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Child Life Specialist: The Chief Executive Officer Perspective

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Abstract

Within the pediatric hospital environment, child life specialists are changing the practice of pediatric medicine, turning traumatic encounters into growth promoting experiences with lasting effects on the health and well-being of hospitalized children (Tobin, 2013). Child life specialists are invaluable members of the health care team trained specifically in addressing the psychosocial needs of young patients, through an assortment of techniques aimed at creating a sense of normalcy in the young patient's life during hospitalization. Sadly, the general population doesn't understand the importance of a child life specialist until they witness first-hand the invaluable support they provide to a child. The lack of knowledge of the child life field has caused child life specialists to be seen as supplementary to other professionals within a pediatric hospital. This qualitative case study investigated the perceptions of the child life field from the perspective of a decision maker, a Chief Executive Officer (CEO) of a pediatric hospital in urban Minnesota. The purpose of this study was to gain more knowledge from a primary decision-maker about the value a CEO places on child life in an age of austerity. This study found crucial implications for practitioners; it's vital that child life specialists are aware of how others within the hospital view them, particularly those that are making decisions about budgets. They will be able to address these perceptions and assist health care professionals in better understanding the value and goals of the child life department.

Keywords: child life specialist, child life department, child life council

Introduction

Almost 200,000 children visit the hospital in emergency situations per day (Centers for Disease Control and Prevention, 2014). Often these situations include fast paced painful procedures that most children are not prepared to endure on their own. Luckily, around 480 hospitals in the United States utilize child life specialists to help children and their families through emergency procedures (Child Life Council, 2015). Child life specialists are trained to build rapport quickly with children while educating each child about their procedures and the hospital environment at their cognitive level. These inter-

actions between the child and child life specialist prevent what could become a traumatic experience for the child. Child life specialist help in a wide range of emergencies, such as providing distraction during stitches to providing emotional support to child and family when a child has become a victim of a near death accident. In 1982 when the Child Life Council was formed there were approximately 235 child life specialists in the United States; today there are over 3,000 child life specialists working to improve the hospital stay of children (Child Life Council, 2015). With the expansion of the child life field it is essential to understand the perceptions of the field from those who are making the financial decisions. Given the changes in the health care system, particularly focusing on cost management; it is important to understand the roles and responsibilities of the child life specialist as not that of a "supplemental" member of the health care team. According to Cole, Diener, Wright, & Gaynard (2001), if attempts are made by a hospital to reduce costs, the child life department may become an easy target for elimination because child life specialists can be viewed as nonessential "extras".

A pivotal definition in this study is the role of a child life specialist; according to the Child Life Council, they promote effective coping through play, preparation, education, and self-expression activities. These services are to provide emotional support for families and encourage optimum development of children facing a broad range of challenging experiences, particularly those related to healthcare and hospitalization (Child Life Council, 2015). Another critical definition is the services child life specialists provide to their patients. These services described by the Child Life Council are to provide direct care, consultation, supervision, education, advocacy, and environmental planning. (Child Life Council, 2015)

Cole et al.'s (2001) study found that child life specialists are viewed as being vital for the patient and the patient's family's psychosocial well-being, yet are perceived often as having little power or worth in the health care team. This present qualitative case study explored the perceptions of the child life field from the perspective of a Chief Executive Officer of a pediatric hospital. Chief Executive Officers possess an expert perspective of hospital needs and also are decision-makers regarding the budget and which health care professionals are considered "core" and which can be viewed as "supplemental."

Literature Review

The purpose of the review is to get a better understanding of the importance of child life specialists in the medical field as well as obtain knowledge of how other medical professionals perceive child life specialists (Turner & Fralic, 2009; Cole et al., 2001; Munn, Barber, & Fritz, 1996; Holloway & Wallinga, 1990; Gaynard, Hausslem, & DeMarsh, 1989). This review focused on studies conducted in the United States within pediatric hospital settings.

The Ebscohost database was searched for articles relating to the child life field; using keywords child life specialist and Child Life Council. There were very few articles about child life specialists and even fewer relating to the perception of the child life field.

Gaynard et al. (1989) used an observational technique to explore the role of a child life specialist as a member of the health care team. This study is one of the first systematic explorations of the child life world. It was found that child life specialists spend the majority of their time in direct patient service activities including developmental maintenance, patient and family support, and therapeutic play. Child life specialists were observed spending very little time with other health care professionals. The authors suggest that more research should be collected to determine the role of a child life specialist as a member of the health care team.

Turner and Fralic (2009) explored the assessment process of child life specialists through semi-structured interviews through email. The purpose of the study was to clarify the child life practice by making the assessment process of their patients more explicit. This analysis contributes to the appreciation of how the child life field works within a health care system. Child life specialists explained their processes of meeting a child and their family; they then identified aspects of the assessment process that occur during their ongoing interactions with patients, families, and health care professionals. Through the child life specialists' explanations we are able to clarify the child life process of assessment; this will allow others to understand how child life specialists integrate procedural knowledge to disclose the humanistic aspects of child life practice.

The purpose of Cole et al.'s (2001) study was to examine the perceptions of child life specialists by members of the health care profession. The results indicated discrepancies between child life professionals' perceptions of their responsibilities and other health care professionals' perceptions of child life responsibilities. Child life specialists are viewed by health care professionals as having little power amongst the health care team due to the lack of knowledge about the role of the child life profession. However, child life specialists viewed by health care professionals as being 3rd most important for the patient psychosocial well-being amongst the health care team; nurses were ranked first, physicians second (Gaynard, 1985). This research will enable child life specialists to understand how they are perceived, clarify possible misperceptions of their roles, and maximize the success of a child life specialist within a pediatric health care team.

Munn et al. (1996) studied the factors affecting the professional well-being of child life specialists using a conceptual model that depicts three measures: burnout, job dissatisfaction, and intentions to leave a job. Role stress was found to be the best predictor of emotional exhaustion and job dissatisfaction for child life specialists, yet was less predictive for inten-

tions to leave their jobs. Both role stress and social support may play a more influential role in the decision to leave a job. Social support from supervisors was found to have significant effects on personal well-being for child life specialists. Child life specialists who reported low levels of social support from supervisors were more likely to be dissatisfied with their work and more likely to leave their job. To counter those feelings, the authors suggested that supervisors should provide more detailed job descriptions to improve child life specialists' understanding of what is expected of them. It was also suggested that supervisors should provide emotional and instrumental support when working with child life specialists.

Child life specialist may become burnt out due to other disciplines within the health care team not understanding the importance of their role. Holloway and Wallinga (1990) examined the burnout rate of child life specialists in full time positions to determine the relationship between burnout and role stress. The results indicated that burnout exists for child life specialists, but is not as severe as it is in other human services professions. This is because those who enter the field of child life are more likely to be aware of the emotionally taxing and personal investment aspects of the job. Role ambiguity was also noted to result in burnout of child life specialists.

The articles were consistent in reflecting the lack of understanding of the role child life specialists play within a hospital setting. My study will contribute to the research relating to the child life field, especially to the viewpoint of the child life specialist's role within the health care team from the perspective of a CEO who is in charge of cost management.

Theoretical Framework

The theory used to explain the findings from this study was the Social Exchange Theory. According to this theory, individuals are in the pursuit of supporting relationships with benefits while minimizing costs (Cook, 2010). Applying this theoretical framework to my study Social Exchange Theory would predict that the benefits a child life specialist can bring to the child, family, and health care team during hospitalization outweigh the direct costs of employing a child life specialist.

Method

Participants and Sampling

The participant interviewed for this study was a CEO from an urban hospital which employed child life specialists. I used both purposive and snowball sampling methods for this qualitative email interview. The purposive sampling method was used because I had a direct purpose for interviewing this individual in order to gather the participant's rich lived experiences relating to the role of child life. The snowball sampling method was also applied, as I accessed the participant through someone who served as an "insider" and knew the participant. The participant was a forty-four year old female

who has held the Chief Executive Officer position for fourteen months at this hospital and has worked with child life specialists for twelve years.

Research Design

The qualitative approach used in this study was phenomenology. According to Patton, phenomenology is the study of lived experience (2002). The lived experience can come from multiple contexts including emotions, culture, relationships, jobs, and programs. The interview brings the researcher closer to understanding the participant's experiences.

An email interview was used for data collection (Meho, 2006). The underlying reason for this method is that email, rather than face-to-face interviews, was deemed most appropriate when under time restrictions for the class. This study was approved by the Institutional Review Board (IRB). The protection of the participant was addressed by completing the Human Subjects Institutional Review Board (IRB) training.

Interview Protocol

The semi-structured and in-depth interview protocol (Kvale, 1996) was created to study the perception of the child life field from a Chief Executive Officer perspective. The qualitative email interview began with a description of the study and a clarification of the risks and benefits associated with participating in the study. Also included were definitions of the terms child life specialist and child life services, the amount of time that would be needed to complete the study, statement of confidentiality, participant's right to withdraw information, the IRB stamp of approval, researcher and supervisor contact information, and the directions for completing the email interview.

The semi-structured interview protocol included the demographic information along with ten open-ended topic related questions that required her detailed lived experience. These questions were informed by the scholarly literature. Refer to Table 1 for interview questions.

	Interview Questions
IMP	Do you feel child life specialists are an important part of the health care team?
ROL	Please explain the specific roles child life specialists hold within a health care team?
EXP	Could you describe the experiences you have witnessed of a child life specialist that have been specifically beneficial to the patient and family?
SUC	How successful have the child life specialists been in assisting your patients and their families?
RES	What are your perceptions of the primary responsibilities of child life specialists?
FAC	What factors do child life specialists focus on in order to assess the needs of a child and family?
TRA	Please describe the training procedures your hospital uses to educate health care professionals on the services child life specialists can provide?
INV	If your child was hospitalized would you request a child life specialist to be involved in their treatment plan?
DYN	How would the dynamics change within the hospital if the child life field did not exist?
KNO	Is there anything else that you would like me to know? If so, please add your comments here.

Procedure

To request participation pending IRB approval, the participant was emailed on October 8th, 2014. The email included an introduction of the researcher and advisor, the course description, an explanation of how the study would be carried out, the study's requirements, and the purpose of the study. The participant emailed back, agreeing to participate in the study. After IRB approval, the participant was sent the email interview that included IRB approval, the implied consent form, and the interview questions, on November 5th, 2014. The participant was given only six days to complete the questionnaire due to the time needed for IRB approval. The participant's responses were returned via email on November 11th, 2014.

Data Analysis Plan

I recognize that I may have brought my own personal opinions and biases into this study. One of these biases may be that throughout my education and experiences I have learned about the contributions child life specialists can bring to the health care team. I came into this study with my own opinion of the importance of child life specialists during a child's hospitalization. Having these biases and opinions may have influenced the interpretation of the data.

A thematic analysis (Kvale, 1996) of the email interview responses was conducted and themes were determined by the responses from the participant. An acronym was determined for each of the interview questions: IMP, ROL, EXP, SUC, RES, FAC, TRA, INV, DYN, and KNO. The responses were read by the researcher to gain a general idea of the responses given by the participant. I wrote down what the overall ideas were, per interview questions and then identified themes per question. My adviser and I reached 100% inter-rater reliability agreement on the themes. Finally, I decided on appropriate quotes from the interview to best represent each of the themes found in the interview response as well as briefly defining each theme (Patton, 2002).

Findings

I have listed the interview questions as they were given to my participant, followed by the themes that emerged from my participant's responses. Each theme is then accompanied by a descriptive definition or primary point, followed by a direct quote that best represents the participant's response for each theme. The name I have used for my participant is a pseudonym, "Emily" in order to keep her identity confidential. The interview questions and the most relevant themes that emerged from each are listed below.

Questions	Themes
Do you feel child life specialists are an important part of the health care team?	<ul style="list-style-type: none"> • Important for patients
Please explain the specific roles child life Specialists hold within a health care team?	<ul style="list-style-type: none"> • Family-centered and child inclusive care
Could you describe the experiences you have witnessed of a child life specialist that have been specifically beneficial to the patient and family?	<ul style="list-style-type: none"> • Strong relationships that facilitate thriving patients • Distraction therapy
Is there anything else you would like us to know? If so, please add your comments.	<ul style="list-style-type: none"> • Poor representation by manager

Do you feel child life specialists are an important part of the health care team?

Important for patients.

Child Life Specialists are professional members of the healthcare team that work with hospitalized children.

"Child Life Specialists are important to pediatric patients post neonatal through adolescence."

Please explain the specific roles child life specialists hold within a health care team?

Family-centered and child inclusive care.

Family-centered care is the belief that health care staff and the family are partners, working together to best meet the needs of the child while ensuring that they are being inclusive to the child.

"Champion of family centered care and inclusiveness of patient in appropriate discussions and decisions..."

Could you describe the experiences you have witnessed of a child life specialist that have been specifically beneficial to the patient and family?

Strong relationships that facilitate thriving patients.

Child life specialists build special, trusting relationships with the pediatric patient while helping them understand and adjust to hospitalization through age-appropriate explanations, activities, and coping techniques.

"I have witnessed strong relationships and creative activities to help patients thrive during long hospitalizations..."

Distraction therapy.

Using age-appropriate distraction therapy and therapeutic play, child life specialists minimize stress and encourage coping in children during emergency procedures.

"...the most beneficial services witnessed are around distraction therapy to reduce need for anesthesia (local or moderate) during imaging studies and emergency department/urgent care procedures."

Is there anything else you would like us to know? If so, please add your comments.

Poor representation by manager.

In some cases child life department managers are ineffective at explaining the department's needs.

"...most managers are not effective in explaining why child life is needed, how it is different, how staffing/productivity is determined, and how patient selection is done."

Discussion

The intent of this study was to examine perceptions of the child life profession and the services that the child life specialist provides to their patients and families, from the perspective of a CEO of a pediatric hospital, a decision-maker regarding cost expenditures in an age of austerity. As stated in Cole et al. 2001, little is known about perceptions of the role and worth of the child life profession within the medical setting. In order for child life specialists to work effectively within the health care team they must be aware of how they are perceived and what their role is in order to grow their profession. When conducting this case study, I found that the CEO was unclear regarding the services a child life specialist contributes to the health care team. A phenomenological approach was used through an email interview with Emily. Emily's responses mirrored the literature in affirming that the responsibilities and need for child life specialists is unclear. I will discuss each of the themes that emerged from the interview questions and how these themes connected with the literature, limitations to the study, implication for practitioners, and implications for future research, and concluding reflections.

Interview Questions and Theme Emerging from Participant

Do you feel child life specialists are an important part of the health care team?

Important for patients. Child life specialists are members of the pediatric health care team that focus on the psychosocial care of hospitalized children and their families (Cole, 2001). Findings suggest that those who are familiar with the child life profession and the services they provide to their patients have found child life specialists to serve an important role to the hospitalized child as well as to the health care team. Child life specialists psychologically prepare children for their health care procedures which makes the health care team's job significantly easier. The literature partially supports Emily's comments on the importance of child life specialists during hospitalization of a child during post-neonatal through adolescence. Emily however does not provide her opinion on whether child life specialists are an important part of the health care team. Her response leads me to believe that she does not understand the contributions that a child life specialist can bring to the health care team

but instead recognizes the child life specialist as an important service to the child. Child life specialists provide opportunities for the child to express fears or anxieties regarding their hospitalization through therapeutic play. This process decreases the child's anxieties and without it the child may not cooperate during the duration of a routine procedure, which could lead to the child needing to be restrained. More health professionals are then needed to restrain the child than otherwise would be needed during a routine procedure.

Please explain the specific roles child life specialists hold within a health care team?

Family-centered and child inclusive care. Child life specialists use a family-centered care approach when working with their patients and families. This approach is essential to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, patients, and families. The key elements of family-centered care are respect, choice, information, collaboration, strengths, flexibility, support, and empowerment (Titone, Cross, Sileo, & Martin, 2004). Along with family-centered care, the child life specialist's role is to focus on including the child in the conversations when it comes to their health care decisions. This allows the child to feel "in control" of their surroundings within the hospital. Emily has shared with us that child life specialists are the champion of family-centered care and inclusiveness of patient in appropriate discussions and decisions. Although family-centered care is important she did not explain the specific roles that a child life specialist holds with the health care team. This indicates to me that Emily is unsure of the child life specialist's roles within the healthcare team. It is important that Emily understands and explains the specific roles of a child life specialist. Her description may include that child life specialists are professionals who prepare children for their health care procedures, provide emotional support to the patient and family, facilitate therapeutic play with the patient and siblings, and use knowledge of child and family development to enhance the child's experience in the hospital.

Could you describe the experiences you have witnessed of a child life specialist that have been specifically beneficial to the patient and family?

Strong relationships that facilitate thriving patients. Child life specialists spend the majority of their work days helping their patients cope with their hospitalization because they are often psychologically unprepared for medical procedures and the stressors that the hospital environment brings (Cole, 2001). With the intimate nature of the care given by a child life specialist to the child, the two often build strong relationships. This research supports Emily's experiences regarding the

strong relationships that children build with their child life specialist throughout the duration of their hospitalization.

Distraction therapy. Child life professionals offer developmentally appropriate services, such as opportunities for distraction therapy including therapeutic play and procedural play. These services are provided before and during surgical procedures and have been known to be significantly effective in lowering the child's stress level. Distraction therapy is also used to keep the child still while the child is experiencing surgical procedures such as stitches or image studies like CT scans. Emily noted that she has witnessed some of the most beneficial services provided by a child life specialist through distraction therapy to reduce the need for anesthesia during medical procedures in the emergency department. The distraction therapy also eliminates the need for other medical professionals to restrain the child.

How would the dynamics change within the hospital if the child life field did not exist?

Poor representation by manager. Although child life professionals were rated highest among medical professionals in importance for providing psychosocial care of children, they were perceived as having little power in the health care team (Cole, 2001). Since child life departments are not actively supported or seen as a professional part of the health care team, they may struggle with explaining the importance of their department to those that are perceived to have higher power within the team. Emily's response is supportive of Cole's research. She explains that of the places she has worked, most managers are not effective when explaining the need for child life. Further research will help these managers effectively explain the need for the child life field.

Limitations

This study was based on the lived experience of one Chief Executive Officer of a pediatric hospital in an urban city in Minnesota. A limitation of this study would include the small sample size. Having a small sample is beneficial in qualitative research, but it limits the opportunity for statistical analysis and is not generalizable to be representative of all pediatric hospitals. Having only one participant also limits the findings to only the perspective of the professional overseeing the child life specialists. Another limitation was the minimal depth of our participant's responses. Having responses expanded would have allowed me to gain more knowledge and depth into her perceptions of the child life field.

Implications for Practitioners

This study found several implications that would benefit anyone working in the child life field:

- It is crucial that professionals in the child life profession be aware of how others within the health care team view them. They will then be able to address these perceptions and assist other health care professionals in better understanding the value and goals of the child life department.
- It is essential that the stereotype of child life specialists as having the primary role based on activity and entertainment of patients is addressed through education.
- Child life professionals should know how to educate other healthcare professionals about the importance of play in decreasing distress and facilitating healthy coping. Similarly, they should be prepared to educate other professionals regarding their role in educating, supporting, and advocating families and their children with the primary emphasis on family-centered care.
- Child life managers should be able to effectively advocate for their department the specific needs of the child life specialists on their staff. If the role of the child life specialist was valued then the field can progress and effectively provide care for patients and families.

Implications for Future Research

I collected data from only one participant and that limited my findings and ability to generalize. I recommend conducting this study with mixed methods of pediatric hospital health care professionals in order to get multiple perspectives. Also, future research would benefit from investigating deeply into the actual needs of the patients child life professionals work with to determine where the profession is needed. Not only getting the professionals perspective, but also getting the child life specialist's perspective would add more depth to such a study.

Conclusion

This study has taken a look at how child life specialists are perceived by a Chief Executive Officer of one pediatric hospital, in an age of austerity and budget cuts. The findings of this study will help increase the awareness of how other health care professionals perceive the roles and responsibilities of child life specialists. It will also reinforce the importance of child life programs, and the focus on addressing how to better educate health care professionals on the roles of child life specialists. By reforming pediatric medical education and cultivating a sense of unity and teamwork between physicians, nurses, and the child life specialists, the child life profession can continue to grow and innovate while being an invaluable asset to others.

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