of chronic illness and its impact on school functioning.

Further important context is provided by the structure of chronic illnesses represented in the research sample. The most frequently reported illness was diabetes mellitus (49.63% of respondents), followed by epilepsy (20.60%), allergies (15.38%) and asthma (14.14%). This structure suggests that the research findings primarily reflect experiences with relatively common chronic conditions, a factor that must be taken into account when interpreting them.

It can be stated that the identified school-related problems are complex and interlinked in nature. Cognitive difficulties associated with fatigue and absenteeism are reflected in academic performance, which in turn affects social interactions and the pupil's overall adaptation to school. These results confirm the need for a systematic and comprehensive approach to supporting pupils with chronic illnesses.

Another significant area of analysis was the issue of the use of support measures and their relationship to the identified school-related problems of pupils with chronic illnesses. The results of the quantitative part of the research show that teaching staff report using various forms of support; however, their application is not always systematic and exhibits considerable variability. This finding was also indirectly confirmed during the verification of the research hypotheses, where the assumption that teachers working in schools attached to healthcare facilities provide support measures more frequently than teachers in mainstream primary schools was not confirmed. This result suggests that the institutional context of the school alone may not be a decisive factor in the extent of support provided.

Similarly, the assumption that teachers working in schools attached to healthcare facilities are better

able to identify school-related difficulties in pupils with chronic illnesses than teachers in mainstream schools was not confirmed. This finding points to a relatively balanced ability among teachers across school types to recognise school-related difficulties, but at the same time suggests that identifying problems does not automatically lead to effective intervention.

Another significant finding concerned the area of cooperation between teaching staff and other stakeholders in the educational process. The results confirmed the hypothesis that teachers in mainstream primary schools collaborate more frequently with the school support team than with counselling services. This finding suggests a preference for internal school support resources over external specialist services, which may have both positive implications in terms of faster access to support and limiting aspects linked to the school's professional capacity.

Conversely, the assumption that teachers without special educational training collaborate more frequently with counselling services than special education teachers was not confirmed. This result may suggest that collaboration with external experts is not determined solely by the teacher's qualifications, but likely also by other factors, such as the availability of services, the school's organisational conditions, or the teachers' individual experiences.

In terms of the relationships between different types of problems, it was confirmed that academic problems occur more frequently among pupils with chronic illnesses than communication and behavioural problems. This result corresponds with qualitative findings and confirms the dominant role of cognitive-performance difficulties in the overall structure of problems. At the same time, the hypothesis that school-related problems occur more frequently than behavioural problems was confirmed, which further supports the interpretation that the difficulties faced by pupils with chronic illnesses are primarily educational in nature.

Conversely, the assumption that behavioural problems occur more frequently than

communication problems was not confirmed. This result suggests that no clear hierarchy can be established between the different types of problems and that their occurrence is determined by complex factors related to the pupil's individual situation.

Qualitative data supplement these findings with deeper insight into the practical implementation of support. Teachers frequently noted that the effectiveness of support measures is influenced primarily by time constraints, administrative burdens and the availability of specialist support. These factors were identified as significant barriers that may limit the implementation of otherwise appropriately designed support strategies.

Overall, it can be stated that the results point to a relatively high degree of variability in teachers' approaches to supporting pupils with chronic illnesses. Although school-related problems are identified relatively frequently in this group of pupils, their resolution is not always systematic and shows considerable variation depending on individual and institutional factors. The results thus highlight the need to strengthen a systematic approach to supporting these pupils and to develop the professional competencies of teaching staff in this area.

## Discussion

The results of this study confirm that the issue of educating pupils with chronic illnesses is highly complex and cannot be reduced solely to the medical aspect of their situation. The identified school-related problems are multidimensional in nature and affect the cognitive, social and communicative aspects of the pupil's functioning, which is consistent with the bio-psycho-social concept of chronic illness (Bachoreczová et al., 2008; Janáčková et al., 2019). The findings thus confirm theoretical assumptions that chronic illness significantly influences an individual's school adaptation and educational trajectory.

Particular attention should be paid to the finding that school-related difficulties were identified in 37.47% of pupils with chronic illness. This result



can be interpreted on two levels. On the one hand, it shows that chronic illness does not automatically lead to school difficulties in all pupils, which is consistent with findings that emphasise the role of individual and contextual factors (Harden et al., 2020). On the other hand, however, the proportion of more than one-third of pupils represents a significant group for whom specific educational needs must be systematically addressed. This conclusion corresponds with the results of studies by Hoffman et al. (2018) and Mitchell et al. (2019), which point to an increased risk of school failure among pupils with chronic illnesses.

The predominance of cognitive and performance-related difficulties, which was confirmed by both qualitative and quantitative data, is consistent with the findings of international studies focusing on the impact of chronic illness on school performance. For example, Henderson et al. (2014) emphasise the significance of school absenteeism as a key factor influencing educational outcomes, a finding also confirmed in this study. Frequent absenteeism disrupts the continuity of teaching and leads to a gradual deepening of educational deficits, which may be of a long-term nature.

Another significant finding is the interconnection between different types of difficulties. The results show that cognitive difficulties are not an isolated phenomenon, but have a direct impact on a pupil's social functioning. Reduced academic performance can negatively affect a pupil's self-esteem, which in turn complicates their integration into the class. This relationship is consistent with the findings of A'Bear (2014), who highlights the risk of social isolation among pupils with chronic illnesses, particularly in situations where they are not adequately supported within the school environment.

In terms of the nature of chronic illnesses, it is interesting that diabetes mellitus dominated the research sample, followed by epilepsy, allergies and asthma. This finding corresponds to epidemiological trends that list these diagnoses among the most common chronic illnesses in the paediatric population. At the same time, however,

it suggests that the study's findings primarily reflect the experiences of a group of pupils with relatively common chronic illnesses (), whilst the experiences of pupils with rare diagnoses may differ.

The interpretation of the results further shows that the mere identification of school-related problems does not imply their effective resolution. The failure to confirm hypotheses regarding differences between teachers in mainstream schools and those in schools attached to healthcare facilities suggests that the ability to identify problems is relatively widespread across teaching practice. However, this result also highlights that the key issue is not the identification of difficulties per se, but their subsequent systematic resolution.

Another significant aspect of interpreting the results concerns the provision of support measures and their effectiveness in the context of inclusive education. The results of this study show that although teachers report using various forms of support, their application is not always systematic nor does it fully reflect pupils' individual needs. This conclusion is consistent with the findings of Muntaner et al. (2014), who point out that the successful inclusion of pupils with chronic illnesses is not determined solely by their presence in a mainstream classroom, but primarily by the quality of the support provided and the school's ability to respond to their specific needs.

The failure to confirm hypotheses regarding differences between teachers in mainstream schools and those in schools attached to healthcare facilities in terms of support provision suggests that the institutional context alone does not guarantee a higher quality of intervention. This result can be interpreted as evidence that the key factor is not the type of school, but primarily the competence of teaching staff and the extent of their professional preparedness. Similar conclusions are drawn by the study by A'Bear (2014), which emphasises the importance of the teacher's individual approach and their ability to respond flexibly to the needs of pupils with chronic illnesses.

Cooperation between the various stakeholders in the educational process also plays a significant role in the support process. The study's findings showed that teachers prefer to work with the school support team rather than external counselling services. This trend can be interpreted as a result of efforts to resolve problems more quickly and effectively directly within the school. On the other hand, however, it may lead to a reduction in interdisciplinary cooperation, which is essential in the case of pupils with chronic illnesses. Research (e.g. Harden et al., 2020) emphasises that effective support for these pupils requires the integration of educational, health and psychosocial services.

Another important finding is the identification of barriers that limit the effectiveness of support measures. Among the most frequently cited are a lack of time, administrative burdens and limited availability of specialist support. These factors have long been reflected in the international literature, which highlights the systemic limitations of inclusive education (Almazroui, 2023). From this perspective, it can be stated that the issue of the effectiveness of support for pupils with chronic illnesses is not merely a matter of individual teaching practice, but has a broader structural dimension.

In terms of practical implications, the study's findings highlight the need for a systematic approach to supporting pupils with chronic illnesses. A key element should be the strengthening of teaching staff's professional competencies, particularly in the areas of identifying school-related problems and implementing support measures. Furthermore, it is essential to foster effective cooperation between the school, the family and specialist institutions, which will enable a comprehensive response to the needs of these pupils.

At the same time, it is proving important to focus on preventing the secondary effects of chronic illness, particularly in terms of social isolation and reduced engagement with school. Schools should create an inclusive environment that supports the active participation of all pupils, regardless of their health status. In this context, the use of

flexible educational approaches and individualised education plans, which allow for a better response to pupils' specific needs, appears promising.

At the same time, it is proving important to develop innovative approaches to the education of pupils with specific needs that support their inclusion and reflect individual needs, as emphasised by recent studies focusing on the use of modern technologies in education (Daněk et al., 2025).

The results of the study (Bačová, 2025) also confirm the importance of socio-emotional factors in the education of pupils with chronic illnesses. The development of socio-emotional competences is considered a key prerequisite for academic success, pupils' adaptation and the quality of their social interactions.

In conclusion, it can be stated that the present study contributes to a deeper understanding of the issues surrounding school problems faced by pupils with chronic illnesses and highlights the need for their comprehensive resolution within an inclusive education system. The results highlight the importance of linking theoretical knowledge with pedagogical practice and provide impetus for further research and the development of educational policy in this area.

### Conclusions & Implications

This study focused on identifying and analysing the school-related problems faced by pupils with chronic illnesses and on assessing the implications of these findings for educational support within the context of inclusive school practice. Using a mixed-methods research design, it was possible to comprehensively capture both the pupils' subjective experiences and the perspective of teaching staff, which enabled a deeper understanding of the issues under investigation.

The research findings showed that school-related difficulties occur in a significant proportion of pupils with chronic illnesses, and that these difficulties are distinctly multidimensional in nature. Cognitive and performance-related difficulties predominate, being closely linked to

fatigue, reduced concentration and frequent absence. These difficulties are further reflected in the social sphere and affect pupils' overall adaptation to school. The results also confirm that individual types of problems are not isolated but influence one another, which emphasises the need for their comprehensive assessment.

From the perspective of educational support, it has emerged that although teachers use various forms of support measures, their application is not always systematic and often depends on the individual competences and experience of the teacher. Cooperation between the various stakeholders in the educational process plays a significant role here, particularly between the school, the school support team, and other specialist institutions. The identified barriers, such as lack of time, administrative burden or limited availability of specialist support, point to the need for systemic changes in the field of inclusive education.

Based on these findings, several key implications for practice can be formulated. First and foremost, it is essential to strengthen the professional competencies of teaching staff in working with pupils with chronic illnesses, particularly in identifying school-related problems and implementing support measures. Furthermore, it is necessary to develop effective models of cooperation between schools and external specialist institutions, which will enable a comprehensive and coordinated approach to supporting these pupils. Creating an inclusive school environment that supports pupils' active participation and minimises the risk of their social isolation also plays a significant role.

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From a theoretical perspective, the study contributes to expanding knowledge on the issue of educating pupils with chronic illnesses and emphasises the need to view them within a broader bio-psycho-social context. From a methodological perspective, the study confirms the value of a mixed-methods research design for investigating complex educational phenomena.

Despite these contributions, certain limitations of the study should also be noted. The results are influenced by the structure of the research sample, which is dominated by pupils with more common types of chronic illness, which may limit the generalisability of the conclusions to less frequent diagnoses. A further limitation lies in the subjective nature of some of the data, particularly in the qualitative part of the research.

Future research should focus on a deeper analysis of individual types of chronic illness and their specific impacts on the educational process, as well as on evaluating the effectiveness of specific support measures in practice. At the same time, research focused on developing innovative approaches to the education of pupils with chronic illnesses, including the use of digital technologies and flexible forms of teaching, appears promising.

In conclusion, it can be stated that effective support for pupils with chronic illnesses requires a systematic, interdisciplinary and individualised approach that reflects the complexity of their needs and contributes to their successful integration into the educational process.

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