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## Teachers' knowledge and attitude toward children with epilepsy

**Petr Snopek** <sup>a\*</sup>, Department of Health Care Sciences, Faculty of Humanities, Tomas Bata University in Zlin, Mostni 5139, 760 01 Zlin, Czech Republic

**Barbora Pliskova** <sup>b</sup>, Department of Health Care Sciences, Faculty of Humanities, Tomas Bata University in Zlin, Mostni 5139, 760 01 Zlin, Czech Republic

**Andrea Filova** <sup>c</sup>, Department of Health Care Sciences, Faculty of Humanities, Tomas Bata University in Zlin, Mostni 5139, 760 01 Zlin, Czech Republic

**Vladimir Koutecky** <sup>d</sup>, Department of Health Care Sciences, Faculty of Humanities, Tomas Bata University in Zlin, Mostni 5139, 760 01 Zlin, Czech Republic

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### Abstract

Epilepsy is a rather common disease in children and also in adults. It is defined as a primary chronic brain disease manifested by repetitive nerve seizures of different character and course. Because of this diversity, epilepsy has completely different effects on children's life and adults as well. Purpose of Study: The purpose of conducting research was to investigate views and experience of pre-school and primary school teachers with integration and education of children with epilepsy. Methods: The investigation was conducted using mixed method research with application of questionnaire and interview. Findings and Results: Data from the analysis imply that most teachers knew what epilepsy is, what the disease course is like and what potential problems with education of children with this condition are. The prevailing attitudes of teachers towards inclusion of children with this disease were positive; however concerns and experience with certain problems related to their integration into a group of other children were noticeable. Teachers' attitudes are very much correlated with their knowledge. Our conclusion is that knowledge of teachers in the field of chronic diseases of children requires improvement. Therefore, focus on education not only about epilepsy but also about other chronic diseases during teacher preparation is required.

Keywords: Epilepsy, teacher, school.

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\* ADDRESS FOR CORRESPONDENCE: **Petr Snopek**, Department of Health Care Sciences, Faculty of Humanities, Tomas Bata University in Zlin, Mosti 5139, 760 01 Zlin, Czech Republic.

E-mail address: [snopek@utb.cz](mailto:snopek@utb.cz) / Tel.: +420576032008

## 1. Introduction

Prevalence of epilepsy in the Czech Republic is very similar to other European countries, i.e., 0.5 to 1% of population. It is estimated that about 70 000 patients in the Czech Republic suffer from chronic epilepsy, but there are many more who have had one or two epileptic seizures in life, but they are not diagnosed with epilepsy and their number is much higher (Wiegerova, 2016).

The term epilepsy is derived from a word of Greek origin 'epilonbanenin', which means to fall down or seize. It can be said that the term epilepsy in its meaning means a paroxysmal disease. The term epilepsy can be used when it occurs without obvious causes in otherwise healthy individuals or when the seizures are repeated. *'It means that in case of epilepsy it is always a chronic, i.e. long-term disease, but it does not mean it has to be a life-long disease.'* (Matthes & Schneble, 1996, p. 4 in Fialova, 2011).

Epileptic seizures or just one seizure may occur in intracranial oncologic disease, brain inflammation, brain membrane inflammation and also in sepsis. All seizures manifested in a different disease are designated as secondary epilepsy (Henner, 1961).

From the view of medical science, epilepsy is a group of brain disorders manifested by repeated seizures of different character. They may be manifested by perception and consciousness disorders, spasms, vegetative symptoms and cramps (Fialova, 2011).

It is not ideal at all that a common disease, which epilepsy nowadays indisputably is, bears a strong social stigmatisation. The attitude of society leading to stigmatisation is often more alarming than the disease itself. Knowledge about epilepsy and their attitude towards the disease among teachers are significant factors, which may affect the education, school performance and development of social skills of the ill pupils.

Children with epilepsy have the same range of intelligence and skills as the other children. Most children with this chronic disease attend a standard school. The attitudes towards pupils with epilepsy are influenced by teachers' knowledge about this disease. Teachers gain only minimum formal information about epilepsy during their studies, which may affect their positive and optimistic attitude and approach towards pupils with this disease.

The aim of our research was to identify knowledge, perception and attitudes of teachers towards pupils with epilepsy.

In terms of raising professional competences of teachers, in 2015, the Faculty of Humanities at TBU in Zlín realised a project 'From Novice Teacher to Teacher Mentor'. One of many modules called 'Analysis of teacher's work with an ill child' was designed for pedagogical staff and focused on work with a child with a significant medical anamnesis. Realisation of this project influenced the authors of this paper to such an extent, which they decided to continue with some activities and include them in another realised project. One of the activities was analysis and evaluation of the problem of inclusion of a chronically ill child with epilepsy. Data were collected from April to September 2017. Interviews with participants were conducted in a natural school environment in time settled in advance. Interviews were lead with each participant individually and took about 45 minutes. Regarding the fact that all data acquired were not processed yet, this paper comments only on partial results.

While analysing qualitative data, the aim is a 'systematic, non-numeric organisation of data with the objective to discover topics, regularities, qualities and relationships' (Hendl, 2005, In Svaricek & Sed'ova., 2014, p. 207). Based on recommendation of Svaricek and Sed'ova (2014), the material acquired (interviews) was transcribed and transformed into a text form and then processing and analysis followed.

With a voluntary consent, 30 people – teachers of primary and lower secondary schools – participated in the research.

Interview structure:

Knowledge and understanding of a chronic disease – epilepsy.

Views of inclusion of a pupil with epilepsy.

### **1.1. Basic socio-demographical characteristics of probands**

The average age was 39 years and the average length of professional practice was 13 years. 15 (50%) participants were of females and 50% males. All the respondents taught in a medium-sized town. About 20% had specific experience with children with a health (chronic) impairment and 13% had participated in educational activities related to education of children with health impairment.

## **2. Results**

All interviews teachers claimed that they knew the disease called epilepsy; 33.3% (10) had a personal experience with this disease. Only five (17%) teachers witnessed an epileptic seizure at school. Personal experiences with an epileptic seizure probably significantly affected knowledge of probands about epilepsy. *'If I didn't have this personal experience I would hardly get information about this disease. What shall I tell you...you are interested in the disease only when you it concerns you...'* About 70% (21) of participants believed that antiepileptic treatment (drugs) influenced learning and behaviour of a child. All the teachers who had a personal experience with epilepsy at work obtained information mainly from parents of children. A total of 90% of respondents, i.e., 27 teachers were worried and are not aware of how they should react if a child had a seizure during lesson. *'During studies at the university, no attention (lectures) was paid to education of children with a chronic disease.'* Except for one teacher they would not have a problem with admitting the child into their class. They stated unanimously that *in this case there is no reason to exclude a child with this disease from the group.*

Almost half of the respondents were able to describe relevant first aid procedures. Three teachers would unfortunately have tried to place a hard object into the mouth of a child during an epileptic seizure.

In the framework of problem of planning an educational process of pupils with epilepsy, the teachers having an experience with a pupil with this disease said they did not feel the urge to adapt the educational process. *'The moment Patrik started to stare we waited with explanation of a theme, or I repeated the theme or task again.'*

As the most problematic in educating a pupil with epilepsy the respondents view the acute manifestation (seizure) during lessons – in particular in physical education and during trips or outdoor school. They were mainly worried about their ability to react adequately and provide first aid. Those who answered the question about the procedure of first aid correctly were concerned too. *'After moving into our town, one pupil with epilepsy was integrated into my class, when I asked the mother to give me more detailed information about the course of her daughter's seizures, she was very communicative, which kind of calmed me down. The form of epilepsy were not tonic and clonic spasms but a form of 'staring' when the pupil stared and didn't react to impulses – yet I was still nervous.'*

Among other concerns of teachers we detected a feeling of inability to prepare for an unexpected situation and reaction of classmates. *'I knew a pupil had epilepsy but she had never had a seizure. But then one day, when we didn't expect it at all. Me and the other pupils were very surprised and upset.'*

None of the addressed teachers who had an experience with teaching an epileptic pupil experienced presence of a teaching assistant. Two teachers were not sure that they would appreciate his presence in that moment. They claimed that *'it would probably depend on the level of impairment, frequency, form of seizures and of course also on how much the educational process would be disrupted'*.

According to the view of all the teachers who had an experience with teaching a child with this disease, the classmates of children with epilepsy had normal interpersonal relationships or even tried to help the children with epilepsy. In case of integration of a child with epilepsy but also of a pupil with a different chronic disease the number of pupils in the class was lower. The respondents considered essential informing and clearly explaining other pupils in the class, the character and type of disease of their classmate and preparing them for potential risks and deterioration of his state of health. They connected this reality the most with epilepsy.

### 3. Discussion and Conclusion

The term inclusion and integration are very often used in today's society. Both terms are related to integration of children with special educational needs, including children with epilepsy into common schools.

Attitudes of teachers towards epilepsy may have a significant influence on adaptation of a child with this disease in school environment but also on his school performance and development of social competences. Knowledge and skills of teachers are not the only way to help to face the problems of the disease and a better adaptation of a child. A teacher is an important role model. His attitude towards a disease and a child with epilepsy forms attitude of classmates of an ill child. Experience with school success and creating a quality social support and a positive atmosphere when a child is accepted has a great impact on psyche of a child and may help him to face challenges and burdens of his disease.

Most teachers are very open to help these children. In spite of this effort, the existence of stigmatisation of epilepsy, which strengthens prejudices towards people with epilepsy, is still very problematic.

Our conclusions confirm that teachers are concerned with insufficient knowledge about epilepsy caused particularly from insufficient professional preparation in this field at university. This statement correlates with studies with similar focus. Although a teacher may often does worry about seizure or possible injury during a seizure, it is not appropriate for a teacher to have a hyperprotective approach towards a pupil. The result of such an approach may be feelings of inferiority and stigmatisation of a child. On the other hand, it is very important not to strengthen an ill child feelings of uniqueness or distinction.

Our research has some limitations. The sample size may not be representative that restricts our ability to generalise our obtained results. Another possible limitation is the inability to generalise our findings to all types of schools. Our primary focus on teachers of primary schools was caused by the psychosocial development character and beginning of school career of children with epilepsy.

Regarding obtained data we would recommend:

- 1) That teacher training students had during preparation for the profession of a teacher a possibility to obtain information how to approach and work with a pupil with a chronic disease in order to be competent in solving case of a pupil with epilepsy in the class.
- 2) Organising practical workshops for teachers focused on chronic diseases of pupils.

Teachers must have information related to a child's state of health, although it is delicate. They should try to get information from parents in order to be able to intervene professionally. The ability to listen and to accept information from parents and from a child is fundamental. Teachers may become a help and a guide for a child. We must also realise that teachers may be an important source of information for parents. They spend a large part of the day with children and they may observe and draw attention to important changes in a child's state of health, changes in behaviour and experiencing.

Equal conditions for education should be guaranteed for every pupil. When these conditions are significantly influenced by his health condition, it is up to the educational institution but also up to professionalism of each teacher to make with his approach the maximum possible effort to help the pupils achieve the best study results possible and at the same time ensure their treatment regimen.

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