Current Issues in Practice #2

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The article ‘Workplace Stress and Burnout in Child Life: Perspectives From Newer Professionals’ discusses the emotional strains of the child life profession and offers insight into how individuals with less than five years of experience have been affected. It first explains the prevalence burnout among individuals working in pediatric health care and then presents findings of common themes that have led newer Certified Child Life Specialists to feel unable to cope with workplace stressors. Based on the findings of the researchers in this article, it becomes evident that burnout is a significant professional issue for child life specialists including those newer to the field (Ginter et al, 2024). Additionally, this issue is seemingly intertwined with ethics.

Towards the beginning of the article, the authors conducted a literature review with results supporting a high rate of burnout among pediatric health care professionals from factors including emotional exhaustion and grief (Ginter et al, 2024). Though this literature review was not limited to child life specialists, it provided meaningful information relevant to child life because many of the experiences that were found to lead to burnout in other health professionals are also common within the child life profession. For instance, significant exposure to grief was found to put PICU professionals at higher risk for burnout (Ginter et al, 2024). Unfortunately, this is an all-to-common occurrence for child life professionals as they often support families through the bereavement process. One of the findings from the literature review explained that those with less field experience in pediatric healthcare professions were found to be at a higher risk for burnout (Ginter et al, 2024). Thus, the researchers in this article undertook a study to identify how prevalent the professional issue of burnout is for newer child life specialists.

In this article, the researchers conducted a semi-structed interview with 19 Certified Child Life Specialists who had begun working within five years of the time of their interview (Ginter et al, 2024). All participants studied acknowledged the prevalence of burnout in the profession with 18 stating that they felt burned out at some point in their child life career and 15 stating that they currently felt burned out (Ginter et al, 2024). Additionally, all participants in the study mentioned that they had contemplated finding a different profession due to their burn out (Ginter et al, 2024). Of these participants 4 had already left the field, 3 had active plans to find a different job, and 10 acknowledged that they would not be able to continue this career long term (Ginter et al, 2024).

The researchers identified common themes leading to feelings of burnout among these individuals including unpredicted, systemic, and anticipated factors (Ginter et al, 2024). For instance, COVID 19 was a major unpredicted event that was found to have contributed to feelings of burnout in newer CCLSs (Ginter et al, 2024). Additionally, systemic factors including continually advocating for their role, feeling underappreciated, budget restrictions, and staff shortages were also described by participants as causing workplace stress and burnout (Ginter et al, 2024). Despite prior awareness of low pay and bereavement in child life, participants stated how these factors contributed to this professional issue (Ginter et al, 2024).

It is evident from the literature review and research study presented in the article that burnout is a significant professional issue affecting Certified Child Life Specialists. Unfortunately, there does not seem to be a simple solution to this issue. However, the knowledge gained from the researchers' findings is still helpful for future child life practice as it can inform individuals about what to expect in the field. Furthermore, by having a greater understanding of issues leading to burnout, child life professionals may be able to identify ways to mitigate

anticipated stressors. For instance, it seemed that many of the identified causes of burnout for newer child life professionals were related to a lack of understanding of child life work among other hospital staff and support. Perhaps, child life specialists could use this information to create support groups to share their experiences of burnout and unite in advocating for understanding of their role. This would likely have a greater impact than if child life specialists chose to advocate for their role independently. If these support groups were successful in their efforts, hospital administrators could potentially have a greater understanding of child life work. This could reduce the amount of advocacy needed for child life in the future. Additionally, this understanding could also lead to increased pay, more funding for child life work and enhanced feelings of appreciation. Based on the research findings, it is also important for newer child life specialists to prioritize their self-care due to the demands of the profession and overall lack of built in support (Ginter et al, 20204).

The professional issue of burnout among Certified Child Life Specialists raises a variety of ethical questions for both CCLSs and hospital staff. According to principle 1 of the Child Life Code of Professional Practice, child life specialists have a duty to hold a primary commitment to the psychosocial care of patients and their families (Child Life Certification Commission, 2020). Thus, the question arises, ‘Can child life specialists be effective at promoting the beneficence and nonmaleficence of patients if they themselves are drained and burned out?’ If not, is it ethical for child life specialists to continue their work? This would be a difficult question for a CCLS that has dedicated their life to this career to consider, however they must ensure that their professional responsibilities are being upheld.

Additionally, hospitals’ treatment of CCLSs raises ethical concerns. For instance, pay and the availability of therapeutic support are factors that have been found to affect burnout in newer

child life specialists which are often controlled by hospital administrators (Ginter et al, 2024). Knowing this, hospitals must consider if their actions are ethical towards child life specialists. The principles of beneficence, nonmaleficence, respect for persons, and justice are relevant. These ethical tenets refer to the duty to do good, minimize harm, treat each person with dignity and give each person what they deserve (Raab, 2021). Since child life specialists are highly skilled workers, it must be considered if they are being compensated fairly and treated with dignity. Additionally, since child life specialists are in positions with high levels of bereavement, hospitals must ethically consider the implications of not providing therapeutic support. Minimizing harm and promoting good for child life specialists would likely include a responsibility to at least provide resources promoting easy access to therapeutic support. This would also likely benefit the beneficence of the patients through an increased ability of CCLSs to meet their professional competencies. Competency B states that Certified Child Life Specialists must be able to maintain meaningful therapeutic relationships with the individuals they serve (Association of Child Life Professionals, 2016). A child life specialist who is burned out may struggle to meet this duty as they have not had their own emotional needs met.

While this article brought to light disheartening information, it is encouraging to know that there is a growing awareness of how the professional issue of burnout is affecting child life specialists. Acknowledgement of the issue is an important step towards solving the problem. Thus, it is possible that this article could open the door to future improvements in this professional issue for child life professionals.

References

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