

Original Articles

How Childhood Child Life Encounters Influence Child Life Career Trajectories

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Keywords: career, child life encounters

<https://doi.org/10.55591/001c.38470>

The Journal of Child Life: Psychosocial Theory and Practice

Vol. 3, Issue 2, 2022

Objective:

Child life interventions, typically in the forms of psychological preparation and procedural support, can reduce a child's fear, anxiety, and stress caused by hospitalization. There is currently no literature on the career trajectories of CCLSs or the long-term impacts of receiving child life services. The purpose of this exploratory study was to learn more about the career trajectories of child life specialists who previously received CCLS support.

Method & Results:

Thematic analysis resulted in five themes: career trajectories as a child life specialist; influences on the decision to pursue a career as a CCLS; the impact of child life on participants' experiences as hospitalized children; participants' efforts to research the field of child life; how child life differs from other professions; and how participants applied their child life childhood experiences to their own work with patients and families.

Conclusion:

Implications will be addressed.

Disclosure Statement:

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

Funding Statement:

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

Literature Review

A Certified Child Life Specialist (CCLS) tend to the psychosocial needs of children and families in stressful situations. Child life services in hospitals address the distress, coping, and understanding of hospitalized children. Child life interventions, typically in the forms of psychological preparation and procedural support, can reduce a child's fear, anxiety, and stress caused by hospitalization (Cristal et al., 2018; Hall et al., 2018). There are more than 400 programs with child life services in North America, and child life programs exist in other countries as well (Association of Child Life Professionals, 2018). There is currently no literature on the career trajectories of CCLSs or the long-term impacts of receiving child life services.

Understanding why individuals decide to pursue a particular career can inform recruitment efforts for the field and education programs that prepare students to become professionals in that field. Additionally, understanding the

factors that lead individuals to pursue a certain career can aid in supporting and sustaining professionals in the workplace. Previous research has been conducted surrounding career trajectories and looking at influences and factors that lead to a career choice.

Numerous factors contribute to a vocational choice, including gender socialization (Lawson et al., 2015; Woods & Hampson, 2010), personality (Woods & Hampson, 2010), and familial influence (Duffy & Dik, 2009; Maor & Cojocar, 2018). Woods and Hampson (2010) found that an individual's combined gender socialization and personality in childhood often predict the development of stereotypical gendered job interests and career choices. Duffy and Dik (2009) observed that a family's expectations and needs can affect a person's decision-making for a career. Unpredictable life events can also influence one's choice of career (Brannen et al., 2009; Duffy & Dik, 2009).

Choosing a Career in a Helping Profession

Previous literature explores how people decide to pursue careers in specific helping professions, such as nurses and social workers. For example, individuals often choose the nursing profession due to intrinsic factors, such as the desire to help, interact with, and care for others (Liaw et al., 2016; Maor & Cojocaru, 2018; Wu et al., 2015). Early experiences with nurses and health care settings (Price, 2009) along with early life experiences (Liaw et al., 2016), also inform a nurses' decision to enter the field. One study demonstrated that individuals pursue nursing for job security and salary (Maor & Cojocaru, 2018); however, Wu and colleagues (2015) found that nurses are generally less influenced by external financial factors than other health care professionals.

Individuals who pursue a career in social work reported that factors which motivated them to enter the field included an interest in a service profession, a desire to help others, and an interest in problem solving with other people (Bradley et al., 2012).

Adverse Childhood Experiences

Child services providers tend to have a high prevalence of adverse childhood experiences (Esaki & Larkin, 2013; Howard et al., 2017; Keesler, 2018; Thomas, 2016). Research conducted by Huynh and Rhodes (2011) demonstrates that distressing events experienced in childhood, adolescence, or young adulthood may play a role in individuals deciding to become a psychologist. Their study also found that individuals who had positive experiences with people in helping roles were motivated to become psychologists. Additionally, Esaki and Larkin (2013) reported that the recognition of a high prevalence of adverse childhood experiences among helping professionals can be utilized to develop a restorative workplace culture that facilitates self-care among professionals, thus supporting and sustaining the workforce.

Past Health Care Experiences

A previous experience with healthcare may contribute to an individual's decision to pursue a career in healthcare. Individuals with a childhood-onset disease or condition were more likely to choose a health-related course of study or career (Lovén & Carlsson, 2017; Szilagy et al., 2019). Lovén and Carlsson (2017) reported that participants who had an early onset of type 1 diabetes gravitated toward health careers. Similarly, Szilagy and colleagues (2019) discovered that adult survivors of childhood cancer were more likely to work in a healthcare profession than the average population.

Purpose of the Study

To date, little is known about the motivations behind people entering the field of child life. This study explores how child life specialists and child life graduate students who received child life services as children or adolescents

decided to pursue a career in child life. This study also explores how these childhood experiences may impact perspectives on patient-professional relationships. The information gathered may help inform recruitment and sustainability efforts for the child life profession and graduate programs.

Research Questions

1. How do current child life specialists and graduate students describe their own childhood and adolescent experiences with child life specialists?
2. How do child life specialists and graduate students reflect on the role of their previous experiences with child life specialists in their career trajectories?
3. How do child life specialists and graduate students apply their own previous child life interactions to their current work?

Method

Eligibility and Recruitment

Eligibility criteria included being 18 years or older, being a child life student or a CCLS, and having received child life services before the age of 18. Participants were recruited via purposive and snowball sampling, through child life online forums, and through direct contact with child life academic program directors at universities across the US.

Data Collection

Participants ($n = 15$) took part in one-on-one phone interviews with the first and second authors that lasted approximately 60 minutes. All authors were trained in qualitative analysis. The first and second authors asked questions from a semi-structured interview guide, beginning with grand tour questions and then using prompts and probing questions as needed. Questions were asked about participants' previous medical experiences, interactions with CCLS, and their own career trajectories.

Data Analysis

Through qualitative thematic analysis (Braun & Clarke, 2006), the authors identified prevalent themes among the varying experiences of child life specialists and students who had previously received child life services. Scrutiny techniques (Ryan & Bernard, 2003) were used to find themes and subthemes. After the authors independently read the interview transcripts, they met to discuss their largely congruent themes. Second and third meetings were held to refine the list of themes and subthemes.

Results

Of the 15 participants, eight were CCLS, four were child life graduate students, and three were either a child life intern or pursuing their first child life specialist job after completing their internship. All participants identified as White cisgender females between 21 and 39 years in age.

The authors identified five themes regarding participants' child life career trajectories: influences on the decision to pursue a career as a CCLS (sub-themes: push and pull factors, pre-existing interest, and relevant experiences); the impact of child life on participants' experiences as hospitalized children; participants' efforts to research the field of child life (sub-themes: conversation and mentorship, independent online research, and volunteering); how child life differs from other professions; and how participants applied their child life childhood experiences to their own work with patients and families (sub-themes: increased sense of boundaries and increased empathy).

Influences on Career Decisions

All participants discussed their decision-making process to become a child life specialist. Participants relayed they felt a pull toward child life and a push away from other careers, had pre-existing interests that solidified their interest in child life, or had relevant experiences, such as attendance at diagnosis-specific camps, that influenced their decision to pursue a career as a child life specialist.

Push and Pull Factors

Five participants described the push and pull factors in their decision. One participant noted that the child life profession called her because child life specialists "help you feel better in this moment rather than working on something for years...I feel like child life is a little more immediate." Another participant said, "I get to be the 'nice' person, or the 'fun' person, or the person that the kid can at least build some rapport with or see as the 'safe' person." For these participants, the idea of helping someone and seeing immediate effects drew them to the profession.

Other participants described that they chose to become a child life specialist due to the push away from other professions such as nursing or medicine. One participant articulated her decision-making process away from other health care professions:

I mean, I thought about being a doctor, but ... school is not my favorite thing, and so I was like, "Yeah, there's no way I'll make it through all of that." And then nursing – I would be super into nursing. Sometimes I think "Oh, should I go back to nursing school?" But it's the not so glamorous parts that I'm like, "Okay, child life is actually the perfect balance of being able to work with everyone and all of the kids and families."

Pre-existing Interest

Twelve participants described their desire to work with children as something they "always knew." One participant stated, "I knew that I really wanted to work with children. I had always really liked children." Another echoed that with "when I was diagnosed at sixteen, I had already been working with kids for two years...so I already knew that I loved working with kids, and then when I learned about child life specialists in the hospital...that was exactly what I wanted to do."

Other participants expanded upon knowing they want to work with kids and their pre-existing desire to work in a health care environment. One participant said, "I always knew I wanted to work with kids in a health care setting." Other participants stated that their interest in working in health care was related to their interest in the medical aspects of their own hospitalization. A participant who was hospitalized frequently from a young age stated:

I always wanted to work with kids, but I didn't want to be a doctor or a nurse. And I was never really freaked out about the medical part of things. I just knew I always wanted to do something where I'd be working with kids...I was always intrigued by the medical side. And I think some of that is very much shaped from being in medical experiences from a very early age.

Another participant reiterated this theme: "I think I just always had a passion and an interest in medical things...It was just something that I was always passionate about from a really young age, probably like 12, 13 when I started to go through things." Participants' existing interest in working with children combined with their interest in health care from their hospitalization aided in their decisions to become child life specialists."

Relevant Experiences

Two participants spoke extensively about attending a camp geared toward their medical diagnosis as having an impact on their decision to pursue a career in child life. One participant described how she met a child life specialist while later working at the camp she had previously attended:

There was a child life specialist here when I was working in a medical camp, and our camp director had been a child life specialist. And talking to her and her experiences and stuff like that put pieces into place for me and made a lot more sense to me [as far as] who that person was talking to me before my surgery.

This same participant continued to explain that she did not immediately pursue child life in college. Instead, she pursued speech therapy, but she changed her mind during her senior year due to her experiences at camp. She stated:

I think I was so, so passionate about working with kids with illness through camp that when I got to senior year it (speech pathology) just didn't feel like the path for me anymore. It felt like every experience that I've had leading up to then - having my own surgery, having child life work with me and getting to work with a child life specialist through camp, getting to know these kids and knowing what it was like to be part of normalizing the experience, kind of hitting play on childhood that the illness paused, like that felt so much like a better fit for me.

Adding to the sentiments of past camp experiences influencing a career choice in child life, another participant discussed the impressions she had from working at the same medical camp she attended as a child:

I went and worked at a camp for kids with chronic illnesses and special needs because I had been a camper there. And I was like, I want to work here, this is amazing; I want to be one of these wonderful people that kind of teaches kids that they can just be kids and that there's other kids that are like them...So that's always really appealed to me and really kind of shifted my mind to child life because I think it's something that you can really build somebody up at a really critical part of their life and their medical journey.

Impact of Child Life

Another theme was participants' descriptions of the lasting impact child life had on their experiences as hospitalized children. Twelve participants noted that their time spent with a specialist was associated with positive outcomes that helped them through their health care experience. A participant who was an adolescent when she received child life services explained, "I kind of realized that child life was one of the big reasons why there felt like there was magic there. Like for some reason the hospital felt like the happiest place on earth." Another described her child life specialist educating her on receiving a port:

It just stood out to me how much time she took with me. You know how doctors and nurses - they're busy and they don't necessarily have time to sit down and see how you're doing, explain things, and talk to your family members - she was extremely good about that.

Other participants expressed similar experiences, exemplified by another participant saying, "For her to be able to explain, 'these are things that you might see, this is what it might feel like, this is what you can expect to wake up with' - really put it into perspective for me and kind of made me feel such a bigger sense of ownership over what was going on."

Participants connected these positive experiences to their career decisions. When discussing her experiences with a CCLS, a participant stated, "I one hundred percent believe that she had a great impact on my ability to choose what I chose in the future...and I still consider her to be a strong influence, you know, for me in my career path." Another participant mused:

I think just the fact that I had a positive experience with child life, so they really helped me get through my diagnosis and educate me and overcome my fear of needles. That was why I was so interested in it - because it was such a life changing experience for me.

Researching the Child Life Profession

After discussing their childhood experiences with CCLS, twelve participants described their efforts to learn more about the profession and how to pursue it. Three sub-themes were noted: the pursuit of mentorship from a child life specialist, conducting online research, and volunteering to solidify career choice and interest.

Conversations and Mentorship

Seven participants described their experiences with having a child life specialist or using their own child life specialists from their hospitalization, as a mentor to learn more about a career in child life. One participant said, "I reached out to a child life specialist at the hospital where I went to, to try to find out a little bit more, and we did talk on the phone, and she answered a lot of my questions from a professional standpoint. "Another participant reached out to her specific CCLS and expressed that she "got in contact with my child life specialist from my childhood and I interviewed her. And then after our interview, which ended up being like, I don't know, two and a half hours, then I was ... very certain that was what I wanted."

Another participant described how they felt confident about their decision to pursue a child life career following a mentorship meeting with a CCLS:

I set up a meeting with a local child life specialist at one of my local hospitals. And I sat down with her and kind of picked her brain about it, and she gave me more information about schools and a degree and ways to pursue this career. And I remember leaving there and being in the car with my mom and turning to my mom and saying, "This is what I am going to do for the rest of my life. I want to do this so bad." And here I am.

Independent Online Research

Three participants detailed the online research they conducted to find out more about the child life field. A participant who researched the field in-depth in high school described her process:

I probably - once a week, even in high school - looked up the child life website, different schools, and stuff like that just to know like, "Okay, what do I need to be doing to get into it?"

Two other participants explained that they sought online resources while considering multiple careers. A participant who encountered child life as an adolescent stated she did not look into the field as a career until later:

I knew about the job and thought it was cool, and when I started kind of focusing a little bit more on my career that's when I started turning to online resources to really gain more information.

Online resources were readily available, and the past experiences with a child life specialist aided participants' search effort. One relayed, "I think just the overall experience I had helped me, you know, be able to research careers that are similar."

Volunteering

Five participants discussed how becoming child life volunteers solidified their career choice. One participant said, "I started volunteering as soon as I could and it definitely confirmed that, yeah, this is something that I think I would

really love.” For another participant, volunteering was recommended by her child life specialist:

When I did that interview with my child life specialist, she recommended, “If you want to be sure I would recommend going and volunteering in a children’s hospital so that you can see if that’s even the right environment that you want to be in.” I happened to fall into their child life volunteer bucket - and I loved it. And I always loved it there.

Differentiating Child Life from Other Professions

Six participants emphasized child life’s differentiation from other medical professions. This differentiation (primarily focused on the notion that unlike other professions, child life did not inflict pain onto patients) assisted participants in their child life career choice. The infliction of pain as a deterrent from pursuing other professions was evidenced by this participant:

I remember some points of how it was and how it made me feel ... I was like, “Wow, she actually didn’t come and poke me with something.” So, I want to carry that along throughout and make everyone realize it’s not what you think - like, “I’m not going to poke you, I’m here to talk to you or have fun or help you get through whatever procedure you have going on next.” And that’s what they did. So, I want to give all that back.

Other participants mirrored these thoughts by saying that child life “was more fun...I wasn’t causing the pain, but I numbed the pain” and “child life is actually the perfect balance of being able to work with everyone and all of the kids and families and not to poke anyone with needles.” Another participant said, “I think the field also fits me because I am not the one who has to cause the pain, which is how some kids might see it.”

Application of Childhood Experiences to Current or Future Practice

Participants reflected on how their own child life experiences during their pediatric hospitalization had impacted their current and future work with children and families as a CCLS. Seven participants described how they apply these experiences to their practice in two main ways: having an increased sense of boundaries and feeling increased empathy.

Increased Sense of Boundaries

The subtheme of having an increased sense of boundaries arose when three participants described how their own hospitalization experience had caused them to have a heightened awareness of the need to set boundaries. One participant explained, “There needs to be that separation between you and your experiences and the patient’s experiences, like I don’t need to be putting that on anybody.” Another participant articulated the decision not to disclose her previous experiences to patients. She said, “In practice, just talking about this idea of people wanting to disclose to

patients or families that they have also worked with child life, and that’s not something I’ve ever done before and that’s never come up.”

Not only was there an increased sense of boundaries from these experiences, but a discussion of what appropriate boundaries look like for a CCLS. One participant referenced this insight while musing how her past CCLS modeled appropriate boundaries that she could emulate:

She always practiced strong professional boundaries with me. ... She knew a ton about me and was able to support me but never disclosed things about herself. But that relationship was so important. And so, for me, I think the idea that you can really support someone and help them but also maintain your professional boundaries and maintain your role - to me that was super impressive...I do often think back a lot to her being really the true first example of someone with professional boundaries and what that looks like for me. And it has greatly shaped how I view boundaries and disclosure of your own health care experiences in the hospital and even more beyond that.

Increased Empathy

Seven participants attributed their increased empathy toward patients and families as derived from their own childhood experiences with hospitalization and CCLS. Some participants relayed how their empathy impacts how they educate patients and families. As one participant stated, “I think it’s easier to explain things sometimes once you’ve been through them.” Another participant described how empathy can help with advocating for a child:

I do think that when I see those kids on my unit that are just a little bit more challenging, or I hear the nurses struggling- I feel like I understand that kid, right? Like I know what that kid, not necessarily what they’re thinking, because I’ve not been in their situation, I’ve never had an oncology diagnosis, but I do understand a little bit about where they might be feeling. And I think that if child life specialists are given opportunities, through our clinical experiences in our education, to know those things to understand those things about kids, I don’t think that just because you’ve had a child life specialist before you became a child life specialist, that you’re any more gifted or skilled than the next person to be a child life specialist. But I do think it maybe changes a little bit how your heart hears those things, or how you feel those things - that maybe changes the way you advocate a little bit for those kids.

Another participant described how she applied the empathy gained from her childhood experiences to her practice:

I think it makes me more empathetic and understanding because I, too, was once that thirteen-year-old who was screaming crying in bed, like, had no coping skills at all. So, I think, in a way, I can come from a place where I can understand and can tailor my interactions in a way that is empathetic and receptive and validating for that child.

Even if a participant did not remark on a direct link between empathy and their interventions, some felt that they felt that empathy upon any of their interactions with patients. This was noted by one participant who stated:

I think it really does have an impact on how I interact with my patients though because I do have a personal experience of being a child with a significant medical condition going through surgery and having those experiences. I always try to meet every child where they are but also with a deeper sense of empathy and understanding, I think, than if I hadn't kind of had that as a child or ongoing medical condition.

Discussion

This qualitative study is the first to examine the influence of individuals' previous experiences with CCLS on their career trajectory and their own practice in the child life profession. While there is no literature detailing the career trajectories of CCLS, the findings from this study corroborate previous research regarding career trajectories of helping professions like child life. Participants recalled having pre-existing interests that influenced their decision to become a CCLS, including their intrinsic desire to work with and help children in addition to their desire to work in health care. This finding mirrors existing studies that found nurses chose their profession due to intrinsic factors such as the desire to help, interact with, and care for others (Liaw et al., 2016; Maor & Cojocaru, 2018; Wu et al., 2015). Additionally, the pre-existing desire to help others was an important factor when choosing a career for occupational therapists (Katz et al., 2013), speech language pathologists (Byrne, 2007), teachers (Eros, 2018), and social workers (Bradley et al., 2012). Participants of the current study described their early life experiences with child life specialists, hospitalization, and diagnosis-specific camps as integral to their career path in the child life profession. Price (2009) observes that early life experiences with nursing and health care settings were relevant to current nurses' career decisions. As evidenced through this study and exemplified through Liaw et al. (2016), experiences in one's childhood and young adulthood can influence one's career choice.

Participants of this study further detailed how their experiences as a hospitalized child made a lasting impact on their life. Participants described the positive aspects of their time with a child life specialist, including the benefits of the quality time the child life specialist took to support them and the sense of empowerment and joy associated with child life. Similarly, Huynh and Rhodes (2011) demonstrates that individuals who had positive experiences with people in helping roles were motivated to become psychologists themselves. These experiences also showed participants that child life specialists do not inflict pain and thus bring more enjoyable aspects to their health care experience.

Other studies have further discovered that individuals who decide to pursue a career in health care were more likely to have firsthand experience with a childhood-onset disease (Lovén & Carlsson, 2017; Szilagy et al., 2019). This was exemplified in the current study, where participants

all had a childhood-onset condition and detailed their interest to continue working in the healthcare environment. While some participants did not realize right away that they wanted to become a CCLS, many explained that they were better equipped to search for a child life career or similar field due to being exposed to the child life profession in their early life. Byrne (2007) similarly details a comparable study where students who decided to become speech language pathologists were more likely to have previous exposure to the profession.

Participants also discussed how their past experiences have impacted their current practice with children and families. Participants described their increased sense of boundaries and feelings of empathy that arose from their own experiences with child life specialists. These findings were paralleled in other studies that reported that relationship between mental health care providers' personal experiences with mental health problems and increased rapport with patients, enhance their understanding of patients through empathy, and maintain boundaries through not disclosing their own experiences unless there was a distinct purpose (e.g., to create a point of connection) (Conchar & Repper, 2014; Oates et al., 2017). These studies draw additional awareness to the notion that personal experiences in a field can impact an individual's own work in that field as a professional.

Limitations

While the design of this qualitative research study allowed for rich, descriptive recollections of lived experiences, it is not exempt from limitations frequently acknowledged in studies of similar empirical frameworks. These limitations included the sampling technique and representation of findings. In reference to sampling, self-selection bias is possible since individuals volunteered to participate in this study in response to internet-based outreach efforts (e.g., professional Facebook groups). Additionally, while the sample was representative of CCLS, it still lacked demographic diversity as all participants were White cisgender women.

Recommendations for Future Research and Practice

This research serves to initiate a foundation that introduces ample opportunities for continued inquiry. For example, comparative data can look more closely at opportunities that helped to solidify one's interest in the field and observe perceived obstacles to inform recruitment efforts and sustainability. Further research can also broaden the sample size to include individuals with similar career trajectories who did not have a previous experience with a CCLS or those who did but pursued a different career.

Our research suggests that participants' vocational decision-making process was influenced by their own experiences with a CCLS as a child. Given that the field of child life is relatively small, such exposure may be limited to the specific contexts in which professionals within the field are practicing. The results of this study can help set the

groundwork for exploring new approaches to recruitment strategies for the profession so that we can expand exposure to the role of a CCLS. Educational efforts can be broadened to reach younger students, such as those in middle and high school for example, to create a greater awareness of the field outside of the hospital setting. Heightened awareness and accessibility may increase diversity within the field, open opportunities for students to begin seeking ways to get involved earlier in their academic careers, and spur intentional action within the community to support various programs. Additionally, CCLS who interact with patients can do so with the idea in mind that such interventions can have a vast impact on that child or adolescent's decision to pursue this career. In regard to clinical practice, child life supervisors may also consider participants' perspectives about establishing boundaries. Child life students and CCLS may feel pressured to share too much of their personal stories with patients and families or see their story in the patients they are helping. Recognizing that many CCLS possess their own pediatric hospitalization experiences, supervisors should talk with new employees and volunteers about when to share and when to hold back in discussing their own experience.

Conclusion

These findings are relevant to best practice and growth within the child life profession as well as opportunities for future empirical endeavors. While previous research has in-

vestigated the efficacy of child life interventions, the exploration of how such services may have influenced one's decision to pursue a career in the field—as well as the values they have incorporated into their own work and approach to life stressors—presents a novel lens through which we may view, critique, and validate the most salient aspects of the job from the perspective of those who have directly received support. Understanding the paths that lead individuals to pursue a particular profession is imperative to understanding the recruitment and knowledge that surrounds the profession. This study demonstrated that some individuals learn about the profession in the hospital setting, during their own hospitalization. Knowing this, it can be beneficial to expand recruitment efforts to locations outside of the hospital, including primary schools and career fairs, to reach a wider array of people with diverse backgrounds. Furthermore, understanding the long-term impacts of receiving child life services, especially in practicing CCLS, can serve to sustain the field. Providing support to individuals who have had their own hospital experience in the form of discussing their experiences, laying out boundaries, and promoting self-care can aid this effort.

Submitted: April 14, 2022 EDT, Accepted: July 19, 2022 EDT



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