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INSTITUTIONALIZATION OF HOSPITAL EDUCATION IN THE SYSTEM OF INCLUSIVE EDUCATION IN UZBEKISTAN

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Abstract
The article examines the process of formation and institutionalization of hospital education in the Republic of Uzbekistan in the context of developing an inclusive learning system. Special attention is given to the analysis of the activities of the Mehrli maktab hospital school, which became the first model of systemic interaction between educational and medical institutions. The study shows that hospital education serves not only a compensatory but also a rehabilitative and socially supportive function, contributing to the continuity of education for children undergoing long-term treatment. The article identifies issues related to regulatory framework development, staffing, and interdepartmental coordination, and offers practical recommendations for improving the organizational and pedagogical mechanisms of hospital education.

Keywords: Hospital education, inclusive learning, Mehrli maktab, systemic approach, pedagogical support, children undergoing treatment, interagency cooperation.

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Introduction

In recent years, special attention in Uzbekistan's education system has been given to creating equal conditions for all children, regardless of their physical condition or life circumstances. Gradually, the idea of hospital education–a form that long remained in the shadow of traditional schooling–is becoming part of this broader strategy. Today, as the principles of humanism and inclusion acquire concrete practical expression, the need to give hospital education an institutional character has become evident [1, p.88]. Children undergoing long-term treatment essentially fall out of the educational space. As a result, not only their academic development suffers, but also their psychological well-being, sense of belonging, and confidence in the future [2, p.161]. For this reason, creating a sustainable model of hospital education is not a private initiative but a socially significant task directly related to the national policy of ensuring the child's right to education.

The transition to the New Uzbekistan is not merely a political slogan but a process of profound transformation in the sphere of education. Within the framework of the "Education Without Borders" concept, a new culture of pedagogical thinking is being formed, where learning is viewed not as a service but as part of a system supporting the individual. In this context, hospital pedagogy becomes a special form of inclusivity, bringing together the efforts of teachers,

doctors, and psychologists. An important role in this process is played by the "Mehrli maktab" hospital school, established at the Center for Pediatric Hematology, Oncology, and Clinical Immunology in Tashkent. This project became the first example in the country of how the ideas of humane and systemic approaches to education can be embodied in a sustainable institutional practice. "Mehrli maktab" has demonstrated that a child can continue to learn, dream, and develop even in a hospital ward if surrounded by a pedagogical system that respects their dignity and individuality.

Thus, the study of the institutionalization of hospital education within the system of inclusion is not merely an analysis of a new educational form. It is an attempt to comprehend how society expresses its attitude toward the weak and the vulnerable, how the state transforms the principles of humanism into functioning mechanisms, and how pedagogy becomes part of a larger social organism in which there are no "temporary" or "excluded" children [3, p.80].

Literature Review and Methodology

The problem of hospital education as a distinct area of pedagogical practice remains relatively new to Uzbek scholarly thought. While in European and Russian pedagogy the idea of educating children during illness has a certain history, within the context of Uzbekistan's national educational policy it is only beginning to take shape as a subject of independent analysis.

The main approaches to the theoretical understanding of this issue stem from the ideas of systemic and humanistic education developed in the second half of the twentieth century. In the works of L. von Bertalanffy, V. Afanasyev, and B. Lomov, systemness was viewed not as a method of technical analysis but as a way of comprehending complex human phenomena, in which individual elements acquire meaning only through their connection with the whole. These ideas laid the foundation for the modern understanding of educational systems, where each participant – the child, the teacher, the family, and society – becomes part of a unified process of development. Pedagogical humanism, represented in the works of C. Rogers, J. Korczak, and V. Sukhomlinsky, emphasizes the value of the child's personality and the necessity of creating conditions under which even physical suffering does not deprive a person of the right to self-development and education. Modern publications on the topic of hospital education in Central Asia remain limited. The most significant are the UNICEF reports (2022–2024), which highlight the need to integrate medical institutions into the system of continuous education. Studies by Russian authors involved in the UchimZnayem project, such as D. Morozov and E. Kovtun, demonstrate that hospital pedagogy requires teachers to possess special competencies – not only academic but also therapeutic, communicative, and ethical.

Methodologically, this study is based on systemic, learner-centered, and interdisciplinary approaches. The systemic approach made it possible to view hospital education as part of a unified educational environment that includes educational, medical, and psychological components. The learner-centered approach provided a framework for analyzing the conditions necessary to support the individual needs of a child in illness. The interdisciplinary approach made it possible to combine methods of pedagogy, psychology, and sociology into a single analytical framework.

The empirical basis of the study was formed through observation and analysis of the activities of the Mehrli maktab hospital school in Tashkent and its branch in Urgench. Methods included pedagogical observation, interviews with teachers and medical staff, surveys of parents and students, as well as content analysis of regulatory and methodological documents governing the work of hospital educational structures. The results of this analysis made it possible to identify the key trends in the formation of hospital education in Uzbekistan, its institutional contours, and the factors influencing the effectiveness of its integration into the national system of inclusion.

Results and Discussion

The conducted study has shown that the process of institutionalizing hospital education in Uzbekistan is in an active stage of formation and is acquiring stable organizational structures. The analysis of the activities of the Mehrli maktab hospital school made it possible to identify both the strengths of this model and the systemic challenges that require further reflection and state support.

One of the key findings was the realization that a hospital school can function not as a temporary initiative but as a full-fledged part of the national education system. Mehrli maktab demonstrates a comprehensive organization of the educational process in medical settings: it establishes a clear connection between educational, psychological, and medical components. This is not simply “lessons in a hospital”, but a special form of pedagogical space where education becomes part of therapy [4, p.433].

Teachers at the school use flexible learning methods – individual learning trajectories, game-based and project methods, mini-groups, and distance formats. This approach has made it possible to create conditions in which even children with severe illnesses maintain learning motivation and a sense of belonging to school life. Observations revealed that children participating in Mehrli maktab classes more easily return to the learning rhythm after treatment and experience less anxiety about falling behind their peers.

An important indicator of effectiveness was also the psychological dynamic. Diagnostic conversations with children and parents showed that systematic pedagogical support during illness reduces emotional isolation, promotes confidence, and strengthens belief in one’s own abilities. The child begins to feel that life continues despite physical limitations. This effect cannot be measured only by tests or grades – it manifests itself in behavior, mood, and even in the tone of communication with the teacher.

Special attention should be given to the interaction between teachers and medical staff. Despite differences in professional languages, they have managed to build a working dialogue based on mutual respect [5, p.1143]. Medical professionals began to perceive educational work as part of the healing process, while teachers saw themselves as participants in the shared mission of restoring the child. This interdepartmental unity can be considered the foundation of the successful institutionalization of hospital education.

However, the study also revealed several problems that cannot be ignored. The first is the shortage of qualified personnel. Not all teachers are prepared to work in a medical environment, which requires not only professional knowledge but also emotional resilience, tact, and the

ability to adapt materials to the student's physical condition [6, p.37]. The second issue is the lack of a clear regulatory framework: the status of hospital schools and their staff is not yet established at the level of national standards. The third challenge is technical limitations, especially in regions with unstable internet access and insufficient modern learning tools [7, p.230].

At the same time, the experience of Mehrli maktab shows that it is possible to create a functioning model even under limited resources. A major role was played by the support of public organizations, particularly the Zamin Foundation, as well as participation in international projects such as UNICEF and the UchimZnayem program. Thanks to these partnerships, digital tools and remote lessons were introduced, and teachers were trained to work in the specific conditions of a hospital environment.

Summarizing the obtained results, it can be stated that the institutionalization of hospital education in Uzbekistan has gone beyond the framework of a pedagogical experiment and is transforming into a sustainable direction of educational policy. The establishment of Mehrli maktab branches in the regions (particularly in Tashkent, Bukhara and Nukus) confirms that the state and civil society have recognized the importance of this form of education not as an exception but as a necessary element of the inclusion system.

Thus, several trends can be identified:

1. The formation of an organizational model of hospital education based on systemic principles.
2. The expansion of interdepartmental cooperation and public partnership practices.
3. The growth of professional culture among teachers working in medical institutions.
4. The gradual recognition of hospital education as a tool of social justice.

All these results make it possible to view hospital pedagogy not as a temporary measure but as a sustainable component of the humanistic development of national education. In the future, institutions such as Mehrli maktab may become centers for shaping a new pedagogical culture – a culture in which education accompanies a person under any circumstances of life.

Hospital education in Uzbekistan requires official recognition and legal consolidation as an independent branch of inclusive learning. To achieve this, it is necessary to develop state standards regulating the activities of hospital schools and to ensure sustainable funding for their programs. Equally important is the creation of a system for training teachers capable of working with children undergoing long-term treatment – combining academic knowledge with psychological and emotional support. The experience of the Mehrli maktab school demonstrates that with clear coordination between medical institutions, educational structures, and public foundations, hospital education can become not a temporary measure but a solid part of the humanistic model of national education.

Conclusion

The development of hospital education in Uzbekistan has become one of the areas where humanistic ideas find their practical embodiment. Not long ago, the education of children undergoing medical treatment was perceived as a private initiative of individual teachers and volunteers; today, however, it is gradually transforming into a conscious, structured system that unites the efforts of schools, medicine, and society. This process not only complements

inclusive education but also expands its boundaries, turning the right to learn into an integral part of human dignity.

The emergence and growth of the Mehrli maktab school has been an important step in this direction. It has shown that even within hospital walls, it is possible to create a living educational space where a child feels not like a patient but like a student continuing their journey of discovery. Here, education ceases to be merely the transmission of knowledge – it becomes a form of support, a part of the process of recovery and return to life. This example convincingly demonstrates that pedagogy can function even where it might seem that only medicine belongs.

However, hospital pedagogy remains a young field requiring systemic effort. A stable legal framework has not yet been established, a clear system for teacher training is still lacking, and regional schools face shortages of resources and technology. These problems do not diminish what has already been achieved but highlight the need for state coordination and a long-term development strategy. Hospital education needs its own institutional home – a structure that combines scientific guidance, methodological support, and public participation.

Thus, the institutionalization of hospital education is not merely a pedagogical experiment but a sign of a society's maturity. The ability to care for the most vulnerable, to see in a sick child not an object of pity but a person capable of learning and dreaming, is a mark of a truly humanistic culture. The experience of Mehrli maktab has shown that education can exist even where life is disrupted by illness – and that a lesson held in a hospital ward can sometimes be more important than any exam, for it restores a person's faith in themselves and in the future.

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