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Hospital Pedagogy and health in children and families. Contributions from observational methodology and mixed methods.

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Developing intervention research in the field of hospital pedagogy and health requires defining the concept in a way that helps to make the involved variables visible. Violant defined in 2017 hospital pedagogy as the integral action that assures ethical and bioethical principles and the right and duties of a person with the aim of improving the individual, the family, and the social well-being during the person's lifetime. The integral action is the key even before one's life with illness and convalescence. Interventions designed within the framework of hospital pedagogy and health often align with the concept of complex intervention (involving multiple dimensions, actors, and levels of action). To evaluate the implementation process of this type of intervention, it is essential to use appropriate methodologies that capture its multifaceted nature. From this perspective, the design of the intervention and its evaluation are conceived as interrelated processes that evolve dynamically based on observed realities and specific contexts. The aim of this presentation is to show low intervention evaluation designs to obtain data and the possibilities with indirect observational methodology and mixed methods analysis from the quality of life (QoL) and coping strategies from complex medical conditions (CMC) pediatric sample in Spain (n=11, 3 to 17 years) and their caregivers (n=24). We conducted descriptive analyses of the perception of QoL and well-being (using validated KINDLR questionnaire) and of the participants' coping strategies (using open-ended question following the three-level hierarchical structure model of the Coping Strategies Inventory based on Folkman and Lazarus'model) and performed comparisons between the cohorts and transformed qualitative data from coping strategies into quantitative data. The results show that children aged between 3 and 6 years and their caregivers scored physical well-being the lowest out of all dimensions of well-being, and they scored family well-being the highest. Moreover, youth between the ages of 7 and 17 years and their caregivers scored school-related well-being the lowest. These results support the conceptualisation of mixed methods analysis as an appropriate approach to the inherent complexity of data obtained through indirect observation, and due to the undeniable need in the development of effective, holistic, and relevant strategies in intervention programs applied in the hospital pedagogy and health field.

Primary author: VIOLANT HOLZ, Verónica (Universitat de Barcelona, Spain; Research Group and Innovation in Designs (GRID). Technology, multimedia, and digital application to observational designs)

Co-authors: RODRÍGUEZ ALLUÉ, Manuel J. (Department Biomedical Sciences, Institute of Neurosciences, School of Medicine and Health Sciences, Universitat de Barcelona, Barcelona, Spain); PORTELL, Mariona (Universitat Autònoma de Barcelona, Spain; Research Group and Innovation in Designs (GRID). Technology, multimedia, and digital application to observational designs); MUÑOZ-VIOLANT, Sarah (The University of British-Columbia, Canada; Research Group and Innovation in Designs (GRID). Technology, multimedia, and digital application to observational designs)

Presenters: RODRÍGUEZ ALLUÉ, Manuel J. (Department Biomedical Sciences, Institute of Neurosciences, School of Medicine and Health Sciences, Universitat de Barcelona, Barcelona, Spain); PORTELL, Mariona (Universitat Autònoma de Barcelona, Spain; Research Group and Innovation in Designs (GRID). Technology, multimedia, and digital application to observational designs); MUÑOZ-VIOLANT, Sarah (The University of British-Columbia, Canada; Research Group and Innovation in Designs (GRID). Technology, multimedia, and digital application to observational designs); VIOLANT HOLZ, Verónica (Universitat de Barcelona, Spain; Research Group and Innovation in Designs (GRID). Technology, multimedia, and digital application to observational designs)

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