

Original Articles

Workplace Stress and Burnout in Child Life: Perspectives From Newer Professionals

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Keywords: burnout, stress, self-care, qualitative

<https://doi.org/10.55591/001c.115805>

The Journal of Child Life: Psychosocial Theory and Practice

Vol. 5, Issue 1, 2024

Objective:

Certified Child Life Specialists (CCLS) have previously reported experiencing workplace stress and burnout. To date, no studies have focused on early career CCLS' perspectives on managing professional burnout.

Method:

Interviews were conducted with 19 currently and formerly practicing CCLS about their experiences entering the field of child life, navigating global and systematic stressors, and their plans for the future.

Results:

Data analysis yielded five themes: unexpected burnout presentation, the burnout triad, child life culture is immersed in burnout, self-care is effortful, and weighing the decision to stay in child life.

Conclusion:

These results have implications for hospital administrators, child life supervisors, and CCLS themselves.

Disclosure Statement:

No potential conflict of interest was reported by the author(s).

Funding Statement:

No funding sources were provided by the author(s).

In the last several years, Certified Child Life Specialists (CCLS) have reported experiencing notable workplace stress and burnout (Fisackerly et al., 2016; Hoelscher & Ravert, 2021; Lagos et al., 2022). The emotional strain of child life and other healthcare professionals' work has been documented (Figley, 1995; Krog, 2016). Less is known about the experiences of newer child life professionals. The purpose of this study was to learn more about early career child life professionals' burnout experiences and career decision-making processes. The anticipated benefit is that by identifying the causes of burnout, solutions might also be developed, thereby supporting and retaining CCLS in the field.

The World Health Organization (WHO) defines workplace stress as "the response people may have when presented with work demands ... which challenge their ability to cope" (2020, para. 1). Burnout occurs when workplace stress becomes chronic (WHO, 2019). Compassion fatigue is the emotional fallout of supporting people going through traumatic events (University of Maryland Baltimore County, 2023).

Throughout this study, terms *Certified Child Life Specialist*, *child life professional*, and *newer professional* are used. A Certified Child Life Specialist (CCLS) has completed academic and clinical work and passed the certification exam (Association of Child Life Professionals, 2023). As this study was open not only to CCLS but also child life interns and people who had since left their positions as CCLS, we have used the term child life professional when referring to participants more broadly. Finally, newer professionals are defined as individuals who had completed their child life internship and/or begun working as a CCLS in the last five years. Five years is the standard definition for a new/early professional in the healthcare fields (Douglas, 2020; Myers, 2016). Additionally, child life (re)certification process occurs every five years and thus we wanted to capture that span of perspectives.

Scope of Pediatric Healthcare Professionals' Burnout

A literature search on burnout among pediatric healthcare professionals was conducted. The association between pandemic-related stressors and burnout among healthcare providers has been documented (Apaydin et al., 2021; Denning et al., 2021; Martin et al., 2023). Excess documentation and large clinical workload have led to burnout among pediatric residents (Beck et al., 2020; Davis et al., 2015). Among pediatric intensive care unit (PICU) professionals, both being younger and having less field experience are associated with higher levels of burnout (Bursch et al., 2018). Thus, the following elements of burnout addressed include 1) emotional exhaustion, 2) grief, and 3) interpersonal and intrapersonal factors.

Emotional Exhaustion

Among pediatric nurses, emotional exhaustion is correlated inversely with work engagement and moderately with perceived organizational support (Buckley et al., 2021). When work is perceived as meaningful, CCLS report fewer work-related negative outcomes (Shuck et al., 2013). Lack of peer support and team cohesion may lead to increased emotional exhaustion rates, while lacking prior field experience has resulted in higher rates of burnout and depersonalization (De la Fuente-Solana et al., 2020). Physicians with highly self-critical perfectionistic tendencies experience lower levels of conscientiousness that predict higher burnout rates due to emotional exhaustion and depersonalization (Martin et al., 2022).

Grief

PICU healthcare professionals are at higher risk for burnout due to their significant exposure to distress and grief (Nolan et al., 2020). Nurses who experienced grief over a patient's death have reported higher levels of emotional exhaustion and burnout and were more likely to contemplate leaving the field altogether (Adwan, 2014). PICU nurses frequently report the greatest average scores of burnout syndrome across hospital units (Matsuishi et al., 2021). Navigating grief and other complex emotions contribute to CCLS' and physicians' burnout (Shuck et al., 2013; Weiss & Ludwig, 2019).

Interpersonal and Intrapersonal Factors

Positive supervisor, medical co-worker, and peer CCLS relationships are correlated with higher levels of compassion satisfaction (pleasure experienced when supporting others; Stamm, 2005), higher rates of approach coping (healthy emotional expression when responding to stressors; Hoyt et al., 2020), and lower rates of burnout among child life professionals (Hoelscher & Ravert, 2021; Lagos et al., 2022). Use of avoidant coping techniques (denying or minimizing reactions to stressors) is correlated with an increased risk for compassion fatigue and burnout and lower rates of compassion satisfaction (Lagos et al., 2022). For

CCLS, risk factors for burnout include experiencing imposter syndrome and perfectionism (Tenhulzen et al., 2023). Munn et al. (1996) reported that lack of supervisor support led to CCLS' dissatisfaction in their role and poor professional well-being. Support from other medical staff was negatively correlated with emotional exhaustion (Munn et al., 1996).

Purpose of the Study

Despite a growing body of research on professional burnout among CCLS, there is still a dearth of knowledge pertaining to newer professionals' perspectives specifically. Given that being younger and having less field experience are associated with higher risk for burnout among some pediatric healthcare professionals (Bursch et al., 2018), it is important to focus on this category of child life professionals. The purpose of this study was to use qualitative methods to explore the workplace stress and burnout perspectives of new child life professionals and inform child life and hospital administrators how to support and retain newer child life professionals.

Research Questions

1. How do newer child life professionals describe their experiences with burnout?
2. What do newer child life professionals need in order to prevent or reduce their burnout?
3. How do newer child life professionals conceptualize the impact of burnout on their career trajectories?

Method

As this was the first study to focus on the self-reported workplace stress and burnout experiences of newer child life professionals specifically, an exploratory qualitative design was employed. The semi-structured interview guide allowed the researchers to ask relevant questions of participants while providing participants the opportunity to offer additional insight.

Recruitment and Eligibility

Eligibility criteria included being 18 years or older and a child life student currently completing their internship, someone who completed their child life internship in the last five years (did not move to a child life position afterward), or began working as a child life specialist in the last five years (not necessarily certified). The rationale for these categories was to capture the burnout experiences and perspectives of multiple types of newer professionals both during and after internship. After the authors received IRB approval from IRB approval from Towson University, participants were recruited via purposive and snowball sampling through the Association of Child Life Professionals (ACLP) website and other child life online forums.

Data Collection

After signing consent forms, 19 participants took part in one-on-one telephone interviews ($M = 50$ minutes) in July and August 2022. Interviewers trained in qualitative methods asked questions from a semi-structured interview guide, starting with grand tour questions and using probing questions as needed. Questions were asked about the participants' burnout experiences, including signs of burnout, protective and risk factors, and preparation for workplace stress and burnout (Table 1). All participants consented to having their interviews audio recorded. Saturation was reached once the researchers established that in the final three interviews, they had gleaned no new information about child life professionals' perspectives about workplace stress and burnout (Morse, 2015).

Data Analysis

Interviews were transcribed verbatim. Through qualitative thematic analysis (Braun & Clarke, 2006), the authors identified prevalent themes among the varying burnout experiences of newer child life professionals navigating the profession. The scrutiny techniques of repetition, similarities and dissimilarities, and indigenous typologies (Ryan & Bernard, 2003) were used to find themes and subthemes. After the researchers independently read the interview transcripts, they met in small groups to discuss their largely congruent themes. A final meeting was held to consolidate the small groups' list of themes and subthemes into a single codebook. This codebook included themes, subthemes, and appurtenant quotes. From there, the researchers used the codebook to write descriptions of each theme and subtheme.

Trustworthiness

Many of the interviewers ($n = 5$) and analysts ($n = 9$) were child life students and specialists at the time of data collection and analysis. The analysts comprised one faculty member (no child life background), four child life graduate students, and three undergraduate students (no child life background). All nine analysts were women; one identified as Latina and the other eight identified as White. At the beginning of the study, the interviewers discussed how they foresaw their identities influencing their responses to the data. The interviewers met again halfway through data collection to discuss their personal reactions to the data. At the onset of data analysis, the analysts also met for a similar conversation. The first author encouraged interviewers and analysts alike to contact her if they were concerned about maintaining neutrality throughout the study.

By discussing summer plans and other informal topics, the interviewers established rapport with participants prior to their interviews, thereby achieving credibility (Morrow, 2005). Concurrent interpretive member checking empowered participants and interviewers to construct the shared meaning of descriptions during the interviews (Howard et al., 2019). Researchers asked questions about the resonance of developing themes. Participants explained how devel-

oping themes did or not align with their own experiences and perspectives. All researchers practiced reflexivity by noting their experiences and thoughts during data collection and analysis (Morrow, 2005).

Results

Nineteen people participated in this qualitative study. All 19 participants identified as White women. No participants were students or interns at the time of data collection. All participants had become CCLS in the last five years; on average they had begun their first CCLS position 2.75 years prior to their interview. At the time of their interviews, 13 participants were working as CCLS in hospitals, two were working as CCLS in rehabilitation facilities, and four were no longer practicing as CCLS. Data analysis yielded five themes: unexpected burnout presentation, the burnout triad, child life culture is immersed in burnout, self-care is effortful, and weighing the decision to stay in child life.

Unexpected Burnout Presentation

Eighteen participants (95%) reported experiencing burnout at some point in their careers as CCLS and that they were surprised to feel burned out so early in their careers. Specific descriptions of burnout presentation differed greatly among participants. One participant commented:

I was at work, and I had this feeling of like, wow, I feel mentally and physically exhausted. I don't feel happy where I am anymore. I feel like I don't want to come into work anymore. It was weird ... Even being around my coworkers who I love so much, I was like I need something new. ... There was also a feeling of I feel like I'm losing my passion for working for what I do, and that was really freaking me out and scaring me.

Many participants similarly described their feelings of burnout, though others admitted having a more difficult time deciphering the symptoms.

I think I had to Google "what is clinical burnout" to see is this depression or is this, you know, it's something seasonal or is this work related? ... It feels like my mind shifts and I feel a little heavier. I have a harder time finding the joy in things. And then when I leave for the day ... it's almost like my mind shifts into how I am normally. I'm more positive, I'm more motivated to get things done, and it's kind of a clear physical difference for me when I'm in this building versus out of it.

Some participants found that the individuals closest to them were able to recognize and name the burnout before the participants did:

[My husband] really saw over that last year while I was at the hospital how much of a toll it was taking on me emotionally and that helped me kind of see that there could be opportunities elsewhere. He was like, "I'm worried about you. You are doing so much at work and it's taking such a toll on you that like your days off you can't even do anything because you're literally just

recovering, like your body just does not want to deal with it.”

Participants that did not personally experience burnout also recognized its prevalence in the field: “I also have friends who have been burnt out and you see it and you smell it, and you feel it and you taste it. And it’s not even you, and I know I haven’t experienced anything like that.” While participants largely reported being warned about burnout from academic and clinical mentors, in this study, they described feeling surprised by how burnout actually presented in themselves and others. They reflected on the uncertainty of whether their symptoms were indicative of burnout or another issue.

The Burnout Triad

All but one participant reported feeling burned out at some point in their career; those who reported feeling burned out ($n = 18$) described at least two categories of stressors as causing their burnout. Participants cited numerous causes of burnout, which could be grouped into three categories: the unpredicted, the systematic, and the anticipated. Unpredicted events were those that participants and society alike did not foretell (e.g., a global pandemic and its subsequent stressors). Systematic causes had to do with hospital systems and child life as a whole (e.g., disrespect from hospital administrators). Anticipated causes were those about which participants had been forewarned (e.g., bereavement trauma and low pay).

Unpredicted Events

Over three-quarters of the participants ($n = 15$) had started their career in February 2020 or later. COVID itself was not usually described as a participant’s sole cause of burnout, but it was an omnipresent context and a contributing factor. As one participant reflected:

I would say that COVID and the pandemic absolutely impacted and enhanced some of the feelings of burnout. ... As the child life team, we felt very strongly that we wanted to help the kids who were coming to the hospital understand what is going on ... so for those first couple of months, I think we were all kind of scrambling to put together resources for kids and families. ... All at the same time, we were still responsible for doing our regular jobs and seeing the patients that we’re responsible for.

The same participant stated:

A secondary example would probably be just the stress that the families were facing, you know, all of the additional stressors that COVID brought unto families in the community ... my job shifted from maybe not trying to support a family so much with the injury or the procedure at hand, but trying to also give them tips and help them cope with maybe some more challenges that we’re facing at home or in the community, or how do they get access to certain resources, so my role in a sense shifted.

Other participants discussed the points of acute stress that they experienced at the beginning of the pandemic. One person recalled, “I just remember me and my coworker like always coming in and we were always—we were always crying. It was just like really mentally emotionally a lot to deal with, as everyone was dealing with of course.”

Another participant differentiated between working during the influx of COVID-19 and working in the years following:

I worked in a COVID unit which was a big part [of my burnout] and I think I had a lot of residual, like, post-emotional drainage that came. I think in the moment we have a lot of adrenaline and can kind of just go through the hard stuff. ... But I noticed that that residual trauma hit me kind of hard and led to a lot of like burnout emotionally.

As such, the magnitude of the COVID-19 global pandemic exacerbated the systematic and anticipated causes.

Systematic Causes

Many participants described how other hospital professionals lacked understanding of the role of child life. One participant said, “In general, child life specialists are highly respected at our institution from clinical providers, but ... the administrative side of [hospital] doesn’t value our work like the doctors and the students and everyone does.” Another participant said, “I don’t think that the administrators who make the important decisions at the hospital from the CCO down to the managers outside of the child life department, I don’t feel like they had an accurate understanding of what child life services were.”

Participants described scheduling, staff shortages, budget restrictions, and low pay rate as stressors that added to them feeling underappreciated. One participant said, “I think it made it challenging for my manager and director to voice to the higher-ups in the hospital what our issues were because it varied so much from our team but unfortunately, I do feel like another reason why it just became like exhausting to be at work sometimes, because you do constantly feel like you are having to advocate for your role.” Another participant said, “Conversations have been had with upper management like our direct supervisor and then our department director and the VP. From what I understood from those conversations there was empathy but there was no real solution to solve the problem.” Another participant stated, “[There’s] a lack of advice on how to resolve [burnout]. I think everyone was kind of just at a standstill and there’s a culture of, well, just keep going or you know, ‘Hey, take off next Friday’ and that’s not always the resolution.” From this participant’s perspective, the suggested solutions were insufficient. The lack of real solutions from administrators exacerbated participants’ workplace stress and eventually became its own source of stress.

Anticipated Causes

Participants noted anticipated workplace stressors such as pay, hours, and bereavements. As one participated

stated, “I think the biggest source of my burnout is due to our salary. I have a really hard time showing up every day and being an active participant in my job when I’m financially struggling and feel like I’m not being compensated fairly so that surely has contributed to my burnout.” Working fewer hours did not necessarily lead to less stress: “I was trying to cram in the same amount of work and effort in twenty hours as opposed to forty.”

Bereavements are also expected stressors for child life specialists, but as one participant noted, “In the first seven months of my job, I didn’t have a single bereavement. So, I at that point had lost all the built-in support system of a new grad hire, I no longer had a mentor, I was no longer having the check-ins. I no longer had somebody on the shift with me, and so, I was a full-fledged Certified Child Life Specialist out there.” This same participant also commented, “There’s also this weird mentality with bereavements that like 50% of people are like, ‘Oh, you need to feel them, and you know go through them and process them and then move on.’ And then there’s the other side of child life of these people who are like ‘Bereavements aren’t your trauma. You don’t need to be upset about them.’”

Another participant reflected on the bereavements she was exposed to: “Bereavements all impact you very differently and ... my first bereavement I still haven’t gotten over. ... Like you feel differently with each one, and so I feel like sometimes [some] take longer to resolve than others.”

Anticipated stressors were still overwhelming when combined with participants feeling underpaid and burdened by the pileup of work responsibilities. Upon addressing these issues with supervisors, participants described not feeling advocated for. One participant said, “I’m running around all day not using the restroom for eight hours. ... We’ve advocated for more money, more clinical ladder and things like that, and that hasn’t happened either.” The compounded stressors were exacerbated by a lack of action from supervisors and administrators to provide the support or changes needed.

Child Life Culture is Immersed in Burnout

A consistent point made by participants was that the child life profession is immersed in burnout, from the onset of a child life educational pursuit to practice as a CCLS. One participant described her experience with conversations in the classroom about burnout, noting the connection between burnout and self-care:

I think we definitely talked about burnout as a concept and there was definitely the education of this is what burnout is, this is what compassion fatigue is, you know? These are what they look like from a textbook perspective, and there was a lot of discussion about self-care. Everyone wants to know what’s your self-care, but I think there was not always a well understood connection between the two; that we have to have important self-care in order to prevent burnout, and here’s what that actually looks like.

Other participants wished they had had burnout conversations in the classroom, mentioning that there was a lack

of preventative preparation for burnout experiences. This participant discussed the importance of expanding the conversation about burnout.

I feel like it was talked about a lot. But I feel like it was kind of talked about in the sense of, make sure to take care of yourself and engage in self-care. And we touched on a bit what that looked like, but ... I feel like when I would experience burnout, it wasn’t exactly what I felt like I was taught in school. And I feel like a lot of the things that led me to feeling burnout weren’t what they taught in school.

Another participant expressed a similar approach and addressed that there is a lack of clear conversation about what burnout is. This participant said, “The truth is, everyone talks about burnout in class, and no one actually says what it means.” Another participant explained the benefits of clear conversations about burnout and stated, “... I don’t know how to do this myself but have these realistic conversations so that people know it’s okay to feel this way without scaring them into feeling burnout.”

Two participants reflected on ways child life educations might include more realistic and open and honest conversation as well as to include practical ways to approach burnout when they are experiencing it. The first participant recommended, “More preparation for how to manage difficult situations just in different procedures or how even just a specific procedure can be very traumatic for a family and how to manage.” The second participant mused:

I had a death, dying, and bereavement course class where we had to plan our own funeral. But I never once had to write a module on how I would support myself through a bereavement of a patient or through burnout.

Participants also referenced exceptionalism and comparison as factors that contribute to burnout being woven into the culture of child life. Many participants described pressure to be their very best at all times while comparing themselves to other specialists. One participant reflected: “I think this is such a special field We all kind of have that in our head, whether it’s talked about or not, and we’re all so excited to save all the children almost. And you get in it, and you continue with that, and then it kind of smacks you in the face.”

Another participant, when discussing the building blocks contributing to pressure in exceptionalism, referenced the impact of comparison and self-critique in their feelings of burnout:

There are people that have Instagram accounts for what they do on a day-to-day basis. And there are highs and lows in child life and so, it’s of course the day that I have zero patients. The only intervention I did was reading a book to a baby and then I get home, and somebody posts this Instagram post about the absolutely amazing day at work they had and all the children they saved. I didn’t have many patients today. I thought I did the best with what I had, but it breeds that same thing of oh well, maybe I’m not exceptional enough and maybe, you know, child life really sets it

up for you to compare yourself to others, which just doesn't help.

Many participants stated that during their educational process, an unrealistic picture of the responsibilities of CCLS was created which contributed to the culture of burnout since they were not provided an authentic representation of the demanding environment of hospitals and the healthcare system. One participant stated:

We learned from a very idealized model, like this is what this could look like in the hospital or whatnot... And I think people don't go into it knowing how hard it is. And I think just a realistic picture of what hospital life is really like would really help a lot of people who are in school to be child life specialists.

Conversely, one participant described burnout as an opportunity for growth in self-care:

A certain amount of burnout is actually healthy because it teaches you [that] boundaries and self-care do not always fix burnout. Sometimes you need to change the situation like changing jobs to shorten a commute or leaving the field or talking to your supervisor about something. But painting or going for a run is not always going to fix the burnout.

Eighteen of the 19 participants reported feeling burnout at some point in their career as a CCLS; of those 18, 15 (83%) participants reported feeling currently burned out. Whether participants viewed burnout in positive or negative lights, there was consensus that burnout was prolific. As one participant mused, "I always wonder is there actually a way to completely get rid of the burnout? Or is there always a little percentage of it that lingers around with you?" While participants offered varying perspectives on whether burnout can be resolved without leaving the field, they all emphasized the crucial role of self-care.

Self-Care is Effortful

Participants noted the trial-and-error process of meaningful self-care. They also acknowledged that effective self-care was unique to each person. One participant stated:

I think we always think about self-care as the things that everyone thinks of, like you work out or you go for a walk or you journal ... those types of actions. But ... setting short-term reachable goals is self-care, setting boundaries at home is self-care, or setting boundaries with what you talk about with your patients and families is a way of protecting yourself and caring for yourself. ... I think compartmentalizing life is self-care. ... I try to leave work at work.

Participants said that putting effort into self-care helped to mitigate the effects of secondary traumatic stress and compassion fatigue. Some participants set very firm boundaries, even on their coping. One participant provided the following strategy: "[After work] before I get in the car, I take my gym shoes off, I put my sandals on, and then that's my 'I'm done with work and the patients I saw or whatever

I did today is with my shoes, and then I don't put them on until I go to work.'"

Mindfulness was another method for participants to de-stress and cope with/prevent burnout. One participant reflected, "I've also learned how to just incorporate more of that yoga meditative mindset into my personal life. Deep breathing and working harder on coping with the stress around me in the moment, instead of letting it build up around me."

Another participant mused:

I think it's so important to be grounded. My camp director told the counselors, be where your feet are. ... Before I start a new patient interaction, I say to myself, I can feel my feet on the floor. I'm just like really present and mindful where I am. And that helps me take responsibility for my own emotions. I think it's just so important not to take things personally, and I think that that's something that can be hard for specialists sometimes.

Most participants discussed their use of psychotherapy as a method for coping with the stress of their jobs. Other participants conveyed that while they had not yet sought therapeutic support, they recognized it was an essential part of healthy coping. Reasons for not working with a therapist were insufficient time and money. One participant stated "I had a friend who was like, you guys definitely have a therapist like on staff and stuff who help you guys, right? And I was like, No." Another participant explained:

I specifically work with my therapist on anxiety, and she works a lot on separating. "Just because this happened yesterday doesn't mean it's going to happen tomorrow. It doesn't mean it's going to happen every day this week"... She really helps in that aspect, which I feel like you can't move forward from burnout if you're still stressing out about the things that caused the burnout.

Participants described their intentional practices for maintaining well-being in the face of substantial workplace stress. The following subtheme addresses interpersonal approaches.

Setting Boundaries

Just as participants discussed the need to set intrapersonal boundaries, they also discussed this in the context of receiving support from others. There was a strong feeling amongst participants of not wanting to burden their friends and family by "dumping" their burnout or bad days on them. One participant strategized how much to share: "And with the roommate, I just was really careful to not overwhelm her. ... When we divulge stuff about ourselves to other people, it's really important to still maintain boundaries. And I wouldn't want to emotion vomit over her." Another participant described the workday debriefing process with her husband:

It's not a hard and fast boundary, it kind of varies on the day, but it might be we'll talk about it on the car ride home and then once we get home, we kind of let

it go. Or “Hey, today was really rough, can we sit down and talk for 20 minutes.”

Self-care efforts ran the gamut of intrapersonal and interpersonal, with all participants describing taking responsibility for how they chose to talk about their workday stress with loved ones.

Weighing the Decision to Stay in Child Life

All participants in this study had at least considered leaving the field of child life. By the time of their interviews, some had already departed ($n = 4$), others were making active plans ($n = 3$), and still others reported knowing that this would not be a sustainable career for them ($n = 7$). One participant explained, “I love the work that I do clinically and want to maintain many aspects of that, but I would love room for growth for what the therapy field can provide that for me.” Another participant said, “I think I just kind of came to the conclusion that you can quit the thing without quitting on yourself and I think I just needed to leave altogether, at least right now.”

Participants who were even considering leaving the field noted a palpable grief. A participant said, “It’s heartbreaking to me to know that I left the field because I was so unsupported.”

Still another participant reflected:

There was no [burnout] resolution while I was there. Since I’ve left, as I mentioned, that transition to a completely different setting to a non-profit organization where there’s just six employees so nothing like a very, very, very big hospital. This is a very small organization. There are certain things that I miss about the hospital. I miss being able to interact with patients and families on a daily basis where now I only get that opportunity a couple times a month, but I say overall, looking at my stress levels and my work-life balance, it has improved significantly.

Other participants pointed to the compounded effects of COVID and systematic stressors. One participant said, “If I had to choose the primary reason why I ultimately decided to leave the hospital, it would probably just be due to overall systematic issues in the hospital as it related to effects from COVID over the last two years.”

Other participants explained why they had not yet left the field. Below, one participant reflected on their reasons for staying:

I can’t think of another career that I would want or jobs that I would want. And so, I’m not burnt out enough to be like I couldn’t do this anymore, like I think this is going to be the best job for me and the job where my skills are the most useful and that’s really rewarding to me.

This participant conveyed plans to remain a CCLS indefinitely. In contrast, another participant reflected:

I think this is still the best place for me even if it’s not an ideal situation. That opinion could change in the future depending on if [my] mood continues to whittle

down. I can see myself becoming more burnt out in the next year and looking for alternative jobs outside child life.

This participant entertained the possibility of a career change, even going so far as to predict a timeline for becoming burned out to the point of leaving their CCLS position.

Comparing Work Experiences Post-Transition

Participants who had left the profession described work experiences as having improved. One participant said, “I feel lighter, in a sense. Like when I leave work, a lot of the things that I’m dealing with at work are not as heavy. ... I feel valued by my managers and by the staff that I work with at this point, more so than I did when I was at the hospital.” Another participant conveyed the differences in this way:

I would say the setting I’m in doesn’t deal with as much trauma as the last one. ... Now I can really collaborate with other people who have the same goals as me and, you know, think like me and we get along very well. So, I feel like having good coworkers has helped a lot, as well as having other elements of child life that I feel like I lacked, like being able to do more playful activities and be creative.

A participant who moved from a hospital position to outpatient reflected, “I’m exhausted when I have a really busy day, but like the good kind of exhausted.”

Participants varied in terms of how they conceptualized their stage of workplace stress or burnout. Some described feeling burned out yet not prepared to leave their jobs, while others were actively planning to change careers, and still others had already left their CCLS positions. The four participants who had left their CCLS jobs at the time of their interviews all reported feeling more satisfied in their current jobs.

Discussion

Workplace stress and burnout have been documented among CCLS (Fisackerly et al., 2016; Hoelscher & Ravert, 2021; Lagos et al., 2022; Tenhulzen et al., 2023), but to date, there has been no focus on newer professionals. The study’s primary purpose was to explore new child life professionals’ perspectives on professional burnout. As this was an exploratory study, participants were not required to have left the field or even identified as experiencing burnout. In fact, most participants had not left the field but did report experiencing burnout. Many had identified future jobs and careers outside of child life that they would consider applying to in the coming years.

Some participants reflected that their unresolved workplace stress led to them leaving the field. Similar findings have been reported in research on other healthcare workers (Quigley et al., 2022). Participants also expressed surprise that they were experiencing burnout so early in their careers. Nurses with more field experience may possess higher levels of resilience and personal accomplishment, along with lower rates of emotional exhaustion (Kolterman

et al., 2016). It is important to consider that if healthcare professionals can move past a certain point of experience, they may be less susceptible to burnout.

In the theme of child life culture being immersed in burnout, participants described needing to present themselves as exceptionally competent. The strain of this perfectionism is reminiscent of CCLS' imposter syndrome discussed by Tenhulzen et al. (2023). The burnout triad theme addressed the unpredicted, systemic, and anticipated stressors. Participants described the composite of these stressors as leading to their own burnout. Some of the anticipated stressors, such as compassion fatigue, have been addressed previously by CCLS across the career span (Fisackerly et al., 2016; Lagos et al., 2022). Boundary-setting between CCLS and the families they serve has been documented (Adelson et al., 2022). In this study, participants also discussed the need for setting boundaries with their colleagues and supervisors to maintain well-being. Participants attributed completing tasks that fell outside their job description to experiencing burnout. Healthcare providers that spent less than 20% of their time on a work task meaningful to them reported nearly double the rate of burnout (Chandawarkar & Chaparro, 2021). While participants of this study described completing those additional tasks in the context of the pandemic, it would be prudent to assess whether this is an ongoing issue.

Participants described their coping strategies, which included maintaining boundaries with their loved ones in terms of when, where, and to what extent they discussed their days. Little research has explored CCLS' coping strategies and methods for achieving work-life balance. Hoelscher and Ravert (2021) stated that CCLS described difficulty maintaining boundaries to achieve work-life balance, although their study did not specify which boundaries.

Limitations

In this study, all participants identified as White women. Although White women predominately make up the child life discipline, it has been documented that CCLS with

other racial and ethnic backgrounds experience the child life profession differently (Gourley et al., 2022). Healthcare professionals with marginalized identities may be at further risk of burnout, yet their voices are not represented in this study. Additionally, selection bias may be present: there may be important differences between newer professionals who chose and did not choose to participate in this study. Related, while recruitment was open to child life students and interns, none participated. Their perspectives also matter and should be explored further.

Conclusion

This study adds to existing literature on child life burnout by exploring how newer professionals make meaning out of workplace stress, conceptualize burnout, and consider the future of the profession. While there are no easy strategies to retain CCLS, participants of this study clearly stated what could make a difference: feeling more valued by hospital administrators via higher pay and acknowledging their important role on health care teams. Other burnout contributors fell into two categories: the unpredicted (if not the unpredictable), such as COVID-19, and the anticipated challenges, such as bereavements. The composite, the unpredicted, the anticipated, and the systematic, resulted in participants of this study experiencing workplace stress and burnout, and in some cases, leaving the profession. These findings have implications for child life educators, academic program directors, and intern supervisors, who are tasked with preparing child life students for workplace stress as well as teaching them tools for mitigating their own stress. Finally, hospital administrators must consider how they will better support and retain CCLS, which in turn would help to better serve patients and their families.

Submitted: September 17, 2023 EDT, Accepted: March 05, 2024 EDT



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References

- Adelson, L., Wilkins, S., & Ginter, A. C. (2022). How childhood child life encounters influence child life career trajectories. *The Journal of Child Life: Psychosocial Theory and Practice*, 3(2).
- Adwan, J. Z. (2014). Pediatric nurses' grief experience, burnout, and job satisfaction. *Journal of Pediatric Nursing*, 29(4), 329–336. <https://doi.org/10.1016/j.pedn.2014.01.011>
- Apaydin, E. A., Rose, D. E., Yano, E. M., Shekelle, P. G., McGowan, M. G., Antonini, T. L., Valdez, C. A., Peacock, M., Probst, L., & Stockdale, S. E. (2021). Burnout among primary care healthcare workers during the COVID-19 pandemic. *Journal of Occupational & Environmental Medicine*, 63(8), 642–645. <https://doi.org/10.1097/jom.0000000000002263>
- Association of Child Life Professionals. (2023). *Certified Child Life Specialist credential*. <https://www.childlife.org/certification>
- Beck, J., Randall, C. L., Bassett, H. K., O'Hara, K. L., Falco, C. N., Sullivan, E. M., & Opel, D. J. (2020). Moral distress in pediatric residents and pediatric hospitalists: Sources and association with burnout. *Academic Pediatrics*, 20(8), 1198–1205. <https://doi.org/10.1016/j.acap.2020.05.017>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Buckley, L., Berta, W., Cleverley, K., & Widger, K. (2021). The relationships amongst pediatric nurses' work environments, work attitudes, and experiences of burnout. *Frontiers in Pediatrics*, 9. <https://doi.org/10.3389/fped.2021.807245>
- Bursch, B., Emerson, N. D., Arevian, A. C., Aralis, H., Galuska, L., Bushman, J., Sinclair, M., Grimley, K., Lester, P., & Bulut, Y. (2018). Feasibility of online mental wellness self-assessment and feedback for pediatric and neonatal critical care nurses. *Journal of Pediatric Nursing*, 43, 62–68. <https://doi.org/10.1016/j.pedn.2018.09.001>
- Chandawarkar, A., & Chaparro, J. D. (2021). Burnout in clinicians. *Current Problems in Pediatric and Adolescent Health Care*, 51(11), 101104. <https://doi.org/10.1016/j.cppeds.2021.101104>
- Davis, B., Hill, S., Fisher, P., Nick, T., & Ward, W. (2015). Faculty burnout in a large department of pediatrics. *Journal of Hospital Administration*, 4(2), 74–77.
- De la Fuente-Solana, E. I., Pradas-Hernández, L., Ramiro-Salmerón, A., Suleiman-Martos, N., Gómez-Urquiza, J. L., Albendín-García, L., & Cañadas-De la Fuente, G. A. (2020). Burnout syndrome in paediatric oncology nurses: A systematic review and meta-analysis. *Healthcare*, 8(3), 309. <https://doi.org/10.3390/healthcare8030309>
- Denning, M., Goh, E. T., Tan, B., Kanneganti, A., Almonte, M., Scott, A., Martin, G., Clarke, J., Sounderajah, V., Markar, S., Przybylowicz, J., Chan, Y. H., Sia, C.-H., Chua, Y. X., Sim, K., Lim, L., Tan, L., Tan, M., Sharma, V., ... Kinross, J. (2021). Determinants of burnout and other aspects of psychological well-being in healthcare workers during the Covid-19 pandemic: A multinational cross-sectional study. *PLoS ONE*, 16(4), 1–18. <https://doi.org/10.1371/journal.pone.0238666>
- Figley, C. R. (Ed.). (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. Brunner/Mazel.
- Fisackerly, B. L., Sira, N., Desai, P. P., & McCammon, S. (2016). An examination of compassion fatigue risk in Certified Child Life Specialists. *Children's Health Care*, 45(4), 359–375. <https://doi.org/10.1080/02739615.2015.1038716>
- Gourley, V., Ginter, A. C., & Valencia, M. R. (2022). Workplace microaggressions and discrimination in the child life profession. *The Journal of Child Life: Psychosocial Theory and Practice*, 3(2). <https://doi.org/10.55591/001c.38342>
- Hoelscher, L., & Ravert, R. (2021). Workplace relationships and professional burnout among Certified Child Life Specialists. *The Journal of Child Life: Psychosocial Theory and Practice*, 2(1), 15–25. <https://doi.org/10.55591/001c.22523>
- Hoyt, M. A., Wang, A. W.-T., Boggero, I. A., Eisenlohr-Moul, T. A., Stanton, A. L., & Segerstrom, S. C. (2020). Emotional approach coping in older adults as predictor of physical and mental health. *Psychology and Aging*, 35(4), 591–603. <https://doi.org/10.1037/pag0000463>
- Krog, K. (2016). You can't pour from an empty bucket: Stress and self-care in the child life profession. *Child Life Focus*, 34(4), 15–21.
- Lagos, L., Claridge, A. M., & Tenhulzen, K. (2022). One cannot pour from an empty cup: Compassion fatigue, burnout, compassion satisfaction, and coping among child life specialists. *The Journal of Child Life: Psychosocial Theory and Practice*, 3(1). <https://doi.org/10.55591/001c.32666>
- Martin, S. R., Fortier, M. A., Heyming, T. W., Ahn, K., Nichols, W., Golden, C., Saadat, H., & Kain, Z. N. (2022). Perfectionism as a predictor of physician burnout. *BMC Health Services Research*, 22(1), 1425. <https://doi.org/10.55591/001c.32666>
- Martin, S. R., Heyming, T., Morpew, T., Sayrs, L., Fortier, M. A., Sanger, T., & Kain, Z. N. (2023). Impact of COVID-19 pandemic on pediatric healthcare burnout in acute care: A longitudinal study. *Pediatric Research*, 94(5), 1771–1778. <https://doi.org/10.1038/s41390-023-02674-3>

- Matsuishi, Y., Mathis, B. J., Masuzawa, Y., Okubo, N., Shimojo, N., Hoshino, H., Enomoto, Y., & Inoue, Y. (2021). Severity and prevalence of burnout syndrome in paediatric intensive care nurses: A systematic review. *Intensive and Critical Care Nursing*, 67, 103082. <https://doi.org/10.1016/j.iccn.2021.103082>
- Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counseling psychology. *Journal of Counseling Psychology*, 52(2), 250–260. <https://doi.org/10.1037/0022-0167.52.2.250>
- Morse, J. M. (2015). “Data were saturated . . .” *Qualitative Health Research*, 25(5), 587–588. <https://doi.org/10.1177/1049732315576699>
- Munn, E. K., Berber, C. E., & Fritz, J. J. (1996). Factors affecting the professional well-being of child life specialists. *Children’s Health Care*, 25(2), 71–91. https://doi.org/10.1207/s15326888chc2502_1
- Nolan, G., Dockrell, L., & Crowe, S. (2020). Burnout in the paediatric intensive care unit. *Current Pediatrics Reports*, 8(4), 184–188. <https://doi.org/10.1007/s40124-020-00228-3>
- Ryan, G. W., & Bernard, H. R. (2003). Techniques to identify themes. *Field Methods*, 15(1), 85–109. <https://doi.org/10.1177/1525822x02239569>
- Stamm, B. H. (2005). *The Pro-QOL Manual: The Professional Quality of Life Scale: Compassion Satisfaction, Burnout & Compassion Fatigue/Secondary Trauma Scales*. Sidran Press.
- Tenhulzen, K. A., Claridge, A. M., Baker, K., & Carlson, K. (2023). There is no “one right way”: Perfectionism, imposterism, and well-being in child life training and practice. *The Journal of Child Life: Psychosocial Theory and Practice*, 4(2).
- University of Maryland Baltimore County. (2023). *Compassion fatigue*. <https://homevisitingtraining.umbc.edu/curriculum/compassion-fatigue>
- Weiss, A. K., & Ludwig, S. (2019). Physician well-being: Special considerations in pediatrics. *Current Problems in Pediatric and Adolescent Health Care*, 49(11), 100657. <https://doi.org/10.1016/j.cppeds.2019.100657>
- World Health Organization. (2019). *Burn-out an “occupational phenomenon”: International Classification of Diseases*. <https://www.who.int/news/item/28-05-2019-burn-out-an-occupational-phenomenon-international-classification-of-diseases>
- World Health Organization. (2020). *Occupational health: Stress at the workplace*. <https://www.who.int/news-room/questions-and-answers/item/ccupational-health-stress-at-the-workplace>

Appendix A

Child Life Burnout Interview Protocol

Hello, _____. Thank you for being willing to talk with me as part of a research study involving the experiences of child life specialists and burnout. I want to learn more about how child life specialists experience burnout, communicate their concerns to colleagues and supervisors, and how others respond to their concerns. In this way I hope to find methods to help other child life specialists like you improve their work experiences.

Your Background

1. First of all, please share with me your child life experience (e.g., how long have you been in the field, what has your career trajectory looked like).
2. Are you currently employed as a CCLS?
 - a. If so, what kind of facility do you work at? (Hospital, clinic, etc.)
3. If you have left the field of child life, please describe what led you to that decision.
 - a. When did you make the decision?
 - b. What does your current employment picture look like?
4. Thinking about where you currently or most recently worked, how would you describe that environment?
 - a. How are/were CCLS regarded by other members of the health care team?
 - b. Do/did you have other CCLS colleagues?
 - c. To your knowledge, how long has your supervisor been in the field?
 - d. What are/were your relationship(s) like with your supervisor(s)?
 - e. Can you think of any boundaries that you and/or your supervisor(s) have cultivated regarding what is/isn't appropriate to discuss?

Graduate School

5. If you attended graduate school, what was your graduate school experience like?
6. Do you recall your professors ever discussing burnout, either in the context of being a child life graduate student or in preparing you to become a CCLS?
7. Was exceptionalism (the belief that you must be the very best and do all the things) ever discussed in graduate school?

Undergraduate Experiences

8. What was your undergraduate school experience like?
9. Do you recall professors discussing burnout with respect to the CL field?

Burnout Experiences

10. Can you think of a time in particular when you have experienced work-related burnout? Please describe that for me.
 - a. What was going on at work?
 - b. When was this? (If March 2020-present, ask about pandemic-related stressors)
11. To what do you attribute the burnout? (Specific patient interactions, feeling overworked, hospital policies, lack of support, under paid, under staffed, lack of CL specific education prior to entering profession, unrealistic expectations of profession, etc.)
12. Has there been a resolution to the feelings of burnout?
 - a. If yes: Please describe what helped you resolve this.
 - b. If no: What support do you think you need to resolve burnout?
13. Who did/do you discuss your burnout with at work?
 - a. If colleagues: How did they respond?
 - b. If supervisor(s) How did they respond?
 - c. If NOT supervisor(s): What led you to not talk with them?
14. In thinking about who you spoke with, can you reflect on how you decided to speak to those individuals?
15. Who did/do you discuss your burnout with outside of work?
 - a. Partner(s)
 - b. Friend(s)
 - c. Family member(s)
 - d. Clinical counselor or therapist?
 - e. Other(s)
16. How did people outside of work respond?

Mental Health

17. Since experiencing work-related burnout, have you spoken with a therapist or counselor?
 - a. If so, what has that been like?
18. These days, how would you rate your mental or emotional health?
 - a. Excellent, very good, good, fair, or poor?
 - b. Can you tell me why that response resonated with you?

Big Picture

19. What we're hearing anecdotally is that burnout is pervasive in this field. How might a CL supervisor make a culture shift in terms of addressing CLS burnout?
20. How can CL professionals take professional responsibility for their own behavior and emotions (in general and as it relates to burnout)?

Conclusion

21. When you think about the future of your career, what comes to mind?

22. What, if any, academic preparation would have been helpful in managing burnout and/or expectations of the profession?
23. Having gone through these experiences, what advice would you give to other CL specialists or graduate students about managing burnout?
24. What advice would you give to CL supervisors about supporting newer CCLS with burnout?
25. Down the road, our research team would like to contact participants with a summary of our analysis, and find out from them whether or not the analysis captures their experience. Would it be all right if I emailed you?

Thank you for your openness and willingness to assist me in this research study. I appreciate your time.