

THE VARIATIONS OF HEALTHCARE PROFESSIONALS PERCEPTIONS OF  
CHILD LIFE PROFESSIONALS

by

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## LIST OF ABBREVIATIONS

| <b>Abbreviation</b> | <b>Description</b>                        |
|---------------------|---|
| ACLP                | – Association of Child Life Professionals |
| CLA                 | —Child Life Assistant                     |
| CLP                 | —Child Life Professional                  |
| CCLS                | – Certified Child Life Specialist         |
| CP                  | – Collaborative Practice                  |
| HCP                 | – Healthcare Professional                 |
| IPE                 | – Interprofessional Education             |

## 1. INTRODUCTION

Children are a vulnerable population because of their dependence on others, lack of understanding, and fear related to new experiences. As such, experiencing hospitalization can be especially traumatic for children due to many different factors, such as painful procedures, change in routine, lack of control, and loss of family support (Gaynard, 1998). Certified Child Life Specialists (CCLSs) are able to decrease stress and anxiety related to hospitalization through interventions like procedural preparation and support, therapeutic activities, and play-based education for pediatric patients and their families (Gaynard, 1998; Wojtasik & White, 2009). In fact, the American Academy of Pediatrics (2006) recommended the role of the CCLS as an essential component of family-centered care in the hospital environment. Through their training in child development, family-systems, and stress and coping support, and their expertise as CCLSs by the Association of Child Life Professionals (2017a), CCLSs are able to adequately respond to the specific psychosocial needs of hospitalized children (Wojtasik & White, 2009). Child life specialists work alongside members of an interdisciplinary team, and depend on collaboration with these team members for awareness of patient needs and knowledge of patient care plans (Brady & Scrivani, 2009; Gaynard, Hauslein, DeMarsh, 1989). Therefore, the purpose of this study is to examine staff perceptions of the CCLS role among interdisciplinary team members at a freestanding children's hospital in the southern United States.



## **The Role of the Certified Child Life Specialist**

The child life profession began in the 1920s with the idea of using play programs to normalize a child's hospital experience at a time when family members were not allowed in the hospital (Wojtasik & White, 2009). These play programs, through which children received developmental play and education about the hospital experience, continued to grow as the concept of "humanizing healthcare" gained momentum in the 1950s (Wojtasik & White, 2009, p. 5). Child life practice found a strong theoretical basis through Piaget, Erikson, and Bowlby's works on cognitive development, psychosocial development, and attachment theory, respectively (Wojtasik & White, 2009, p. 5). The Association for the Care of Children in Hospitals (ACCH) formed in 1966 as an interdisciplinary group of child life specialists, nurses, physicians, parents, and other healthcare professionals who worked with pediatric patients and their families (Association of Child Life Professionals [ACLP], 2017b). From the ACCH, Child Life Specialists formed the Child Life Council in 1982, which is now called the Association of Child Life Professionals (ACLP) as of 2016 (ACLP, 2017b). The ACLP functions as the certifying body and source of training and collaboration for child life professionals, and has continued to create and utilize evidence-based practice to guide, validate, and increase the rigor of child life practice (ACLP, 2017c; ACLP, 2017d). The requirements for eligibility to complete the child life certification exam have increased over the years, and a master's degree in child life will be expected of newly certified CCLSs by 2022 (ACLP, 2017c).

The role of the CCLS surfaces in a variety of ways in the pediatric hospital setting (Thompson, 1989). Part of the CCLS role includes providing support for pediatric patients and their families by encouraging positive coping with stress, educating patients and families about medical procedures, facilitating therapeutic activities, and creating opportunities for patients to play (Gaynard, Hauslein, & DeMarsh, 1989; Mather & Glasrud, 1981; Thompson, 1989). Certified child life specialists also provide support groups and community involvement for family members of hospitalized children (Krebel, Clayton, Graham, 1996; Mather & Glasrud, 1981). As active members of the pediatric healthcare team (which includes nurses, physicians, social workers, etc.), CCLSs advocate for patient needs, educate and as learn from other disciplines, and attend meetings regarding patients and families (McGee, 2003; Metzger, Mignogna & Riley, 2013). In some hospitals, child life assistants (CLAs) are also members of a child life team. Traditionally, CLAs help with the play and programming of hospitalization and work under the supervision of one or multiple child life specialists (ACLP, 2017e; Wilson & Cross, 2009).

### **The Impact of the Child Life Role**

Child life interventions, such as procedure preparation through medical play, or preparation and distraction during medical procedures, have been shown to reduce distress for inpatient pediatric patients (Kaminski, Pellino, & Wish, 2002; Tsai et al, 2013). The benefits of these interventions have also been documented with patients in outpatient settings, such as day surgery, burn clinics or emergency departments (Moore, Bennett, Dietrich & Wells, 2015; Ortiz et al., 2017; Tyson, Bohl & Blickman, 2014;

William, Cheung, Lopez, & Lee, 2007). Reports from 70 parents and pediatric patients at a hospital in the Midwestern United States who received child life and pet therapy services stated child life was a “positive experience” (Kaminski, Pellino, & Wish, 2002, p. 329). In a similar Canadian study involving a survey, 49 parents of one to seven-year-old newly admitted inpatient pediatric patients reported they were generally satisfied with child life interventions (LeBlanc, Naugler, Morrison, Parker & Chambers, 2014). In studies with randomized control groups receiving medical treatment at outpatient facilities, families that received child life services reported higher satisfaction rates about their healthcare experience compared to reports by control groups, which did not receive child life interventions (Schlechter, Avik, & DeMello, 2016; Tyson, Bohl & Blickman, 2014; William, Cheung, Lopez, & Lee, 2007).

Furthermore, CCLSs have been shown to decrease the need for sedation with patients undergoing magnetic resonance imaging (MRI) scans, radiation treatments, and prior to anesthesia inductions - which minimized clinical risks related to the use of sedation, reduced clinical staffing needs, and lowered the healthcare costs (Durand, Young, Nagy & Tekes, 2015; Grissom, Boles, Bailey, Cantrell, Kennedy, Sykes, & Mandrell, 2016; Scott et al., 2016). According to the American Hospital Association (2015), the Affordable Care Act impacted hospitals’ payment for Medicare and Medicaid subsidies, tying patient satisfaction scores to reimbursement for services. These changes increase hospitals’ need to decrease costs while also improving patient satisfaction (American Hospital Association, 2015; Legal Information Institute, 2017). While child life practice generally focuses on improving the healthcare experience for patients and

their families, it is evident CCLSs can positively impact the financial concerns of hospitals.

### **Role Understanding and the Certified Child Life Specialist: Patients and Families**

As the field of child life gained momentum in the U.S. and Canada in the 1980s, families in some hospitals were more likely to accept child life services compared with healthcare professionals' acceptance of child life services (Mather & Glasrud, 1981). For example, Dubrule (2008) found that parents reported that child life services were a positive service 91.7% of the time. Parents reported age-appropriate activities, family support, and distraction as the most beneficial services provided by CCLSs, respectively. In this study, 59% of respondents received at least one service for which child life specialists were specifically trained, such as procedure/diagnosis teaching, medical play, distraction or family support (Dubrule, 2008).

### **Role Understanding and the Certified Child Life Specialist: Healthcare Professionals**

Since its conception in the 1920s, CCLS' involvement and acceptance as part of the healthcare team has grown, although acceptance by other healthcare professionals has varied among hospitals (Ricks & Faubert, 1981; Wojtasik & White, 2009). In this thesis, healthcare professional (HCP) refers to other medical staff that does not include child life professionals (e.g. nurses, physicians, social workers), unless otherwise noted. CCLSs have experienced stress from others' misunderstanding of the CCLS role and a repeated need to educate other HCPs about their responsibilities (Holloway & Wallinga, 1990; Munn, Barber, & Fritz, 1996). In a phone survey of 44 CCLSs, they reported nearly 60%

of their time is spent interacting with patients and families and a very little amount of time was spent interacting with HCPs. Because CCLSs reported low amounts of time collaborating with healthcare professionals, Krebel, Clayton and Graham (1996) suggested this may be one reason why other HCPs have a misunderstanding of the child life role.

Two studies have specifically assessed HCPs' perceptions of CCLSs on a large scale (i.e., multiple disciplines and/or multiple hospitals) and informed much of the work for this current study (Cole, Diener, Wright & Gaynard, 2001; Gaynard, 1985). Gaynard's (1985) study, which assessed healthcare professionals' perception of the child life specialist role, utilized a questionnaire sent to 946 HCPs at 21 northeastern U.S. hospitals, which included CCLSs, nurses, physicians and social workers. This study included the open-ended question: "Based on your observation and experience, what do you see as the primary responsibilities of child life specialists?" to which respondents were prompted to give three answers. Data revealed that discipline had a strong impact on the perception of the child life role, and that child life specialists had a "broader view" of their role than did other healthcare professionals (Gaynard, 1985, p. 103). Child life specialists reported "Supportive Environment," "Preparation/Orientation", and "Patient Advocate" more than other responsibilities, and reported these responsibilities more often than did healthcare professionals (Gaynard, 1985). Data from this study also revealed some alignment of perception between CCLSs and other healthcare professionals, such as "Preparation and Orientation" which was viewed by CCLSs, and the majority of HCPs as a primary responsibility of the child life role (Gaynard, 1985). However, some HCPs

viewed “Amuse/Entertain” as a primary responsibility of CCLSs, whereas CCLSs perceived their role to include other responsibilities related to advocacy and supportive interventions (Gaynard, 1985).

In a later survey by Cole, Diener, Wright and Gaynard (2001), surveys were distributed to 228 healthcare professionals, which included physicians, social workers, nurses, administrators and child life specialists at one freestanding children’s hospital in the Intermountain West Region. Most respondents, including CCLSs, reported that “Preparation and Orientation” were primary responsibilities of CCLSs. Similar to reports from the 1985 study, other HCPs reported “Amuse and Entertain” more often than CCLSs, whereas “Patient or Family Support” and “Advocacy” were reported more often by CCLSs than HCPs.

Smaller-scale studies’ data have revealed similar findings in the perception of the child life role by healthcare professionals. In a study by Booth and Grams (2011), 32 nurses from a Pediatric Intensive Care Unit, a hematology/oncology unit, and general medicine unit completed a survey which revealed that child life services were beneficial 75% of the time; however, the primary reasons for requesting child life services were for responsibilities, such as providing games, toys, or movies, which can also be provided by volunteers (Booth & Grams, 2011). Only 28% of nurses reported utilizing CCLS-specific services, such as distraction, procedural support or family support (Booth & Grams, 2011).

In an online survey, 139 child life specialists reported they were “moderately understood” by patients, families, and healthcare professionals, and generally felt

respected in their role in spite of some misunderstandings of their role (Brady & Scrivani, 2009). Holloway & Wallinga (1990) found that defining the child life role to staff, patients and families may be a task expected by CCLSs in the field. While the need to define the child life role to others may not negatively impact professional well-being, it consistently surfaces as a stressor for child life professionals (Buskirk, 2015; Holloway & Wallinga, 1990; Munn, Barber & Fritz, 1996). The Child Life Department at Helen DeVos Children's Hospital in Michigan conducts a yearly survey of staff in order to assess the perception of the child life role, which shows the perception of child life is dynamic measure that has potential to change every year (ACLP, 2012).

### **Role Understanding and Social Workers**

Similarly, the field of Social Work has historically faced struggles with role understanding among interdisciplinary teams (Cowles & Lefcowitz, 1992; Olsen & Olsen, 1967, Wong, Chan, & Tam, 2000). One of the studies reported significant discrepancies in the perception the social work role between physicians and social workers: The physicians granted less responsibilities to social workers than did the social workers themselves (Olsen & Olsen, 1967). In a later study by Cowles and Lefcowitz (1992), data revealed a general understanding of the social work role by 500 healthcare professionals (which included physicians, nurses and social workers) at four general hospitals. Also, other healthcare professionals perceived social workers were capable of less responsibilities than social workers perceived in their role (Cowles & Lefcowitz, 1992). While the current literature shows a positive shift in the perception and acceptance for the social work role, one qualitative study revealed “the difficulties social workers

have in distinguishing their uniqueness in the hospital setting” (Davis, Milosevic, Baldry & Walsh, 2009, p. 279). Also, it has been reported that social workers have worked hard to be a “core profession in health,” but the challenges of defining their role and others’ misunderstanding of the social work role still negatively impact social workers’ professional well-being (Black, 1984, p. 86; Kim & Stoner, 2008). Child life professionals have followed a similar path in developing role understanding among the healthcare team. In the 1970s and 1980s, CCLSs struggled to function as a recognized and legitimate healthcare team member, but recent years have found CCLSs as a vital and recommended part of pediatric patient care (AAP, 2006; Gaynard, 1985; Rutkowski, 1978).

### **Collaboration Among Healthcare Teams**

Over the past 40 years, most U.S. hospitals have adopted some form of *Collaborative Practice* (CP), which systematically incorporates the skills of multiple disciplines (i.e., physicians, social workers, nurses, physical therapists, and child life specialists) and utilizes those varied skills to provide patient care (Patel, Cytryn, Shortliffe & Saffran, 1997; Dickie, 2016). Effective CP depends upon these different disciplines continually learning about other roles and improving upon their roles as part of a team (Greiner & Knebel, 2003; Interprofessional Education Collaborative Expert Panel, 2011). The efforts to enforce CP result in safe, high quality care for patients that receive better health outcomes, and stronger health systems (Gilbert, Yan & Hoffman, 2010; Greiner & Knebel, 2003).



## **Interprofessional Education**

The concept of *Collaborative Practice* prompted the implementation of *Interprofessional Education* (IPE) as part of medical school, nursing school, and other disciplines' curriculum (Bridges, Davidson, Odegard, Make, & Tomkowiak, 2011; Gilbert, Yan, & Hoffman, 2010; Suter, Arndt, Arthur, Parboosingh, Taylor, & Deutschlander, 2009). The World Health Organization and Institute of Medicine stated that IPE is marked by students from two or more professions learning “from and with each other to enable effective collaboration and [to] improve health outcomes” (Gilbert, Yan, & Hoffman, 2010, p. 196; Greiner & Knebel, 2003). For the U.S., IPE formation began in small areas in the 1960s in response to healthcare shifting to a more collaborative nature, and therefore, healthcare education needed to shift to accommodate this new paradigm (Blue, Brandt & Schmitt, 2010; Dickie, 2016, p. 5). While IPE curriculums are not yet consistent among all healthcare student education programs, momentum, literature, and alignment among programs has increased exponentially in recent years (Bridges, Davidson, Odegard, Make, & Tomkowiak, 2011; Gilbert, Yan & Hoffman, 2010). Nursing literature, as well as IPE literature recognized that becoming an “effective team member and patient advocate” takes training and practice, showing that efforts to implement collaboration among disciplines before actual medical practice have great value (Ballard, 2016; Speakman, 2015, p. 190). IPE is grounded in general and adult learning theories, Social Psychology (especially in regard to team context and dynamics), and Organizational Psychology (Ballard, 2016; Burning et al., 2009; Speakman, 2015). Social psychology theories, such as Intergroup Contact Theory empowers healthcare

students to reduce intergroup bias that naturally exists between professions, and Organizational Psychology theories give students understanding of team dynamics which provide further skills and knowledge to impact team effectiveness as a whole (Ballard, 2016). These theories, as well as an emphasis on teamwork and communication in IPE, foster “knowledge, skills and attitudes” in healthcare students who are able to work collaboratively in order to make more informed decisions on patients’ plans of care and to improve patient outcomes (Bridges, Davidson, Odegard, Make, & Tomkowiak, 2011; Center for Advancement of Interprofessional Education, 2008). This shift in healthcare education toward IPE curriculum affirms the reality that students entering the field of medicine are expected to work collaboratively among varying healthcare disciplines.

Certified Child Life Specialists are included in some IPE programming through the inclusion of child life students at some university medical schools, or child life specialist-based rotations for other student disciplines (McMaster University, 2013; Tullar & Peterson, 2012; University of Michigan, 2016). Although doctors and nurses remain as the primary participants in IPE courses, CCLSs and other healthcare professionals (e.g., social work and occupational therapists) have already been functioning collaboratively as members of many pediatric healthcare teams (Haussem & DeMarsh, 1989; Munn, Berber, & Fritz, 1996; Opie, 1997). Nevertheless, as IPE and CP continue to grow, consideration and assessment of the child life role within these collaborative healthcare teams is vital.

## 2. PURPOSE OF THE STUDY

The reality that *Collaborative Practice* “depends on learning, refining and improving the roles and responsibilities of those working together” helps to guide the research questions for this study (Bridges, Davidson, Odegard, Make & Tomkowiak, 2011; IPEC, 2011). Assessing the level of understanding by healthcare workers of another discipline will enable a child life professional to build upon current understanding and better inform areas of misunderstanding of the CCLS role. Therefore, the first goal of this study is to assess the current perception of CCLS responsibilities by HCPs and CCLSs, and the second goal is to examine any differences of perceptions of the CCLS responsibilities among HCPs, namely, child life professionals, social workers, nurses, and physicians. A question about the child life assistant (CLA) role was included in the survey due to the presence of six child life assistants working on the child life team at the freestanding children’s hospital at the time of the survey. As literature related to the perception of child life assistants is scarce, research about CLAs will be exploratory in nature. The following two research questions were addressed:

1. What do all healthcare professionals report as the primary responsibilities of child life professionals?
2. What are the similarities and differences in the responsibilities reported between child life professionals and healthcare professionals?

We hypothesized that data from this survey would be similar to the results of the Gaynard’s (1985), Cole, Diener, Wright and Gaynard’s (2001), and Booth and Gram’s (2011) studies in that child life specialists would report a broader and more supportive

perspective of their role than other healthcare professionals. However, because Brady and Scrivani's (2009) found that CCLSs were "moderately understood" by other healthcare professionals, we hypothesized that there may be alignment in the perception of CCLS responsibilities, specifically responsibilities related to Preparation or Orientation, which has shown alignment in perception among healthcare professionals in the past. (Brady & Scrivani, 2009; Cole, Diener, Wright & Gaynard, 2001).

We expected CCLSs to report their primary responsibilities to be Preparation and Support for medical procedures, and Patient and Family support. Furthermore, we expected HCPs to report the primary responsibilities of CCLSs as Preparation and Support for medical procedures, and to entertain patients. Also, we hypothesized that a main similarity between child life professionals' and healthcare professionals' reports of CCLS responsibilities would be Preparation and Support for medical procedures and the facilitation of adaptive coping because these responsibilities was reported by many healthcare professionals in previous studies (Cole, Diener, Wright & Gaynard, 2001; Gaynard, 1985). I hypothesized that HCPs would report the minimization of stress and entertainment of patients as CCLS' responsibilities more frequently than child life specialists. Finally, I hypothesized that Family Support would be reported more by child life professionals than by non-child life professionals.

Addressing the research questions will enable child life professionals to effectively respond to discrepancies in the perception of the CLPs' responsibilities which have surfaced as a challenge for child life specialists in the past (Holloway & Wallinga, 1990; Munn, Barber, & Fritz, 1996). Specific knowledge about these discrepancies will

allow CLPs to more effectively establish themselves as a mutually beneficial service within the interprofessional team at pediatric hospital facilities. Similar to social workers who rely on referrals and are not fundamentally “in control of their jobs,” CCLSs are impacted by other healthcare professionals’ misunderstanding of their role because this misunderstanding impacts a CCLS’ ability to respond to patient needs (Wong, Chan & Tam, 2000, p. 506). Therefore, addressing the gaps in the understanding of the CCLS role could decrease missed opportunities for a CLP because other HCPs would be more likely to make appropriate referrals for a patient or family’s psychosocial needs. For example, if a HCP that is aware of the CCLS role observed anxiety or coping challenges from a patient, that professional may be more likely to refer the patient’s psychosocial needs to a CCLS. In addition, this study will provide insight for CLPs in various settings to evaluate and integrate their work as part of the increasingly collaborative field of healthcare.

### 3. METHOD

#### Participants

Seventy-six healthcare professionals, including child life specialists and their directors ( $n = 20$ ), child life assistants ( $n = 7$ ), nurses ( $n = 29$ ), physicians and mid-levels (e.g., nurse practitioners and physician's assistants) ( $n = 9$ ), and social workers and case managers ( $n = 6$ ), and clinical assistants ( $n = 2$ ), participated in the study from a freestanding children's hospital in the southern U.S. ("Freestanding" indicates that the hospital is an independent pediatric hospital that is not a part of an adult hospital). Three participants declined to report their healthcare profession. Inclusion criteria consisted of employment by the freestanding children's hospital and the provision of direct patient care.

Forty-six non-child life health care professional participants ( $M = 39.4$  years,  $SD = 10.7$  years), who ranged in age from 22 to 63 years, were mostly female (98%), married (67%), White (69%), and worked the day shift (74%). About 44% of health care professional participants (from this point HCP) had a bachelor's degree and about 44% of health care professionals had a graduate or professional degree. HCPs had worked as a health care professional for under two years (13%), three to five years (15%), six to 10 years (26%), 11 to 20 years (24%), and over 21 years (22%). In addition, health care professionals had worked at the freestanding children's hospital where the study took place for under two years (27%), three to five years (13%), six to 10 years (29%), 11 to 20 years (22%), and over 21 years (9%). Two-thirds of the HCPs worked in inpatient

units, one-third in outpatient units and four HCPs belonged to specialized care teams that impacted multiple units.

Twenty-seven child life professional participants ( $M = 34.5$  years,  $SD = 10.2$  years), who ranged in age from 23 to 61 years were mostly female (89%), White (74%), held bachelor's degrees (64%), and worked the day shift (89%). Half of the child life professional participants were married and half of the child life professional participants were never married. Child life professionals had worked as a health care professional for under two years (32%), three to five years (18%), six to 10 years (21%), 11 to 20 years (21%), and over 21 years (4%). In addition, child life professionals had worked at the freestanding children's hospital where the study took place for under two years (44%), three to five years (30%), six to 10 years (7%), 11 to 20 years (15%), and over 21 years (4%).

For this study, "child life professionals" refers to both child life specialists and child life assistants. In addition, the phrase "healthcare professionals" refers to non-child life healthcare professionals, unless otherwise noted (i.e., "all healthcare professionals"). The phrase "all healthcare professionals" includes child life professionals as well as non-child life professionals.

The return rate of the survey was less than five percent for healthcare professionals. Specific statistics related to total HCPs invited were difficult to obtain due to the nature of survey distribution; the survey was sent out by unit managers. Therefore, response rate was determined by examining participating units and dividing by probable number of staff invited to complete the survey. The return rate for the child life

professionals was 92%: 27 of 29 child life professionals responded to the survey, including 20 CCLSs and seven child life assistants.

## **Procedures**

This study was approved by both the hospital facility's and university's institutional review boards in 2016. On January 6, 2017, the Director of Child Life and Family-Centered Care emailed an invitation to participate in the study to the hospital unit managers, which was forwarded to each nurse manager's staff of healthcare professionals.

In this email, healthcare professionals clicked on a link and were asked to complete an online informed consent document prior to participation in the study. Then, participants completed an online survey, which included general demographic information and perceptions of the child life professional field. The online survey was closed to participation on February 2, 2017. Upon completion of the surveys, participants had the opportunity to enter into a drawing to win one of ten \$40 gift cards to local businesses (i.e. HEB, Torchy's Tacos, etc.), as an incentive for participation.

## **Measures**

**Perception of the CCLS role.** Perceptions of the CCLS role was assessed using the same question from Gaynard's (1985) and Cole, Diener, Wright and Gaynard's (2001) measure: Health Care Professionals Perceptions or Child Life Specialists Questionnaire. In this survey, healthcare and child life professionals reported on their perceptions of the primary responsibilities of the child life specialist by answering the question: "Based on your experience, what do you see as the primary responsibilities of a



child life specialist?” Respondents were required to type at least one response to this open-ended question in order to move forward in the survey.

**Perception of the CLA role.** To measure the perception of the CLA role, an adaptation of Gaynard’s (1985) and Cole, Diener, Wright and Gaynard’s (2001) measure, Health Care Professionals Perceptions of Child Life Specialists Questionnaire, was used. In this survey, healthcare and child life professionals reported on their perception of the primary responsibilities of the child life assistant by answering the question: “Based on your experience, what do you see as the primary responsibilities of a child life assistant?”

In order to determine which healthcare professionals worked with and perceived a difference in CCLSs’ and CLAs’ roles, question two of this survey assessed a healthcare professionals’ contact with child life assistants: “Which of the statements below are true for you in your current position?” If participants selected: “I work with child life assistant(s)”, then they were allowed an opportunity to later answer the child life assistant-related question. A response stating: “I do not know”, would not allow the participant to answer further questions related to the child life assistant role in order to decrease confusion about the child life specialist role for the participant.

### **Analysis**

As a first step, this researcher qualitatively examined the responses from the open-ended question: “Based on your experience, what do you see as the primary responsibilities of a Child Life Specialist?” by all healthcare professionals that participated in the survey (child life professionals, physicians, nurses, social workers, clinical assistants). The responses for all surveys, from both the CCLS open-ended

question as well as the CLA open-ended questions were categorized by utilizing thematic analysis. Patterns within all of the responses were observed, grouped together, and then broken into subcategories as greater detail was revealed. For example, many respondents described a type of play (e.g., developmental) as a primary child life responsibility. Upon further examination, it was observed that some responses contained specific references regarding medical or therapeutic play, which in turn created a separate category: Therapeutic/Medical Play. Once the categories ( $n = 17$ ) were derived from the open-ended question, all responses were coded for the presence or absence of the category. Then, all child life assistant responsibilities were coded according to the same categories that were used for the reported child life specialist responsibilities.

One-way ANOVAs were conducted for each of the 17 categories of the CCLS role, comparing the responses of the two groups: child life professionals and healthcare professionals. Then, one-way ANOVAs were conducted for each of the 17 categories, comparing the responses of child life professionals and each specific healthcare discipline separately (nurses, physicians, and social workers). Then, one-way ANOVAs were conducted for each of the categories of the CLA role, comparing the responses of the two groups: child life professionals and healthcare professionals. Because the number of healthcare professionals who responded to the CLA question was so low ( $n = 11$ ), one-way ANOVAs comparing responses of child life professionals and specific healthcare disciplines were not conducted.

#### **4. RESULTS**

After analyzing the open-ended responses from this current study, this researcher open-coded the responses into 17 categories which included the following: Collaborate with the Healthcare Team, Facilitate Coping, Family Support, Educate Staff, Emotional Support/Expression, Events, Manage Playroom, Non-procedure Education, Normalization, Procedural Preparation, Procedural Support, Reduce Stress/Anxiety, Therapeutic or Medical Play, Time with Patients, Typical Development, and Volunteer Training/Support. See Table 1 for further detail of each category.

Table 1

*Description of Child Life Professional (CLP) Responsibility Categories*

| Category: definition   | Description per CLC guidelines<br>(Child Life Council, 2001)  | Example Response from Survey   |
|--|---|--|
| <b>Collaborate with HC Team:</b> communication with another healthcare professional  | <ul style="list-style-type: none"> <li>• Consultation regarding the unique needs of children and families to promote healthy coping with potentially stressful events and circumstances</li> </ul>  | “Provide a more complete view of the patient.”                           |
| <b>Facilitate Coping:</b> teaching strategies or supporting patients/families during stressful situations                                | <ul style="list-style-type: none"> <li>• Stress reduction techniques to facilitate adaptive coping</li> </ul>   | “Assist with effective coping.”  |
| <b>Non-procedure Education:</b> teaching patients about psychosocial, developmental or treatment interventions not related to procedures | <ul style="list-style-type: none"> <li>• Education of families and professionals regarding child development and psychosocial care</li> </ul>   | “Help patients learn to swallow medications.”                            |
| <b>Educate Staff:</b> teaching staff members about child life role, developmental or psychosocial concerns                               | <ul style="list-style-type: none"> <li>• Education of families and professionals regarding child development and psychosocial care</li> </ul>   | “Providing guidance to nurses and other clinicians . . .”                |
| <b>Emotional Support:</b> assisting with emotional identification, expression or processing emotions related to hospitalization          | <ul style="list-style-type: none"> <li>• Support during identified stress points</li> </ul>   | “Emotional support through toys, talking and interacting with children.” |
| <b>Events:</b> planning and/or facilitation of visitors or group activities  | <ul style="list-style-type: none"> <li>• Normalization of the environment</li> </ul>  | “Coordinating events for the hospital.”                                  |
| <b>Family Support:</b> providing teaching, emotional support specific to parents, siblings or the family unit as a whole                 | <ul style="list-style-type: none"> <li>• Education of families and professionals regarding child development and psychosocial care</li> <li>• Support during identified stress points</li> </ul>  | “Help parents ease the burden of being in the hospital. . . “            |
| <b>Manage Playroom:</b> Maintaining and/ organizing playroom and related supplies  | <ul style="list-style-type: none"> <li>• Normalization of the environment</li> <li>• Opportunities for a variety of play, activities and other interactions which promote self-healing, self-expression, understanding and mastery</li> </ul> | “Maintain playrooms, including cleaning and tracking toys.”              |
| <b>Normalization:</b> making the hospital environment more engaging or suitable for patients/families                                    | <ul style="list-style-type: none"> <li>• Normalization of the environment</li> </ul>  | “Help children acclimatize to the hospital setting.”                     |
| <b>Procedural Preparation: education and/or desensitization related to medical procedures</b>  | <ul style="list-style-type: none"> <li>• Psychological preparation for potentially stressful experiences</li> </ul>   | “Helping children learn about procedures at their developmental level.”  |

Table 1, Continued

*Description of Child Life Professional (CLP) Responsibility Categories*

|  |   |  |
|--|---|--|
| <b>Procedural Support: emotional support and/or distraction during medical procedures</b>      | <ul style="list-style-type: none"> <li>• Support during identified stress points</li> </ul>   | “Be present during stressful or painful procedures.” |
| <b>Provide Play: play mentioned as a general term</b>  | <ul style="list-style-type: none"> <li>• Opportunities for a variety of play, activities and other interactions which promote self-healing, self-expression, understanding and mastery</li> </ul>   | “Provide age-appropriate diversion.”                 |
| <b>Therapeutic/Medical Play: Play utilized for specific therapeutic or educational benefit</b> | <ul style="list-style-type: none"> <li>• Therapeutic play</li> <li>• Opportunities for a variety of play, activities and other interactions which promote self-healing, self-expression, understanding and mastery</li> </ul>                 | “Provide opportunities for medical play.”            |
| <b>Reduce stress: decreasing anxiety/fears/trauma related to hospitalization</b>               | <ul style="list-style-type: none"> <li>• Stress reduction techniques to facilitate adaptive coping</li> </ul>   | “Ease childrens’ fear in the healthcare setting.”    |
| <b>Time with patients: general time spent with patients, possibly when alone</b>               | <ul style="list-style-type: none"> <li>• Provision of child life care that is delivered to children and families based on trusting relationships</li> </ul>   | “Keep patients company.”                             |
| <b>Typical Development: assess or support patient’s specific developmental needs</b>           | <ul style="list-style-type: none"> <li>• Developmental assessments based on formal or informal techniques (p. 10)</li> <li>• Care plans for individuals or groups based on assessment of the child’s development</li> </ul>                   | “Promote/enhance typical development.”               |
| <b>Manage Volunteers: train, direct and support hospital volunteers</b>                        | <ul style="list-style-type: none"> <li>• Normalization of the environment</li> <li>• Opportunities for a variety of play, activities and other interactions which promote self-healing, self-expression, understanding and mastery</li> </ul> | “Supervise volunteers.”                              |

**Perceptions of CCLS Responsibilities by Child Life Professionals**

Facilitate Coping, Family Support, Procedural Preparation were reported most often by child life professionals with 57% reporting these responsibilities as primary CCLS responsibilities. The next most reported responsibilities were Provide Play at 39% and Normalization at 35%. None of the child life professionals reported Manage Playroom, Events, or Volunteers as a primary CCLS responsibility.

## **Perceptions of CCLS Responsibilities by Healthcare Professionals**

The Healthcare Professionals that responded to the survey were nurses, physicians, nurse practitioners, social workers and two clinical assistants. Responses by nurse practitioners were grouped with physicians' responses because of their similar role in the healthcare team of diagnosing and making decisions on the treatment of patients. The CCLS responsibilities most often reported by HCPs was Procedural Preparation at 61% and Procedural Support at 48%. Thirty-five percent of HCPs reported that Play was a responsibility of CCLSs. The least reported perceived responsibilities included Manage Playroom (4%), Manage Volunteers (0%)

## **Comparison of Reported CCLS Responsibilities Between CLPs and HCPs**

CLPs and HCPs reported Procedural Preparation as a primary CCLS responsibility at 57% and 61%, respectively. This was the greatest alignment in perceived perception of CCLS responsibility. CLPs and HCPs reported the responsibilities of Provide Play, Reduce Stress, Emotional Support at similar rates, although not necessarily as primary responsibilities. None of the respondents chose Manage Volunteers as a CCLS responsibility, and very few chose Manage Playrooms. This showed alignment in understanding of what is not included in CCLS responsibilities.

Four of the seventeen categories showed significant differences between child life reports and healthcare professionals reports with the one-way ANOVA analyses (Table 2). CLPs were more likely to report Facilitate Coping, Therapeutic/Medical Play and Family Support as a responsibility than were HCPs. Significant differences were observed between groups for Facilitate Coping ( $p < .001$ ) and Therapeutic/Medical Play

( $p < .01$ ), as child life professionals were significantly more likely to report as one of their three primary responsibilities compared with all other healthcare professionals. Family Support was reported by more professionals overall than were Facilitate Coping or Therapeutic/Medical Play, (30% of HCP and 57% of CLP) but still showed a significant difference between groups ( $p < .05$ ). Marginal significance was found for the Events category, as some HCP reported Events as a primary CCLS responsibility while no CLP reported it as a CCLS responsibility. See Table 2 for further detail of CCLS data.

Table 2

*Frequencies and ANOVAs of CCLS Responsibilities*

| Category                    | HCP<br>Frequency:<br>CCLS | CLP<br>frequency:<br>CCLS | ANOVA<br>CCLS: F | ANOVA CCLS:<br>Sig. |
|-----------------------------|---------------------------|---------------------------|------------------|---------------------|
| Collaborate with HC<br>Team | 7                         | 2                         | 0.563            | 0.456               |
| Facilitate Coping           | 7                         | 13                        | 15.126           | 0                   |
| Non-procedure<br>Education  | 9                         | 2                         | 1.339            | 0.251               |
| Educate Staff               | 4                         | 1                         | 0.421            | 0.518               |
| Emotional Support           | 6                         | 4                         | 0.228            | 0.635               |
| Events                      | 5                         | 5                         | 2.724            | 0.104               |
| Family Support              | 14                        | 13                        | 4.542            | 0.037               |
| Manage Playroom             | 2                         | 5                         | 1.015            | 0.317               |
| Normalization               | 11                        | 8                         | 0.893            | 0.348               |
| Procedural Preparation      | 27                        | 13                        | 0.104            | 0.748               |
| Procedural Support          | 22                        | 8                         | 1.047            | 0.31                |
| Provide Play                | 14                        | 9                         | 0.108            | 0.743               |
| Therapeutic/Medical<br>Play | 3                         | 7                         | 1.408            | 0.242               |
| Reduce stress               | 9                         | 6                         | 0.374            | 0.543               |
| Time with patients          | 3                         | 1                         | 0.129            | 0.721               |
| Typical Development         | 4                         | 4                         | 1.117            | 0.294               |
| Manage Volunteers           | 0                         | 0                         | .                | .                   |

**Comparison of reported responsibilities by discipline: physicians.** Physicians reported Procedural Preparation and Normalization as the primary CCLS responsibilities at 67% and 56% respectively. The next most reported responsibilities included Procedural Support and Family Support, which were reported at 44%. A significant difference was found in reports of Facilitate Coping between child life professionals and



physicians as no physicians reported it as a primary responsibility, while 57% of child life professionals reported it as a primary responsibility.

**Comparison of reported responsibilities by discipline: nurses.** Fifty-three percent of nurses reported Procedural Preparation as the primary responsibility of child life specialists, which aligns with child life professionals' report at 57%. Procedural Support and Play were both reported as responsibilities by 46% of nursing professionals. Nursing and CLPs were found to generally agree in perception in two of the top four responsibilities; Procedural Preparation and Provide Play. Of note, nursing professionals were the only non-child life discipline to report Facilitate Coping as a primary responsibility of CCLS which shows some alignment of this CCLS responsibility between nurses and CCLSs.

Analyses showed a significant difference in Facilitate Coping, Family Support as well as Therapeutic/Medical play as child life professionals reported it more frequently as a primary responsibility than nurses. A marginal difference in Events showed that RN reported it more frequently as a primary responsibility than CL.

**Comparison of reported responsibilities by discipline: social workers.** All social workers reported Procedural Preparation as a CCLS responsibility, and 67% reported Procedural Support. Only four other responsibilities were reported by social workers: Collaborate with Healthcare Team (33%), Non-procedure Education (33%), Family Support (33%), and Normalization (17%).

Analysis showed a significant difference in the responsibility Facilitate Coping and a marginal difference in Provide Play, which were reported among the top-four

primary CCLS responsibilities by child life professionals but neither responsibility was reported by any of the social workers. A marginal difference also surfaced with Procedural Preparation since all social workers/case managers reported it although just half of CLPs reported it. Reported responsibilities categorized by discipline are detailed in Table 3.

Table 3

*Reported Responsibilities of Certified Child Life Specialists by Discipline*

| <b>Category</b>                         | <b>CLPs</b> | <b>Nurses</b> | <b>Social Workers</b> | <b>Physicians</b> | <b>HCP total</b> | <b>All Total</b> |
|---|-------------|---------------|-----------------------|-------------------|------------------|------------------|
| <b>Collaborate with Healthcare Team</b> | 9%          | 17%           | 33%                   | 0%                | 17%              | 13%              |
| <b>Facilitate Coping</b>                | 57%         | 24%           | 0%                    | 0%                | 17%              | 29%              |
| <b>Educate Staff</b>                    | 4%          | 14%           | 0%                    | 0%                | 10%              | 7%               |
| <b>Non-procedure Education</b>          | 9%          | 12%           | 33%                   | 11%               | 21%              | 16%              |
| <b>Emotional Support</b>                | 17%         | 7%            | 0%                    | 33%               | 14%              | 15%              |
| <b>Events</b>                           | 0%          | 14%           | 0%                    | 11%               | 12%              | 15%              |
| <b>Family Support</b>                   | 57%         | 28%           | 33%                   | 44%               | 33%              | 39%              |
| <b>Normalization</b>                    | 35%         | 17%           | 17%                   | 56%               | 26%              | 28%              |
| <b>Procedural Preparation</b>           | 57%         | 52%           | 100%                  | 67%               | 64%              | 58%              |
| <b>Procedural Support</b>               | 35%         | 45%           | 67%                   | 44%               | 52%              | 43%              |
| <b>Provide Play</b>                     | 39%         | 48%           | 0%                    | 11%               | 33%              | 33%              |
| <b>Therapeutic/Medical Play</b>         | 30%         | 4%            | 0%                    | 22%               | 7%               | 15%              |
| <b>Reduce Stress/Anxiety</b>            | 26%         | 21%           | 0%                    | 22%               | 21%              | 22%              |
| <b>Typical Development</b>              | 17%         | 14%           | 0%                    | 0%                | 10%              | 12%              |

### **Perceptions of Child Life Assistant Responsibilities by Child Life Professionals**

Twenty-three surveys were completed by child life Professionals, 17 of which included responses about the responsibilities of child life assistants (CLAs). Of significance, 94% of respondents that reported about child life assistant responsibilities perceived Provide Play as one of a child life assistants' primary responsibilities. Events were reported as the second most reported CLA responsibility, with 65% of respondents reporting it. 59% of child life professionals reported Manage Playroom as a primary CLA responsibility.

### **Perceptions of Child Life Assistant Responsibilities by Healthcare Professionals**

Forty-two healthcare professionals completed the survey, and fifteen of those reported about CLA responsibilities, although only eleven reported answers that were able to be categorized. Provide Play, the most reported CLA responsibility, was reported by 91% of the respondents. The next most reported responsibilities of CLAs were Manage Volunteers and Typical Development at 77%. The next most reported perceived CLA responsibility was Collaborate with Healthcare Team, which 64% of respondents reported as one of the CLAs' responsibilities.

### **Comparison of Reported CLA Responsibilities Between CLPs and HCPs**

Both CLPs and HCPs perceived Provide Play as the primary responsibilities of CLAs, at 94% AND 91% respectively. Also of note, neither healthcare professionals or child life professionals reported Non-Procedure Education, Educate Staff, Emotional support, or Reduce stress as CLA responsibilities.

Healthcare team members reported Collaborate with Healthcare Team significantly more than CLPs, and reported Procedural Support marginally more than CLPs as a CLA responsibility (See Table 3). CLPs reported Manage Playroom, Normalization and Manage Volunteers significantly more than HCPs. CLPs also reported Family Support as marginally more than HCPs. Of note, no child life professionals mentioned Procedural Preparation or Support as a CLA responsibility, while 18% of healthcare professionals reported Procedural Support and 9% reported Procedural Preparation as a CLA responsibility.

Table 4

*Frequencies and ANOVAs of CLA Responsibilities*

| <b>Category</b>          | <b>HCP<br/>Frequency:<br/>CLA (11<br/>respondents)</b> | <b>CLP<br/>frequency:<br/>CLA (17<br/>respondents)</b> | <b>ANOVA<br/>CLA: F</b> | <b>ANOVA<br/>CLA: Sig.</b> |
|--------------------------|--|--|-------------------------|----------------------------|
| Collaborate with HC Team | 7  | 4  | 4.984                   | 0.034                      |
| Facilitate Coping        | 1  | 0  | 1.579                   | 0.22                       |
| Events                   | 5  | 11   | 0.974                   | 0.333                      |
| Family Support           | 1  | 7  | 3.556                   | 0.071                      |
| Manage Playroom          | 1  | 10   | 8.544                   | 0.007                      |
| Normalization            | 0  | 8  | 9.079                   | 0.006                      |
| Procedural Preparation   | 1  | 0  | 1.579                   | 0.22                       |
| Procedural Support       | 2  | 0  | 3.508                   | 0.072                      |
| Provide Play             | 10   | 16   | 0.097                   | 0.758                      |
| Time with patients       | 5  | 3  | 2.583                   | 0.12                       |
| Typical Development      | 0  | 3  | 2.189                   | 0.151                      |
| Manage Volunteers        | 0  | 6  | 5.571                   | 0.026                      |

## 5. DISCUSSION

The goals of this study were to gather information about healthcare professionals' understanding of the role(s) of child life professionals, and to recognize both alignment and discrepancies in those perceptions between healthcare professionals and child life professionals. This thesis utilized qualitative data from an online survey sent to members of the healthcare team, which included child life professionals, clinical assistants, nurses, physicians and social workers.

### **Perceived Responsibilities of Child Life Specialists: Aligned Perceptions**

As expected, a smaller percentage (24%) of CCLS responsibility categories showed significant differences than were found in Cole, Diener, Wright and Gaynard's (2001) results, which reported 74% CCLS responsibility categories showing significant differences. In general, these results show that there are less significant differences in perception in comparison to a previous study. While a true comparison cannot be made due to different sample participants between Cole, Diener, Wright and Gaynard's (2001) study and this current one, this researcher hopes these results reflect a possible shift in perception of the child life role.

All healthcare professionals, including child life professionals, reported that Procedural Preparation was a primary responsibility of child life specialists. This shows that child life professionals and healthcare workers are aligned in perceiving Procedural Preparation as a primary responsibility of CCLSs. Procedural Preparation is a measurable and direct intervention that child life provides to a patient, and could be a referral made by a variety of disciplines such as physician, nurse, clinical assistant (Gaynard, 1998).

Social workers most often reported procedural preparation as a CCLS responsibility. This is somewhat surprising as a social worker, whose role does not involve procedure planning or support, would be less likely than a nurse or physician to place a referral for procedural preparation (Davis, Milosevic, Baldry, Walsh, 2004).

Child Life Specialists reported Provide Play as one of the top four reported child life responsibilities, and HCPs reported it as one of the three primary responsibilities, again showing some level of alignment in perception of CCLS responsibilities. These reports by CCLSs are to be expected, as the varied methods of play (medical, therapeutic, developmental) are vital to interventions utilized by CCLSs in their work (Bolig, 2005; Gaynard, 1998; Jessee & Gaynard, 2009). This perception by HCPs may be due to the visibility of play, which can occur in a variety of settings such as the playroom, patient rooms or the hallways. The prevalence of play among survey responses may also be due to the fact that play has gained greater acceptance as a tool that impacts children's development as seen in recent novels and literature that highlight specific benefits of play (Brown, 2009; Pellis, Pellis & Himmler, 2016).

### **Perceived Responsibilities of Child Life Specialists: Variation in Perceptions**

More than half of CCLSs reported Facilitate Coping as one of the primary responsibilities of CCLSs, but only 15% of HCPs (only nurses) reported Facilitate Coping as a primary responsibility. In a previous study, Facilitate Coping was reported in similar percentages by CCLSs and nurses (17% and 21% respectively), but reported at much lower rates by other HCPs (Cole, Deiner, Wright & Gaynard, 2001). Family Support was also reported significantly more by CCLSs than by other healthcare

professionals (59% vs. 29%). Analysis supported evidence of significant differences in perception of these two responsibilities. This variance in perception of Family Support may be due to other roles present at the hospital to support families (i.e. chaplains, social workers) and child life may be perceived as primarily a patient-support role by some healthcare professionals. These discrepancies show that CCLSs perceive Facilitate Coping and Family Support as a primary role while other professionals do not perceive these as primary responsibilities. This likely results in less referrals for child life in response to these specific patient or family needs. Unlike Procedural Preparation, Facilitate Coping and Family Support are less tangible, or predictable interventions a CCLS can provide, and vary in their presentation. For example, Family Support could involve a CCLS discussing parenting while in the hospital with a patient's mom, validating a sibling's emotions in the playroom or connecting family members with community resources. Facilitate Coping could be integrated as part of building rapport while on a walk with a patient, or while in conversation during a Medical Play session. This may make it more difficult for healthcare professionals to identify in comparison to interventions such as Procedural Preparation. Other HCPs may vary in their view of what Facilitate Coping looks like and may not agree with CLP's definition, or may not utilize a standard definition within their discipline.

Specific types of play such as medical or therapeutic play were mentioned by about seven percent of HCPs' respondents, showing some awareness of different benefits and specific types of play utilized by CCLSs. Alternatively, thirty percent of CCLSs mentioned therapeutic or medical play, which has been shown to decrease stress, anxiety,

negative emotions as well as pain perception in patients (Grissom, Boles, Bailey, Cantrell, Kennedy, Sykes, & Mandrell, 2016; Moore, Bennett, Dietrich & Wells, 2015; Tsai et al, 2013). Unfortunately, it is unclear from this survey how many HCPs do have an understanding of the developmental, cognitive, social and healing benefits of play in the hospital environment. Physicians reported some form of therapeutic/medical play the most often, at 25%, as part of CCLS responsibilities while only four percent of nurses and no social workers.

Procedural Support was reported by nearly half of Healthcare Professionals which placed it as one of the second most reported CCLS responsibility. Alternatively, only 36% of CCLS reported it as a primary responsibility, placing it as the fifth most reported responsibility. This is somewhat surprising, as procedural support is a documented and effective intervention utilized by CCLSs (Durand, Young, Nagy & Tekes, 2015; Grissom, Boles, Bailey, Cantrell, Kennedy, Sykes, & Mandrell, 2016; Thompson, 1990). By nature, Procedural Support requires the presence of at least one other healthcare professional, making it a more visible child life intervention to other professionals and likely a more commonly perceived intervention than others such as Family Support or Facilitate Coping (Gaynard, 1998; Thompson, 1990).

### **Perceived Responsibilities of Child Life Assistants: Alignment in Perception**

The lack of response by healthcare professionals in regards to the CLA role may be due to some healthcare professionals lack of knowledge about the CLA position, or a HCP not working directly with a CLA, as 64% HCPs did not report awareness of the CLA position. The response rate is also potentially due in part to staffing changes to the



CCLS positions after the first round of surveys were sent out. On some units/areas of the hospital such as Imaging and Day Surgery, CLAs are not present so some healthcare professionals do not interact with CLAs in any capacity.

Both child life and healthcare professionals perceived Provide Play as the primary responsibilities of CLAs which shows alignment in understanding of the CLA role. This is a visible and possibly daily action taken by CLAs and therefore visible to many healthcare professionals members.

### **Perceived Responsibilities of CCLSs: Variation in Perceptions**

Healthcare Professionals reported Collaborate with Healthcare Team significantly more than CLPs, and reported Procedural Support marginally more than CLPs as a CLA responsibility. The majority of the open-ended responses categorized as Collaborate with Healthcare Team stated specific collaboration or communication with Child Life Specialists. At this freestanding children's hospital, each CLA supported two to three different CCLSs, which would make collaboration necessary as part of sharing units and patients. Therefore, HCP may view CLAs consistent communication with CCLS as a form of collaboration with the healthcare team while CCLS may view it as simply communication within a department.

Child Life Professionals reported Manage Playroom, Normalization and Manage Volunteers significantly more than HCPs. Two of these responsibilities; Manage Playroom and Manage Volunteers may be less visible to HCPs than the other responsibilities, as the playrooms are located in the hallways away from the units. CLPs also reported Family Support as marginally more than HCPs. Perhaps CLPs view the

CLAs Event implementation and Play as a form of Family Support. As CLAs often spend consistent time with families, building rapport is a natural part of time with a family in the hospital, although HCPs may not see these interactions. There appears to be confusion by healthcare professionals between the CCLS and CLA role, as none of the CLPs perceive Procedural Preparation or Support as part of the CLA role, but HCPs reported both of these responsibilities as part of the CLA role.

## 6. LIMITATIONS

While this study provided information valuable to practice, limitations need to be acknowledged. The lack of response from healthcare professionals severely limited the amount of data collected. While more HCPs responded than did the number of CLPs, the percentage of response from healthcare professionals was significantly low (<5%). In contrast, nearly all child life professionals responded to the survey. As this survey was based around the role of a Child Life Professional, the response from CLPs is logical. Emails directed to staff can be frequent at any establishment and this reality may have also impacted the response by HCPs. Nevertheless, a greater response would have provided more detailed results, higher statistical significance and greater insight to the healthcare professionals perspectives as a whole.

Categories from the open-ended responses were also biased by the researcher's background in the field of family and child development, and her own definitions of child life responsibilities. Other disciplines naturally vary in terminology and perceptions of interventions by other professionals, and child life professionals could vary in their own perception of responsibilities of interventions such as Medical Play (Ballard, 2016). In future studies, providing definitions prior to the open-ended responses, or using multiple choice options for responsibilities could decrease said bias in future surveys. Also, utilizing at least two persons to categorize the responses, with one being from another field of study, would provide more consistent categorization.

Unfortunately, staffing changes to the child life team were implemented a few weeks after the first survey was sent out. This resulted in the loss of most of the Child

Life Assistants and some Child Life Specialists. While data was already collected at that time for all child life professionals, this staffing change may have impacted non-child life healthcare professionals' willingness to respond or may have resulted in skewed responses. As this survey occurred at only one hospital, generalizability to other hospital settings is limited. Performing this survey at other hospitals would provide a stronger case for generalization in the future.

## **7. IMPLICATIONS FOR PRACTICE**

It is evident that CCLSs and healthcare professionals at this hospital aligned somewhat in their perception of the CCLS role, specifically Procedural Preparation, Provide Play and Procedural Support. Greater education by CCLSs to other healthcare professionals about interventions for Facilitate Coping, Family Support and types of play with healthcare professionals would likely increase awareness and understanding of these services that CCLS view as part of their primary responsibilities. Awareness of these interventions would in turn impact the likelihood of referrals by HCPs for these needs, which could decrease role stress and improve CCLS' effectiveness as part of the healthcare team.

Education of the CCLS role by CCLSs must be continuous and adaptable, since each new healthcare professional is an opportunity for collaboration and increased awareness of both the CCLS role and the HCP role. While CCLSs may continue to struggle with acceptance as part of the healthcare team and understanding of their role, the data provides evidence that some staff utilize the child life specialist role on the healthcare team, and understand some of the interventions CCLS can provide. Child Life Professionals that are able to recognize and capitalize on current acceptance and effective use of their responsibilities, while continuously and intentionally building understanding within the multidisciplinary unit that surrounds them, will likely find themselves an effective and utilized member of that team.

**APPENDIX SECTION**

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## APPENDIX A: INVITATION EMAIL TO HEALTHCARE PROFESSIONALS

Subject: Research Study Opportunity

Dear Dell Children's Associates,

You are invited to participate in an online survey for a research study about Child Life Professionals. Your participation will provide insight about inter-professional collaboration within a pediatric hospital. This survey will take about 15 minutes to complete.

After participating in this study, you will have the option to be eligible for a drawing to win one of ten \$40 gift cards to Amazon.com, Alamo Drafthouse, HEB, Starbucks, or Torchy's Tacos.

Your participation in this survey is entirely voluntary.

*Please click on the link below to go to the survey.*

Survey link: <LINK>

Your response is important. Thank you for your time and consideration.

## APPENDIX B: INVITATION EMAIL TO CHILD LIFE PROFESSIONALS

Subject: Research Study Opportunity

Dear Dell Children's Associates,

You are invited to participate in an online survey for a research study about Child Life Professionals. Your participation will provide insight about inter-professional collaboration within a pediatric hospital. This survey will take about 15 minutes to complete.

After participating in this study, you will have the option to be eligible for a drawing to win one of ten \$40 gift cards to Amazon.com, Alamo Drafthouse, HEB, Starbucks, or Torchy's Tacos.

Your participation in this survey is entirely voluntary.

*Please click on the link below to go to the survey.*

Survey link: <LINK>

Your response is important. Thank you for your time and consideration.



## APPENDIX C: SURVEY FOR CHILD LIFE PROFESSIONALS

### Perceptions of Child Life Questionnaire For Healthcare Workers

**The following survey is for research purposes only. Information from this survey will remain anonymous and will not be shared with your employer. This survey will take approximately 10-15 minutes to complete.**

*The following section is about you and your work history.*

Gender:

- Male
- Female
- Other:

Age: \_\_

Marital Status:

- Divorced
- Never married
- Now married/domestic partner
- Separated
- Widowed

Race:

- White/European American
- Black/African American
- Native American or Alaska Native
- Asian American
- Native Hawaiian or Other Pacific Islander
- Two or more races
- Other: \_\_

Ethnicity:

- Hispanic or Latino
- Non-Hispanic

Education Level:

- High school graduate (includes equivalency)
- Some college, no degree
- Associate's degree

- Bachelor's degree
- Graduate or professional degree

What is your current position or affiliation with Dell Children's Medical Center (DCMC)?

1. Child Life Specialist
2. Child Life Assistant
3. Other: \_\_\_\_\_

Do you provide direct patient care at DCMC?

- Yes
- No

What shift do you primarily work?

- Day Shift
- Night Shift
- Other: \_\_\_

How many hours do you typically work each week?

- Less than 12 hours
- 12-23 hours
- 24-35 hours
- 36-44 hours
- 45+hours

What is your employment status?

- Full-time
- Part-time
- PRN

How long have been employed or affiliated with DCMC (or Children's Hospital of Austin)?

- 0-2 years
- 3-5 years
- 6-10 years
- 11-20 years
- 21+years

How long have you worked as a healthcare professional?

- 0-2 years
- 3-5 years
- 6-10 years

- 11-20 years
- 21+years

What department(s)/unit(s) are you affiliated with at DCMC? (Choose all that apply).

- IMC (2 North)
- PICU (2 Central)
- Rehabilitation (2 South)
- Post-Trauma/Surgery (3 North)
- Med-Surg/Respiratory (3 Central)
- Ortho (3 South)
- Oncology/Hematology (4 North)
- Pulmonary (4 Central)
- Neuro/Psych (4 South)
- Day Surgery
- Emergency Department
- Imaging/Radiology
- Specialty Care Clinic
- Other: \_\_

*The following section is about your perception of the professional field of child life. This includes but is not limited to the child life specialist(s) you currently work with.*

Prior to this employment, what was your previous contact with the field of child life? (Choose all that apply).

- I had no prior knowledge.
- I had contact with child life while working in other health care settings.
- I learned about child life from a friend or family member.
- I learned about child life on social media and/or news outlets.
- I learned about child life during a friend's, family member's, or my own hospitalization.
- I learned about child life from school.
- Other (please specify): \_\_

Which of the statements below are true for you in your current position? (Choose all that apply).

- I work with child life specialist(s).
- I work with child life assistant(s).
- I do not work with child life specialists or child life assistants.
- I do not know.

In your current position, how often do you have contact with child life specialists?

- Several times a day
- Once a day
- Several times a week
- Once a week
- A few times a month
- Once a month
- Less than once a month
- Never
- Other: \_\_\_

What do you think is the typical education background of child life specialists?  
(Choose all that apply).

- High School Diploma
- Associate's Degree
- Bachelor's Degree
- Master's Degree
- Certification
- Other: \_\_\_

What do you think is the typical education background of child life assistants? (Choose all that apply).

- High School Diploma
- Associate's Degree
- Bachelor's Degree
- Master's Degree
- Certification
- Other: \_\_\_

Based on your experience, what do you see as the primary responsibilities of the child life specialist? (Please type in your answer).

- A. \*required
- B.
- C.

Based on your experience, what do you see as the primary responsibilities of the child life assistant? (Please type in your answer).

- A. \*required
- B.
- C.

How do you communicate a referral for child life services? (Rate your answers from 1–4: 1-often, 2-sometimes, 3-rarely, 4-never).

- By phone
- In person
- Placing an order in the charting system
- Unit-based message board/schedule
- Patient/family request
- Via email
- Other: \_\_

On days when there are no child life specialists working with the patients you are assigned to, do you notice any changes in the **patients'** behavior?

- Yes
  - Please explain: \*required
- No

On days when there are no child life specialists working with the patients you are assigned to, do you notice any changes in the **parents'** behavior?

- Yes
  - Please explain: \*required
- No

On days when there are no child life specialists working with the patients you are assigned to, do you notice any changes in your **coworkers'** behavior?

- Yes
  - Please explain: \*required
- No

**Choose the tasks you feel are responsibilities of child life specialists.**

- Provide play opportunities which encourage expression of feelings and promote a sense of mastery and understanding of medical experiences.
- Write out goals and methods to facilitate each child's physical development.
- Provide pre-admission orientation visits.
- Provide developmentally appropriate explanations to the child about the nature and reasons for procedures and routines.
- Provide the presence of a supportive individual during procedures and routines for pediatric patients.
- Consult with parents and families about the child's physical health.
- Entertain children when they are not involved in medical procedures.
- Administer medication to patients.
- Familiarize the child with new surroundings on admission.

**Choose the tasks you feel are responsibilities of child life specialists.**

- Consult with parents and families about the child's emotional state.
- Offer the children an environment where they can engage in pleasurable activities.
- Promote policies which encourage unrestricted parental visiting, rooming-in and parental presence during stressful events.
- Make written documentation of developmental assessments of each child.
- Provide opportunities for parents to actively continue their parenting role.
- Contribute to decisions concerning when a patient should be discharged.
- Participate in the instruction of inservices, conferences and other educational activities offered by the hospital.
- Extend support to parents with an understanding of their own stress and needs.
- Meet regularly with health care members to share information concerning the child's medical, emotional and social health.

**Choose the tasks you feel are responsibilities of child life specialists.**

- Administer a parent-education program concerning children in health care settings.
- Provide play opportunities which foster continued growth and development and prevent adverse reactions to hospitalization.
- Make written documentation of psycho-social assessments of each child.
- Assess and set goals for meeting the emotional/social needs of each child.
- Administer custodial care to the children (diaper changing, washing, etc.).
- Make written documentation of physical assessments of each child.
- Heighten feelings of competency by providing opportunities to be creative and successful at a variety of experiences.
- Accompany patients on outings outside of the unit.
- Ensure recognition of the child as a unique individual.

**Below is a list of some of the people who work in hospitals. Please rate each group according to how important you feel they are in contributing to patients' *psychosocial* well-being, on a scale from 1–9: 1-not very important to 9-very important.**

- Physical Therapists
- Social Workers
- Child Life Specialists
- Physicians
- Psychologists
- Nurses
- Volunteers
- Psychiatrists
- Hospital Tutors (teachers)

- CEOs
- Department Assistants
- Administration
- Occupational Therapists
- Speech Pathologists

**Please rate each group according to how important you feel they are in contributing to patients' *physical* well-being, on a scale from 1–9: 1-not very important to 9-very important.**

- Physical Therapists
- Social Workers
- Child Life Specialists
- Physicians
- Psychologists
- Nurses
- Volunteers
- Psychiatrists
- Hospital Tutors (teachers)
- CEOs
- Department Assistants
- Administration
- Occupational Therapists
- Speech Pathologists

**Please rate each group of healthcare professionals according to their *overall influence, command and authority within the healthcare hierarchy*, on a scale from 1–9: 1-not very important to 9-very important.**

- Physical Therapists
- Social Workers
- Child Life Specialists
- Physicians
- Psychologists
- Nurses
- Volunteers
- Psychiatrists
- Hospital Tutors (teachers)
- CEOs
- Department Assistants
- Administration
- Occupational Therapists
- Speech Pathologists

## APPENDIX D: SURVEY FOR HEALTHCARE PROFESSIONALS

### Perceptions of Child Life Questionnaire For Healthcare Workers

**The following survey is for research purposes only. Information from this survey will remain anonymous and will not be shared with your employer. This survey will take approximately 10-15 minutes to complete.**

*The following section is about you and your work history.*

Gender:

- Male
- Female
- Other:

Age: \_\_

Marital Status:

- Divorced
- Never married
- Now married/domestic partner
- Separated
- Widowed

Race:

- White/European American
- Black/African American
- Native American or Alaska Native
- Asian American
- Native Hawaiian or Other Pacific Islander
- Two or more races
- Other: \_\_

Ethnicity:

- Hispanic or Latino
- Non-Hispanic



Education Level:

- High school graduate (includes equivalency)
- Some college, no degree
- Associate's degree
- Bachelor's degree
- Graduate or professional degree

What is your current position or affiliation with Dell Children's Medical Center (DCMC)?

1. Chaplain
4. Clinical Assistant
5. Nurse
6. Physician
7. Social Worker
8. Other: \_\_

Do you provide direct patient care at DCMC?

- Yes
- No

What shift do you primarily work?

- Day Shift
- Night Shift
- Other: \_\_

How many hours do you typically work each week?

- Less than 12 hours
- 12-23 hours
- 24-35 hours
- 36-44 hours
- 45+hours

What is your employment status?

- Full-time
- Part-time
- PRN

How long have been employed or affiliated with DCMC (or Children's Hospital of Austin)?

- 0-2 years
- 3-5 years
- 6-10 years

- 11-20 years
- 21+years

How long have you worked as a healthcare professional?

- 0-2 years
- 3-5 years
- 6-10 years
- 11-20 years
- 21+years

What department(s)/unit(s) are you affiliated with at DCMC? (Choose all that apply).

- IMC (2 North)
- PICU (2 Central)
- Rehabilitation (2 South)
- Post-Trauma/Surgery (3 North)
- Med-Surg/Respiratory (3 Central)
- Ortho (3 South)
- Oncology/Hematology (4 North)
- Pulmonary (4 Central)
- Neuro/Psych (4 South)
- Day Surgery
- Emergency Department
- Imaging/Radiology
- Specialty Care Clinic
- Other: \_\_

*The following section is about your perception of the professional field of child life. This includes but is not limited to the child life specialist(s) you currently work with.*

Prior to this employment, what was your previous contact with the field of child life? (Choose all that apply).

- I had no prior knowledge.
- I had contact with child life while working in other health care settings.
- I learned about child life from a friend or family member.
- I learned about child life on social media and/or news outlets.
- I learned about child life during a friend's, family member's, or my own hospitalization.
- I learned about child life from school.
- Other (please specify): \_\_

Which of the statements below are true for you in your current position? (Choose all that apply).

- I work with child life specialist(s).
- I work with child life assistant(s).
- I do not work with child life specialists or child life assistants.
- I do not know.

In your current position, how often do you have contact with child life specialists?

- Several times a day
- Once a day
- Several times a week
- Once a week
- A few times a month
- Once a month
- Less than once a month
- Never
- Other: \_\_

What do you think is the typical education background of child life specialists? (Choose all that apply).

- High School Diploma
- Associate's Degree
- Bachelor's Degree
- Master's Degree
- Certification
- Other: \_\_

What do you think is the typical education background of child life assistants? (Choose all that apply).

- High School Diploma
- Associate's Degree
- Bachelor's Degree
- Master's Degree
- Certification
- Other: \_\_

Based on your experience, what do you see as the primary responsibilities of the child life specialist? (Please type in your answer).

- B. \*required
- B.
- C.

Based on your experience, what do you see as the primary responsibilities of the child life assistant? (Please type in your answer).

B. \*required

B.

C.

How do you communicate a referral for child life services? (Rate your answers from 1–4: 1-often, 2-sometimes, 3-rarely, 4-never).

- By phone
- In person
- Placing an order in the charting system
- Unit-based message board/schedule
- Patient/family request
- Via email
- Other: \_\_

On days when there are no child life specialists working with the patients you are assigned to, do you notice any changes in the **patients'** behavior?

- Yes
  - o Please explain: \*required
- No

On days when there are no child life specialists working with the patients you are assigned to, do you notice any changes in the **parents'** behavior?

- Yes
  - o Please explain: \*required
- o No

On days when there are no child life specialists working with the patients you are assigned to, do you notice any changes in your **coworkers'** behavior?

- Yes
  - o Please explain: \*required
- No

**Choose the tasks you feel are responsibilities of child life specialists.**

- Provide play opportunities which encourage expression of feelings and promote a sense of mastery and understanding of medical experiences.
- Write out goals and methods to facilitate each child's physical development.
- Provide pre-admission orientation visits.
- Provide developmentally appropriate explanations to the child about the nature and reasons for procedures and routines.

- Provide the presence of a supportive individual during procedures and routines for pediatric patients.
- Consult with parents and families about the child's physical health.
- Entertain children when they are not involved in medical procedures.
- Administer medication to patients.
- Familiarize the child with new surroundings on admission.

**Choose the tasks you feel are responsibilities of child life specialists.**

- Consult with parents and families about the child's emotional state.
- Offer the children an environment where they can engage in pleasurable activities.
- Promote policies which encourage unrestricted parental visiting, rooming-in and parental presence during stressful events.
- Make written documentation of developmental assessments of each child.
- Provide opportunities for parents to actively continue their parenting role.
- Contribute to decisions concerning when a patient should be discharged.
- Participate in the instruction of inservices, conferences and other educational activities offered by the hospital.
- Extend support to parents with an understanding of their own stress and needs.
- Meet regularly with health care members to share information concerning the child's medical, emotional and social health.

**Choose the tasks you feel are responsibilities of child life specialists.**

- Administer a parent-education program concerning children in health care settings.
- Provide play opportunities which foster continued growth and development and prevent adverse reactions to hospitalization.
- Make written documentation of psycho-social assessments of each child.
- Assess and set goals for meeting the emotional/social needs of each child.
- Administer custodial care to the children (diaper changing, washing, etc.).
- Make written documentation of physical assessments of each child.
- Heighten feelings of competency by providing opportunities to be creative and successful at a variety of experiences.
- Accompany patients on outings outside of the unit.
- Ensure recognition of the child as a unique individual.

**Below is a list of some of the people who work in hospitals. Please rate each group according to how important you feel they are in contributing to patients' psychosocial well-being, on a scale from 1–9: 1-not very important to 9-very important.**

- Physical Therapists
- Social Workers
- Child Life Specialists
- Physicians

- Psychologists
- Nurses
- Volunteers
- Psychiatrists
- Hospital Tutors (teachers)
- CEOs
- Department Assistants
- Administration
- Occupational Therapists
- Speech Pathologists

**Please rate each group according to how important you feel they are in contributing to patients' *physical* well-being, on a scale from 1–9: 1-not very important to 9-very important.**

- Physical Therapists
- Social Workers
- Child Life Specialists
- Physicians
- Psychologists
- Nurses
- Volunteers
- Psychiatrists
- Hospital Tutors (teachers)
- CEOs
- Department Assistants
- Administration
- Occupational Therapists
- Speech Pathologists

**Please rate each group of healthcare professionals according to their *overall influence, command and authority within the healthcare hierarchy*, on a scale from 1–9: 1-not very important to 9-very important.**

- Physical Therapists
- Social Workers
- Child Life Specialists
- Physicians
- Psychologists
- Nurses
- Volunteers
- Psychiatrists
- Hospital Tutors (teachers)
- CEOs
- Department Assistants

- Administration
- Occupational Therapists
- Speech Pathologists

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