Resource Collaboration: The benefits of utilizing child life specialists when dealing with pediatric stress

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Abstract

Introduction: In pediatric hospitals there are varying opinions regarding who is part of the healthcare team. Each specialty has a different view on the various aspects of care.

Objective: The study explores healthcare providers' diverse points-of-view on stress and compares coping strategies to obtain the most effective way to reduce stress in pediatric patients with a chronic condition.

Method: The study used a qualitative research design. The sample population included six nurses and five child life specialists who have significant experience in pediatrics. Data were collected using semi-structured interviews. To identify common themes, a content/data analysis was performed.

Results: Six themes were recognized and led to the identification of differences and similarities between nurses and child life specialists, both of whom reported fear of the unknown as the biggest stressor for the pediatric patient. The act of healthcare workers lying to the child as an attempt to reduce stress on the child was reported as an ineffective coping strategy. Nurses reported crying as a symptom of stress, while child life specialists reported crying as an effective coping strategy. The care of a child coping under stress needs to be a collaborative group effort. Most professionals reported that situations would have been conducted more efficiently if better communication had been in place. Family-centered care was perceived as valuable for improving pediatric patient coping mechanisms.

Implications: The discovered data help to identify the importance of collaborating with all available resources to obtain the best care possible for patients. This article provides effective coping strategies to care for
patients. It will help nurses and other healthcare professionals understand how child life specialists help chronically-ill patients cope effectively with stress.

Introduction
Every day, children are hospitalized due to chronic conditions. These children are ripped from the normal and carefree routine of childhood and trapped in an up-ended world where doctors, physician assistants, nurse practitioners, dietitians, nurses and child life specialists come streaming in and out of their small rooms poking, prodding, and talking to them in foreign medical language. Psychosocial attitudes toward illness, body image, and self-worth are all factors that affect the pediatric patient’s ability to cope with stress (McCaffery, 2006). Stress levels can be increased for anyone admitted to a hospital, and even more for a child who does not understand what is going on. This article examines the role of two groups of healthcare professionals, nurses and child life specialists, and compares how they strive to help hospitalized children with chronic conditions cope with stress. Nurses are considered the foundation of care for pediatric patients and their families in the hospital, providing the hands-on medical care, ongoing support, encouragement, and education related to the child’s healthcare needs (McCullough & Price, 2011). Child life specialists are trained pediatric healthcare professionals with expertise in helping children and their families in hospitals and other settings overcome life’s most challenging events related to healthcare, hospitalization, illness and disability.

According to the American Academy of Pediatrics (AAP, 2000), child life specialists are certified healthcare professionals with a strong background in child development and family systems. Their education typically includes an emphasis on human growth and development, education, psychology or a related field of study. They also have
experience in how children respond to the many aspects of hospitalization. Their goals are to help children become more comfortable by addressing fears, clearing up common misconceptions about medical procedures and hospitalization, and preparing the child for hospital procedures in an age-appropriate manner. Child life services constitute an essential component of quality pediatric healthcare and they have become standard in most pediatric hospital settings. Child life specialists typically work with a multidisciplinary patient care team, which may include physicians, nurses, social workers, therapists, counselors, teachers, parents and others to help reduce anxiety, make the child's hospital visit more comfortable, child-friendly and, in many cases, fun (AAP, 2000).

Child life programs facilitate the coping and adjustment of children and families in three primary service areas: 1) providing play experiences; 2) presenting developmentally-appropriate information about events and procedures; and 3) establishing therapeutic relationships with the patient, parents, siblings, and other family members to support informed family involvement in each child's care. Although other members of the healthcare team share these responsibilities for the psychosocial concerns of the child and the family, this is the primary role of the child life specialist (AAP, 2000). They provide emotional support for families, and encourage a positive experience for children during hospitalization and outpatient procedures. Child life specialists also help ease a child's fear and anxiety through therapeutic recreational play activities to normalize the hospital experience. They foster an environment that incorporates emotional support, encourage understanding and cooperation by providing non-medical preparation and support for children undergoing tests, surgeries and other medical procedures, educate families and children on what to
expect using child-friendly tools and age-appropriate language, engage and energize children and families by coordinating special events and activities (AAP, 2003).

This article provides education for healthcare professionals looking to grasp a better understanding of pediatric patients coping with stress due to a chronic illness. There is a gap in the literature related to communication and knowledge between nurses and child life specialists. This offers an opportunity for improvement in the workplace and better patient care. There has been little research completed comparing the strategies of nurses and child life specialists to help pediatric patients cope with stress in their experience of chronic health conditions and hospitalizations. This study is seeks to addresses this gap.

**Purpose**
The aim of this study is to explore both nurses and child life specialist’s viewpoints on what causes stress in pediatric patients and how healthcare professionals strategize to care for a pediatric family under stress.

**Literature Review**
Previous research described what children find helpful in coping with stress. According to McCaffery (2006), watching TV, eating home-cooked meals, listening to music, and getting massages help children cope with stressful situations. Research showed that levels of parental anxiety affect the psychosocial outcomes of the pediatric patient and family members (Wray et al., 2011). According to Davidson (2009), fulfillment of family needs may decrease adverse psychological outcomes.

Increased patient acuity and low numbers of staff on hand places all healthcare providers in a position where collaboration is key. According to a study Hart and Walton (2011), nurses have less time to engage in psychosocial
interventions due to the high level of acuity in patients and demanding patient-to-staff ratios. Nurses who have multiple patients need to communicate with child life specialists when a patient is undergoing a stressful situation. Communication is vital to meet the complex psychosocial demands of a pediatric patient (Hart & Walton, 2011). According to previous studies, nurses might not understand the importance of child life specialists. Gaynard (2001) conducted a research study on healthcare professional's perceptions on child life specialists and found that most nurses consider the child life specialist's role as “amusing and entertaining to the child.” She discovered that only 18% of nurses noted “decreasing patient stress” as a child life specialist’s goal (Gaynard, 2001).

Previous studies demonstrated ways nurses educate pediatric patients on coping strategies. According to McCullough and Price (2011), children’s nurses are pivotal to the therapeutic relation with patients and they can help the families cope successfully with stress to overcome hurdles and gaps in their children’s illnesses and care. Several studies highlighted the importance of child life specialist in pediatrics. According to Child Life Council (2006), the child life specialists are considered reputable members of the healthcare team for the role they play in supporting children. They promote optimal development, present information, and plan and rehearse useful coping strategies, work through feelings, and establish therapeutic relationships with pediatric patients and their families (Child Life Council, 2006).

**Design Method**

The study used an exploratory qualitative descriptive design using a semi-structured interview methodology to explore nurses’ and child life specialists’ varying opinions on which coping strategies reduce the stress in pediatric patients with a chronic condition. An interview guide consisting of eighteen
open-ended questions was used as a guide reference to keep the interviews on topic.

**Sample and Setting**
The sample for this study included six child life specialists and five registered nurses (RNs) who have worked on pediatric units in four hospitals in the New England area (N = 11). The participating child life specialists focused on the strengths and sense of well-being of children while promoting their optimal development and minimizing the adverse effects of children's experiences in a hospital setting. All the participants were females and their years of experience of working on a pediatric unit ranged between two years and thirty years with a mean of fourteen years. The participants fit into strict criteria: 1) they had to work in either a pediatric hospital or on a pediatric unit of a hospital in the New England region for at least one year; 2) they had to have obtained at least a bachelor degree in their field of occupation. The four hospitals were selected because they are the major teaching hospitals in the area that admit and treat similar populations of children with acute and chronic health issues.

**Ethical Considerations**
This research study was approved by the Massachusetts College of Pharmacy and Health Sciences (MCPHS University) Institutional Review Board in Boston, Massachusetts (2012). A written consent form was signed by the participants after they received oral and written information about the research study. Anonymity was maintained by withholding the names and places of employment from the research article as well as publishing in the aggregate. For identification purposes, each participant was given a letter that cannot be linked to any personal information. Only the primary investigators are able to identify who participated in the study. Consents, audio tapes
and printed transcripts are stored in a locked safe and will be destroyed at the conclusion of this study.

Data Collection and Analysis
Data were collected using semi-structured interviews conducted in a convenient place for participants and at times suitable for them. All interviews were recorded on three devices and transcribed verbatim with the exception of the participants’ names, which were edited out. Each interview was assigned a letter and categorized as “nurse” or “child life.” The interviews were sorted after being transcribed into nurse and child life specialist piles to identify codes and analyze the themes between the two related professions. Data collection continued until there were no new themes introduced by the participants after the ninth semi-structured interview. This indicated to the authors that saturation of data was achieved.

The qualitative content analysis method was used to analyze the data. This data analysis approach was used to condense raw data into categories and identify patterns and themes based on the authors’ inference and interpretation of text and transcribed data through the systematic classification process of coding. The responses from each participant were analyzed to gain a better understanding of their deeper meanings. They were then categorized together to compare and contrast the perceptions of nurses and child life specialists on strategies to cope with stress. The codes were validated when each author identified codes and themes individually, and upon comparison there was about 80% consistency. The themes were further validated with a research professor at Massachusetts College of Pharmacy and Health Sciences (MCPHS University) whose themes also conformed to those of the authors by 85%.
Results
The study examined what nurses and child life specialists do when they cannot ease the stress of a pediatric patient and whether they turn to different healthcare professionals. It identified what resources healthcare professionals utilize for a patient who is under stress and what new hospital policies they would recommend to improve patient care in stressful situations.

Six themes were identified from data analysis. Nurses and child life specialists perceived fear of the unknown as the greatest fear of the pediatric patient. Lying to the child as an attempt to reduce stress and hide upsetting information was perceived as an ineffective coping strategy. Nurses perceived crying of children from emotional fear related to pain as a symptom of stress, while child life specialists perceived it as an effective coping strategy. Nurses and child life specialists might have perceived the children’s behavior differently because they approach strategies for abating the tears differently. They both want to relieve the cause, but the treatment for it may be different.

The care of a child coping under stress needs to be collaborative and most professionals reported that situations would have been conducted more efficiently if better communication had been implemented. Finally, family-centered care was perceived as valuable to improving the pediatric patient’s coping mechanisms.

Theme One: Fear of the Unknown and Unfamiliar People
The participants reported fear of the unknown including unfamiliar people and unfamiliar environment as reason pediatric patients become stressed. Without hesitation, all subjects (100%) reported that the majority, if not all, pediatric patients in the hospital are stressed. Three child life specialists (60%) and five nurses (83%) perceived fear of the unknown as a contributing factor to pediatric stress. Four child life
specialists (80%) and three nurses (50%) reported that unfamiliar people is a cause of stress for children. One child life specialist states a factor that creates stress is “unfamiliar people wanting to, you know, get really close and touch them and examine them in ways that they might not have experienced before.” Nurses and child life specialists agreed on similar factors that cause pediatric stress.

**Theme Two: Lying to the Pediatric Patient as an Ineffective Coping Strategy**

A common ineffective strategy the participants reported was lying to the patient or not properly informing the child about what was going on. Three child life specialists (60%) and three nurses (50%) reported the same thing. A child life specialist explains, “Trying to help them cope, but you’re sort of lying, or avoiding the truth, isn’t usually effective.” Overall lying was reported as an unfavorable technique that hurt the child’s ability to cope successfully with stress.

**Theme Three: Crying**

The third theme entails a major difference in how nurses and child life specialists assess a pediatric patient under stress. Four nurses (66%) perceived crying as sign of stress while child life specialists (80%) perceived crying as a way children often cope with stress. A child in pain who cries was perceived as not coping well; however, a child crying for more emotional reasons was perceived as effectively releasing that stress. Without being prompted, many of the child life specialists noted that many people assume the child is not coping effectively if he or she is crying during the procedure, but they defended crying as a method of coping. One child life specialist explained, “Crying is how they’re releasing that stress they’re feeling… you can’t just say ‘this coping strategy isn’t working.’ That is a coping strategy.” Another child life
specialist similarly stated, “We have had people say it’s not helping because they [the patients] are still crying…crying is sometimes a coping mechanism and a lot of people don’t understand that.” All child life specialists reported that crying does not mean a procedure was not effective, while nurses reported that crying is a sign of a patient under stress.

**Theme Four: Sense of Team**
When placed in a stressful situation, half of the nurses reported that they turned to child life specialists for help, and only two out of the five child life specialists (40%) reported that they utilized nurses. Child life specialists most commonly referred to themselves as a resource available for meeting psychosocial needs, followed by social workers. No nurses (0%) listed nursing as a resource in the hospital for resource collaboration. Even though the participants did not always list each other as a resource, none of them listed only one resource. Multiple resources were listed by all participants including psychiatry, social work, and alternative therapies such as music and pet therapy. One child life specialist stressed the importance of how everyone plays a role to help patients cope with stress. She highlighted,

I think that it can be anyone… I like to think everyone is involved in the coping, not just the quote-unquote professional people…I think it has to be the whole healthcare team. It could be the volunteers that the kids are connecting with. . .There was a little baby that was here years ago for a very long time and one of our women who was just such a sweet person when she went in to clean the little girl's room. The little girl needed to be in her crib a lot and she would play peek-a-boo games with her in the crib and sing to her and that to me was helping . . . I think it has to be a group effort.
When asked what could have been done differently in situations that did not lead to the patient effectively coping with stress, all the child life specialists (100%) noted that better staff communication and/or more preparation for the intervention would have been helpful. When asked the same question, half of the nurses (50%) interviewed stated they would have consulted child life specialists beforehand. A nurse stated the following:

I feel like sometimes I could consult with child life more often because maybe the way I’m coming across isn’t the way I want to, or I’m not using the right words for something, or maybe I’m not at the age level or cognitive level that I think they are at. I can ask, how would you deal with someone this age?

While nurses and child life specialists perceived that patient coping is a group effort, they reported that this is not being done in certain situations. Group sessions between child life specialists, nurses and other healthcare team members can help each specialty realize their strengths and specializations. Child life specialists will likely find they are gifted and passionate about children’s social, emotional and coping side, while nurses and other medical professionals may relate mostly to the technical, scientific and medical care side. Recognizing these differences and fostering a community of healthcare members who consult and draw upon the strengths of others in their weaker areas is an asset to the entire team and the pediatric family.

Theme Five: Family-Centered Care to Improve Patient Coping
All nurses and child life specialists reported that meeting a child’s psychosocial needs leads to better outcomes, and
caring for the whole family helps reach the child’s psychosocial goals. Most of the nurses and child life specialists reported that children read their parents’ expressions and act accordingly. One child life specialist stated, “Children at times worry more about their parents then themselves.” Many of the subjects stated that genuine care and service to the parents creates a healthier environment for the patient. One nurse explained,

The kids ultimately benefit most from parents that freshly slept in their own bed and eating properly and everything too and you want them to eat together. You want it to be a social thing and then you’ll find the kids are more apt to do better that they are involved in everything just as they would be at home.

The participants also reported that they act as available resources to siblings, and they teach the siblings how to support the patient under stress. Many participants reported that sibling support groups are available at the hospital because when a child is chronically-ill it affects the whole family. All participants reported a need for siblings of patients to be cared for during hospitalization, and they need to be trained in how to support their stressed brothers or sisters.

Theme Six: Education and Preparation
The participants were asked to make recommendations regarding policies and procedures related to helping chronically-ill patients cope with stress. Every participant expressed variations of one simple theme: education on coping strategies, and meaningful preparation for a patient as he or she approaches procedures. One nurse stated,

We have to do yearly education on just a reorientation on what resources are available to you. That way we are meeting the needs to the full effect. . . so that necessarily
won’t be a policy; it would be more of education on what we can, what we have access to at [hospital’s name] and in the communities, too, what they have access to at home.

Many nurses described their desire for more education about resources, and child life specialists relayed a desire to have more strategies to be better prepared before meeting a patient. A child life specialist stated, “It would be great for me before entering a room to know a kid who benefits from knowing really far ahead of time what the procedure is going to be like and step by step what will happen, or a kid who really the only thing that calms him down is playing a game.” Child life specialists and nurses both reported that preparation and education would be appropriate improved ways to help children develop effective coping strategies to process stress.

Discussion
Child life specialists and nurses identified the fear of the unknown and unfamiliar people as the greatest stressor in hospitalized children. Previous literature provided several factors that cause fear in the pediatric patient. According to Salmela et al. (2010), pain, shots and other nursing interventions are the three great fears identified by children. While the unknown and unfamiliar people were not the largest reported reason of children, they were still listed in the results. Past studies proved that children who received more preparation before elective day surgery had less anxiety following surgery than those who were not prepared (Brewers et al., 2006). The participants of the current study supported this finding by reporting that an effective strategy to help children cope with stress is to inform and prepare the child about what is going on and what is about to occur. Every participant in this study reported that lying to patients to
shield them from an upsetting reality was an ineffective coping strategy.

Nurses identified crying as a sign of patient stress and child life specialists reported that crying could be used as an effective expression of coping with stress. Studies on crying have revealed both negative and positive outcomes. On the one hand crying may “have a negative impact as it consumes energy and creates feelings of shame” (Ryde et al., 2006, p. 51). On the other hand crying allows the body to even out and achieve a sense of balance (Ryde et al., 2006). There is no evidence that supports a relationship between crying and depression; therefore, crying cannot always be classified as a symptom of ineffective coping (Vingerhoets et al., 2007).

Nurses and child life specialists reported numerous resources for helping pediatric patients work through stressful situations. However, nurses did not perceive themselves as a resource, although one child life specialist (20%) sought out nursing resources to support children. Prior research showed that collaboration of different healthcare professionals leads to positive outcomes of patients (Zwarenstein et al., 2009). The participants reported that better communication is necessary to improve the coping of hospitalized children.

The participants reported that family-centered care helps improves the wellbeing of the patient. This finding is concurrent with current literature on the topic. Research has proven that the level of parental anxiety affects the psychosocial outcomes of the pediatric patient and family members (Wray et al., 2011). Literature demonstrated that fulfillment of the needs of the entire family leads into increased favorable psychological results of the patient (Davidson, 2009). In the current study, nurses and child life specialists perceived that caring for the family is very important to improve how the child copes with stressful situations and hospitalizations.
The participants in this study perceived the importance of continuing education of both nurses and child life specialists for various resources available in healthcare facilities to help children under stress cope more effectively with their stressful disease processes. Previous studies on continuing education have relayed that nurses need to be key players in advocating for the continuation of education. Griscitio and Jacono (2006) reached the following conclusion: “To make continuing education programs more effective, nurses need to have a more participatory role in their learning; a concerted effort should be made to make continuing education attainable and realistic” (Griscitio & Jacono, 2006, p. 449).

Study Limitations
The authors identified some limitations of this study. The geographical area, in which the study was conducted was limited to the New England area and consisted of employees from only four major teaching hospitals in New England. The sample size constituted another limitation. A small number of participants (11) were interviewed. Gender is another limitation as all of the participants were females. This was not intended; however, these were the only healthcare professionals who agreed to participate in the study. This study is limited to the topic of coping with stress in pediatric patients who have a chronic condition and the years of experience of the healthcare professionals who care for these patients significantly vary.

Implications
There are many implications as a result of this study. Firstly, it is important for healthcare providers to collaborate with available resources. This is transferable to the care of any patient. By working together, it is likely that signs and
symptoms of stress will be noticed and interpreted correctly. The different specialties offer additional perspectives to view the same stressful problem, which may open up more opportunities in treatment and care. Certain coping mechanisms have been found to be effective and ineffective in dealing with pediatric patients. This study identifies the importance of knowing what strategies work when dealing with stress and others that have not effectively worked out for coping mechanisms of children to combat stressful situations and hospitalizations. The study could be a gateway to provide nurses an opportunity to seek out child life specialists in caring for patients.

The authors believe nurses and child life specialists may need further education on how to access whether a child who is crying is effectively coping. They propose recommendations to healthcare employees to receive education on what services are available to the patients and their families. It is important to know what and who is available at all times in the hospital to use these resources effectively. Patients can experience stress at any time of the day and it’s crucial to know who to contact in different situations. Different cities offer different resources, and it is beneficial to know local options for patient referral.

The authors’ recommendations to healthcare facilities include offering continuing education seminars, workshops, or tutorials related to stress experienced by pediatric patients and identifying the available resources to support patients in coping with their stressful situations and hospitalizations. These educational opportunities could include the roles of different healthcare professions, as well as community organizations that may be beneficial to pediatric patients or their families to help them better cope with stress.

The authors suggest that future research be conducted with regard to coping mechanisms of children with stress. They recommend duplicating this study with a
larger scale of participants. This may include various types of hospitals in different states, a diversity of participants in terms of gender, with stricter limits on the years of experience in the pediatric field, and including a larger sample of healthcare providers who work with pediatric patients under stress. They also suggest including only pediatric patients with a specific illnesses rather than any chronic condition. Also recommended is to pursue further research to explore and chronicle the effects and benefits of open and active communication between child life specialists and nurses.

**Conclusion**

Nurses and child life specialists have frequent interactions with chronically-ill and hospitalized pediatric patients. The participants identified that all pediatric patients were stressed in the hospital and major causes of stress included fear of the unknown and unfamiliar people. Child life specialists and nurses reported that lying to patients about upsetting realities is an ineffective strategy for patients to cope with stress. Nurses identified crying as a sign of stress, while child life specialists reported that crying can be a coping mechanism. Nurses and child life specialists rely on several resources in the hospital, but do not always recognize one another as a resource. Results demonstrated that communication among different healthcare providers is a key factor in assisting a child under stress, yet the participants reported that communication does not always occur among providers of care for the same patient. Family-centered care leads to better psychosocial benefits for the patient. Providing education and preparation for pediatric patients would help prepare them to handle stressful situations and hospitalization. The authors recommend further research related to stress in the fields of nursing practice and education.
References


Davidson, J. (2009). Family centered care: Meeting the needs of patients’ families and helping families adapt to critical situations. Critical Care Nurse, 29(3), 28-34.


