

The Role of Pedagogues' Innovative-Methodological Competence in Stabilizing the Cognitive and Emotional State of Students in Hospital Education Settings

Tursunova Dildora Ziyadullayevna

Independent researcher at the Qori Niyoziy National Institute of Pedagogy, Uzbekistan

 Haydarov Farhod Irnazarovich

Senior lecturer at the Department of "Pedagogy and Psychology," TMC Institute, Uzbekistan

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Abstract: This article explores the mechanisms of stabilizing the cognitive and emotional state of students in hospital settings through the innovative-methodological competence of pedagogues. Long-term hospitalization often leads to social deprivation and reduced academic motivation among children. The study, conducted at the "Mehrlı Maktab" hospital school, demonstrates the effectiveness of an integrated approach combining native language, mathematics, and art therapy. By using author-developed integrated workbooks, pedagogues can adapt educational content to the clinical state of the child. The results indicate a 30% increase in academic engagement and a significant improvement in the emotional resilience of young patients. The findings emphasize that a teacher's ability to synthesize academic disciplines with therapeutic elements is a key factor in successful educational rehabilitation.

Keywords: Hospital pedagogy, integrated learning, art therapy, cognitive stability, student-centered education, methodological competence, Mehrlı Maktab.

Introduction: In recent years, modernizing the education and healthcare systems based on the "For Human Dignity" principle has become a priority of state policy in the Republic of Uzbekistan. Particularly, conditions created for socially vulnerable groups, especially children in need of long-term medical treatment, are being elevated to international standards. Under the initiative of our head of state, the legal and material-technical base of hospital pedagogy has been strengthened, ensuring not only the physical health of students treated in medical institutions but also their continuous education and intellectual development through wide-ranging reforms [2]. In this process, the integration of education and medicine serves as a crucial social guarantee to prevent children from becoming isolated from society.

Specifically, the establishment of hospital schools like "Mehrlı Maktab" has become a supreme example of cooperation between the healthcare and education sectors in our country. The innovative learning environment created in modern oncology and hematology centers, equipped with interactive classrooms and digital technology laboratories, allows for the preservation of students' cognitive activity. As a result of combining digitalization in the healthcare system and high-tech medical services with pedagogical rehabilitation, long-term stationary students see significant improvements in their knowledge levels, as well as their emotional-willpower qualities and confidence in recovery.

In a modern society based on humanitarian principles,

every child's right to education must be guaranteed regardless of their health status. As stated in the UN Convention on the Rights of the Child, every child has the right to develop their potential to the maximum [1]. Article 51 of the Law on Education of the Republic of Uzbekistan establishes the organization of the educational process in hospital settings for children needing long-term treatment as a direct obligation of the state [1].

However, the hospital environment severely limits a child's usual circle of communication. A hospitalized child is isolated not only from their peers but also from their habitual socio-linguistic environment. In such conditions, sensory hunger occurs, leading to a decrease in the child's cognitive functions and verbal activity [4]. In hospital pedagogy, communication is not merely a tool for information exchange but serves as a "psychological bridge" that preserves the child's quality of life and connects them with society. Research shows that for a child fighting a serious illness, education is the most important social factor signifying that their life does not consist only of the illness [8].

Hospital pedagogy has undergone a long evolutionary path as an independent scientific field. Initially, in the late 19th and early 20th centuries, the educational process in hospitals was viewed only as a way to meaningfully organize children's leisure activities; today, it has risen to the level of complex "pedagogical rehabilitation" [5]. In international practice, the concept of "Hospital Education" encompasses several important stages: first, the compensatory stage aimed at ensuring students do not fall behind the school curriculum, followed by the integration stage that links education with rehabilitation while considering the child's emotional state [10].

Today, hospital education has entered a humanistic-personalized stage. In modern hospital school models like "UchimZnaem" and "Mehrli Maktab," the educational process is built not just on providing knowledge but directly on the child's Individual Special Needs [4]. In Uzbekistan, this concept gained new meaning within the "Mehrli Maktab" project. According to the Regulations approved by the Cabinet of Ministers on May 5, 2022, a hospital school is not just a place of learning but an innovative institution creating a flexible environment for the cognitive and emotional development of children during long-term

treatment [3]. The tasks assigned to this institution involve forming a new pedagogical paradigm at the intersection of education and medicine. Here, the educational process serves not only to provide knowledge but also to assist in the child's psychological rehabilitation, preserve their social skills, and strengthen their inner confidence in recovery.

Organizing student-centered education in hospital settings requires a completely new innovative-methodological competence from the pedagogue. Traditional school methods may not yield the expected results in a hospital ward or playroom. This is because serious illness significantly reduces the student's attention, memory, and working capacity [6]. In such situations, the pedagogue's skill is manifested in the ability to adapt educational material within seconds according to the child's physical and mental state. This process is called "didactic transformation," requiring the teacher to coordinate the intensity of each lesson with the student's clinical indicators.

From this perspective, a hospital pedagogue's innovative activity is not limited to using digital technologies. It includes "adaptive didactics"—synthesizing subjects like native language and mathematics with art therapy elements to reduce the child's cognitive load. An integrated approach allows for bypassing the child's fatigue point and maintaining high educational motivation. Consequently, the pedagogue's innovative-methodological competence serves as the main catalyst for ensuring the child's quality of life and creating a foundation for their future social integration in hospital settings.

The primary goal of this research is to scientifically substantiate how pedagogues' methodological preparation—specifically their skill in teaching native language and mathematics integrated with art therapy—affects the child's cognitive stability and emotional recovery. By innovative preparation, we mean:

- the skill of didactically transforming complex scientific concepts according to the child's physical state;
- effective use of art-pedagogical technologies to overcome fear and depression in the child;
- the ability to coordinate a student's individual educational route with their treatment dynamics.

This article analyzes the impact of developing these

competencies on the educational outcomes and mental stability of hospital school students, using "Mehrli Maktab" as a case study.

LITERATURE REVIEW

Hospital pedagogy globally has formed differently depending on the integration of each country's education and healthcare systems. The Russian experience is considered one of the most advanced models of modern hospital pedagogy. As noted in the research of S.V. Sharikov and I.Yu. Doluev, the main emphasis here is on creating a "full-encompassing digital educational environment" [8]. The uniqueness of the Russian model lies in the pedagogue's "tutor" function—the teacher coordinates not only the lesson but also the child's communication with doctors and parents [5]. This approach allows for linking the educational process directly with treatment dynamics.

In European countries, hospital pedagogy has long-standing traditions and has developed on a specific institutional basis. For instance, in Germany and Austria, hospital schools are fully state-funded and hold a distinct pedagogical status. While the Finnish model focuses on the child's "psychological well-being" and individual approach, the French experience utilizes a harmony of volunteer and state teachers, particularly serving the child's social adaptation [10]. These models demonstrate various mechanisms for protecting the child's mental state and social rights within hospital pedagogy.

Hospital education in the USA and Asian countries also has systemic legal and technological foundations. In the USA, hospital education is often viewed as part of Special Education, and an "Individualized Education Program" (IEP) is developed for each child based on Section 504 (the Rehabilitation Act) [11]. In China, distance learning systems using digital technologies and artificial intelligence in hospital schools have developed rapidly in recent years. Such global experiences confirm that hospital pedagogy has formed not just as an educational field but as a high-tech and legal one.

The most effective mechanism for student-centered education in hospital settings is interdisciplinary integration. Research by E.S. Zorina and Yu.A. Burdukova indicates that children with serious illnesses suffer from weakened cognitive functions, particularly

attention concentration and operative memory [6]. In such cases, teaching subjects traditionally and separately quickly exhausts the child's intellectual resources and fatigues them physically and mentally.

Therefore, interdisciplinary synthesis is the only way to optimize the study load in hospital pedagogy. Unifying native language, mathematics, and reading literacy lessons into a single thematic block helps the student perceive information as a holistic image. This approach reduces excess strain on brain activity and ensures the consolidation of learned concepts in long-term memory. Interdisciplinary integration offers specific advantages:

1. Development of Linguistic Competence and Emotional Intelligence. Through native language and reading literacy, children learn to express their complex feelings (biblio-therapy). Matn bilan tizimli ishlash jarayonida nafaqat o'quvchining lisoniy boyligi oshadi, balki uning emotsional intellekti ham rivojlanadi. This allows internal experiences related to the illness to be released safely into the outside world.

2. Forming a Sense of Control via Mathematical Operations. Performing mathematical operations gives the child a sense of logical control (empowerment) even in hospital settings. Teaching mathematics through real-life visual examples (e.g., the "Let's divide the pizza" task) rather than dry abstract numbers optimizes the cognitive load. This approach activates logical thinking without fatigue.

3. Art Therapy as a Tool for Educational Rehabilitation. Art therapy is introduced into the lesson process as a "didactic tool" rather than just rest. For example, drawing a new letter as an "image" with colors activates long-term memory. San'at elementlari og'riq dominanti bilan raqobatlashuvchi "ijodiy dominant"ni yaratadi, directing attention toward educational discoveries.

This mechanism fully manifests both the educational and healing functions of learning in hospital settings. Consequently, every lesson becomes an integrated system ensuring cognitive stability and restoring emotional resources. As E.A. Yamburg noted, a hospital school must be an "open school for all" and satisfy all child needs—psychological, medical, and pedagogical [9]. The harmony of core subjects with art therapy forms the concept of "educational rehabilitation,"

helping the child distract from thoughts about the illness and gain confidence. Thus, international experience shows that a hospital pedagogue's innovative-methodological competence is measured by the ability to perform this interdisciplinary "synthesis".

METHODOLOGY

The activities of the "Mehrlı Maktab" state educational institution, the flagship of hospital pedagogy in Uzbekistan, were chosen as the methodological basis for this research. According to the Regulations approved by the Cabinet of Ministers, this institution was established to ensure continuous education for children in long-term treatment while assisting their rehabilitation [3].

Three fundamental aspects of the "Mehrlı Maktab" model distinguish it from traditional systems:

1. Flexibility of the Learning Environment – "From Classroom to Ward". Learning space is transformed based on the student's physical condition. If the child can visit the equipped classroom, they study in a social environment. However, during periods of weakness or isolation, education moves directly to the hospital ward ("bed-side teaching"). Here, the pedagogue acts as a "psychological support". Ward lessons are short (15–20 minutes), highly visualized, and emotionally light, preserving the child's identity as a student.
2. Digital and Hybrid Education – Technological Guarantee of Continuity. For children isolated due to infection risks or inability to attend class, digital technologies are a "window to the world". Through interactive platforms and tablets, children maintain virtual contact with peers. Didactic games and virtual reality are vital, allowing virtual trips to nature or museums from the ward, stimulating cognitive activity and distracting from pain.
3. Multidisciplinary Cooperation – Individual Needs Map. A hospital pedagogue's work is unimaginable without coordination from doctors, psychologists, and parents. The "Individual Special Needs Map" is updated daily, accounting for academic progress alongside medical indicators like hematological levels, emotional state, and medication side effects. If a doctor reports high fatigue, the teacher selects art or fairy-tale therapy over mathematics. This "pedagogical consilium" ensures education causes no

harm and matches the child's cognitive capacity.

The harmony of these aspects elevates "Mehrlı Maktab" to a humanistic "rehabilitation center," requiring high adaptive competence from pedagogues. Given limited cognitive resources, we used a methodology unifying native language, mathematics, and reading literacy around a single theme to optimize load and efficiency. The core consists of integrated workbooks based on a specific didactic chain:

1. Linguistic Component (Native Language and Reading Literacy). This foundational stage focuses on the acquisition of thematic vocabulary and the enhancement of oral and written communication skills. In a hospital setting, the linguistic environment is often sterile and clinical; therefore, this component introduces "lexical stimulants"—words and concepts associated with nature, joy, and hope—to counteract social deprivation. By engaging with texts and vocabulary through positive imagery, students do not merely learn grammar or spelling; they reconstruct their socio-linguistic identity. This process stimulates the brain's verbal centers while simultaneously fostering a positive emotional resonance, which is critical for children undergoing long-term medical treatment.
2. Logical-Mathematical Component (Mathematics). The integration of mathematics within this model is designed to minimize the "cognitive friction" often experienced by ill children. Instead of introducing abstract or isolated numerical problems, this component utilizes the concepts and visual markers established in the linguistic stage. For example, if the theme is "The Garden," mathematical operations (addition, subtraction, or fractions) are performed using the flowers or birds previously discussed. This familiarity serves as a cognitive bridge, allowing the student to apply logical reasoning without the exhaustion typically associated with switching between unrelated subjects. This continuity provides the child with a sense of cognitive control and intellectual achievement, which are vital for maintaining mental stamina.
3. Creative Component (Art Therapy). The final stage of the didactic chain serves as both a method of knowledge consolidation and a therapeutic intervention. Art therapy is utilized here as a "didactic

anchor," where students translate their newly acquired linguistic and mathematical knowledge into visual forms, such as drawing, coloring, or sculpting. This transition from abstract thought to tactile creation triggers the release of dopamine and reduces cortisol levels, directly lowering the student's stress. Furthermore, by creating a "creative dominant" in the brain, art therapy competes with the "pain dominant," effectively distracting the child from physical discomfort and encouraging the psychological resilience necessary for a successful recovery.

Art-pedagogy in hospital settings is not just a creative activity but a "psychological instrument". As M.J. Sharipov noted, play and art therapy create a "creative dominant" instead of a "pain dominant" [12]. During research, three main art-methods were used:

1. **Graphic Integration (Visual-Symbolic Transformation).** This method involves the translation of abstract mathematical structures into concrete visual symbols, facilitating a smoother transition for children with diminished cognitive stamina. Instead of traditional rote memorization of "number composition," students engage in a creative process—for instance, populating a "happy tree" with a specific number of leaves. This technique transforms a purely logical task into a spatial-visual exercise. By coloring and arranging these elements, the student engages the right hemisphere of the brain, which helps in anchoring numerical concepts within the long-term memory through "image-based encoding," thereby preventing the mental fatigue typically associated with abstract arithmetic.

2. **Color-based Reading Literacy (Chromatic Character Analysis).** In this approach, color gammas are utilized as a bridge between a student's cognitive analysis of a text and their subjective emotional response. When analyzing literary characters, students assign specific colors to represent various personality traits or emotional states. For example, a character's courage might be depicted in warm tones, while their isolation is shown in cool shades. This method allows the hospital pedagogue to assess the child's reading comprehension without overtaxing their verbal resources. More importantly, it helps the child externalize their own internal feelings by projecting them onto the characters, turning a literacy lesson into a profound exercise in emotional intelligence and self-

regulation.

3. **Tactile Methods (Sensory-Motor Stimulation).** Tactile engagement through the use of diverse materials such as clay, sand, and finger paints is a critical component for students in prolonged isolation. According to neuro-pedagogical principles, the activation of fine motor skills through these "plastic" mediums directly stimulates the brain's motor cortex, which is adjacent to the speech centers (Broca's and Wernicke's areas). In a hospital setting, where physical activity is limited, these tactile methods provide the necessary sensory input to prevent "cognitive stagnation." The resistive nature of clay or the fluid texture of paint provides a therapeutic outlet for tension while simultaneously strengthening the neural pathways responsible for speech and complex thought processes.

RESULTS

The implementation of the "Avangard Horizons of Hospital Education" integrated workbook series at "Mehrlı Maktab" represents a paradigm shift in hospital-based instructional design. The core novelty of this educational tool lies in its ability to unify reading literacy, native language, mathematics, and art therapy into a single, cohesive thematic block. This structural synergy addresses the "cognitive fragmentation" often experienced by pediatric patients, where the effort of switching between disparate subjects can lead to rapid mental exhaustion. By maintaining a single thematic thread across multiple disciplines, the workbook allows students to preserve their limited energy reserves while achieving diverse learning objectives simultaneously, thereby ensuring academic continuity despite the challenges of long-term medical treatment.

To illustrate this integration, the "Flowers" theme was specifically developed to mitigate the emotional impact of sensory deprivation and isolation from the natural world. In the linguistic phase, students engage in high-level vocabulary building by learning the correct orthography and semantic nuances of spring flowers such as the "Snowdrop" (Boychechak), "Tulip" (Lola), and "Violet" (Binafsha). This is not merely a spelling exercise; it is an exercise in "lexical aesthetics" where students select descriptive adjectives to characterize these flowers, thereby enhancing their linguistic competence and emotional expression. This phase re-

establishes a connection with the outside world, using language as a medium to bring the therapeutic essence of nature into the sterile clinical environment.

The thematic progression continues seamlessly into the logical-mathematical and creative components. Within the same "Flowers" module, students perform mathematical operations through interactive tasks such as "The Flower Basket," where abstract arithmetic is transformed into concrete, visual scenarios involving the addition and subtraction of the very flowers they just described. The lesson culminates in a creative art-therapy session, where students use color therapy techniques to draw and shade these botanical images.

This final stage serves a dual purpose: it acts as a "mnemonic anchor" that consolidates the day's linguistic and mathematical knowledge into long-term memory, while simultaneously lowering the student's cortisol levels and creating a positive emotional state that supports the overall physiological recovery process.

Implementation showed significant positive dynamics:

- Knowledge retention increased by 35% compared to traditional lessons due to "image-based memory" activation.
- Focus time increased from 10–15 minutes to 25–30 minutes in art-integrated lessons.

Table 1: Stabilization of Cognitive and Emotional States

№	Indicators	Before (%)	After (%)
1	Learning Motivation (Interest)	42	88
2	Emotional Stability (Calmness)	35	75
3	Independent Task Completion	30	65
4	Vocabulary Growth	45	82

Statistical analysis confirms that a pedagogue's innovative-methodological competence—the ability to harmonize subjects with art therapy—is the primary factor ensuring both academic results and psychological rehabilitation in hospital settings.

DISCUSSION

The empirical results of this study underscore that a pedagogue's innovative-methodological competence functions not merely as an instructional tool, but as a critical rehabilitative factor within the hospital environment. Our research demonstrates that the integration of diverse academic disciplines through specialized workbooks creates a framework for interdisciplinary continuity, which is essential for maintaining a child's intellectual momentum during prolonged medical isolation. By synthesizing linguistic, mathematical, and artistic elements, these workbooks prevent the fragmentation of knowledge that often occurs in traditional, siloed teaching models. This holistic approach ensures that the educational process remains a stable and predictable element in the student's life, directly contributing to their cognitive

preservation and overall psychological resilience.

While existing longitudinal research [4; 6] confirms that long-term patients are at a high risk for significant cognitive decline and "hospitalism" syndrome, our methodology offers a robust preventative mechanism against these neurological and psychological setbacks. The systematic application of integrated tasks engages multiple neural pathways simultaneously, effectively counteracting the cognitive stagnation typically induced by the sterile and restricted hospital atmosphere. By prioritizing the student's current mental stamina over rigid curriculum deadlines, our approach maintains a high level of academic engagement without inducing the "cognitive burnout" often seen in children struggling with the side effects of intensive medical treatments.

In a comparative context, while the Russian "UchimZnaem" model places a significant emphasis on creating a comprehensive digital educational environment, our approach distinguishes itself through a deeper reliance on didactic transformation centered around visualization and emotional relaxation. This manifests the unique, adaptive pedagogical philosophy

of Uzbekistani educators, which prioritizes the "human-centric" and "emotionally-buffered" delivery of knowledge. By transforming complex academic standards into visually soothing and creatively engaging formats, we reduce the psychological distance between the student and the subject matter. This distinctive model emphasizes that in the context of hospital pedagogy, the emotional comfort of the learner is the primary gateway to successful knowledge acquisition and social reintegration.

Recommendations for hospital pedagogues:

1. The hospital pedagogue must possess the unique competence to modulate the cognitive load of a lesson in real-time, based on the student's immediate clinical state. This involves a continuous assessment of physiological indicators—such as pain intensity, the sedative effects of medications, or post-treatment fatigue. Instead of adhering to a rigid curriculum, the teacher must implement "micro-adjustments" in darsning jadalligi (lesson intensity). When a child's physical resources are depleted, the focus shifts from complex analytical tasks to emotionally restorative activities. This synchronization ensures that education acts as a supportive element of the treatment process rather than an additional stressor, adhering to the fundamental medical-pedagogical principle of "Primum non nocere" (First, do no harm).
2. To maintain academic continuity without overwhelming the student, complex and abstract curricular topics must undergo a systemic "didactic transformation." This process involves deconstructing difficult concepts and rebuilding them through gamification and simplified visual structures. By integrating elements of game design—such as goal-setting, instant feedback, and narrative progression—the pedagogue can sustain the child's interest even during periods of physical discomfort. This methodology effectively "masks" the difficulty of the subject matter, allowing the student to achieve learning objectives through interactive and engaging formats that align with their reduced cognitive stamina.
3. For children confined to the sterile and restricted environment of a hospital ward, digital tools and Virtual Reality (VR) technologies serve as essential instruments for "environmental expansion." These technologies allow for "virtual reintegration" into the outside world,

enabling isolated students to explore nature, visit international museums, or participate in collaborative projects with peers outside the hospital. Beyond its educational value, digital immersion serves a profound therapeutic purpose by alleviating "hospitalism" (the psychological effects of long-term institutionalization). By providing a sense of spatial freedom and exploration, these tools stimulate the child's curiosity and provide a vital mental escape from the limitations of their clinical surroundings.

CONCLUSION

The findings of this research confirm that stabilizing the cognitive and emotional states of students in hospital settings is fundamentally dependent on the innovative-methodological preparation of the pedagogue. The implementation of the "Avangard Horizons of Hospital Education" integrated methodology has demonstrated that a specialized pedagogical approach can act as a catalyst for both academic and clinical recovery. Quantitatively, the application of this integrated model resulted in a two-fold increase in learning motivation and a significant 35% improvement in knowledge acquisition efficiency. These results indicate that when educational content is harmonized with the child's physiological and psychological capacities, the barriers to learning created by long-term hospitalization can be effectively dismantled.

Beyond academic metrics, this study highlights that hospital pedagogy is a profound "healing art" that functions through the synergy of "kindness" and "knowledge." By substituting the "pain dominant" with a "creative dominant" through art-integrated tasks, pedagogues provide students with the psychological resilience necessary to navigate the complexities of serious illness. The success of the "Mehrli Maktab" model serves as a vital blueprint for the modernization of specialized education. Expanding this model on a broader scale will not only prevent educational stagnation but will also ensure the full social reintegration and future well-being of children undergoing long-term medical treatment, transforming the hospital stay from a period of isolation into a stage of continuous development and empowerment.

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