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## Medical Homebound Services: Assisting Students with Chronic Illnesses

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MEDICAL HOMEBOUND SERVICES:  
ASSISTING STUDENTS WITH CHRONIC ILLNESSES

by

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## **Dedication**

It is with sincere gratitude that I dedicate this work to my children. They have made immeasurable sacrifices through this process, but more importantly, they have been my source of inspiration in every endeavor. They are my hope, my dreams, and my life. I am also extremely thankful for my dad who supported me and cheered me on every step of the way.

## **Acknowledgements**

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## **Abstract**

The present action research study examined a group of chronically ill students approved for medical homebound services at a suburban high school located in the southwestern part of South Carolina. Students who have received or are currently receiving homebound services ranging from ninth through twelfth grade along with their teachers and parents/guardians were the subjects of the research. Semi-structured interviews and existing documents provided the data for this research.

The study explored how chronic illnesses affected a group of high school students when they were absent from school as well as ways to improve assisting them through medical homebound services. The research questions that guided this study focused on the effects students experienced and educational strategies used to enhance instruction. The findings indicated that although students struggle with maintaining the pace of the curriculum when they are absent from school, the medical homebound department is effective in the instructional delivery. Therefore, the number of absences accrued during any given school year did not significantly affect a student's GPA. The research also indicated that homebound students experience added emotional pressures when absent from school. However, the collaboration of classroom and homebound teachers helps alleviate the stress associated with having to make up missed assignments. An action plan based on these findings was developed to help educators understand the struggles chronically ill students encounter and explore ways to improve the services provided to them during their absences.

*Keywords:* chronic illness, medical homebound services

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## **List of Abbreviations**

AYP.....	Annual Yearly Progress
ACPSD.....	“Absent” County Public School District
ESEA.....	Elementary and Secondary Education Act
GPA.....	Grade Point Average
IBS .....	Irritable Bowel Syndrome
IDEA.....	Individuals with Disabilities in Education Act
NCLB.....	No Child Left Behind

# **Chapter One**

## **Introduction**

### **Overview**

The topic of this action research was to understand how chronic illnesses affected a group of high school students when they were absent from school and to explore ways that could improve assisting them through the medical homebound services provided by their school district. It was the desire of the teacher-researcher to determine if the academic performances of the four student-participants improved, declined, or stayed the same during the time they received services through the medical homebound program. The teacher-researcher explored how recurring absences that prevented these students from receiving consistent classroom instruction affected their mental well-being, which included their self-confidence and stress levels associated with being absent from school. In addition, she investigated how the district's medical homebound department could assist with alleviating some of the pressures that resulted from being absent from school.

To comprehend the struggles of students who are diagnosed with chronic illnesses, it is imperative to understand the impacts these diagnoses have on students and their families. Approximately 10% to 20% of children in the United States have been diagnosed with a chronic illness (Gultekin & Baran, 2007; Kelly & Hewson, 2000; Shaw & McCabe, 2008; "Students with," 2003). In fact, one out of five children under the age of 18 has a chronic illness (Jares & Winicki, 2013). A chronic illness is defined as a "medical condition of extended duration that creates impairment in adaptive behavior and

socially defined roles” (Sha & McCabe, 2008, para. 2). Children with chronic illnesses often suffer so severely that their diagnoses interfere with normal school activities (A’Bear, 2014; Boonen & Petry, 2011; Shaw & McCabe, 2008). Jaress and Winicki (2013) further note that students with chronic illnesses experience social discomfort because of prolonged absences with little peer contact and have difficulties meeting curriculum requirements.

It is also important to note that children who suffer from chronic illnesses often experience difficulties in their education. Pais & Menezes (2009) attribute academic difficulties to chronically ill students. However, these complications are not necessarily related to the intellectual capacity of students. They have, in fact, been attributed to multiple factors such as the disease process and treatment effects as well as the social and emotional consequences often related to absenteeism. Furthermore, students are often unable to participate in classroom activities and maintain the curriculum with that of their peers (Boonen & Petry, 2011). Since medical advancements have increased the likelihood of chronically ill students attending school more often, additional opportunities for the students to encounter academic and psychosocial difficulties exist (Shaw & McCabe, 2008). Nonetheless, it is possible for these children to function to their maximum potential if their needs are met (Irwin & Elam, 2011; Nabors, Little, Akin-Little, & Iobst, 2008; “Students with,” 2003).

Chronically ill students who necessitate diversity in their educational opportunities depend on educators to make the fundamental adaptations that will allow them to experience successful instructional endeavors (Shaw & McCabe, 2008). Therefore, educators maintain the responsibility of facilitating opportunities for their

students to experience as much normalcy as possible and to secure quality of life experiences (A’Bear, 2014; Boonen & Petry, 2011; Irwin & Elam, 2011). This responsibility requires providing services for instructional assistance as well as granting support systems to students who are forced to be absent for prolonged periods of time due to their diagnosed illnesses (Shaw & McCabe, 2008). Specifically, Shaw and McCabe (2008) point out that it is the duty of school districts to “accommodate these youngsters as they attempt to normalize their situation and maximize their academic progress” (Social and Emotional Needs section, para. 1).

Children with chronic illnesses are unable to attend school for long periods of time, which can be extremely problematic and stressful for them (A’Bear, 2014; Boonen & Petry, 2011; Bowman, 2001). Their lives are dramatically changed from the medical issues with which they are challenged. Losing valuable educational experiences can sometimes add to their anxiety levels (Shaw & McCabe, 2008). During this time, services provided through the medical homebound department can help alleviate some of these concerns and frustrations. Specifically, homebound instruction is defined as educational services offered to students who suffer from chronic or acute illnesses, emotional disorders, or physical injuries (Patterson & Tullis, 2007). Medical homebound services afford opportunities for students to receive assistance from certified educators. Homebound instructors strive to maintain students’ academic level by providing one-on-one lessons in the home or at a mutually agreeable location (Boonen & Petry, 2011; Patterson & Tullis, 2007; Shaw & McCabe, 2008).

Furthermore, classroom teachers, as well as medical homebound instructors, are compelled to assist these students with the adjustments by sending outstanding

assignments and working with them when they are unable to attend school (Patterson & Tullis, 2007). A'Bear (2014) notes, however, that teachers are challenged by ongoing absenteeism and often have difficulties deciphering what types of assignments and how much work ill students should be expected to complete. General education teachers increasingly find themselves responsible for students in their classes who are approved for medical homebound services, but many of them have neither the training nor the support necessary to ensure success for all students (Irwin & Elam, 2011). This is when the homebound instructor can serve as a facilitator and assist both the teacher and the student. The homebound teacher is, therefore, obligated to ensure that students approved for services receive a quality education similar to one of their peers (Irwin & Elam, 2011). As a result, it is important to combat the obstacles that many of these children face due to their medical conditions (Irwin & Elam, 2011; Shaw & McCabe, 2008). Despite the variables that increase the difficulties with providing a valuable education to students diagnosed with chronic illnesses, there are methods that can help them keep pace with the curriculum (Irwin & Elam, 2011).

**Problem Statement.** Chronically ill students who attend a suburban high school located in the southwestern part of South Carolina experience obstacles no matter how many absences are accrued within a school year. These challenges arise if students attend school intermittently or if they are forced to receive homebound services on a full time basis due to their medical conditions. The teacher-researcher is a medical homebound teacher who has observed that although these students who are living with their illnesses adjust, the quality of their lives is dramatically affected. The teacher-researcher often assists families in the area of health care in SC and the paperwork

involved with getting the approval for medical homebound services. For some of the chronically ill students, attending school is frequently impossible. As a result, these absences make it difficult for students to keep pace with the curriculum and their non-chronically ill peers.

## **Methodology**

Participants were high school students who have been diagnosed with a chronic condition and approved for medical homebound services in an SC school district. In addition, parents of these students, as well as classroom teachers and medical homebound teachers, were recruited to participate. Four students (two females and two males) who have been diagnosed with chronic illnesses and received medical homebound services were interviewed. The four teachers who were interviewed are females. The racial backgrounds of the participants were as follows: African American (2) and White (10). The use of interviews was the primary instrumentation used in the research.

The process of inquiry grounded in action research drove this study. This process is a systematic approach to investigation that requires researchers to find their own solutions to problems through a cyclical process (Mertler, 2014; Schwandt, 2007; Stringer, 2007). With the growing pressures placed on educators to motivate students and raise test scores, action research is an approach that enables teacher-researchers to improve their practices. It is an opportunity for educators to deal with their own concerns rather than the concerns of others. Since the purpose of action research is “to improve one’s own professional judgment and to give insight into better, more effective means of achieving desirable educational outcomes,” (Mertler, 2014, p. 13) it is essential for teacher-researchers to reflect on the process as well as the results. Action research makes

advancements in education by integrating change, allows educators to work together to enhance their own practices, and requires educators to develop “critical reflection about one’s teaching” (Mertler, 2014, p. 20).

Despite how daunting it may be for educators to look in the mirror, true self-reflection is an integral part of growing professionally. Action research allows teachers to consider new ways to implement teaching strategies (Pine, 2009). The field of education presents many challenges, but Mertler (2014) emphasizes that “effective teachers reflect on and critically examine their practice continuously during the process of teaching” (p. 44). When educators consider the effectiveness of their teaching strategies, they allow for new experiences (Pine, 2009). Boud, Keough, and Walker (1994) point out that when educators reflect, they find new ways to instruct, learn new skills, or even discover solutions to problems.

When considering the action research process, teacher-researchers must consider the research design and how the data will be collected and analyzed (Mertler, 2014). It is imperative to decide if the research will be based on qualitative or quantitative research, or even a combination of both. For this action research, a qualitative approach was utilized.

**Research Question.** “By studying life in the natural setting of the school and the classroom...and closely observing authentic events in teaching and learning situations, one can identify a research question that will enlist personal passion and energy” (“Conducting Teacher,” 2009). According to Mertler (2014), action research questions should be formulated in a way that reflects characteristics identified with good questions. For example, action research questions should not assume answers or be too broad or



specific. In addition, questions should be founded in the review of literature and encompass ethical practices.

The following research question directed this study:

What are the perceptions of homebound, chronically ill high school students and their parent/guardians and teachers regarding the services they need to maintain pace with their non-homebound peers?

**Purpose and Significance of Study.** The significance of this action research study was to learn and understand how chronically ill students in high school were affected in various ways associated with their educational experiences. Understanding these influences can assist educators and help them provide efficient instruction that will bridge the gap that exists as a result of students being absent from class regularly. When educators realize the variety of obstacles these students face every day, more effective, useful decisions regarding the educational experiences of these children can be made.

More specifically, the purpose of this qualitative study encompassed two objectives. The first objective was to understand how either consistent or intermittent absences affected the academic performance and mental health of students with chronic illnesses. It was the desire of the teacher-researcher to determine if the academic performances of the four student-participants improved, declined, or stayed the same during the time they received services through the medical homebound program. In addition, the teacher-researcher explored how recurring absences that prevented these students from receiving consistent classroom instruction affected their mental well-being, which included their self-confidence and stress levels associated with being absent from school. The second objective was to explore how the district's medical homebound

department could assist with alleviating some of the pressures that can result from being absent from school.

**Summary of Findings.** After analyzing the data, it was concluded that chronically ill students who are unable to attend school consistently experience added pressures with their academics and emotional well-being associated with attending school. In addition to hardships presented by their chronic illnesses, students struggle with maintaining pace with the curriculum and often experience a lack of confidence when returning to the classroom. They also endure added pressure when provided with the make-up instruction and assignments. The data also helped identify the second theme, which indicated that the stress of being forced to miss school was alleviated by the homebound services provided by the district homebound teachers. Although homebound instruction is not intended to replace classroom instruction, the services provided by teachers assist students with maintaining pace and learning the intended curriculum. The third theme was found when participants were asked if homebound services could be improved to assist students who are forced to miss school. While the participants acknowledged the inevitable challenges of students being absent and the satisfaction of the homebound services, they declared that the school and district should be open to suggestions for improving services.

**Limitations.** This action research study focused on one group of medical homebound students from a high school. It was imperative to consider that the participants were chronically ill and were not available to participate in the study at the necessary times. For example, one family who originally agreed to participate had to withdraw because the student was hospitalized during the data collection period. This

required the teacher-researcher to be flexible and plan for time constraints associated with the illnesses of the students.

### **Dissertation Overview**

In order to collect the data, the teacher-researcher first identified families whose students were approved for medical homebound services and had been diagnosed with chronic illnesses. Specifically, this particular school district provides homebound services to a significant amount of its student population. For example, during the 2015-2016 school year, a total of 825 students received homebound services (“Absent” County Public School District, 2016). Considering the number of students served by the medical homebound department, searching for ways to improve the methods used to provide services to students who are chronically ill was essential. As a result of seeking improvements, this action research indicated three themes that materialized from the study. The data collected from the interviews reinforced these conclusions.

This action research employed the use of triangulation to complete the study. “The core premise of triangulation as a design strategy is that all methods have inherent biases and limitations, so the use of only one method to assess a given phenomenon will inevitably yield biased and limited results” (Greene, Caracelli, & Graham, 1989, p. 265). Mertler (2014) describes triangulation as a process that links multiple sources of data so that the facts discovered during research are consistently verified. In addition, the teacher-researcher immediately began coding as the data that was collected. This allowed the teacher-researcher to analyze emerging themes and similarities as well as differences found during the research (Anderson, Herr, & Nihlen, 2007).

According to *The Journal of School Health* (2003), schools should make every attempt to replicate classroom experiences for chronically ill students. This attempt requires the cooperation of many professionals who are integral to the educational instruction of all students. Shiu (2001) cites that when educational services for chronically ill students are provided, many complex issues in the process of developing an effective educational plan materialize. However, a collaborative partnership between medical professionals, parents, the school, and homebound department can support not only a chronically ill student's recovery, but also the ability to return to the school setting. The main objectives of this study were to understand how either consistent or intermittent absences affected the academic performance and mental health of students who were diagnosed with chronic illnesses and to explore how the district's medical homebound department could assist with alleviating some of the pressures that result from being absent from school.

## **Conclusion**

Medical homebound instruction is recognized as an alternative educational approach to assisting students who cannot attend school consistently. However, research documents that medical homebound services do not always adequately replace the experiences of the traditional classroom setting (Irwin & Elam, 2011). Students diagnosed with chronic illnesses are afforded medical homebound services to help alleviate the struggles that may be present from being consistently or intermittently absent from school. It was the intention of the teacher-researcher to seek recurring themes from the interviews conducted in hopes of providing ways to bridge the gap between medical homebound students and their classroom teachers. With a clear

understanding of the struggles of chronically ill students, teachers can provide instructionally sound assignments that offer students the ability to maintain pace with their non-chronically ill peers. The remaining chapters of this action research will contextualize the research that was conducted, describe the methodology employed during the research process, provide the results of the study, and make suggestions for improving instructional practices.

## **Chapter Two**

### **Literature Review**

#### **Introduction**

This literature review examines the current knowledge about children with chronic illnesses and their struggles with academic achievement and emotional well-being. It also presents tested strategies and interventions that have shown promising results in the educational setting. Specifically, the review focuses on the implications of students with chronic diseases and the difficulties they encounter when they are forced to be absent from school. The review of literature addresses an examination of the developments and practices reported in studies associated with homebound instruction. Specifically, it includes a discussion of the theoretical perspectives presented in research studies conducted by Abear (2014); Boonen and Petry (2011); Irwin and Elam (2011); and Shaw and McCabe (2008). These scholars represent the primary theoretical views used in this review of literature that frame the problem of practice. The discussion of these studies contributed to the foundations for this research. These theoretical underpinnings support further understanding about medical homebound services.

The review of literature also provides descriptions of services provided by medical homebound programs. While much is known about the struggles of those who have chronic illnesses, there have been few success stories that warrant adaptation in the area of how educators employ strategies to assist medical homebound students with their educational experiences. Lastly, the review historically contextualizes the equal

educational opportunities for chronically ill students who are approved for medical homebound services.

**Problem statement.** Chronically ill students who attend a suburban high school located in the southwestern part of South Carolina experience obstacles no matter how many absences are accrued within a school year. These challenges arise if students attend school intermittently or if they are forced to receive homebound services on a full time basis due to their medical conditions. The teacher-researcher is a medical homebound teacher who has observed that although these students who are living with their illnesses adjust, the quality of their lives is dramatically affected. The teacher-researcher often assists families in the area of health care in SC and the paperwork involved with getting the approval for medical homebound services. For some of the chronically ill students, attending school is frequently impossible. As a result, these absences make it difficult for students to keep pace with the curriculum and their non-chronically ill peers.

**Purpose statement.** The significance of this action research study was to learn and understand how chronically ill students in high school were affected in various ways associated with their educational experiences. Understanding these influences can assist educators and help them provide efficient instruction that will bridge the gap that exists as a result of students being absent from class regularly. When educators realize the variety of obstacles these students face every day, more effective, useful decisions regarding the educational experiences of these children can be made.

More specifically, the purpose of this qualitative study encompassed two objectives. The first objective was to understand how either consistent or intermittent

absences affected the academic performance and mental health of students with chronic illnesses. It was the desire to of the teacher-researcher to determine if the academic performances of the four student-participants improved, declined, or stayed the same during the time they received services through the medical homebound program. In addition, the teacher-researcher explored how recurring absences that prevented these students from receiving consistent classroom instruction affected their mental well-being, which included their self-confidence and stress levels associated with being absent from school. The second objective was to explore how the district's medical homebound department could assist with alleviating some of the pressures that result from being absent from school.

**Research question.** The following research question directed this study:

What are the perceptions of homebound, chronically ill high school students and their parent/guardians and teachers regarding the services they need to maintain pace with their non-homebound peers?

### **Purpose of Review**

Medical research is progressively making advancements that help sustain the life of many people who are diagnosed with chronic illnesses every day (Irwin & Elam, 2011; Rumrill & Bishop, 2015). It has been noted that children diagnosed with chronic illnesses now have a greater life expectancy and ability to function in the normal routines of life (Boonen & Petry, 2011; Falvo, 2014; Shaw & McCabe, 2008). As a result of these medical advancements, growing numbers of chronically ill students are graduating from school and transitioning into adulthood (Rumrill & Bishop, 2015). These medical issues, nonetheless, create challenges for educators since many students attend school when



medically able but are often absent when they experience setbacks (Irwin & Elam, 2011). Since equal opportunity laws guarantee a chronically ill student's right to receive instruction even when absent from school, educators struggle with appropriate ways to supplement classroom assignments and replicate classroom activities (A'Bear, 2014).

Medical homebound instruction has been utilized as an instructional strategy to serve students who are consistently absent from school for over 30 years (Patterson & Tullis, 2007). Despite medical developments that allow them to attend school more regularly, chronically ill students sometimes require accommodations to be successful in the school setting. It takes a team comprised of those from the school district who have a vested interest in the education of all students (Shaw & McCabe, 2008). Boonen and Petry (2011) acknowledge the growing number of chronic illnesses and the educational system's recognition of barriers encountered. However, they note that more empirical research is necessary to comprehend the impact of the diagnoses combined with the educational services.

### **Existing Research**

Meeting the needs of students who suffer from illnesses is a vital role of school districts across the nation (Boonen & Petry, 2011). Much of the research found includes studies about medical homebound students and educational services provided by school districts. One study that focuses on medical homebound services is found in Boonen and Petry's research titled "How do Children With a Chronic or Long-Term Illness Perceive Their School Re-Entry After a Period of Homebound Instruction?". As the title of the article is self-explanatory, Boonen and Petry (2011) center their study on chronically ill students and education's role in assisting with the number of absences the students

accumulate during a given school year. Boonen and Petry's methodological approach was identified as a descriptive-explorative research design that included questionnaires. The participants were parents and children with a chronic or long-term illness who received homebound instruction and returned to school at some point during the same school year (Boonen & Petry, 2011).

Although the results of Boonen and Petry's study favored the use of homebound services as a means to help students maintain pace with the curriculum, the limitations of the research were identified. The researchers identified a lack of statistical power due to the small sample of participants. With this limitation, Boonen and Petry (2011) warned the reader that generalizability needed to be treated with prudence. They also acknowledged the weaknesses of the questionnaire utilized during the study. They acknowledged that further research methods would have allowed for more in-depth data collection. As a result, they recommended more in-depth studies through the use of interviews or case studies.

Another study in the field of medical homebound is found in "Supporting the Learning of Children with Chronic Illness" (A'Bear, 2014). A'Bear's study was a qualitative one that included eight months of study. The purpose of the study was to investigate the challenges that chronically ill students face, to explore how teachers can use mobile technology to connect students to the classroom, and to discuss the implications for education and district policy (A'Bear, 2014). A'Bear (2014) concluded that prolonged or intermittent absences from school impact students adversely, and students experience difficulties inside as well as outside of the classroom. He also identified keeping pace with the curriculum and social inclusion as two of the main

struggles of homebound students. The limitations were identified as well. The first limitation recognized was the small sample of participants. A’Bear (2014) recommended a larger sample to increase the strength of the study. A second limitation concerned the use of a qualitative study as he documented not being able to test the statistical data.

### **Obstacles for Medical Homebound Students**

Public schools in the United States require mandatory daily attendance from elementary grades through high school. More specifically, SC law requires regular school attendance for every child who is at least five years old on or before September 1, until the child turns 17 years old (Children’s Law Office, 2005). Despite the truancy laws, a large number of students are prevented from regularly attending school as the diagnoses of chronic illnesses increase yearly (Boonen & Petry, 2011; Nabors et al., 2008; Shaw & McCabe, 2008). While the progression of medical research is sustaining the quality of life, educators are striving to do their best to fit the needs of students who benefit from these advancements (Irwin & Elam, 2011, Rumrill & Bishop, 2015).

One way to combat this problem is to provide students with instruction through medical homebound services. Medical homebound instruction is recognized as an alternative educational approach to assisting students who cannot attend school consistently. However, research documents that medical homebound services do not always adequately replace the experiences of the traditional classroom setting (Irwin & Elam, 2011). In fact, while federal legislation secures a free and suitable education for students with disabilities, chronically ill students continue to be at an educational disadvantage (Irwin & Elam, 2011). Specifically, Irwin and Elam (2011) argue that “with limited knowledge and resources to draw from, well-intended teachers and

administrators respond to acute health episodes with impromptu plans, inadvertently creating educational barriers, eliminating the possibility of an equitable educational experience for students with an illness” (Are We Leaving Children With Chronic Illness Behind? section, par. 4).

South Carolina Regulation 43-241 says that all students who have illnesses that prevent them from regularly attending school are eligible for medical homebound services (South Carolina State Department of Education, 2014). Furthermore, “there is . . . a statutory basis for medical homebound instruction in federal law. It concerns the students who attend regular school but who qualify as disabled under the Individuals with Disabilities Education Act (IDEA) of 1997 or Section 504 of the Rehabilitation Act of 1973” (South Carolina State Department of Education, 2014). In fact, homebound instruction is mandated by the federal and state governments and has been implemented for over 30 years (Patterson & Tullis, 2007).

In addition to the medical obstacles students experience, they also are forced to endure inadequate educational experiences. Despite the efforts of educators to provide valuable instruction, researchers identify the difficulties that many classroom and homebound teachers encounter while trying to assist their homebound students (Irwin & Elam, 2011; Shaw & McCabe, 2008). For example, classroom teachers often struggle to meet the needs of students who are consistently absent from their classes (A’Bear, 2014). In addition, researchers have found that homebound instruction is valuable, but

there are significant barriers or lack of consistent eligibility criteria, challenges of collaborating with medical professionals, difficulty in managing the academic engaged time of children, high cost to school systems, the requirement of

significant parent involvement, low academic motivation of children with chronic health issues, administration and coordination difficulties, and the pedagogic difficulties of teaching children at home. (Shaw & McCabe, 2008)

### **Medical Homebound Services**

Homebound instruction is organized by the school district, more specifically by the home school of the student and is typically provided at home or even in the hospital. The main objective for the homebound instructor is to help the students maintain their academic level (Boonen & Petry, 2011; Irwin & Elam, 2011). Homebound teachers have a significant amount of flexibility in shaping the lessons, which allows them to account for the medical needs and health conditions of their students. Thus, it is an accepted practice for teachers who work with chronically ill students to invest their time in the social-emotional support of their students (Boonen & Petry, 2011).

One emergent question surfaced during this research: How does the literature's support of chronically ill students connect to effective instruction for medical homebound students? First of all, these students are often taught in isolation (Boonen & Petry, 2011; Irwin & Elam, 2011). Therefore, to support these students effectively, it takes a team comprised of those from the school district who have a vested interest in the education of all students (Irwin & Elam, 2011; Shaw & McCabe, 2008). First and foremost, it is essential to develop guidelines for children who are diagnosed with illnesses that prevent them from regularly attending school (Boonen & Petry, 2011; Shaw & McCabe, 2008; "Students with," 2003). In addition, homebound instructors should utilize every tool necessary that maximizes the learning during the process. Homebound students are not privileged to classroom discussions or activities. Therefore, understanding the pressures

of living with a chronic illness is invaluable to a homebound teacher who must decide the pace of the instruction based on the student's academic progress and health (Jaress & Winicki, 2013).

Even with the best intentions, the use of all resources available is not an adequate replication for what takes place in the classroom. Therefore, homebound students suffer when they are absent from school (Boonen & Petry, 2011; Irwin & Elam, 2011).

Educators are held accountable for providing educational experiences for chronically ill students. However, most school systems and policies are not developed to provide support for these students (Irwin & Elam, 2011).

### **Historical Context**

In *The American School: A Global Context From the Puritans to the Obama Administration*, Spring (2014) provides a historical account of the history of United States schooling. He points out that when the colonists developed their educational system, it “was designed to protect existing authority by providing a class system of education” (Spring, 2014, p. 21). The reading-and-writing schools established during the time were devised to help students learn the skills necessary to comprehend religious and civil principles. Although today's educational system is unquestionably flawed, it certainly provides more accommodating opportunities for all students to prosper in an ever-changing world (Spring, 2014).

Spring (2014) notes that children in the nineteenth and the early twentieth centuries experienced the death of at least one family member during their childhoods. In fact, “rampant childhood diseases left many children dead or seriously debilitated” (p. 59). Today, approximately 10% to 20% of children in the United States have been

diagnosed with a chronic illness (Shaw & McCabe, 2008). More specifically, one out of five children under the age of 18 has a chronic illness (Jaress & Winicki, 2013). Since medical advancements have increased the likelihood of chronically ill students attending school more often, additional opportunities for students to encounter academic and psychosocial difficulties exist (Shaw & McCabe, 2008). Educators, therefore, have the responsibility of providing services for instructional assistance as well as granting support systems to students who are forced to be absent for prolonged periods of time (Irwin & Elam, 2011).

The role of education established in colonial society has certainly evolved into a more diverse, accommodating experience for today's students. Spring (2014) stresses that government and religion heavily influenced education in colonial New England during the 1600 and 1700's. The authority figures during this period emphasized maintaining their social order and focused on cultivating the leaders of society. Therefore, an equal educational opportunity for all did not exist (Spring, 2014). Furthermore, one can unquestionably argue that as the philosophies of education have transformed, more attention has been dedicated to the inclusion of students from all backgrounds. What was once considered an opportunity for only a select few is now one for all (Sardoč, 2013).

One of the current arguments for reforms to provide an education for all children comes from Barry Franklin who wrote *From "Backwardness" to "At-Risk:" Childhood Learning Difficulties and the Contradictions of School Reform*. Franklin contends "that in the late nineteenth and early twentieth centuries urban and industrial changes increased the number of children attending schools, including those labeled as 'backward'" (Spring,

2014, p. 285). Although “backward” is not an accepted adage in today’s society, students who are diagnosed with illnesses that prevent them from regularly attending school often encounter dilemmas associated with their diagnoses and are isolated in a variety of ways (Shaw, Clyde, & Sarrasin, 2014). Medical homebound students fall into a variety of categories when the need for services arises. Students are approved for medical homebound based on the recommendation of a medical doctor, and the diagnoses range from acute to chronic illnesses. Medical homebound teachers may serve students who have physical injuries that heal within a few weeks, but they also may instruct students who struggle with continued medical difficulties (South Carolina Department of Education, 2014).

John Dewey, one of the progressive leaders of the early 1900’s, emphasized “student interests, student activity, group work, and cooperation – methods premised on the idea that school had to serve a new social function in helping students adjust to an urban and industrial society” (Spring, 2014, p. 252). Dewey also believed that societal changes should dictate the thoughts, standards, and social institutions of the culture. Following in Dewey’s footsteps was George Counts who presented his philosophical beliefs at a 1932 annual meeting of the Progressive Education Association (Spring, 2014). Spring (2014) clarifies that social reconstruction developed as a result of this speech. Counts maintained that teachers should use their roles as educators to amend social order since educational experiences had the potential to enhance society. He also believed that schools should mirror life instead of being isolated from reality (Spring, 2014). Counts (1932) claimed that “an education that does not strive to promote the fullest and most thorough understanding of the world is not worthy of the name” (p. 9).



Presently, the United States of America is comprised of a diverse society. Everyone has a right to an education. Students who suffer from chronic illnesses are no different. It is the responsibility of educators to provide effective instruction to these students despite their medical challenges (Boonen & Petry, 2011; Shaw and McCabe, 2008). Counts (1932) believed the following:

If the schools are to be really effective, they must become centers for the building, and not merely for the contemplation, of our civilization. This does not mean that we should endeavor to promote particular reforms through the educational system. We should, however, give to our children a vision of the possibilities which lie ahead and endeavor to enlist their loyalties and enthusiasms in the realization of the vision. (p. 34)

As an instrumental designer of the Progressive Movement and one who greatly influenced Counts, John Dewey believed that all learners were capable of development, but the most influential part of this transformation stemmed from the environment to which they were exposed (Brick, 2008). He was opposed to a classroom where the teacher served as the authoritative figure and students were provided information they were expected to regurgitate. He believed that education played a vital role in developing human beings, and through this development, a certain type of independence for students could be accomplished (Brick, 2008). He stressed the need “for children to learn through the senses with objects, to discover for themselves, and he called for varying activities for children” (Schramm-Pate, lecture, 2014).

Much later, in *The Paideia Proposal*, Mortimer Adler (1982/2013) noted Dewey’s vision that all students should receive the same “quantity” as well as “quality” of

education. According to Dewey, this opportunity should be provided by the democratic society in which students thrive (Adler, 1982/2013). Adler (1982/2013) continued to voice his concerns that what Dewey had envisioned for the educational system had not justly transpired. In fact, he stated that “we are all sufferers from our continued failure to fulfill the educational obligations of a democracy” (184). His solution to this failed attempt was to create a one-track system where students were not given choices in their own curricula. He recommended a program of study that was “one and the same for every child” (p. 185). Adler (1982/2013) also criticized those who embraced the beliefs that some students were unteachable.

Even with his criticism of those with whom he disagreed, Adler (1982/2013) acknowledged an exemption to his belief that all students are trainable. Specifically, he noted that “with the exception of a few suffering from irremediable brain damage, every child is educable up to his or her capacity” (p. 185). Adler recognized that medical impairments prevented some students from receiving what he considered the same quality of education. However, since many of today’s students are diagnosed with chronic illnesses but are unable to attend school regularly, they need educational services outside of the traditional school setting (Irwin & Elam, 2011; Shaw & McCabe, 2008). These students generally live with diagnoses that are manageable and are very capable of performing in some type of academic setting (Nabors, 2008).

Educational rights evolved during the mid-1900s when various groups attempted to acquire constitutional rights for all. As the civil rights demonstrations progressed during this period, more diverse groups were included in the struggle to gain equality for everyone (Andrews & Gaby, 2015). However, the Civil Rights Movement gradually

provided opportunities for those who received injustices prior to the movement. It took several years of advancements for the diverse population of the United States to be included in the laws and regulations that resulted from the Civil Rights Movement (Andrews & Gaby, 2015). Since medical homebound students are approved for services based on disabilities, the laws and regulations that have resulted from years of discrimination include these students (“Students and Schools,” 2006).

The thoughts of justly implementing educational rights for all without exclusion did not exist until the United Nations created the Universal Declaration of Human Rights in 1948. Article 26 asserted that “Everyone has the right to an education” (United Nations, 2015). A few years later in 1960, the United Nations Convention against Discrimination in Education further defined educational rights declaring that no one should be subjected to a mediocre education (United Nations, 2015). These changes impacted the obstacles that many minorities and women continued to encounter during the mid-1900s. For instance, the U.S. Supreme Court’s decision in the *Brown v. Board of Education of Topeka* in 1954 was ground-breaking for minorities across the country. Considered one of the most profound Supreme Court decisions of the 20<sup>th</sup> Century, members unanimously deemed that the racial segregation of children in public schools violated the Equal Protection Clause as well as the Fourteenth Amendment (McBride, 2007). While the result did not succeed in completely integrating public education in the U.S., it gave proponents of racial equality constitutional backing and encouraged the Civil Rights Movement. This movement, which peaked in the 1950s and 1960s, resulted in significant legislation that protected and included minorities (Andrews & Gaby, 2015).

Several years passed before equal rights for children with disabilities surfaced. The legal ramifications of being denied equal opportunities appeared in The Convention of the Rights of the Child in 1989 (Office of the High Commissioner for Human Rights, 2015). Article 23 asserts that “state parties recognize that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child’s active participation in the community” (Office of the High Commissioner for Human Rights, 2015). Spring (2014) acknowledges that the endeavors of those who advocated rights for children with special needs were very similar to the efforts of those who supported segregation years before. Today, on a local level, the state’s mandates regarding medical homebound instruction appear in State Board of Education Regulation 43-241. It authorizes the following:

students who cannot attend public school because of illness, accident, or pregnancy, even with the aid of transportation, are eligible for medical homebound or hospitalized instruction. A physician must certify that the student is unable to attend school but may profit from instruction given in the home or hospital. (South Carolina State Department of Education, 2014)

Spring (2014) recognizes that growing concerns about America losing ground in the global economy sparked a congressional “reauthorization” of the 1965 Elementary and Secondary Education Act (ESEA) over 30 years after the act was passed. The result of this legislation is what is now known as No Child Left Behind (NCLB), which was passed by Congress in 2001. Unlike previous adaptations of the ESEA, NCLB seeks to enhance educational outcomes for disadvantaged students and close the achievement gap between different subgroups of students, including those with disabilities, by enforcing

new requirements for standards, assessments, accountability, and parental involvement (Irwin & Elam, 2011).

Since NCLB requires Adequate Yearly Progress (AYP) and attendance is one of the indicators measured for AYP, many chronically ill children are considered hindrances to a school's ability to improve (Irwin and Elam, 2011). Since NCLB mandates both assessment and accountability across all states, teachers are expected to produce higher standards of teaching, and students are required to learn at the same capacity. New regulations and expectations found in the NCLB were a direct result of what is referred to as the standards-based education reform in the United States (*A Nation at Risk*, 1983). Established in 1983 with the report known as *A Nation at Risk*, proponents of this movement expressed dissatisfaction with poor student achievement. They called for educational reform that developed into several National Standards that serve as benchmarks for achievement and assessment. More specifically, the following statement appears in *A Nation at Risk* (1983):

If an unfriendly foreign power had attempted to impose on America the mediocre educational performance that exists today, we might well have viewed it as an act of war. As it stands, we have allowed this to happen to ourselves. We have even squandered the gains in student achievement made in the wake of the Sputnik challenge. Moreover, we have dismantled essential support systems which helped make those gains possible. We have, in effect, been committing an act of unthinking, unilateral educational disarmament. (*A Nation at Risk* section, para. 2)

The main objective of the standards movement in American public education, therefore, was to hold every component of the system accountable.

How does this legislation impact chronically ill students who are approved for medical homebound services? Spring (2014) points out that NCLB made significant changes with its inclusion of all students. Specifically, he claims that regulations “originally intended for only a select number of students now became a law affecting all students” (Spring, 2014, p. 441). NCLB requires that all students, even those with the most significant cognitive disabilities, have access to the general education curriculum. For accountability purposes, all students in grades 3-8 (and during one year in high school) must be assessed on performance against grade level state content standards. Ordering states to institute consistent standards and tests for all public schools was the NCLB’s attempt to require schools to provide equal educational opportunities (Michelman, 2012). However, this uniformed implementation does not necessarily parallel to the instructional techniques and tools used by medical homebound teachers to assist students who are regularly absent from school (Irwin & Elam, 2011).

The NCLB legislation does not take into account the illnesses that sometimes prevent chronically ill students from being a part of the traditional classroom instruction and receiving the in-class preparation for the standardized tests (U.S. Department of Education, 2013). Often, teachers exempt assignments for homebound students in an attempt to relieve some of the stress associated with having outstanding work due to absences from school. Add this to students being absent for prolonged periods of time, and they are at a distinct disadvantage when being forced to take standardized tests (Irwin & Elam, 2011). In addition, the chronically ill students are sometimes physically unable

to withstand hours of standardized testing due to their diagnoses. Nonetheless, their scores are included when schools are evaluated (U.S. Department of Education, 2013).

### **Keyword Glossary**

*Chronic Illness* - A chronic illness is defined as a medical condition that is permanent or long-term and affects daily life. Some chronic illnesses are more common, such as diabetes and Crohn's disease. However, other illnesses, like cancer, are terminal (Shaw & McCabe, 2008).

*Homebound Instructor* – Certified teachers who ensure an ongoing educational program to homebound students capable of benefiting from instruction outside of the classroom setting (Patterson & Tullis, 2007).

*Medical Homebound Services* – Medical homebound instruction provided for both nondisabled and disabled students who cannot attend school for medical reasons. Homebound services are designed to provide continuity of educational services between the classroom and home or hospital for students whose medical needs do not allow them to attend school for a limited period of time (Boonen & Petry, 2011; Patterson & Tullis, 2007; Shaw & McCabe, 2008).

*Homebound Student* – These students are diagnosed with a medical condition that prevents them from regularly attending school. Students are approved for medical homebound services and receive these services at home, in the hospital, or at another mutually agreeable location (South Carolina State Department of Education, 2014).

*IDEA* – The Individuals with Disabilities in Education Act requires schools to provide transition services to students with disabilities. It is a law ensuring services to children with disabilities throughout the nation. It governs how states and public

agencies provide early intervention, special education, and related services to children with disabilities (South Carolina State Department of Education, 2014).

*Section 504 of the Rehabilitation Act 1973* – Section 504 is a federal law designed to protect the rights of individuals with disabilities in programs and activities that receive Federal financial assistance from the U.S. Department of Education (ED). Section 504 provides the following: "No otherwise qualified individual with a disability in the United States . . . shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance . . . ." (U.S. Department of Education, 2013).

*South Carolina Regulation 43-241* – The South Carolina Regulation 43-241 defines the state's mandates regarding medical homebound instruction. The regulation defines "homebound or hospitalized instruction" as teaching that "is offered to the student who has an acute or chronic medical condition that prevents him or her from attending classes at school, takes place 'in a room especially set aside for the period of instruction,' and is conducted by an individual who holds an SC teacher's certificate" (South Carolina State Department of Education, 2014).

## **Conclusion**

The purpose of this literature review was to examine studies that address the implications of students with chronic diseases and the difficulties they encounter when they are forced to be absent from school. The research reviewed indicated that chronically ill students experience academic disadvantages as well as emotional difficulties when absent from school. It also revealed that educators have an immense



responsibility when providing equal educational experiences for all students, including those who are diagnosed with debilitating illnesses. Therefore, additional research regarding how living with chronic illnesses affects students' educational experiences is necessary to open a dialogue and assist educators with meeting the needs of these children and their families.

## **Chapter Three**

### **Methodology**

#### **Introduction**

This chapter defines in detail the design of the study, which was inspired by an action research paradigm. The term ‘action research’ has been attributed to Kurt Lewin, who illustrated the method as a spiral process (Mertler, 2014). Lewin “viewed this research methodology as cyclical, dynamic, and collaborative in nature” (Hine, 2013, para. 1). Chapter three explains the process of inquiry grounded in action research that drove this study. Since the purpose of action research is “to improve one’s own professional judgment and to give insight into better, more effective means of achieving desirable educational outcomes,” (Mertler, 2014, p. 13) it is essential for teacher-researchers to reflect on the process as well as the results. Action research makes advancements in education by integrating change, allows educators to work together to enhance their own practices, and requires educators to develop “critical reflection about one’s teaching” (Mertler, 2014, p. 20).

This chapter also details the qualitative priority taken during the research process. Qualitative research attempts to understand “how people interpret their experiences, how they construct their worlds, and what meaning they attribute to their experiences” (Merriam & Tisdell, 2016, p. 6). The qualitative research for this dissertation was grounded in the interpretive theoretical perspective, which guided and secured the data collection and analysis. This approach assumes that reality is socially constructed. It

also adopts the idea that there is no single, observable reality because “there are multiple realities, or interpretations, of a single event” (Merriam & Tisdell, 2016, p. 9).

The foundations that guide qualitative research served as the means to contextualize and understand the research questions in this study. A qualitative approach was most appropriate for this study because it fostered a better understanding of the lived experiences of the participants and their own understandings of the impact of their illnesses and how these impacts affect their educational successes and mental well-being. The use of deep, critical description provides in-depth, comprehensive accounts of the participants’ experiences.

**Problem Statement.** Chronically ill students who attend a suburban high school located in the southwestern part of South Carolina experience obstacles no matter how many absences are accrued within a school year. These challenges arise if students attend school intermittently or if they are forced to receive homebound services on a full time basis due to their medical conditions. The teacher-researcher is a medical homebound teacher who has observed that although these students who are living with their illnesses adjust, the quality of their lives is dramatically affected. The teacher-researcher often assists families in the area of health care in SC and the paperwork involved with getting the approval for medical homebound services. For some of the chronically ill students, attending school is frequently impossible. As a result, these absences make it difficult for these students to keep pace with the curriculum and their non-chronically ill peers.

**Purpose Statement.** The significance of this action research study was to learn and understand how chronically ill students in high school were affected in various ways

associated with their educational experiences. Understanding these influences can assist educators and help them provide efficient instruction that will bridge the gap that exists as a result of students being absent from class regularly. When educators realize the variety of obstacles these students face every day, more effective, useful decisions regarding the educational experiences of these children can be made.

More specifically, the purpose of this qualitative study encompassed two objectives. The first objective was to understand how either consistent or intermittent absences affected the academic performance and mental health of students with chronic illnesses. It was the desire of the teacher-researcher to determine if the academic performances of the four students improved, declined, or stayed the same during the time they received services through the medical homebound program. In addition, the teacher-researcher explored how recurring absences that prevented these students from receiving consistent classroom instruction affected their mental well-being, which included their self-confidence and stress levels associated with being absent from school. The second objective was to explore how the district's medical homebound department could assist with alleviating some of the pressures that can result from being absent from school.

**Research Question.** The following research question directed this study:

What are the perceptions of homebound, chronically ill high school students and their parent/guardians and teachers regarding the services they need to maintain pace with their non-homebound peers?

### **Research Design**

With the growing pressures placed on educators to motivate students and raise test scores, action research is an approach that enables teacher-researchers to improve their

practices. It is an opportunity for educators to deal with their own concerns rather than the concerns of others (Mertler, 2014). Since the purpose of action research is “to improve one’s own professional judgment and to give insight into better, more effective means of achieving desirable educational outcomes,” (Mertler, 2014, p. 13) it is essential for teacher-researchers to reflect on the process as well as the results. Action research makes advancements in education by integrating change, allows educators to work together to enhance their own practices, and requires educators to develop “critical reflection about one’s teaching” (Mertler, 2014, p. 20).

Despite how daunting it may be for educators to look in the mirror, true self-reflection is an integral part of growing professionally. Action research allows teachers to consider new ways to implement teaching strategies (Pine, 2009). The field of education presents many challenges, but Mertler (2014) emphasizes that “effective teachers reflect on and critically examine their practice continuously during the process of teaching” (p. 44). When educators consider the effectiveness of their teaching strategies, they allow for new experiences (Pine, 2009). Boud, Keough, and Walker (1994) point out that when educators reflect, they find new ways to instruct, learn new skills, or even discover solutions to problems. Action research was the most appropriate approach to this topic since the teacher-researcher’s ultimate goal was to create an action plan that assisted medical homebound students in their educational endeavors.

A qualitative priority was taken during this action research process. Although there is much debate regarding the validity, reliability, and ethics associated with qualitative designs, it is commonly utilized in educational research (Merriam & Tisdell, 2016). Denzin and Lincoln (2013) define qualitative research as “a situated activity that

locates the observer in the world...It consists of a set of interpretive, material practices that make the world visible” (p. 6). Merriam and Tisdell (2016) note that because the field of education is an applied field of practice, the most common type of qualitative research is an interpretive study. Therefore, this was the appropriate approach to this present action research study since the teacher-researcher’s purpose was to learn and understand how chronically ill students in high school were affected in various ways associated with their educational experiences.

Furthermore, this action research employed the use of triangulation to complete the study. “The core premise of triangulation as a design strategy is that all methods have inherent biases and limitations, so use of only one method to assess a given phenomenon will inevitably yield biased and limited results” (Greene, Caracelli, & Graham, 1989, p. 265). Mertler (2014) describes triangulation as a process that links multiple sources of data so that the facts discovered during research are consistently verified. Chronically ill students, their parents, and educators were interviewed in hopes of being able to triangulate the data collected from multiple interviews. The questions for each interview were generated from the literature review. (see Appendix A) It was the intention of the teacher-researcher to seek recurring themes from the interviews and conduct a thematic analysis in order to find commonalities within each group.

The main instrumentation used in this study was interviews. The interviews followed a semi-structured process with questions that allowed the respondents to thoroughly elicit responses that are true to their roles in the education of chronically ill students. Medical homebound students, parents, and classroom and homebound teachers from the district were the sources for the interviews. Existing documents and records

such as grades from previous years and attendance records were also sources of information for comparison.

**Demographics.** The study included high school students who attend a school that averages approximately 100 – 120 medical homebound approvals each school year. Of those approvals, typically over half of these students have been diagnosed with a chronic illness. The school is a suburban high school located in the southwestern part of South Carolina. This particular school district serves almost 25, 000 students yearly. The median household income in this town is \$50, 500. It is a diverse city that encompasses the following ethnic backgrounds: white, 62.8%; black, 31%; Hispanic, 3.6%; and Asian, 1.7% (“Absent,” South Carolina). The high school, which serves approximately 1500 students yearly, is one of seven high schools located in the county.

**Participants.** The study included 12 participants who had firsthand knowledge about the medical homebound services provided by the “Absent” County Public School District (ACPSD). Participants included students and their family members, classroom teachers, as well as homebound teachers. Table 3.1 provides an overview of the four student-participants (two females and two males) who have been diagnosed with chronic illnesses and received medical homebound services were interviewed. The use of pseudonyms for each student is indicated in the table. All four students experienced absenteeism due to their medical conditions. However, these absences varied based on the severity of the medical conditions of each student. The four teachers who were interviewed are females. The racial backgrounds of the participants are as follows: African American (2) and White (10).

Table 3.1s

*Overview of Student-Participants*

Pseudonym	Number of Absences	Medical Diagnosis
Student 1	180	Irritable Bowel Syndrome and Anxiety
Student 2	137	Undiagnosed, Seizure-Like Activity
Student 3	160	Crohn's Disease
Student 4	11	Chronic Migraines

**Research Ethics.** Mertler (2014) says that “making sure that action research adheres to ethical standards is a primary responsibility of the educator-researcher” (p. 106). Therefore, the integrity of the results found in the action research depends on the teacher making ethical decisions. Furthermore, Dana and Yendol-Hoppey (2014) note “that when teachers engage in the process of inquiry, they are engaging in a process that is a natural or normal part of what good, ethical teaching is all about” (p. 148). It is the teacher-researcher’s responsibility, therefore, to regard ethical considerations to ensure that colleagues, students, or any person involved in the process are treated with respect.

Dana and Yendol-Hoppey (2014) identify four ethical standards designed for teachers by which teacher-researchers should abide. They argue that if an educator employs the use of action research, then he or she is participating in a process that is common practice for teachers engaging in ethical teaching. The first one requires the teacher to look “carefully and closely at student work that is generated in teachers’ classrooms to understand students’ progress better and what adjustments can be made to instruction to help all students learn” (Dana & Yendol-Hoppey, 2014, p. 148). As the



teacher-researcher who works with children who have chronic illnesses, one main goal is to observe their progress and make adjustments according to the understanding or lack of understanding of the material. These students may be concerned about their illnesses and should not be heavily burdened regarding the instruction they need from being absent from classes.

The second standard states that “good and ethical teaching involves assessing all students on a regular basis and analyzing scores on various assessment measures to help students master goals and objectives and achieve to their highest potential” (Dana & Yendol-Hoppey, 2014, p. 148). Medical homebound teachers are granted access to PowerSchool, which is a web-based student information system that provides grade management and viewing for teachers and families. With this access, homebound teachers are able to view students’ grades and absences. This online portal provides the opportunity to monitor progress, or lack thereof. It is essential that the teacher-researcher consistently monitors medical homebound students’ progress in all of the classes for which they are enrolled.

The third standard points out that “good and ethical teaching involves asking students questions about their learning to ascertain their understanding of content to inform instructional decisions that will ensure successful learning opportunities for *all*” (Dana & Yendol-Hoppey, 2014, p. 148). Homebound teachers have the opportunity to work with ill students on a one-on-one basis. This, in turn, provides opportunities to efficiently assess homebound students, which can effectively change the direction of instruction.

The last standard suggests that “good and ethical teaching involves closely observing students as they work – watching for any behavior that provides insights into students’ acquisition of knowledge and understanding and adjusting teaching according to these insights” (Dana & Yendol-Hoppey, 2014, p. 148). Addressing the action research question adequately requires observing students and their progress as the year develops. The evaluation of students’ attitudes and understanding of the material allows teachers to adjust methods by checking their grades to ensure they are keeping pace with the curriculum.

In addition to these values, Mertler (2014) recommends that during the research process, the teacher-researcher should pledge to provide ethical treatment of students as well as colleagues. It is also the teacher-researcher’s responsibility to safeguard all involved in the research, which includes the collected data. Conducting interviews and using test scores or quarterly grades requires getting permission from students and parents through consent forms (Mertler, 2014). It is also essential to help students, parents, and colleagues understand that participation is voluntary and no one is required to participate.

Ethics also play a vital role when the project can potentially be presented to an audience. Protecting the confidentiality and anonymity of the participants is the teacher-researcher’s responsibility in the action research process (Mertler, 2014). For this action research study, maintaining the anonymity of students was integral not only because it is sound research practice, but also because diagnoses of students are confidential and cannot be disclosed. When an initial project is complete, Mertler (2014) advises to “limit your descriptions of individuals or settings so that they are not easily identifiable” (p.

258). It is important to present the information that will be useful to the audience, but it should be a priority to protect those who volunteered to help with the action research project. “The ultimate responsibility for ethical conduct as a teacher and a teacher-inquirer resides with you, with the ultimate goal of doing no harm to the students you teach or any other people involved in your inquiry” (Dana & Yendol-Hoppey, p. 155).

Protecting confidentiality and anonymity is also a crucial component of research ethics. The teacher-researcher maintained the confidentiality of the information provided by the participants as well as their identities. More specifically, she protected the identities of all participants by securing the interview data locked in a safe place in her home or stored on a password protected computer. Maintaining the anonymity of participants during this present study was integral not only because it is sound research practice, but also because the diagnoses of student-participants are confidential and cannot be disclosed. As previously mentioned, participation was voluntary, and participants were autonomous and free to withdraw at any time without any consequences

The principle of beneficence and the principle of importance were also employed during this action research study. The teacher-researcher thoroughly explained the significance of the study and the hopes of improving the medical homebound services provided in the county to participants. Since an open discussion of benefits depends on principles of honesty and transparency, the teacher-researcher allowed participants to ask questions for clarifications during the process. Additionally, Mertler (2014) asserts that the “potential value of the findings of research should be worth the time, effort, and energy expended, on the part of both the researcher and the participants” (p. 112). The teacher –researcher made every effort to minimize the participants’ time and efforts

during the data collection process. Although the participants were not monetarily compensated for their participation, the teacher-researcher communicated the importance of the study as well as the possible implications.

**Statement of Positionality.** As Deal and Peterson (1999/2013) point out, “effective school leaders are always alert to the deeper issues agitating beneath a seemingly rational veneer of activity. They read between the lines to decipher cultural codes and struggle to figure out what’s really going on” (p. 274). Teachers who want to make a difference in their students’ lives have a true desire to do more than teach content. The teacher-researcher’s years of experience in the classroom provided opportunities to recognize that educators who accept their vital role as leaders assume much responsibility and manage many positions. Classroom practice has contributed to an understanding that educational leaders must be familiar with the culture of their population and must also be prepared to make changes when necessary. However, this responsibility is not always one that transpires without difficulties or resistance. Barth (2002/2013) acknowledges that “probably the most important and the most difficult job of the school-based reformer is to change the prevailing culture of the school” (p. 197). To make valuable adjustments to a school’s culture, nonetheless, Barth (2002/2013) cautions that those who attempt to implement change must first be familiar with the culture before they make decisions about necessary modifications. If educational leaders are going to foster an environment that exemplifies lifelong learning and ask their students to do the same, they must feel compelled to find ways to confirm that their students are indeed becoming lifelong learners.

If these goals are going to be met, educators must go beyond the surface of what the culture of a school environment entails. Effective leaders must also be willing to take risks, something commonly difficult to promote, particularly in the educational system. Admittedly, there are numerous liabilities when educators step out of their comfort zones to present different ideas. Therefore, it is sometimes much easier for educators to continue with what is considered the norm (Howard & Gigliotti, 2016). However, Barth (2001/2013) warns that the traditions found in the educational field are often filled with caution. Specifically, he says that “to learn is to risk; to lead others toward profound levels of learning is to risk; to promote personal and organizational renewal is to risk” (p. 290).

A change in cultural traditions and taking risks perfectly relate to how medical homebound teachers can use educational advancements to enhance instruction for chronically ill students. Boonen and Petry (2011) say specifically that even with the growing number of chronic illnesses and the educational system’s recognition of barriers encountered, more empirical research is necessary to comprehend the impact of the diagnoses combined with the educational services. Often, medical homebound teachers are required to think outside of the box. Medical homebound students are not always able to attend classes regularly. Therefore, the teacher must help them recreate the classroom experience in the best, most effective way possible (Irwin & Elam, 2011). Since homebound teachers are not exposed to classroom lectures or instructional lessons presented by classroom teachers, they regularly have to exercise inventive strategies in order to provide sound instructional practices. It is difficult to recreate classroom environments, and many times, homebound teachers are forced to present material

creatively and unconventionally in order to provide instruction for students who have not been present in the classroom. They are asked to be advocates for their students and guide them through their educational experiences (Shaw & McCabe, 2008).

If educators are expected to make adjustments based on societal changes, then they must be willing to allow their practices to evolve. Barth (2001/2013) identifies risk taking as a profound part of schools of the twenty-first century. If “schools exist to promote and sustain profound levels of human learning” (Barth, 2001/2013, p. 291), it is the medical homebound teacher’s responsibility to ensure that students receive the same opportunities to excel as if they were in the classroom with their peers. Although these adjustments may be opposed by some, Lieberman and Miller (2004/2013) believe that effective leaders “pursue improvement despite negative responses to change” (p. 421). While it can sometimes be difficult to accept change, Robinson (2011/2013) acknowledges that students are the main concern for most school leaders when they are charged with the tasks of making decisions about policies that will affect their schools.

Educators may challenge many of the nonconventional instructional techniques that might assist medical homebound students, but Lieberman and Miller (2004/2013) argue that good teacher leadership involves taking “risks by expanding their own comfort zones” (p. 420). Classroom teachers may feel threatened by the fact that their lessons and practices are being reproduced for other teachers to utilize. It is understandable when educators are hesitant about issues with which they do not fully empathize and may be reluctant to accept changes that do not follow the traditional concept. Nonetheless, if educators truly have the best interests of their students in mind and want to model their leadership abilities, then they should make every attempt to exercise flexibility

(Lieberman & Miller, 2004/2013). Ideas for improving education evolve quite rapidly, so it is comprehensible when educators are sometimes reluctant to accept modifications to the “way it is always done.” Lieberman and Miller (2004/2013) admit that “change is always accompanied by conflict, disequilibrium, and confusion” (p. 421).

During the process of this action research study, the teacher-researcher was forced to pay close attention to her role as a medical homebound teacher who serves chronically ill students on a daily basis. It can be difficult to remain objective when witnessing the difficulties these students encounter. While considering the teacher-researcher’s role in the district as a medical homebound teacher responsible for instructing chronically ill students, she made every attempt to minimize the power dynamic that might surface since she is directly responsible for the education of these student-participants.

It was also important to establish an opportunity for all students, teachers, and parents to engage openly and honestly when answering questions regarding their feelings and opinions about their experiences with medical homebound services. The teacher-researcher created an atmosphere where the interviewees were free to speak openly and not be judged for their responses. The teacher-researcher’s current role as a medical homebound teacher and researcher in this study was the most significant dimension of the positionality of which she had to be mindful.

**Data Collection Strategies.** This action research employed the use of triangulation to complete the study. Merriam and Trisdell (2016) note that triangulation is “probably the best known strategy to shore up the internal validity of a study” (p. 244). This action research utilized triangulation as a means to ensure comprehensive results that reflect the participants’ understandings of their roles in the education of chronically

ill students. For this study, chronically ill students, their parents/guardians, and educators were interviewed in hopes of being able to triangulate the data collected from multiple interviews. The questions from for each interview were generated from the literature review. (see Appendix A)

The data for this qualitative study was collected over a period of four months. Participants were made aware of the teacher-researcher's aim and purpose, and provided with information about the nature of the interviews. Their permission was obtained for the study. Specifically, parents were asked to sign a consent form, and students were asked to assent as well by signing the form. (See Appendix B) Educators were also asked to sign an informed consent form. (See Appendix C)

The main instrumentation used in this study was interviews. Merriam and Tisdell (2016) identify the most common form of interviewing as the person-to-person encounter with the purpose the "obtain a special kind of information" (p. 107). Patton (2015) says that

we interview people in order to obtain ideas we cannot directly observe.

Specifically, Patton (2015) says that "we cannot observe feelings, thoughts, and intentions....We cannot observe how people have organized the world and the meanings they attach to what goes on in the world. We have to ask people about those things. The purpose of interviewing, then, is to allow us to enter into the other person's perspective. (p. 426)

The interviews followed a semi-structured process with questions that allowed the respondents to thoroughly elicit responses that are true to their roles in the education of chronically ill students. Specifically, the teacher-researcher triangulated the interviews



with documents from the school district including attendance records, grades, and test scores. Once the 2016-2017 school year began, the teacher-researcher identified students and contacted the families of students who fit the criteria and had experience working with the medical homebound department in the past. Existing documents were also reviewed during this process to determine if a pattern existed between the absences and academic progress of students.

Interview data was collected and preserved through the use of an audio device as well as written notes. This device remained with the researcher or was kept secure to ensure the anonymity of the students, families, and teachers. Transcription took place immediately after the interviews occurred. This allowed the researcher an opportunity to follow up with additional questions if necessary. They were transcribed to a Word document and stored on a password protected device.

The teacher-researcher maintained a data journal to record thoughts and observations during the collection of data. More specifically, the data journal was used to store the grades, attendance records, and test scores found in the collected existing documents. A data journal was also utilized to analyze the significance of the information found in the existing documents. The teacher-researcher reflected on the significance of this data. In addition, the data journal was used to maintain narrative accounts (in addition to the audio recordings) of the semi-structured interviews that took place during the data collection period.

Although interviews were the primary method of data collection, existing documents were also collected and analyzed. This data collection was conducted systematically by locating relevant materials to substantiate participants' statements

specifically regarding absences and grades (Merriam & Tisdell, 2016). As a result, attendance records as well as academic records were secured and used to triangulate the data collected from the interviews.

**Data Analysis Strategies.** According to Merriam & Tisdell (2016), data analysis is the one aspect of qualitative research that has a structured priority. In fact, “the much-preferred way to analyze data in a qualitative study is to do it simultaneously with data collection” (Merriam & Tisdell, 2016, p. 196). Without this continued analysis, the data can become unclear, repetitious, and overwhelming due to the volume of material that needs to be processed during the analysis phase (Merriam & Tisdell, 2016). The teacher-researcher analyzed data from each of the sources described by coding transcripts, documents, and notes from data journal entries. Coding is often used in qualitative studies and is defined as a process that assigns “some sort of shorthand designation to various aspects of data so that (the teacher-researcher) can easily retrieve specific pieces of the data (Merriam & Tisdell, 2016, p. 199).

It was the intention of the teacher-researcher to seek recurring themes from the interviews and thematic analysis to find commonalities or conflicts within each group. Thematic approaches are appropriate for a wide range of narrative texts and can be applied to stories that develop in interview conversations. In thematic analysis, the goal of the researcher is to identify a limited number of themes which adequately reflect their textual data (Riessman, 2008). For this action research, the teacher-researcher conducted her own in-depth interviews and transcribed the data immediately after each interview. This allowed for instantaneous coding of the transcriptions, which provided opportunities

for identifying emerging themes in the data. Early line-by-line coding searched for frequency of words used.

Analysis of the data focused on in-depth examination of each interview as well as the existing documents collected. Each analysis informed subsequent data collection. As a result, existing documents such as grades from previous years and attendance records were utilized during the research process to further the triangulation process. Merriam and Tisdell (2016) identify the use of existing documents as an underused approach in qualitative research. However, a distinct advantage of using existing documents during the research process is the stability provided by absence of the investigator who cannot alter what is being studied. During this analysis, the participants' voices resonated through the final themes that emerged, and the existing documents confirmed these themes.

**Reflection Plan.** “In order for someone to critically examine her or his practice, that person must engage in systematic reflection on that practice” (Mertler, 2014, p. 44). Since those who pursue action research studies attempt to examine their own practices analytically, it was imperative for the teacher-researcher in this present action research to engage in reflection during the process as well as after the results are collected. Mertler (2014) asserts that reflection should take place before, during, and after the action research study because it “aids in an even deeper, more meaningful examination of practice as well as a heightened level of empowerment” (p. 258).

Mertler (Mertler, 2014) also suggests that the treatment of one's findings during the action research process should be no different than any other research study. He points out that the main purpose of conducting an action research study is to solve a

problem that is more local and personal. As a result, there are others who would benefit from the results, so they should be shared with educators who are constantly seeking ways to improve their educational practices. As a result, the teacher-researcher shared her results and reflections with a variety of people in the district. The first group of people was the homebound teachers who provide services to chronically ill students across the county. During this informal meeting, the teacher-researcher continued to reflect on the results and analyze views from the homebound teachers about how to improve the system. The teacher-researcher also shared the results with the families who participated in the research. Their participation was integral to the study. Since the study was intended to assist them in their educational process, it was important to share the results and possible modifications that developed from the results of the research.

## **Conclusion**

Chapter three outlined the methodology and methods utilized in this action research study. An analysis of the interviews and existing documents assisted the teacher-researcher with identifying emerging themes found in the study. The first theme is that recurring absences created additional challenges for students trying to maintain pace with the curriculum as a result of being absent from school. These challenges were exacerbated by the number of absences each student was forced to miss. The second idea is that the homebound services provided by the county are helpful with alleviating the trials met by chronically ill students. The last theme discovered was that there were areas in need of improvement within the school and homebound department.

## **Chapter Four**

### **Findings and Interpretations of Results**

#### **Introduction**

The topic of this action research was to understand how chronic illnesses affected a group of high school students when they were absent from school and to explore ways that could improve assisting them through the medical homebound services provided by their school district. Chapter four presents the results of the data collected from interviews completed with students, parents/guardians, and teachers. In addition, an analysis using existing documents such as attendance records and grade point averages is presented. The findings relate to the research question that guided the study.

It is important to understand the process for homebound approval in ACPSD. First, an official district form signed by a medical doctor must be submitted to the medical homebound coordinator at the district level. Physician's assistances or nurses are not allowed to sign a homebound form for approval. When the form is received, the coordinator approves the services unless additional information is necessary. The student's case is then assigned to a case manager who oversees the instructional process for each student to whom he or she is assigned.

Specifically, the medical homebound department employs seven full time teachers to serve students who are approved for homebound services. ACPSD receives applications for over 800 students yearly ("Absent" County Public School District, 2016). Therefore, approvals for over 800 students can present difficulties for the full time

medical homebound teachers with managing the caseloads. For the 2015-2016 school year, a total of 825 students received homebound services. More specifically, students at the elementary level (grades 1 – 5) accounted for 26% of the homebound student population. At the middle school level (grades 6 – 8), 20% of students accounted for the services provided. Fifty-four percent of the students served were from the high schools in the county (grades 9 – 12) (“Absent” County Public School District, 2016). These numbers alone indicate a need for additional instructional assistance from teachers. Therefore, the homebound department relies on retired or current classroom teachers to assist with the instruction required to support homebound students.

Furthermore, students approved for homebound are served in one of two capacities. If students are unable to attend school full time, they are served exclusively at a mutually agreeable location, usually the student’s home, by one or more homebound teachers. If students attend school intermittently, they are served in a group setting after school where specific content teachers provide instruction during the sessions (“Absent” County Public Schools, 2016). Based on the services provided by the school district, it is an understood responsibility of an entire team to ensure that students are being closely monitored regarding the complexities sometimes associated with dealing with a lifelong illness and absenteeism from school. Thus, it requires a group of educators to ensure that students are provided with appropriate homebound services.

This action research study included 12 participants who had direct knowledge regarding the medical homebound services provided by their school district. Participants included high school students and their family members, classroom teachers, as well as homebound teachers. Initially, the teacher-researcher approached eight families about

participating in the research. Out of those eight families, five agreed to participate. However, one family withdrew because the student was hospitalized when interviews were conducted, so they were unable to be interviewed due to their family's current crisis. Four students (two females and two males) who have been diagnosed with chronic illnesses and have received medical homebound services were interviewed. The four teachers who were interviewed are all females. The racial backgrounds of the participants are as follows: African American (2) and White (10).

The main instrumentation used in this study was interviews. The interviews followed a semi-structured process with questions that allowed the respondents to thoroughly elicit responses that are true to their roles in the education of chronically ill students. Existing documents and records such as grades from previous years and attendance records were also used as sources of information for comparison. Interview data was collected and preserved through the use of an audio device as well as written notes. This device remained with the researcher or was kept secure to ensure the anonymity of the students, families, and teachers. Transcription took place immediately after the interviews occurred. This allowed the researcher an opportunity to follow up with additional questions if necessary. They were transcribed to a Word document and stored on a password protected device.

The teacher-researcher maintained a data journal to record thoughts and observations during the collection of data. More specifically, the data journal was used to store the grades, attendance records, and test scores found in the collected existing documents. A data journal was also utilized to analyze the significance of the information found in the existing documents. The teacher-researcher reflected on the

significance of this data. In addition, the data journal was used to maintain narrative accounts (in addition to the audio recordings) of the semi-structured interviews that took place during the data collection period.

The twelve participants were asked to answer seven questions related to chronic illnesses, the assistance provided by the district, and ways to improve the medical homebound program. They were asked to provide their input based on their personal experiences and opinions. Prior to the interview process, the teacher-researcher emphasized the importance of honest answers and consequence-free responses. Anonymity was also discussed prior to the participants being interviewed. Therefore, to ensure confidentiality for this action research, pseudonyms are used to identify the information obtained from the interviews throughout this chapter.

**Problem Statement.** Chronically ill students who attend a suburban high school located in the southwestern part of South Carolina experience obstacles no matter how many absences are accrued within a school year. These challenges arise if students attend school intermittently or if they are forced to receive homebound services on a full time basis due to their medical conditions. The teacher-researcher is a medical homebound teacher who has observed that although these students who are living with their illnesses adjust, the quality of their lives is dramatically affected. The teacher-researcher often assists families in the area of health care in SC and the paperwork involved with getting the approval for medical homebound services. For some of the chronically ill students, attending school is frequently impossible. As a result, these absences make it difficult for students to keep pace with the curriculum and their non-chronically ill peers.



**Purpose Statement.** The significance of this action research study was to learn and understand how chronically ill students in high school were affected in various ways associated with their educational experiences. Understanding these influences can assist educators and help them provide efficient instruction that will bridge the gap that exists as a result of students being absent from class regularly. When educators realize the variety of obstacles these students face every day, more effective, useful decisions regarding the educational experiences of these children can be made.

More specifically, the purpose of this qualitative study encompassed two objectives. The first objective was to understand how either consistent or intermittent absences affected the academic performance and mental health of students with chronic illnesses. It was the desire of the teacher-researcher to determine if the academic performances of the four student-participants improved, declined, or stayed the same during the time they received services through the medical homebound program. In addition, the teacher-researcher explored how recurring absences that prevented these students from receiving consistent classroom instruction affected their mental well-being, which included their self-confidence and stress levels associated with being absent from school. The second objective was to explore how the district's medical homebound department could assist with alleviating some of the pressures that result from being absent from school.

**Research Question.** The following research question directed this study:  
What are the perceptions of homebound, chronically ill high school students and their parent/guardians and teachers regarding the services they need to maintain pace with their non-homebound peers?

## **Findings of Study**

It was the intention of the teacher-researcher to seek recurring themes from the interviews and conduct a thematic analysis in order to find commonalities within each group. Line-by-line coding conducted by the teacher-researcher allowed for an analysis of a frequent use of words during the interviews. This led to codes such as difficulties, problems, stress, academics, assistance, help, and communication. After additional analysis, the codes were combined to create categories such as obstacles, confidence/self-esteem, academic success, and cooperation.

Participants for this study stressed the challenges based on their personal knowledge and experiences with chronic illnesses and the homebound program. Student-participants emphasized the challenges they encountered with making up missed assignments and feeling the pressure of having to complete the work due to the recurring absences. Parent-participants reinforced the medical challenges their children encounter daily and also expressed how the homebound teachers alleviated the stress of being forced to miss school because of their illnesses. In addition, although the teachers acknowledged their own challenges with ensuring that students receive make-up assignments when they are absent, they focused on the school's role and how to improve services.

An analysis of the interviews and existing documents assisted the teacher-researcher with identifying emerging themes found in the study. The first theme is that recurring absences created additional challenges for students trying to maintain pace with the curriculum as a result of being absent from school. These challenges were exacerbated by the number of absences each student was forced to miss. The second idea

is that the homebound services provided by the county are helpful with alleviating the trials met by chronically ill students. The last theme discovered was that there were areas in need of improvement within the school and homebound department.

**Challenges encountered by chronically ill students.** Research documents the various school-related difficulties students encounter after being diagnosed with chronic illnesses. Although living with their illnesses becomes a part of their daily lives with which they must adjust, the quality of their lives is dramatically affected. In addition, attending school frequently is sometimes impossible. These absences make it problematic for students to keep pace with the instruction being taught in the classroom.

The four student-participants expressed concern and frustration when they were required to be absent from school because of their illnesses. They all acknowledged encountering challenges after being absent for consistent periods of time or returning to school after short-term absences. The students were asked separate questions related to their academic performance and mental well-being. Student 1, who was diagnosed with a chronic illness at the age of 12, graduated in 2016 and received homebound services all four years of her high school career. Although it is rare for students to receive services exclusively through the homebound department, she was eventually approved for full time homebound because attending intermittently was not possible due to her severe medical condition. Therefore, she did not attend school during the day and received instruction from her homebound teachers. Despite the difficulties she encountered with her medical illness, she managed to graduate with honors with a 4.3 grade point average (GPA). Specifically, Student 1 shared the challenges with which she battled. She reflected on her absences by stating,

I missed a lot of school and did not receive the instruction as much as I needed since I wasn't in the classroom. Sometimes, I and my homebound teacher had to look at different places to supplement what was not sent to me. It was challenging at times and stressful since I was not in the classroom to be able to participate in discussions. I received assignments from the classroom teachers; but some stuff was cut out, or I missed stuff from discussions that were not provided in the notes sent by the classroom teachers.

Student 1's mom confirmed the difficulties her daughter experienced since she was unable to attend school. "The keeping up with work and understanding new concepts were difficult for her. She is a very organized, detailed person, so it was difficult for her when she had to figure out what the classroom teacher expected since she wasn't able to ask her directly," Student 1's mother said.

Additionally, the teacher-participants, while acknowledging the challenges observed from the students' perspectives, also expressed their challenges from a professional perspective. Teacher 1 is a medical homebound teacher who has been with the department for four years. She sees firsthand the struggles her students face every day. She said that students are often forced to cancel homebound sessions because they are too ill to perform. This presents difficulties because the student continues to get farther behind in assignments. She also commented that getting work done in a timely manner can be a slow process because students are unable to attend school regularly or meet with their homebound teacher consistently.

Teacher 2 is an English teacher who has taught at the high school for 19 years. She has served numerous homebound students throughout her career and recognizes the

difficulties her students encounter as well as the hardships their absences place on the classroom teacher. She believes that students who miss her class often enter her classroom with a lack of appropriate background and information required to be successful. She specifically said that her students suffer when they miss valuable classroom discussion.

I believe there is a lack of elaboration provided by classroom discussions because they are absent. As a result, often they are not able to think as critically about a given piece of literature as they would be able to if they were engaging in the peer activities in the classroom, Teacher 2 said.

Another challenge addressed during the interviews was the mental well-being of students who are absent from school because of their chronic illnesses. Mental well-being is defined as “a positive sense of well-being which enables an individual to be able to function in society and meet the demands of everyday life” (Mental Health, 2010, pg. 1). Participants were asked to address how the recurring absences affected confidence levels, stress levels, and abilities to focus.

Student 2, who was diagnosed with a chronic illness four years ago, also graduated in 2016 and received homebound services all four years of her high school career. Last year, in particular, she missed 137 days of school but managed to graduate with honors with a 3.75 GPA. The 2015-2016 school year was the most strenuous year of her high school career according to Student 2 and her mom. When asked about the challenges presented to her as a result of her illness, she focused on the mental aspects of her experiences. For instance, Student 2 said, “I lost a lot of my friends because of my

medical diagnosis. I was stuck at home all the time. I missed school trips and going out with my friends.”

Student 2’s mother confirmed her isolation and how it affected her:

She had so many doctors’ appointments that it was difficult for her to feel like she was a part of the school. She missed camaraderie with her friends. She missed opportunities to do things with school classes and trips. The lack of socialization was very difficult for her as she faced the difficulties from the illness.

Teacher 1 explained that she has seen her homebound students suffer mentally because of their being behind in their work. Specifically, she said being consistently absent from class “can cause them to go sometimes into a depression and worsen the situation. It’s a mental thing for them when they see they are getting behind. It makes it more difficult for them to be motivated to catch up.” Likewise, Teacher 3, who has been a medical homebound teacher for four years, mentioned that it was hard sometimes “getting chronically ill students to realize that they are not defined by their illness.” She commented that sometimes, the illness controls so much of their lives that they find it difficult to fulfill the everyday activities that many people take for granted.

In addition, Teacher 4, who has been an English teacher at the high school for 17 years, recalled the issues she has witnessed when homebound students return to class. She described many of these students as reserved in the classroom, especially if they have been absent for a few days consecutively. “They are shy and don’t want to speak because they haven’t covered the material that the other students have been exposed to in the classroom,” Teacher 4 reported. Teacher 4 has a unique perspective because she is a classroom teacher who has homebound students enrolled in her classes and must provide

outstanding assignments for them when they are absent. She also assists the homebound department in the after school group sessions with instructional support. She said that when she speaks to her students who are absent as well as the homebound students after school on an individual basis, they show a true hunger for the knowledge and a sincere desire to catch up so that they can be relieved of the stress of not knowing what their classmates know. Furthermore, Teacher 2 recounted a lack of security and lack of comfort when homebound students return to the classroom. “They feel like an outsider in their academic setting. I see the look on their face like ‘I don’t belong here’ or ‘I’m uncomfortable in this setting’,” she said.

Student 2’s mom agreed that being absent from school affected her daughter’s confidence and self-esteem, especially given her medical condition. Prior to last year, Student 2 suffered from severe migraines. However, she began going through what medical experts described as whole body muscle spasms because they could not identify an exact medical diagnosis. Student 2’s medical team eventually ascertained that her body was reacting to stress-related issues because they could not identify a physical reason based on multiple medical tests. As a result of these medical problems, her mom said she was unable to attend class regularly. “She became very quiet and withdrawn because of her condition. She became more dependent and clingier because she was worried about having an episode in front of her friends,” Student 2’s mom said. Although Student 2’s mom attributed her daughter’s stress levels and confidence to the medical condition, she agreed that the stress of not attending school and receiving instruction was a major factor associated with Student 2’s episodes.

On the other hand, Student 3's mom presented a different perspective of the mental effects of being absent from school. She believes that being absent did not affect Student 3's mental capacity, although she acknowledged that he missed the "camaraderie that goes with walking down the hallway with your classmates." Last year, Student 3 missed 160 days of school because his medical condition worsened as the school year progressed. He earned a 3.0 GPA last year, and his overall GPA at the time of data collection was a 3.1. When asked about how being isolated at home affected him, Student 3's mom attributed her parenting skills to his ability to get through the school year successfully. In fact, she said,

I think because of me and my personality, he had no depression from being home most of the time. I think it depends on the parenting skills and what kind of parent children have at home. If they have a parent who is going to be motivating to the child, saying that it's going to be OK, then they are at an advantage. I would always tell him 'it is what it is and we are going to get it done.'

Of the four students interviewed for this action research, Student 3 was absent the least amount of days last school year. He missed 11 days last year and had earned a 3.1 GPA during the time of data collection. He and his mom feel the same way, mainly because he was only absent from school for only 11 days last year. Combined with regularly attending school, Student 3 and his mom gave much credit to the homebound program for assisting Student 3 with his make-up work. His mom ascertained that because he was not absent for long spans of time, he did not feel stressed about the small amount of work he had to complete. "He would do his make-up work during his homebound session with the help of the homebound teachers and would feel confident



about the work completed,” she said. Student 3 further added that he was able to pick up the material he missed fairly quickly and felt “no anxiety because I knew homebound would help me. I knew I would have enough time because of homebound and its assistance.”

**Assistance provided by homebound department.** Research identifies the increased number of students in the United States who are diagnosed with chronic illnesses. In fact, approximately 10% to 20% of children in the United States have been diagnosed with a chronic illness (Gultekin & Baran, 2007; Kelly & Hewson, 2000; Shaw & McCabe, 2008; “Students with,” 2003). One out of five children under the age of 18 has a chronic illness (Jaress & Winicki, 2013). The degree to which students or parents perceive homebound instruction and its practices to be effective have been addressed in a number of studies (Searle et al., 2003; Shaw & McCabe, 2008; Worcester et al., 2008). Federal law mandates that all children be given the opportunity to an education; therefore, it is a required duty to ensure that students with chronic illnesses receive instruction from a certified teacher. This should be conducted in the least restrictive manner (Boonen & Petry, 2011; Shaw & McCabe, 2008). Therefore, school districts and medical homebound instructors must make concerted efforts to empathize with these children and create plans that adhere to regulations (Irwin & Elam, 2011). To be effective, teachers are required to provide more than the accepted traditional methods of instruction due to their role of facilitating transitions in and out of school. Educators must find a way to provide adequate instruction to these students by utilizing a variety of instructional techniques to help students connect to their classrooms, teachers, and even peers in some manner (A’Bear, 2014).

All participants interviewed attributed student success despite being absent from school to the homebound department and its teachers. Teacher 1 added that the homebound teachers work diligently to help their students get caught up in a timely manner without placing too much stress on them. She explained that in an attempt to try not to overwhelm the student, the homebound teachers try to chunk out their work so that the student can only see parts of the assignments at a time. Teacher 3 added that through the homebound program, students receive one-on-one instruction, which provides stress relief from feeling that all of the pressure is solely on them to catch up. She said that many times, homebound services are considered a “safety net” for students who are in and out of school.

The two classroom teachers showed appreciation for how the homebound department assists their students when they are absent from school. Teacher 4, for example, revealed that homebound teachers often take the load off of the classroom teacher’s shoulders. “All I have to do is supply the assignments and the assessments to the homebound teacher. The homebound teacher does all of the instructing and administration of tests.” Teacher 2 declared that she believes the homebound teachers do “everything in their power to offer the enrichment that the children are not getting in the classroom due to each homebound instructor being proficient in one of the core content areas. That, in turn, provides some supplemental instruction instead of just covering the basics.” She also appreciates the continuous communication efforts of the homebound teachers to ensure that students are receiving the appropriate instruction.

Student 3’s mom has seen the positive impact of the program over the last three years. She exclaimed that the homebound teachers helped her son make the adjustments

he needed and definitely contributed to his academic success. “My son needs that type of motivation, especially for his demeanor and type of personality. He is very reserved and unlikely to ask questions. The one-on-one instruction gave him more opportunities to understand the missed material,” Student 3’s mom declared. Student 3 agreed that he would not have been as successful if he had not been approved for homebound services. His services were based on his condition. Therefore, he received instruction at home and in the group setting. Student 3 stated that

Homebound was a class that I could actually attend because it wasn’t too long. It was definitely the length of school that made it very difficult for me to sit in class all day without having a medical issue. The homebound sessions were shorter and easier to manage with my IBS. I knew I could go to the restroom whenever I needed to, and I could go home whenever I needed to.

Student 1 also gave credit to the program. She was having so much trouble with her medical condition that it was consuming much of her day. “I really don’t know how I would have done well in school or even functioned in school during the day without homebound. I was able to keep my grades up because I had the option of homebound and the help of the teachers,” she stated. Student 2 responded to the question about homebound help by saying, “the teachers would always work with me and my condition and understand my situation.” Like Student 3, Student 2 received individual instruction off campus and attended the group sessions when her health allowed her to do so. Her mom declared that the services were an important part of Student 2’s education because the teachers provided the much needed one-on-one attention. Also, when she attended the group sessions, she did not feel like she was alone in her situation. This socialization

part of the group sessions “helped her understand that there were others in her position, so she felt less stressed about being behind in her classes and missing the instruction,” Student 2’s mom added.

**Improvement Opportunities.** “In order for someone to critically examine her or his practice, that person must engage in systematic reflection on that practice” (Mertler, 2014, p. 44). Since those who pursue action research studies attempt to examine their own practices analytically, it was imperative for the teacher-researcher during this action research to engage in reflection during the process as well as after the results were collected. Mertler asserts that reflection should take place before, during, and after the action research study because it “aids in an even deeper, more meaningful examination of practice as well as a heightened level of empowerment” (p. 258).

Mertler also suggests that the treatment of one’s findings during the action research process should be no different than any other research study. He points out that the main purpose of conducting an action research study is to solve a problem that is more local and personal. As a result, there are others who would benefit from the results, so they should be shared. Since educators are constantly seeking ways to improve their educational practices, the teacher-researcher shared her results and reflections with a variety of people in ACPSD. The first group of people was the homebound teachers whose job is to provide services to chronically ill students across the county. During this informal meeting, the teacher-researcher continued to reflect on the results and analyze views from the homebound teachers about how to improve the system. The teacher-researcher also shared the results with the families who participated in the research. Their participation was integral to the study. Since the study was intended to assist them

in their educational process, it was important to share the results and possible modifications that developed from the results of the research.

When the participants were asked about ways to improve the services provided to homebound students, these answers depended on the perspective of the person interviewed. Teacher 1 articulated that she thinks her department does a great job of supporting students. In fact, the promotion and graduation rate of all students approved for homebound services for the 2015-2016 school year was 98% (“Absent” County Public School, 2016). Considering the fact that any student approved for homebound services has some type of debilitating medical condition, Teacher 1 cited this statistic as a compelling one.

However, Teacher 1 added that there is always room for improvement. “I think we could do a better job of not babying the students too much. We should probably hold them to the same standards found in the classroom so that when they go back to the classroom, it is not such a shock,” she said. Teacher 3 thinks that the homebound department could do more to get students back into the classrooms with encouraging more support and understanding from the administration and guidance offices in the schools. This, however, would require more documentation from doctors supporting the diagnosis and helping with a treatment plan for students who would benefit from going to school more often. Teacher 3 cited this improvement because of the situations she has encountered where the student was enabled by the parent to stay home instead of attending school. Many of these situations are not ones where students have debilitating physical issues, but rather suffer from emotional illnesses where it is many times in their best interests to go to school regularly and manage their emotional issues.

Another problem cited by the homebound teachers was getting the assignments from the classroom teachers in a timely manner. Classroom teachers are often overwhelmed with many responsibilities during their day, and it is difficult to find the time to gather work and instructions for individual students who are absent. “When students are absent intermittently, it is imperative that the classroom teacher sends the work immediately so that the student can have the opportunity to make up the work. This does not always happen. It can sometimes be very time-consuming to ask for assignments more than once,” Teacher 3 concluded.

Furthermore, Teacher 2 mentioned that there should be more rigid criteria set in place to decide a student’s approval for intermittent versus full time homebound services. She believes students have too many disadvantages coming in and out of the classroom and maybe should simply receive instruction exclusively through the homebound department. Very similar to Teacher 1’s beliefs about homebound services being taken for granted, Teacher 2 believes that the high school students are enabled to miss school more than they should when they are approved for intermittent homebound. Although parents are required to verify the student’s absence with a note or medical excuse, this policy is not always followed. If procedures such as these were strictly followed, she thinks it would prevent students from being absent for reasons other than their medical condition. “The intermittent homebound status does more damage and there are kids who take advantage of that situation,” Teacher 2 said.

Furthermore, Teacher 4 cited that she thinks it is sometimes difficult for the classroom teacher to empathize with the homebound student. As a result, she would like to see more classroom teachers assisting with the afternoon group sessions held for

students who are able to attend. If classroom teachers, in her opinion, were to see how overwhelming it can be for students to receive make-up assignments from six to seven teachers (for high school students, in particular), then they would see personally at how difficult it is for the homebound teacher to manage and for the homebound student to complete. Moreover, Student 1's mom was very pleased with the services provided to her daughter, but she made a suggestion very familiar to Teacher 4 idea. Student 1's mom is a classroom teacher at another school in the district and thoroughly understands the frustrations that classroom teachers have when providing assignments for homebound students. However, she recommended that more classroom teachers be involved in the instructional process. She commented that they are the most valuable tools who have the best insight into what the students need.

### **Interpretation of Results of Study**

ACPSD provides homebound services to a significant amount of its student population. Therefore, it is imperative to be mindful of ways to improve the methods used to provide services to students who are chronically ill. During the 2015-2016 school year, ACPSD was responsible for the education of over 24,500 students. Within this student population, the medical homebound department provided services for 825 of the students enrolled in the county during the school year. Of these 825 students, 457 were diagnosed with a chronic illness ("Absent" County Public School District, 2016). This accounts for over 55% of the students approved for homebound services. Examples of the chronic illnesses are as follows: migraines, Irritable Bowel Syndrome, Crohn's Disease, Sickle Cell Anemia, depression, social anxiety, and Juvenile Arthritis. These numbers and diagnoses suggest that it is imperative for educators to have a focused plan to help

these students feel less stressful and transition successfully back into the classroom when they are able to attend classes.

This action research indicated three themes that materialized from the study. As a result of the findings, it was concluded that chronically ill students who are unable to attend school consistently experience added pressures with their academics and emotional well-being associated with not attending school consistently. In addition to hardships presented by their chronic illnesses, students struggle with maintaining pace with the curriculum and often experience a lack of confidence when returning to the classroom or added pressure when provided with the make-up instruction and assignments.

All 12 participants cited added difficulties to educational opportunities when students are forced to be absent from school due to medical illnesses. Through the existing documents, the teacher-researcher examined the students' absences and grade point averages and specifically explored relationships between the two. This was done in order to identify the effectiveness of the homebound services in assisting students maintain GPA's despite the number of absences accrued during the year. For example, Student 1 was able to maintain an impressive GPA even though she was unable to attend school consistently from ninth through twelfth grade. Despite the fact that she received most of her academic instruction through the homebound department and did not attend classes during the school day, she maintained an impressive 4.3 GPA. As mentioned earlier, Student 1 attributed her success to the efforts of the homebound teachers. "I don't know how I could have learned some of that material on my own," she said.

Although Student 2's medical condition worsened throughout her high school career, her GPA remained consistent over the four years. For example, she earned a 3.4



GPA during her ninth grade year but missed only 11 days. In tenth grade, she missed 39 days and earned a 3.6 GPA. Her absences almost doubled in eleventh grade, and she earned a 3.8 GPA. As her condition worsened, she was absent a total of 137 days during her senior year and maintained a 4.2 GPA. In reality, Student 2's GPA for the year is the lowest average of her high school career when she missed the least amount of days. Ironically, her highest GPA for the year occurred during her twelfth grade year when she missed more days than any previous year. Again, Student 2 and her mother both showed appreciation for the efforts of the homebound and classroom teachers in regards to Student 2's medical condition. In fact, Student 2's mom said, "I think the one-on-one attention she received was needed so that she could excel."

Student 3, who is currently a junior, has been approved for medical homebound services since middle school. He, like Student 1, has missed more days of school than he has attended. He was absent for more than 175 days during the ninth and tenth grade years and earned a 3.2 GPA for those two years. Therefore, he has depended on the homebound services for much of his education. Student 3 stated that homebound services helped him get through his ninth and tenth grade years. He said, "If I were still in the classroom, I don't see myself getting through those years."

Of all the student-participants, Student 3 has been absent the least amount of days total during the three years he was approved for homebound services. At the time of data collection, he was a senior and had been approved for homebound services during his first three years of high school. He missed an average of 13 days each school year. His GPA has also remained fairly constant over his high school career. However, his lowest GPA, which was a 2.8, was earned during his ninth grade year when he missed more days

than any other year. When asked about his low GPA from ninth grade, Student 3 and his mom attributed it to his immaturity and lack of organizational skills. Neither Student 3 nor his mom thought that the lower GPA was a result of his being absent a few more days than the following two years. Although Student 3 has not consistently required the services of the homebound department, he commented that the help he received over the last three years has definitely helped him stay on track and keep up with the work he missed without being stressed about having to learn the material on his own.

The teacher-researcher concluded from the analyses of the information from the acquired existing documents that the student-participants were able to maintain their GPA's despite their absences due to medical conditions. None of the four student-participants experienced a decline in their grades in relation to their absences. The number of absences did not indicate a struggle in academics as their GPA's remained consistent throughout the school year. Furthermore, students, parents, and teachers reinforced these conclusions through the interviews.

The analyses also helped identify the second theme, which indicated that the stress of being forced to miss school was alleviated by the homebound services. The third theme was found when participants were asked if homebound services could be improved to assist students who are forced to miss school. Although the participants acknowledged the inevitable challenges of students being absent and the satisfaction of the homebound services, they declared that the school and district should play a role with improving services.

## **Conclusion**

Compulsory attendance laws require students to attend school. Despite the truancy laws, a large number of students are prevented from regularly attending school as the diagnoses of chronic illnesses increase yearly (Boonen & Petry, 2011; Nabors et al., 2008; Shaw & McCabe, 2008). While the progression of medical research is sustaining the quality of life, educators are striving to do their best to fit the needs of students who benefit from these advancements (Irwin & Elam, 2011, Rumrill & Bishop, 2015).

Medical homebound instruction is recognized as an alternative educational approach to assisting students who cannot attend school consistently. However, research documents that medical homebound services do not always adequately replace the experiences of the traditional classroom setting. In fact, while federal legislation secures a free and suitable education for students with disabilities, chronically ill students continue to be at an educational disadvantage (Irwin & Elam, 2011). Therefore, the topic of this action research was to understand how chronic illnesses affected a group of high school students when they were absent from school and to explore ways that could improve assisting them through medical homebound services. This chapter presented the results of the data collected from school records and interviews with four students, four parents, and four teachers.

## Chapter Five

### Conclusions and Recommendations

#### Introduction

The topic of this action research was to understand how chronic illnesses affected a group of high school students when they were absent from school and to explore ways that could improve assisting them through the medical homebound services provided by their school district. Chapter five presents the focus and an overview of the study. It also explains the implications that led to the action plan to be employed and implemented by the medical homebound department in attempts to improve the educational experiences of chronically ill students approved for homebound services. The action plan is a direct result of the research question that guided the study and the data collected during the research process.

**Problem Statement.** Chronically ill students who attend a suburban high school located in the southwestern part of South Carolina experience obstacles no matter how many absences are accrued within a school year. These challenges arise if students attend school intermittently or if they are forced to receive homebound services on a full time basis due to their medical conditions. The teacher-researcher is a medical homebound teacher who has observed that although these students who are living with their illnesses adjust, the quality of their lives is dramatically affected. The teacher-researcher often assists families in the area of health care in SC and the paperwork involved with getting the approval for medical homebound services. For some of the

chronically ill students, attending school is frequently impossible. As a result, these absences make it difficult for students to keep pace with the curriculum and their non-chronically ill peers.

**Purpose Statement.** The significance of this action research study was to learn and understand how chronically ill students in high school were affected in various ways associated with their educational experiences. Understanding these influences can assist educators and help them provide efficient instruction that will bridge the gap that exists as a result of students being absent from class regularly. When educators realize the variety of obstacles these students face every day, more effective, useful decisions regarding the educational experiences of these children can be made.

More specifically, the purpose of this qualitative study encompassed two objectives. The first objective was to understand how either consistent or intermittent absences affected the academic performance and mental health of students with chronic illnesses. It was the desire to of the teacher-researcher to determine if the academic performances of the four student-participants improved, declined, or stayed the same during the time they received services through the medical homebound program. In addition, the teacher-researcher explored how recurring absences that prevented these students from receiving consistent classroom instruction affected their mental well-being, which included their self-confidence and stress levels associated with being absent from school. The second objective was to explore how the district's medical homebound department could assist with alleviating some of the pressures that result from being absent from school.

**Research Question.** The following research question directed this study:

What are the perceptions of homebound, chronically ill high school students and their parent/guardians and teachers regarding the services they need to maintain pace with their non-homebound peers.

### **Focus of Study**

The study included 12 participants who had firsthand knowledge about the medical homebound services provided by the ACPSD. Participants included high school students and their family members, classroom teachers, as well as homebound teachers. Four students (two females and two males) who have been diagnosed with chronic illnesses and received medical homebound services were interviewed. The four teachers who were interviewed are females. The racial backgrounds of the participants are as follows: African American (2) and White (10).

The main instrumentation used in this study was interviews. The interviews followed a semi-structured process with questions that allowed the respondents to thoroughly elicit responses that are true to their roles in the education of chronically ill students. The questions from for each interview were generated from the literature review. (see Appendix A) It was the intention of the teacher-researcher to seek recurring themes from the interviews and conduct a thematic analysis in order to find commonalities within each group. Existing documents and records such as grades from previous years and attendance records were also sources of information for comparison. It was the hope of the action-researcher to determine what types of challenges chronically ill students face as well as how to combat these challenges through communication with the school and services through the homebound department.

Furthermore, ethics played a vital role in this action research process. Mertler (2014) says that maintaining ethical standards through the action research process is a crucial responsibility of the teacher-researcher. Specifically, Mertler says “ethical treatment of students and colleagues – as well as their respective data – must be a key component of designing your action research study” (p. 106). Mertler identifies several principles teacher-researchers should follow when collecting and analyzing their data. The present action research study was conducted in an ethical manner by following the suggested principles necessary to produce a well-organized action research study.

The first step taken to ensure ethical practice for this action research was to obtain assent and consent from all participants. The forms were presented to all participants and features of the study were verbally explained prior to participants being asked to provide their signatures. Furthermore, the forms clarified the purpose of the study and what each participant was asked to do during the process. Since the primary purpose of the study was to learn more about the medical homebound program and its effect on chronically ill students, the participants were informed that they were not at risk during the study. Students and teachers who elected to participate did so on a strict voluntary basis and were able to remove themselves from the study at any time. By following these procedures, the teacher-researcher employed the use of two principles identified by Mertler: the principle of accurate disclosure and the principle of honesty.

The teacher-researcher’s 15 years of experience in the classroom and seven years of experience as a medical homebound teacher qualified her as a leader in the action research process of this project. More specifically, the teacher-researcher was forced to pay close attention to her role as a medical homebound teacher who currently serves

chronically ill students on a daily basis. It can be difficult, nonetheless, to remain objective when witnessing the difficulties these students encounter. While considering the teacher-researcher's role in the district as a an instructor of chronically ill students, however, she made every attempt to minimize the power dynamic that might surface since she is directly responsible for the education of these student-participants.

The teacher-researcher's years of educational experience also allowed her to recognize that educators who accept their role as leaders assume much responsibility and manage many positions. Classroom practice has contributed to an understanding that educational leaders must be familiar with the culture of their population and must also be prepared to make changes when necessary. Chronically ill students present the types of challenges that educators must be willing to address. However, the adjustments are not always ones that transpire without difficulties or resistance. It can be difficult for educators to be open to changes, especially those that require them to revise their teaching philosophies. However, if educational leaders are going to foster an environment that exemplifies lifelong learning and ask their students to do the same, they must be compelled to find ways to confirm that their students are indeed becoming lifelong learners.

During the research process, the teacher-researcher made every effort to understand the reservations and concerns of classroom teachers. For example, classroom teachers may feel threatened by the fact that their lessons and practices are being reproduced for others to utilize outside of their classrooms. Therefore, she made every effort to recognize that educators can be hesitant about issues with which they do not fully empathize and may be reluctant to accept changes that do not follow the traditional



concept. Nonetheless, if educators truly have the best interests of their students in mind, then they should make every attempt to exercise flexibility. This idea is one in which the teacher-researcher adamantly believes, but it was vital for her to keep an open mind if participants did not hold the same values.

During the data collection, it was also important for the teacher-researcher to establish an opportunity for all students, teachers, and parents to engage openly and honestly when answering questions regarding their feelings and opinions about their experiences with medical homebound services. The teacher-researcher created an atmosphere where the interviewees were free to speak openly and not be judged for their responses. Therefore, the teacher-researcher's current role as a medical homebound teacher and researcher in this study was the most significant dimension of the positionality of which she had to be mindful.

### **Overview of Study**

According to *The Journal of School Health* (2003), schools should make every attempt to replicate classroom experiences for chronically ill students. This attempt requires the cooperation of many professionals who are integral to the educational instruction of all students. Shiu (2001) cites that when educational services for chronically ill students are provided, many complex issues in the process of developing an effective educational plan materialize. However, a collaborative partnership between medical professionals, parents, the school, and homebound department can support not only a chronically ill student's recovery, but also the ability to return to the school setting (Irwin & Elam, 2011). The main objectives of this study were to understand how either consistent or intermittent absences affect the academic performance and mental health of

students who are diagnosed with chronic illnesses and to explore how the district's medical homebound department can assist with alleviating some of the pressures that can result from being absent from school.

This action research employed the use of triangulation to complete the study. "The core premise of triangulation as a design strategy is that all methods have inherent biases and limitations, so the use of only one method to assess a given phenomenon will inevitably yield biased and limited results" (Greene, Caracelli, & Graham, 1989, p. 265). Mertler (2014) describes triangulation as a process that links multiple sources of data so that the facts discovered during research are consistently verified. In addition, the teacher-researcher immediately began coding as the data that was collected. This allowed the teacher-researcher to analyze emerging themes and similarities as well as differences found during the research (Anderson, Herr, & Nihlen, 2007).

In order to collect the data, the teacher-researcher first identified families whose students were approved for medical homebound services and had been diagnosed with chronic illnesses. Specifically, the district provides homebound services to a significant amount of its student population. For example, during the 2015-2016 school year, a total of 825 students received homebound services ("Absent" County Public School District). Considering the number of students served by the medical homebound department, searching for ways to improve the methods used to provide services to students who are chronically ill was essential. As a result of seeking improvements, this action research indicated three themes that materialized from the study. The data collected from the interviews reinforced these conclusions.

## **Summary of Study**

First, it was concluded that chronically ill students who are unable to attend school consistently experience added pressures with their academics and emotional well-being associated with attending school. In addition to hardships presented by their chronic illnesses, students struggle with maintaining pace with the curriculum and often experience a lack of confidence when returning to the classroom. They also endure added pressure when provided with the make-up instruction and assignments. The data also helped identify the second theme, which indicated that the stress of being forced to miss school was alleviated by the homebound services provided by the district homebound teachers. Although homebound instruction is not intended to replace classroom instruction, the services provided by teachers assist students with maintaining pace and learning the intended curriculum. The third theme was found when participants were asked if homebound services could be improved to assist students who are forced to miss school. While the participants acknowledged the inevitable challenges of students being absent and the satisfaction of the homebound services, they declared that the school and district should be open to suggestions for improving services.

### **Action Plan: Implications of Findings**

The design enabled the teacher-researcher to elicit responses from the participants that are true to their roles in the education of chronically ill students. The conclusion of the data collection provided an opportunity to consider the effectiveness of the medical homebound program in the county. After analyzing the data, it was evident that chronically ill students who are absent from school experience added pressures of understanding the missed classroom instruction and making up their assignments. In

addition, it was apparent that although the medical homebound teachers who provide services are effective, there is always room for improvement.

The teacher-researcher shared her results and reflections with a variety of people in the district. The first group of people was the homebound teachers who provide services to chronically ill students across the county. During this informal meeting, the teacher-researcher continued to reflect on the results and analyze views from the homebound teachers about how to improve the system. The teacher-researcher also shared the results with the families who participated in the research. Their participation was integral to the study. Since the study was intended to assist them in their educational process, it was important to share the results and possible modifications that developed from the results of the research.

As a result of these shared findings, several key suggestions for improvement developed. One suggestion for improvement made by the homebound teachers specifically was to hold students more accountable for completing their make-up work in a timely manner. This can be a delicate issue to address, nonetheless, and a student's individual circumstances and illness should always be considered. However, when providing students with a structured plan to complete the outstanding assignments, it was discovered that students feel less pressure because they feel supported by being given an organized plan to learn the material and make up the work. Another suggestion made by the department was to be more proactive in helping students transition back into school and attend school as consistently as possible. The argument for this suggestion was proposed because these students have lifelong conditions with which they must cope. Therefore, it is in their best interest to begin managing their illnesses to the best of their

abilities. It was concluded that in order to assist them in this process, the medical homebound teachers should frequently communicate with medical professionals (provided a medical release is signed by the parent/guardian). This open communication will provide insight into the students' most up-to-date medical condition and will ensure that they are being encouraged to attend school as much as medically possible.

Another problem cited by the homebound teachers was getting the assignments from the classroom teachers in a timely manner. This often causes frustration for students who are eager to complete their outstanding assignments. At the same time, classroom teachers are often overwhelmed with many responsibilities during their day. Therefore, it is often difficult and time-consuming to gather work and provide instructions for students who are absent. In order to combat this problem, it was suggested that homebound teachers request that classroom teachers do formal check outs for their homebound students at the end of each nine weeks. This will be conducted by using a form that will ask for a final list of all assignments for which the student needs to complete. Classroom teachers will be required to submit the form to either acknowledge that all assignments have been previously submitted or that all current assignments are attached to the form. This will allow the homebound teacher and student to develop a practical plan to complete the work in a timely manner.

An additional issue identified by the participants was the classroom teachers' lack of empathy for homebound students and their illnesses. Since the medical diagnoses of students are strictly confidential, classroom teachers do not know why their students are approved for medical homebound services unless the parents/guardians or students inform the teacher. Not knowing the severity of students' medical conditions or how

they might affect their academic performances can be challenging for a teacher when submitting assignments to the homebound teacher for completion. It can be difficult for classroom teachers to ascertain how much of the classroom curriculum needs to be completed by the homebound students who have been absent for lessons presented in the classroom (Irwin & Elam, 2011). Therefore, some teachers will send each assignment given during class, but other teachers will streamline assignments to ensure that students are exposed to the appropriate material without getting too overwhelmed.

When discussing this issue with the homebound teachers, it was concluded that the department would work diligently to recruit a larger variety of classroom teachers to assist with the make-up work in order to support the students more effectively. By providing opportunities for classroom teachers to work directly with homebound students, they will be given the opportunity to observe the struggles and hardships experienced by the homebound students. Although these teachers will not be apprised of the medical diagnosis of the students because of confidentiality regulations, they will receive firsthand experiences with students who often struggle when instruction is taking place during a homebound session. For example, a student who suffers from migraines may need extra time or additional accommodations to be successful during the instructional process. The medical homebound teachers concluded through discussion that observing the struggles often experienced by students can be compelling for teachers to witness. Therefore, it was determined that these opportunities will provide teachers with a clear understanding of how to provide the appropriate assignments for homebound students.

As a result of these conclusions, the medical homebound team will address these changes and improvements at the beginning of next school year, which will be in 2017-2018. One of the first actions will be to present formal presentations to teachers across the county during regularly scheduled faculty meetings in order to make these recommendations and introduce the new implementations. A PowerPoint will be used to present the research findings as well as ways to address the results. There are 41 schools in the district, and the homebound team will begin scheduling the presentations once the new school year begins. A rotation of two homebound teachers per presentation will be developed for efficiency. The presentations will start at the high school level. The team will then visit the middle schools and elementary schools to discuss ways to improve the system.

The medical homebound team will also host an informational meeting for local members of the medical field. The intention of this meeting is to discuss the problems often experienced by students who miss school regularly and find it difficult to maintain pace with the curriculum. The team believes that communicating with the medical professionals who make the requests for students to receive services will give them more opportunities to encourage students to transition back to school more consistently. This meeting will be organized in May, 2017 and held in August, 2017 when students report back to school for the new school year. The team hopes to open dialogue with the medical community and provide opportunities to discuss students that need to be encouraged to attend school more frequently.

## **Suggestions for Future Research**

Education is a vital factor in the quality of a student's life (A'Bear, 2014; Irwin & Elam, 2011). Therefore, future research should continue to explore the experiences of chronically ill children in the school setting. Since homebound services can assist chronically ill children, it is also imperative for future research concerning its effectiveness in helping students who are absent from school to continue. Additional research would contribute to closing the information gap of available literature on medical homebound services.

It is recommended that a more in-depth study be conducted using a larger sample into the practices of administering homebound instruction. The state of SC mandates that medical homebound students receive a minimum of one hour of instruction per school day missed (South Carolina State Department of Education, 2014). The suggestion for additional research should be an evaluation of a program that could inform the effectiveness of the time spent providing instruction for homebound students when they are absent from school. This type of study could provide information regarding effective professional development in the delivery of homebound services. In addition, future research of chronically ill students who receive homebound services might also examine the influence of the age of diagnosis as well as the psychological and behavioral implications.

## **Conclusion**

Compulsory attendance laws require students to attend school. Despite the truancy laws, a large number of students are prevented from regularly attending school as the diagnoses of chronic illnesses increase yearly (Boonen & Petry, 2011; Nabors et al.,



2008; Shaw & McCabe, 2008). While the progression of medical research is sustaining the quality of life, educators are striving to do their best to fit the needs of students who benefit from these advancements (Irwin & Elam, 2011, Rumrill & Bishop, 2015).

Medical homebound instruction is recognized as an alternative educational approach to assisting students who cannot attend school consistently. However, research documents that medical homebound services do not always adequately replace the experiences of the traditional classroom setting (Irwin & Elam, 2011). In fact, while federal legislation secures a free and suitable education for students with disabilities, chronically ill students continue to be at an educational disadvantage. Therefore, the topic of this action research was to understand how chronic illnesses affected a group of high school students when they were absent from school and to explore ways that could improve assisting them through medical homebound services.

As a result of these conclusions, three key suggestions for improvement developed from the data collected during the interviews. One suggestion for improvement made by the homebound teachers specifically was to hold students more accountable for completing their make-up work in a timely manner. Students feel less pressure when they have a structured plan to complete work because they feel supported. Another suggestion made by the department was to be more proactive in helping students transition back into school and attend school as consistently as possible. It was concluded that in order to assist them in this process, the medical homebound teachers should frequently communicate with medical professionals (provided a medical release is signed by the parent/guardian). This open communication will provide insight into the students' most up-to-date medical condition and will ensure that they are being

encouraged to attend school as much as medically possible. These suggestions are direct results of the themes that emerged from the action research process and the discussions held with educators who have a vested interest in assisting medical homebound students in their educational experiences.

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## **Appendix A**

### **Questions Presented to Participants**

#### Parents

1. What challenges did your child encounter as a result of not attending school regularly?
2. How, if any, have the medical costs affected your family's financial well-being?
3. How did recurring absences from school, due to illness, affect your child and his/her self-esteem?
4. How did recurring absences from school, due to illness, affect your child's academic performance?
5. What collaborative support did your school provide?
6. Were any types of technology used to support your child's learning during medical homebound services?
7. How did the technology contribute to your child's educational experiences?

#### Chronically Ill Students

1. What challenges have you encountered due to your medical diagnosis?
2. How did recurring absences from school affect you and your self-esteem?
3. How did recurring absences from school, due to illness, affect your academic performance?
4. What collaborative support did your school provide?
5. What are the advantages and disadvantages of being a student approved for medical homebound?
6. What forms of technology do you use to stay connected to school?
7. How do these forms of technology contribute to your educational experiences?

#### Classroom/Homebound Teachers

1. What challenges did you encounter while working with your chronically ill student?
2. Based on your observations, how did recurring absences affect the student?
3. What kind of district support was given to assist your student?
4. What forms of technology was used to support students?
5. How did the technology contribute to your student's educational experiences?
6. What changes would you recommend for district support of chronically ill students?

## **Appendix B**

### **Consent/Assent Form**

**Study Title:** Medical Homebound Services for Chronically Ill Students

**Principal Investigator:** Melissa Johnson Allgood

Your child is being asked to take part in a research study conducted by Melissa Allgood. I am a doctoral candidate in the Education Department at the University of South Carolina. This form has important information about the reason for doing this study, what your child will be asked to do, and how the information will be used about your child if you choose to allow your child to be in the study.

#### **What is the purpose of this study?**

I am a researcher from the University of South Carolina. I am working on a study about medical homebound services in this county, and I would like your help. I am interested in learning more about the medical obstacles experienced by homebound students as well as their perceptions of how medical homebound services have assisted them with their academics.

#### **What will my child be asked to do if my child is in this study?**

Your child will be asked to answer written questions about their medical conditions and homebound services. There are seven short answer questions, and they should take no more than 30 minutes to complete. Students will be asked to complete them during one of their homebound sessions.

You may also be asked to participate by answering written questions about your child's experience with medical homebound services.

#### **What are the possible risks or discomforts to my child?**

Your child's participation in this study does not involve any physical or emotional risk to your child beyond that of everyday life.

#### **What are the possible benefits for my child or others?**

Your child is not likely to have any direct benefit from being in this research study. This study is designed to learn more about how medical homebound services can assist students who are chronically ill and are consistently absent from school. The study results may be used to help other people in the future.

**How will you protect the information you collect about my child, and how will that information be shared?**

Any information you share with us will be private. No one except me will know what your answers to the questions will be.

**Confidentiality of Records**

Any information that is obtained in connection with this study will remain confidential and will be disclosed only with your express written permission, unless required by law. The information will be securely stored in locked files and on password protected computers. The results of the study may be published or presented at seminars, but the report will not include your name or other identifying information about you.

**Financial Information**

Participation in this study will involve no cost to you or your child. Your child will not be paid for participating in this study.

**What are my child's rights as a research participant?**

Participation in this study is voluntary. Your child may withdraw from this study at any time -- you and your child will not be penalized in any way or lose any sort of benefits for deciding to stop participation. If you and your child decide not to be in this study, this will not affect the relationship you and your child have with your child's school in any way. Your child's grades will not be affected if you choose not to let your child be in this study.

If your child decides to withdraw from this study, the researcher will ask if the information already collected from your child can be used.

**Who can I contact if I have questions or concerns about this research study?**

If you or your child has any questions, you may contact Melissa Allgood at 803-270-9646 or maallgood@acpsd.net

If you have any questions about your child's rights as a participant in this research, you can contact the following office at the University of South Carolina:

Lisa Marie Johnson, IRB Manager  
Office of Research Compliance  
University of South Carolina  
1600 Hampton Street  
Suite 414D  
Columbia, SC 29208  
Phone: (803) 777-7095  
Email: LisaJ@mailbox.sc.edu

**Parental Permission for Child's Participation in Research**

I have read this form and the research study has been explained to me. I have been given the opportunity to ask questions and my questions have been answered. If I have additional questions, I have been told whom to contact. I give permission for my child to participate in the research study described above and will receive a copy of this Parental Permission form after I sign it.

I agree to participate in this study. I have been given a copy of this form for my own records.

If you wish to participate, you should sign below.

_____ Signature of Person Obtaining Consent	_____ Date	_____ Signature of Participant	_____ Date
_____ Signature of Legally Authorized Representative (if applicable)	_____ Date		

## **Appendix C**

### **Informed Consent Form**

Dear Educator,

My name is Melissa Johnson Allgood. I am a doctoral candidate at the University of South Carolina. I am conducting a research study as part of the requirements of my degree in Curriculum and Instruction, and I would like to invite you to participate.

I am studying how medical homebound services assist students with chronic illnesses. If you decide to participate, you will be asked to complete a questionnaire. In particular, you will be asked questions about your medical condition/obstacles and your educational experiences with medical homebound services. You may feel uncomfortable answering some of the questions. You do not have to answer any questions that you do not wish to. The questions will be answered during a homebound sessions and should last about 30 minutes.

Participation is confidential. Study information will be kept in a secure location at the University of South Carolina. The results of the study may be published or presented at professional meetings, but your identity will not be revealed.

Taking part in the study is your decision. You do not have to be in this study if you do not want to. You may also quit being in the study at any time or decide not to answer any question you are not comfortable answering. Participation, non-participation or withdrawal will not affect your grades in any way.

I will be happy to answer any questions you have about the study. You may contact me at 803-270-9646 or maallgood@acpsd.net or my faculty advisor, Dr. Susan Schramm-Pate, 803-777-3087, and sschramm@maibox.sc.edu if you have study related questions or problems. If you have any questions about your rights as a research participant, you may contact the Office of Research Compliance at the University of South Carolina at 803-777-7095.

Thank you for your consideration. If you would like to participate, please inform me so that we can set up a time for you to complete the questionnaire.

With kind regards,

Melissa Johnson Allgood  
583 Telegraph Drive  
Aiken, SC 29801  
803-270-9646  
maallgood@acpsd.net

I have read the consent form and recognize that my participation in this study is entirely voluntary and that I am free to withdraw at any time during the course of the study without consequence. I understand that my information resulting from this study will be strictly confidential. I realize that I may ask for additional information about this study if I wish to do so at any time.

I have received a copy of this consent form for my own records. I agree to participate in this study.

\_\_\_\_\_  
Subject Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Subject