An Investigation on Stress and Burnout in the Profession of Child Life

A thesis presented to

the faculty of

the College of Health Sciences and Professions of Ohio University

In partial fulfillment

of the requirements for the degree

Master of Science

Tricia L. Buskirk

December 2015

© 2015 Tricia L. Buskirk. All Rights Reserved.
This thesis titled
An Investigation on Stress and Burnout in the Profession of Child Life

by

TRICIA L. BUSKIRK

has been approved for
the Department of Social and Public Health
and the College of Health Sciences and Professions by

Jennifer M. Chabot
Associate Professor of Social and Public Health

Randy Leite
Dean, College of Health Sciences and Professions
Abstract

BUSKIRK, TRICIA L., M.S., December 2015, Child and Family Studies

An Investigation on Stress and Burnout in the Profession of Child Life

Director of Thesis: Jennifer M. Chabot

A certified child life specialist (CCLS) is a trained professional who understands child development, and knows how to provide pediatric patients and their families with the necessary support they need to overcome the challenges that are related to hospitalization. It is a CCLS’s job to create a professional yet therapeutic relationship with pediatric patients in order for their psychosocial needs to be addressed. The responsibilities of a CCLS involve a large amount of emotional work. This thesis is written with the intention of investigating some of the stressors that are involved with being a CCLS. An anonymous questionnaire was offered to practicing CCLSs to identify potential stressors. By recognizing predominate stressors, provisions can be suggested to hospitals to help prevent burnout among individuals in this profession.
This thesis is dedicated to my dad and my husband. The two men in my life who would never let me give up, and always believed that I could do it. Their encouragement is the perfect example of how child life specialists should be with children.
# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstract</td>
<td>3</td>
</tr>
<tr>
<td>Dedication</td>
<td>4</td>
</tr>
<tr>
<td>List of Figures</td>
<td>8</td>
</tr>
<tr>
<td>Chapter 1: Introduction</td>
<td>9</td>
</tr>
<tr>
<td>Background</td>
<td>9</td>
</tr>
<tr>
<td>Reason for Research</td>
<td>10</td>
</tr>
<tr>
<td>Significance of Burnout and Stress</td>
<td>11</td>
</tr>
<tr>
<td>Purpose of Research</td>
<td>12</td>
</tr>
<tr>
<td>Guiding Theory</td>
<td>13</td>
</tr>
<tr>
<td>Chapter 2: Literature Review</td>
<td>15</td>
</tr>
<tr>
<td>Role of Child Life Services</td>
<td>15</td>
</tr>
<tr>
<td>Expected Competencies</td>
<td>16</td>
</tr>
<tr>
<td>Patient- and Family-Centered Care</td>
<td>17</td>
</tr>
<tr>
<td>Importance of Child Life Services</td>
<td>18</td>
</tr>
<tr>
<td>Effect of stress on nurses</td>
<td>19</td>
</tr>
<tr>
<td>Effect of stress on social workers</td>
<td>21</td>
</tr>
<tr>
<td>Effect of stress on teachers</td>
<td>21</td>
</tr>
<tr>
<td>Burnout Factors</td>
<td>23</td>
</tr>
<tr>
<td>Understanding Stress and Burnout</td>
<td>26</td>
</tr>
<tr>
<td>Chapter 3: Methodology</td>
<td>29</td>
</tr>
<tr>
<td>Research Design</td>
<td>29</td>
</tr>
<tr>
<td>Section</td>
<td>Page</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Participants</td>
<td>29</td>
</tr>
<tr>
<td>Data Collection</td>
<td>30</td>
</tr>
<tr>
<td>Recruitment method.</td>
<td>30</td>
</tr>
<tr>
<td>Instrument</td>
<td>31</td>
</tr>
<tr>
<td>Data Analysis</td>
<td>32</td>
</tr>
<tr>
<td>Chapter 4: Findings and Analysis</td>
<td>34</td>
</tr>
<tr>
<td>Survey Respondents and Responses</td>
<td>34</td>
</tr>
<tr>
<td>Respondent demographics</td>
<td>34</td>
</tr>
<tr>
<td>Survey design</td>
<td>40</td>
</tr>
<tr>
<td>Overall Stress and Burnout</td>
<td>41</td>
</tr>
<tr>
<td>Primary Job Stressors</td>
<td>47</td>
</tr>
<tr>
<td>Factors That Do Not Significantly Influence Stress</td>
<td>49</td>
</tr>
<tr>
<td>Factors That Were Not Addressed In This Research</td>
<td>53</td>
</tr>
<tr>
<td>Chapter 5: Conclusions</td>
<td>55</td>
</tr>
<tr>
<td>Survey Approach</td>
<td>55</td>
</tr>
<tr>
<td>Burnout</td>
<td>55</td>
</tr>
<tr>
<td>Top Stressors Identified</td>
<td>57</td>
</tr>
<tr>
<td>Demographic Characteristics Not Influencing Job Satisfaction</td>
<td>58</td>
</tr>
<tr>
<td>Limitations</td>
<td>58</td>
</tr>
<tr>
<td>Delimitations</td>
<td>60</td>
</tr>
<tr>
<td>Areas Needing Further Research</td>
<td>61</td>
</tr>
<tr>
<td>Implications for Child Life Practice</td>
<td>61</td>
</tr>
<tr>
<td>References</td>
<td>64</td>
</tr>
</tbody>
</table>
Appendix A: Child Life Competencies ................................................................. 69
Appendix B: IRB approval ................................................................................. 76
Appendix C: Child Life Specialist Stress and Burnout Survey ......................... 77
Appendix D: Invitation to Complete the Stress and Burnout Survey ................. 84
Appendix E: Ohio University Consent Form .................................................... 85
Appendix F: Child Life Stress and Burnout Survey Privacy Statement ............... 87
Appendix G: Research Survey Response Data ............................................... 88
List of Figures

Page

Figure 1: Age of respondents .............................................................................................35
Figure 2: Experience of respondents ..................................................................................36
Figure 3: Hospital size of respondents ...............................................................................37
Figure 4: Location of respondents .....................................................................................38
Figure 5: Hospital assignments of respondents .................................................................39
Figure 6: Child life peers at respondent’s hospital ............................................................40
Figure 7: Age vs overall dissatisfaction .............................................................................42
Figure 8: Child life experience vs overall dissatisfaction ..................................................43
Figure 9: Relative frequency of considering job change ....................................................45
Figure 10: Hospital assignment vs total overall dissatisfaction .........................................46
Figure 11: Top ten dissatisfaction factors of respondents .................................................49
Figure 12: Number of child life peers vs overall stress of respondents .............................50
Figure 13: Number of hospital beds vs overall stress of respondents ...............................51
Figure 14: Freestanding children’s hospital vs overall stress of respondents .................52
Figure 15: Regional location of respondents vs overall stress .........................................53
Chapter 1: Introduction

Background

Certified child life specialists (CCLSs) are tasked with a multitude of duties. Job responsibilities such as helping a child understand a new diagnosis, preparing a child for a medical procedure, or helping a child reach his or her developmental milestones could be a part of their workday. Services provided by child life can assist a medical organization to meet the standards set forth by The Joint Commission. This organization accredits and certifies health care organizations and programs within the United States. When an organization has been certified or accredited by the Joint Commission, they are nationally recognized as an organization that is willing to go above and beyond in providing the best care for their patients. A hospital who utilizes child life services as a part of their organization shows their community that they are willing to go above and beyond for their pediatric patients. Child life services provide children and their families a setting that allows effective communication between the patient and medical staff. They allow for patient- and family-centered care in which the patient’s family remains a part of the decision making process for the child who is hospitalized.

Child life services advocate for children to participate in developmentally appropriate activities, and create an atmosphere for children to feel a sense of control as active participants in their own healthcare (American Academy of Pediatrics, 2014). In general, a CCLS’s day will consist of working with children and families who find themselves in vulnerable positions. These children and families will have medical needs that must be met by medical staff. In turn, these medical conditions will lead to significant psychosocial and developmental needs to be addressed by CCLs.
**Reason for Research**

CCLSs are the center of psychosocial care for children in the hospital, “They provide emotional support for families, and encourage optimum development of children facing a broad range of challenging experiences, particularly those related to healthcare and hospitalization” (Child Life Council, 2014, “The Child Life Profession,” para. 2). The emotional work that CCLSs do and the relationships they form with patients can place a strain on them. In the hospital setting families are under a great amount of pressure and pain as well as lifestyle changes; these stressors on families can make a relationship with them difficult for CCLSs (Pearson, 2005). Just as in many similar emotionally stressful job environments, CCLSs have personal psychosocial needs that must be met in order to maintain their effectiveness. Psychosocial needs for CCLSs would include such things as healthy relationships with other staff members, a manageable workload, resources to fulfill their duties, and a balance between their work and home lives (Holloway & Wallinga, 1990; Richards, 2012).

The ultimate goal of the child life profession is to normalize the hospital setting and create a positive experience for pediatric patients and their families. Previous studies have shown that the effectiveness of employees will directly affect the experience patients will have in the hospital (Munn & Barber, 1996). It is important that CCLSs function at their highest level so that they will create the best care for pediatric patients and their families. CCLSs who are not managing stress or experiencing burnout may not be effective in assisting patients and their families. Not only might these mistakes adversely impact patient care at the hospital, but they may cause CCLSs to lose credibility with a child and his/her family (Bria et al., 2009). In order to maintain a high
level of professional effectiveness, it is important to identify the potential workplace stressors CCLSs will encounter.

**Significance of Burnout and Stress**

Burnout and stress have been an important topic of discussion when researchers studied workers in the human services occupations (Jaber & Al-Zoubi, 2012). Jaber and Al-Zoubi (2012) stated, “It can be said that work burnout is a psychological response to constant stress on the job” (p. 45). Since the 1970s, researchers have tried to understand the effect human service work has on employees because it requires not only skill and knowledge, but also emotional involvement. Past research in the field of human services suggests that because of the emotional work that is involved, burnout does exist and is dependent on several key factors. These factors include the work environment, the relationships in the environment, and the individual person. These factors influence how quickly an employee will experience burnout both as separate factors and as a combination of all the factors (Hill et al., 2008; Philp et al., 2012; Sprang, 2011). CCLSs are subjected to each of these important key factors. These factors include the psychosocial needs of CCLSs that must be met in order for them to provide healthy experiences for hospitalized children.

In addition, one of the expectations of CCLSs is to provide their patients and families with compassionate care. This can be defined as a person’s desire and actions that help meet the needs of someone who is experiencing some type of distress. In *The Handbook of Child Life* Wilson and Cross (2009) explained that a person who is doing his or her work with compassion is likely to be subjected to compassion fatigue. This
type of fatigue occurs when one person is influenced and emotionally impacted by the trauma of another person.

**Purpose of Research**

Although the profession of child life has been established since 1967, the job expectations have changed. Child life services originated due to the fact that hospitalized children used to face many empty days with nothing to do and nothing to engage in after they were admitted (Wojtasik & White, 2009). Research was conducted with hospitalized children who have access to child life services. This research showed that child life services helped children remain calm and less distressed. These children had a clear understanding of their procedures and diagnosis. Often times these children required fewer narcotics and shortened lengths of time required in the hospital compared to children who did not receive child life services (American Academy of Pediatrics, 2014). Because of the impact that the hospital setting had on children, pediatric hospitals began to realize the importance of allowing children to still be children, and to give them the opportunity to play while they were hospitalized. Research shows that, “play is fundamental to the very structure and meaning of childhood” (Wojtasik & White, 2009, p. 4). The original duties of the CCLS were to create a fun, playful environment that children could be stimulated by while they are healing. Today child life is offered at pediatric hospitals as a non-billable service to continue to stimulate children and to provide them with education, assist them with coping techniques for procedures and to encourage them developmentally. These changing job expectations and added responsibilities have led CCLSs to be subjected to more and more stressors.
This thesis is written with the intent of identifying stressors specific to CCLSs. The question, “What are the stressors for child life specialists?” will be addressed. This thesis topic is designed to identify significant stressors that CCLSs are facing and to propose some best practices for reducing stress and burnout of CCLSs. Adopting these best practices should improve the effectiveness of CCLSs and reduce the stress of their job environment. In turn, this will reduce stress for children and their families and create a more comfortable environment for everyone.

**Guiding Theory**

The manifestation of burnout and stress in the child life setting is explained by the social conflict theory. The social conflict theory can best be described using three guiding principles, which are described in the *Sourcebook of Family Theories and Methods: A Contextual Approach* in detail in the article *Social Conflict Theories of the Family* (Farrington & Chertok, 1993). First, all individuals want different things. Because people are all created individually and come from many varied backgrounds, their wants and needs will be different. It is important to note that these needs will change as situations change. In the hospital setting, the needs of many people must be addressed. Not only will the needs of patients and their families need to be addressed, but also the needs of the hospital staff, medical team and psychosocial team who are taking care of patients. As a result of this relationship between hospital staff and families, research shows that, “it is inevitable that challenges and conflicts may arise” (Klassen et al., 2012, p. 92). Second, every environment has a limited number of resources. Resources need to be shared and distributed as evenly as possible in an environment in order to create fairness among the individuals within the environment. As hospitals strive to comply with tight budget
constraints, resources may seem very limited. CCLSs may find themselves working with a very small budget which would require them to be extra resourceful in planning activities and creating child-friendly environments in the hospital. Furthermore, a CCLS may be a limited resource for children and their families since some hospitals might be limited to the number of CCLSs they can have on staff. These CCLSs might find themselves being over utilized and having to cover many different departments. Third, because individuals have different wants and needs and there are limited resources in an environment, inevitably there will be conflict.

Ingersol-Dayton et al. (2003) examined how siblings redistribute their responsibilities such as work within their own families to allow time for parent care. In addition, these researchers were trying to determine how siblings address inequities in their caregiving responsibilities for their parents, and how they redistribute these responsibilities or develop coping strategies. This reorganization of responsibilities is similar to how professionals cooperate to take care of patients to address their medical and psychosocial needs. Although the article did provide much insight into how siblings addressed these issues, other unexpected, valuable information was gained through the research process that has provided additional information on how care giving impacts relationships. Information such as the types of conflicts that arise, the fact that gender plays a role in how responsibilities are distributed and that efforts to improve inequities can result in adding stress to the relationships. The stress involved with the redistribution of responsibilities is similar to the stress that child life specialists experience when managing their caseloads.
Chapter 2: Literature Review

Role of Child Life Services

When children are in vulnerable situations, such as a hospital setting, it is an important time to treat children with respect and dignity. CCLSs are able to implement interventions that have been shown by research to minimize stress and encourage development in children. Child life services can also offer children distractions from potentially painful procedures, coping methods to make situations easier, and developmentally appropriate education that will help children feel more at ease about their situation. In addition, child life is able to offer children a chance to play. Since play is a large part of how children spend their time, it is fundamental to a child’s development. Play helps children to express themselves, and provides them opportunities to learn about new things. It also provides an opportunity for CCLSs to be able to see the concerns or misunderstandings that a child might be having about their situation. Play, along with the other interventions that child life can offer, gives CCLSs a chance to create meaningful, trusting relationships with children and their families.

When a child is scared, sick, or even dying it can cause great stress and sometimes confusion in a family and for the child. The role of the CCLS is to advocate for a best case scenario in these situations and allow everyone involved a chance to have a positive experience. The work of the CCLS brings additional measures of respect and dignity to the fast-paced world of medical diagnoses and treatments.

CCLSs have become a necessary addition to pediatric hospitals because of their ability to address children’s psychosocial needs during hospitalization and outpatient treatments (American Academy of Pediatrics, 2014). When the program of child life is
incorporated into the hospital setting, children’s psychosocial needs are addressed during their health care experience. CCLSs are able to incorporate play along with coping techniques which allows minimization of stressful experiences for children and their families (American Academy of Pediatrics, 2014). While working with a CCLS, children and their families experience first-hand the value of a CCLS in helping children with their individual growth and development. It is the mission of a CCLS to reduce situational stressors and help to create a positive environment in the hospital for children and their families (Child Life Council, 2014).

Expected Competencies

The Child Life Council has established ten competencies that all CCLSs must be able to demonstrate to become and remain a CCLS. Several of the competencies require that CCLSs provide safe, therapeutic environments for children and their families, interact with them meaningfully, and help them cope with stress (see Appendix A, Competencies A & B). A CCLS who is stressed or burned out could have a hard time effectively meeting these standards.

The competency that is central to the issue of stress and burnout is the ability of a CCLS to continuously engage in self-reflective professional child life practice (see Appendix A, Competency E). In order for CCLSs to be successful in self-reflective practices, there are several things that they need to be able to do. For example, it is important that they are able to address challenges such as the workload they are expected to carry and their relationship with patients. Being able to balance these challenges will help them be effective professionals within the field of child life. Their performance weaknesses in the child life profession could be a lack of knowledge, their own personal
beliefs, or lack of skills that affect their service delivery. CCLSs who are unfamiliar with different cultures and beliefs may have a hard time interacting with certain families. They need to be aware of their own beliefs and be willing to respect the beliefs of children and their families. Although it is required of CCLSs to pass a certification exam and obtain 50 professional development units every five years, these minimal training requirements may not always be sufficient. It is essential that they are up to date on current strategies and research concerning child life in order to provide optimal care for children and their families. It is also imperative that CCLSs are able to obtain resources to help overcome their professional weaknesses. CCLSs who are members of the Child Life Council are able to access resources such as training classes, a resource library, and even the ability to network with other CCLSs. These resources are available to assist and support CCLSs with some of their daily tasks.

**Patient- and Family-Centered Care**

In many hospitals today there is an initiative for families to work together with hospital staff in a collaborative effort for the benefit of their child. This combined effort is referred to as patient- and family-centered care (PFCC), and its goal is to acknowledge the expertise both families and staff bring to the health care encounter (American Academy of Pediatrics, 2014). CCLSs should be a part of a team that could include such hospital staff as medical doctors, nurses, physical therapists, and social workers who are working with families. They would be expected to work closely with other professionals and families during a child’s hospital stay to create a comprehensive plan for the child to meet his or her medical as well as psychosocial needs (American Academy of Pediatrics, 2014). Researchers Mastro, Flynn, and Preuster (2014) conducted a literature review of
nineteen articles concerning PFCC. One of the common themes they found in their review was that PFCC moves from a change in delivering services and “doing for” patients to partnering with families in decisions regarding a patient’s care. In order to initiate this concept into the hospital setting there must be a change in the relationship that hospital staff have with patients and families. Everyone who is working with patients will create a new relationship that is based on a foundation of caring, trust, and a leveling of power (Mastro et al., 2014). PFCC constitutes an additional expectation to the already-established competencies required of a CCLS.

**Importance of Child Life Services**

All of the work that CCLSs do directly impacts families and children. Multiple studies have been done to measure the effectiveness of CCLSs in reducing stress for children and their families. One such research project found, “On most measures the children receiving child life interventions responded more favorably than did children who did not have access to child life” (Wojtasik & White, 2009, p. 18). The American Academy of Pediatrics has stated that, “patients spent less time on narcotics, the length of stay was slightly reduced, and parents were more satisfied” (American Academy of Pediatrics, 2014, “Child Life Programs,” para. 3) when child life services are utilized. These and other researchers have demonstrated the benefits of child life programs to reduce stress for children and their families.

To date, however, there is not an abundance of research for stress and burnout for CCLSs. Holloway and Wallinga (1990) conducted a research project on the relation of stress caused by role ambiguity among CCLSs. Their research did not address the multiple factors that could affect burnout and stress. Instead, their focus was on the
ambiguity that some CCLSs face when trying to perform their jobs. More recently, Shuck, Shuck and Reio (2013) utilized established instruments that measured emotion management (Diefendorff & Richard’s Emotion Management Behavior Scale, 2003), psychological climate (Brown & Leigh’s Psychological Climate Measure, 1996), job stress (Jamal & Baba’s Job Stress Scale, 1992), and emotional exhaustion (Iverson, Okekalns, & Erwin’s Emotional Exhaustion Scale, 1998). These instruments were embedded in an online survey sent to CCLSs and 241 individuals completed the survey. The results did show that CCLSs experience emotion work and that the more supportive their work climate, the more likely they were to work through and manage the emotional labor.

Substantial research on workplace stressors and burnout in emotionally stressful work environments is limited to professions such as nursing, teaching and social counseling. Although most human service researchers might agree that their findings would apply to CCLSs, there is no direct evidence to warrant this conclusion. In a few instances, the findings for related professions have been extrapolated to expectations for CCLSs. This research will be very helpful for the field of child life to establish a basis of evidence on stress and burnout in the child life setting. The stressors that are involved with the child life environment differ to some degree from all of the stressors that other fields would experience. If CCLSs are going to play a critical role in how patients experience care, it will be important to make sure they are functioning at their own personal best.

**Effect of stress on nurses.** Caring for pediatric patients who have been diagnosed with a terminal illness can be an emotionally draining experience for nurses. For this
reason, many people might choose not to serve patients and families who have been
diagnosed with a terminal illness. Dowling (2004) suggested that any type of illness or
cause for hospitalization can often result in an emotional vulnerability on patients and
their families. Patients often completely rely on their primary nurses and place an
incredible amount of trust in their care (Maunder, 2006). Maunder (2006) explained,
“Although it is not the nurse’s grief, the nurse can be affected by the grief of others” (p.
32). Barnard, Hollingum, and Hartfiel (2006) proposed that nurses are aware “of being
drawn into intense and emotionally draining experiences on repeated occasions with
patients and their families” (p. 11). Because of the emotions and dependency of the
families they work with, nurses need to be able to find coping strategies that will enable
them to best function in their jobs and avoid burnout and stress. Maunder (2006) also
stated, “There must be systems in place that enable nurses to feel that others are
supportive of them in order that they can be there for others” (p. 32). By equipping nurses
with coping strategies and stress management techniques, employers benefit from happier
employees who feel satisfied in their positions and are willing to put forth all of their
effort in caring for their patients.

Other scholars have explored emotion work in fields related to health services,
including nursing (Hayward & Tuckey, 2011), oncology (Jackson et al., 2008) and fetal
medicine (Menezes, Hodgson, Sahhar, & Metcalfe, 2013). These professions serve
patients in areas of the hospital where CCLs would also serve patients. Many of their
stressors are stressors for CCLs. The work environment, employee relationships, and the
patient’s family dynamics could influence these professional’s work as well as the work
of CCLSs. Research in these areas should also be considered when determining the factors influencing CCLSs.

**Effect of stress on social workers.** Another profession which may be effected by their relationships with families is social work. Researchers in this area have linked the success of social work educators with their ability to cope with emotional challenges (Ikebuchi & Rasmussen, 2014). Many professionals in this field find themselves working with families to provide them with psychological and social support when a family member is facing an impending death. Although the field of social work can have many challenges, “those who work in the field of death, dying and bereavement face excessive emotional challenges brought about by the vast number of deaths and the intense emotions of bereaved family members” (Chow, 2013, p. 374). These professionals find themselves listening to detailed accounts of traumatic events that have been done by adults to young children. Researchers believe that “interviewing child abuse victims about the violence they endured, reading case files that document cruel and abusive acts, physical threats from alleged perpetrators, and listening to the repeated retelling of a child’s traumatic experiences are work related tasks that can make a child protection worker vulnerable to work-related distress” (Sprang et al., 2011, p. 150).

**Effect of stress on teachers.** Typically teachers spend between 6 to 8 hours a day working with students in a classroom. Because of the long amounts of time that teachers and students spend together and lack of resources, there has been much concern on burnout among teachers. For many people, teaching is considered a very stressful job that can be lacking in support. It has also been shown to create multiple side effects both psychologically and physically (Burke, 1994). Some of the side effects that teachers have
experienced are “deteriorating work performance (low morale, selfishness, dropping out of teaching), negative psychological states (depression, frustration, anger) and physical conditions (headaches, psychosomatic symptoms, ulcers)” (Burke, 1994, p. 177). All of these side effects could create unproductive employees which in turn creates unsatisfied employers.

Research has been done to investigate burnout in teachers that can be caused by behavioral issues in students, teacher to student ratios, and the amount of support that is given by administration. Bitsadze and Japaridze (2014) found that there was a definite correlation between teachers who are responsible for a large number of students and burnout. Their study also found that there was a connection to the school environment and how quickly teachers will feel emotionally exhausted. It is important to note that “School principals’ directive style and restrictive behavior was directly connected with higher degrees of teacher burnout” (Bitsadze & Japaridze, 2014, p. 13). Richards (2012) conducted a national survey of 1,201 teachers from kindergarten through 12th grade in the United States. Her study was conducted to understand the stressors for teachers and to help recognize some coping strategies they use in order to effectively keep teaching. The results from her survey showed that teachers feel overworked; that there is not enough support for them when they are teaching disadvantaged students. In addition, teaching unmotivated students is stressful, and they have very little time to relax (Richards, 2012). She wrote “finding time to balance the stresses of their jobs with time for family, friends and relaxing activities appears to be an ongoing challenge” (Richards, 2012, p. 302).
**Burnout Factors**

Important lessons can be learned from the research on stress and burnout in occupations related to CCLSs such as nursing, teaching, social work, etc. Current evidence suggests strongly that because of the emotional work that is involved, burnout does exist in these occupations and is dependent on several key factors. As previously mentioned in chapter one, these factors include the work environment, the relationships in the environment, available resources, the individual themselves and an individual’s ability to balance their work and home life (Hill et al., 2008; Philp et al., 2012; Richards, 2012; Sprang, 2011). These conditions influence how quickly an employee will experience burnout both as separate factors and a combination of all the factors. First, it is important to consider the work environment. The work environment of CCLSs is primarily the hospital setting. The hospital setting will include diverse groups of professionals with different capacities such as doctors, nurses, social workers and families under stress as well as hospital rules and restrictions. In addition, other factors that have been identified to affect employee stress in the work environment include “large workloads, lack of control, few rewards, lack of community, lack of fairness, clash of values, and lack of match between persons and their jobs as well as several background variables such as age, experience, and gender” (Jaber & Al-Zoubi, 2012, p. 45). Each of these factors taken separately has the ability to create stress in the work environment. The employee stress level was oftentimes accumulative over several work environmental factors (Munn, 1996).

In 2008, Hill et al. completed an extensive study of the relationship of workplace flexibility to employee burnout. The investigation was performed using a large multi-
company dataset representing professions in the technical, manufacturing and service fields. Their research looked at the flexible work schedule, compressed workweek, telecommuting, part-time employment, and job sharing. The researchers were trying to determine whether these items would reduce workplace stress if they were offered to employees. Their analysis of the data showed that perceived flexibility (i.e., having the flexibility one needs) significantly predicted less family-to-work conflict and less stress and burnout (Hill et al., 2008). This research applies to both men and women and was analyzed over life stages with a range of family responsibilities.

Employees who are working in flexible environments are less likely to experience burnout and stress. It is also important to consider an employer’s personal support of their employees. Thomas and Lankau (2009) examined the effects of employee relationships with their employer. These researchers found that “employees benefit from high-quality relationships with their supervisors and also from multiple supportive relationships” (Thomas & Lankau, 2009, p. 427). Employers who are able to create positive relationships with their employees are less likely to experience burnout in their employees. These positive relationships help to create an environment where employees can feel supported and remain highly functional.

Gray-Stanley and Muramatsu (2011) studied the effects that different social structures have within the workplace. They were trying to understand the relationships between an employee and employer and between an employee and their co-workers. In the relationship of an employee with their employer they examined such things as informational support, appraisal support elements and encouragement to employees. Furthermore, these same items were examined when considering co-worker relationships.
as well as how co-workers can back each other up with their work duties. Participants were given surveys, in which all of these items were considered, to better understand their perception of what is important in avoiding burnout and stress. The results of their study indicate that, “work social support only made a difference for high stress levels” (Gray-Stanley & Muramatsu, 2011, p. 1070). The study found that “The association between coworker support and burnout was statistically significant when work overload was at the high level” (Gray-Stanley & Muramatsu, 2011, p. 1071). The findings of their study reinforce the conclusion that social support at work can help lessen burnout and stress in the workplace (Gray-Stanley & Muramatsu, 2011).

To further examine the importance of employee relationships, other researchers have suggested the development of a customized organizational survey. Maslach, Leiter and Jackson (2012) developed a survey that can be customized to individual organizations to help them understand the concerns of employees. It engages the employers to find ways to support and cooperate with employees that will give positive results for the company (Maslach et al., 2012). Sharing this survey with companies is an example of how applied research helps to reduce burnout and stress in the workplace environment. This survey has led companies to improve employee recognition programs, and to increase the amount of training provided (Maslach et al., 2012). Companies who have made these improvements believe that they reduced stress and burnout and created confident employees who are eager to come to work.

One more factor to consider when studying burnout and stress is the individual who it is affecting. All individuals cope with stressful situations in a different manner. Many researchers are beginning to believe that some of the stress and burnout that is
experienced in the workplace is a result of individual personality characteristics (Philp et al., 2012). Consequently, how employees perceive the effectiveness of the work they are doing will be a direct indicator of how much stress they are experiencing. Philp et al. (2012) have investigated the relationship between an employee who has high self-expectations, and how individuals separate from work and the probability of burnout. To conduct their study, the researchers recruited working professionals who were currently seeking counseling due to work-related issues. The researchers concluded, “In this study, it has been demonstrated that the pursuit of high standards at work is associated with adverse outcomes of difficulty separating from work and symptoms of burnout” (Philp et al., 2012, p. 72). An individual’s personality must be accounted for when determining whether or not they are stressed or burnout.

Finally, the type of work that individuals are doing also will determine their burnout and stress. The human services field typically involves a lot of emotional work that can affect employees. A CCLS may be subjected to the stressors that would impact many other medical staff. Strategies and techniques used by these related professions may also be applicable to CCLSs.

Understanding Stress and Burnout

The subject of burnout and stress is best understood in the context of social conflict theory. In the article, Social Conflict Theories of the Family, the authors explain that conflict must happen in order for change to occur. The article states, “Conflict exists everywhere, within all types of social interaction, and at all levels of social organization“ (Farrington & Chertok, 1993, p. 368). In addition, social conflict theory dictates that only when conflict is acknowledged will change to the current system be
initiated. Even in the midst of change, it is important to understand that “individuals hope to achieve what their peers achieve, both in the material goods of life and in power and esteem” (Farrington & Chertok, 1993, p. 359). This mindset is what puts individuals in competition with one another and results in conflict.

Social conflict theorists believe that there are two basic things that can cause conflict. The first one is that each person will have his or her own individual wants, needs, and interests (Farrington & Chertok, 1993). Conflict will arise when individuals strive towards satisfying their own needs, wants and interests. In their attempt to satisfy these things, another individual’s needs may not be met and, therefore, cause conflict. For example, CCLS might request to have Christmas Eve off from work. His/her boss cannot allow him/her to take off from work because it is company policy that everyone works on Christmas Eve. This situation will cause a conflict between the CCLS and his/her employer.

Social conflict theorists believe that another source of conflict happens when there are limited resources for individuals (Farrington & Chertok, 1993). An example of this might be when there is only one CCLS available on the weekends at the hospital. Many different doctors or nurses could be requesting the help of the CCLS. If there is only one available, a conflict will occur. Since not everyone will be able to use their services, they would be considered a limited resource. Both of the examples presented as well as many more, are potentially real situations for a CCLS. Because these situations may eventually cause burnout or stress, it is important to better understand how to resolve these conflicts.
Conflict theorists believe that it is impossible to eliminate all conflict, and if conflict were eliminated it could be problematic (Farrington & Chertok, 1993). As mentioned above, one of the premises of the theory is that conflict must happen in order for change to occur. If conflict is avoided or there were no conflict then there could never be change.

This thesis will begin to identify the stressors or conflicts that might occur within the context of the child life profession. For instance, if a CCLS is feeling like he/she has too many patients to assist, he/she might be experiencing work overload. There will never be a change in their workload if their employer is unaware of their feelings. Another example might be a nurse who does not understand the job duties of a CCLS. To the nurse it might seem unnecessary to explain to a child why they are getting a shot, or to teach the child some distraction techniques to get through it. The unclear job description of the CCLS might be a source of conflict. Teaching and partnering with hospital staff would help to avoid this conflict and, in turn, reduce stress and burnout. By understanding and acknowledging these stressors and conflicts, it will be easier to help promote change and better work environments for CCLSs.
Chapter 3: Methodology

Research Design

The purpose of this research project was to investigate and understand how burnout and stress may affect CCLSs. To understand burnout and stress for the CCLS, the researcher used a quantitative method of research. The researcher chose to investigate the responses of CCLSs who are certified with the Child Life Council and currently practicing child life services in a hospital setting. A survey was offered to these specialists to gather information regarding their working conditions and feelings about their current assignments. To collect these data the researcher utilized Qualtrics software January-July 2015. The Qualtrics software is a web-based software suite suitable for creating and distributing survey questions, and then collecting and reporting the survey participant responses. In order to access the responses from the survey, the researcher was approved for a secure account by Qualtrics. The researcher could only review survey results by providing her secure login account information to Qualtrics. All responses are reported to the researcher by assigning each completed survey a numerical identification number. These numbers are randomly assigned to each survey for tracking purposes only. To expedite the responses, surveys were offered to participants only in an electronic format.

Participants

Any certified CCLS who was part of a psychosocial team and registered as a professional member with the Child Life Council was offered the opportunity to share their current working conditions. Several goals were anticipated when gathering participants. First, the researcher desired to find CCLSs from throughout the United
States. Second, these CCLSs should work in a wide variety of responsibilities. And lastly, the respondents should be CCLSs with a varied number of years worked in the field of child life. These requirements along with other factors such as the age of the CCLS, the number of pediatric beds their hospital serves, whether or not they work in a freestanding children’s hospital, and the number of CCLSs on staff were factors the researcher continued to determine the level of stress or burnout that CCLSs experience. By meeting these three requirements, the researcher strived to find a diverse population of CCLSs and be able to draw multiple conclusions.

CCLSs are required to pass a certification examination and continue on-going education (professional conferences, webinars, workshops, etc.) in order to remain certified. These specialists are required to pay a fee in order to be members of the Child Life Council on a yearly basis and to keep their certification status active. The Child Life Council in return allows these CCLSs access to important updated information concerning the field of child life and creates a data base of these CCLSs that all members can access. Although students and other professionals are also allowed a membership to the Child Life Council, any survey completed by one of these members was disregarded. The first question on the survey was designed to alert the researcher to the current standing of the participant completing the survey. All surveys which did not have a response to this question were not considered when examining the data.

**Data Collection**

**Recruitment method.** To recruit participants, the researcher used the data base from the Child Life Council to identify registered CCLSs. An announcement was sent via the Child Life Forum email, to these individuals requesting their participation in the
survey. The announcement explained the purpose and content of the survey that was being presented and gave clear directions for completing the survey online (see Appendix D). To ensure that all potential participants received an invitation to complete the survey, the announcement was posted two times in the identical format. The researcher posted the initial announcement and allowed a week and a half before posting the second announcement. Because potential participants are able to search the Child Life Forum for subjects of interest, the survey was available to participants for 5 months. After this time, the researcher made the survey unavailable in order to finalize the results. The announcement email and research survey were created and distributed using the Qualtrics software online survey tool. Access to the electronic survey for the participants was gained via a hyperlink within the announcement email. Prior to completing the survey all participants were required to acknowledge their informed consent to participate in the survey (see Appendix E). All survey responses remained anonymous. The data was protected according to an established privacy policy (see Appendix F) in full compliance with the requirements set forth by the Ohio University Institutional Review Board.

**Instrument.** This research utilized a survey (see Appendix C) as the method of data collection. The survey was created by the researcher after reviewing other surveys such as the Maslach burnout inventory and the Professional Quality of Life Scale written by Stamm (2009). The first seven questions were written so that the researcher could collect demographic information from the survey participants. This information helped the researcher to better understand the qualifications of the participants as well as their work environments. The remaining 23 questions were designed to help the researcher understand how CCLSSs feel about their job and the potential stressors that might cause
them to burnout. The questions were written so that CCLSs were required to give each answer a score between 1 and 5. To keep participants from giving rote answers, the questions were written so that in some questions a 1 reflects the greatest job satisfaction and for other questions a 5 reflects the greatest job satisfaction. For these latter questions, the responses were scored in reverse order.

**Data Analysis**

The survey data including the length of employment as a CCLS, age of the CCLS, factors resulting in job satisfaction, factors resulting in job dissatisfaction and other pertinent information was collected by Qualtrics and reported to the researcher. Based on the participant recruitment solicitation, it was expected that respondents would have 5 or more years of experience as a CCLS. However, a significant number of respondents with less than 5 years of experience replied to the survey. After careful review of the data for any apparent bias, it was decided to include data from CCLSs with less than 5 years of experience. These data become very valuable when considering the remediation steps that may be needed to reduce work stress and retain CCLSs.

The reported survey response data were entered into a suitable database of information. The survey questions were assigned to one of three categories—overall stress, environmental stress or personal stress. Numerical values were assigned to each possible response to indicate the relative potential for burnout. The sum of the overall stress questions for each respondent was used to indicate degree of burnout. This survey information was analyzed as a function of time within the child life profession to determine whether there was evidence of burnout in the child life setting similar to other related professions. In addition, the data were analyzed to determine whether significant
correlations existed among various demographic characteristics and those stress factors which are most commonly associated with burnout in related professions. The survey data were statistically ranked according to the leading causes of work-related stress in the child life field. The responses given by current CCLSs and the responses reported for other related professions were compared. Finally, several best practices which have been successfully implemented in related professions were proposed to reduce work related stress and burnout of CCLSs in the hospital setting.
Chapter 4: Findings and Analysis

Survey Respondents and Responses

A survey was sent by email to over 4,000 members of the Child Life Council representing over 600 organizations. Of these survey requests, 124 responses were returned which represents approximately 3% of the CCLSs who would qualify to answer the survey. The respondents completed over 99% of the questions. This represents a high completion rate by the respondents.

The survey is shown in Appendix C. To summarize, this survey included questions regarding demographics, overall job satisfaction, environmental satisfaction, and personal satisfaction with the child life profession. The responses received from this survey are compiled in Appendix G.

Respondent demographics. Survey questions Q1 through Q7 were reserved for important demographic characterization of the respondents. The respondents of the survey generally represented the demographics of the Child Life Council. The respondents were age 25 or older and worked in settings with varying numbers of CCLShs on staff. Except for the Western region, the respondents represented all parts of the United States as well as a couple of respondents outside the United States. The respondents represented CCLShs with varying degrees of experience working in various capacities within their hospitals. They represented CCLShs within standalone children’s hospitals as well as within other community hospitals. These demographic distributions are represented graphically in Figures 1 through 6.
As indicated in Figure 1 the survey respondents were predominately less than 46 years old. In addition, the number of respondents steadily decreases from age 25 to 46. This is indicative of the steady growth in number of CCLSs over the past 20 years. Based on Figure 1, it is expected that a large number of the respondents are far from retirement age and will be concerned with family responsibilities as well as their job responsibilities. In addition, the large number of CCLSs in the 25–30 age group suggests that this is a first career opportunity for many of the respondents. Consequently, these respondents are likely adapting to the policies, procedures and organization of the hospital in which they are working.
Figure 2. Experience of respondents.

Figure 2 shows that most of the survey respondents have less than 16 years of experience in their profession. In large part, the experience profile in Figure 2 parallels the age profile in Figure 1. Due to the low number of respondents with greater than 16 years of experience, statistical analysis of these individual categories carries a large uncertainty.
Figure 3 indicates that the survey respondents are employed at hospitals both large and small. Typically, hospitals with greater than 100 pediatric beds are standalone facilities dedicated to health care for children. On the other hand, those containing fewer than 100 pediatric beds are serving the entire surrounding community including both adults and children. It is expected that the role of the CCLS will be more fully integrated into the health care process within hospitals dedicated to children’s health care, because each client presenting to the hospital will involve the CCLS services. However, many community hospitals have excelled at creating a culture which includes the role of a CCLS professional in the health care of their pediatric patients.
As shown in Figure 4 the survey respondents represented a wide range of the United States except the western region. The western region of the United States includes a large population in California and smaller populations in the Pacific Coastal and Rocky Mountain states. There is no apparent reason why this region of the United States did not respond to the survey.

*Figure 4. Location of respondents.*
Depending upon hospital size, CCLSs may be assigned to specialty areas within the hospital. As shown in Figure 5 the CCLS professionals responding to this survey were largely assigned to general pediatrics. The general pediatrics group, along with those indicating “other” as their specialization, are most likely attending pediatric patients for a broad range of procedures and supporting a wide spectrum of their needs during the patient’s hospital stay.

The identification of CCLS assignment areas allowed the researcher an opportunity to cross section the survey responses regarding stress and burnout in order to determine if there was a significant correlation with the type of work a CCLS professional is expected to perform.
As indicated in Figure 6 the CCLS respondents to this survey predominately work within a hospital CCLS staff of less than 16 other CCLS professionals. This is important information which may influence case load, back-up availability and peer support to the CCLS.

**Survey design.** The survey questions Q8 through Q30 were given numerical values based on their degree of satisfaction as shown in Appendix C on the survey. It is important to note that all questions were not asked in the same manner. This was designed in order to validate many of the responses within each survey. The responses to the survey were assigned numerical values relating to stress or burnout with higher numbers indicating more stress or job dissatisfaction. These values were used to develop averages, trends and significant conclusions.
The research survey was designed to investigate two very important aspects of workplace stress for CCLSs. First, the survey was intended to determine whether or not there was significant burnout of CCLSs on the job. This was related to the questions dealing with overall emotional stress and dissatisfaction with their jobs. The second goal of this survey was to identify areas of environmental and personality stress factors which may contribute to overall dissatisfaction. It is important to understand that these environmental and personality stress factors may be acknowledged by the respondents, and still not rise to the level at which they cause overall dissatisfaction. Therefore, these findings will be analyzed for both overall dissatisfaction as well as environmental and personality stress factors.

**Overall Stress and Burnout**

The first major objective of this research survey was to determine whether or not job stress has produced significant burnout among CCLSs. For this project, “burnout” is defined as a significant performance reduction or a lack of desire to continue within the profession either by changing career or by retiring. Burnout is typically produced by stress over long periods of time.

Survey questions related to overall stress include questions Q8, Q9, Q10, Q12, Q24, Q28, Q29 and Q30. These questions are directly related to the overall emotional satisfaction of the respondent within their job and/or stressors that may carry over from the job to their home life. It was expected that significant burnout would be indicated by high dissatisfaction or stress responses to the above questions. Furthermore, it was expected that burnout is likely to progress as the age of the respondent or the experience level of the respondent increases. Based on these expectations, the responses to the
overall stress questions above were first analyzed relative to the respondents’ ages. Within each age group, the average overall satisfaction was calculated for each overall satisfaction survey question. The sum of these averages within each age group was calculated and assigned to be the overall satisfaction value for the age group. The result of these overall satisfaction values for each age group is shown in Figure 7.

![Age vs Overall Dissatisfaction](image)

*Figure 7. Age vs overall dissatisfaction.*

It is clear from Figure 7 that there is a decreasing trend in overall dissatisfaction as the age of the respondent increases. This decreasing trend is not indicative of burnout. In fact, it suggests that the older respondents are deriving greater job satisfaction than their younger peers.

Emotional job burnout is also expected to be reflected in growing dissatisfaction over time within the profession. The survey questions relating to overall emotional stress
were analyzed according to the experience level of the respondents. The assigned value of each overall emotional stress question was averaged for each experience level of the respondents. The averages for each question were summed to calculate an overall dissatisfaction for each experience level category. These total overall dissatisfaction values were plotted against the experience level of the respondents and are shown in Figure 8.

Figure 8. Child life experience vs overall dissatisfaction.

Figure 8 shows a generally decreasing trend in total overall dissatisfaction as the experience level of the CCLS increases. However, the correlation of total overall satisfaction and experience level is not strong. Especially, noteworthy is the total overall dissatisfaction reported by the respondents with 21–25 years of experience. This research project data do not provide a clear explanation of the weak correlation between total
emotional dissatisfaction and experience level. Nevertheless, it clearly indicates that there is no evidence of an increasing total dissatisfaction trend over increasing years of child life experience. Consequently, there is no evidence of job burnout among the survey respondents.

In summary, it is clear from Figures 7 and 8 that there is no increasing overall emotional stress trend as the age or experience level of the respondent increases. Instead, it appears that older and more experienced CCLSs experience less overall stress than newer individuals. This would suggest that there is no significant evidence of burnout among CCLSs due to experience. The current survey data do not indicate why job stress seems to be less for more experienced and older CCLSs. However, it is reasonable to assume that the stress of newer CCLSs may be greater during their initial periods of acclimation and adaptation to the job. It is also reasonable to assume that other factors may play an important part in the experience of job stress. First amongst those might be stresses that the respondents feel at home as well as at the job. Younger CCLSs are more likely to be involved in rearing a family and the emotional stresses associated with that responsibility. Consequently, the stresses felt on the job may be intensified.

It is important to emphasize at this point that this does not mean that older or more experienced CCLSs are not experiencing stresses on the job. Quite the contrary, these respondents note several areas of dissatisfaction. However, these points of dissatisfaction or stress do not seem to overwhelm the older and more experienced respondents. The survey data indicate that these older and more experienced CCLSs derive a great deal of satisfaction in their jobs. Therefore, their level of dissatisfaction rarely rises to the level of burnout in these individuals.
On the other hand, the survey respondents specifically rated the frequency that they considered changing jobs in Q12 of the survey. As indicated in Figure 9, the younger CCLSs considered changing professions far more often than older, more experienced CCLSs.

Figure 9. Relative frequency of considering job change.

The survey data suggest that changing careers is an option that is considered far more frequently by CCLSs less than 51 years old than by their older peers. The survey data does not explain this change in mindset. However, several explanations are plausible. First, younger CCLSs may be more active in considering career pathways offering greater compensation or benefits to support the growing demands of their families. Second, older CCLSs may be less willing to acquire new job skills required to make a career change. Finally, older CCLSs may be focused more on retirement than
their younger peers. Although these explanations are plausible, they are only speculative. These research data do not purport to explain the rational for considering a career change.

In addition to age and experience level, these research data indicate that the job assignment within the hospital plays an important role in overall emotional stress for CCLs. The survey respondents were asked to describe their primary job assignment in question Q5 of the survey. The sum of the average value for each overall emotional stress question was calculated for each primary responsibility area listed in the survey. These total overall stress dissatisfaction values are shown in Figure 10 for each primary responsibility area.

![Figure 10. Hospital assignment vs total overall dissatisfaction.](image-url)
The research data indicate a significant correlation between the overall emotional dissatisfaction of the respondents and their assigned primary job responsibilities. Upon initial inspection of the data, the observed ranking of stress verses assignment may seem unreasonable. It is expected that assignments such as emergency room, oncology, and surgery are likely to be areas of greatest stress due to the severe trauma and/or death that are experienced in these areas. The survey data do not explain the observed ranking. However, it is noted that the survey questions dealing with overall emotional dissatisfaction require that the respondent weigh both the stress of the job and the rewarding emotional payback after performing their tasks. Hence, one plausible explanation of the observed ranking is that the emotional reward of some job assignments may supersede the stress incurred while performing the task.

**Primary Job Stressors**

In addition to determining whether burnout is significant among CCLs, it is also important to note primary job stressors experienced by CCLs in the workplace. In order to identify these primary job stressors, survey questions were categorized as shown in Appendix C. As shown in Appendix C, survey questions Q11, Q14, Q16, Q18, Q19, Q21, Q22, Q23 and Q27 are related to environmental dissatisfaction factors. These are the factors that are present in the specific job environment which cause some emotional stress for the respondent. Typically, these environmental dissatisfaction factors are to some degree controllable by the policies, procedures and people within the hospital work organization. Also shown in Appendix C, survey questions Q13, Q15, Q17, Q20, Q25 and Q26 are related to personal dissatisfaction factors. These are the factors which are inherent in the personality of the respondent which produce some level of emotional
stress in the respondent when they are performing CCLS assigned tasks. Personal stress dissatisfaction factors are in large part only controlled by the individual CCLS. Generally, these factors are controlled by developing either new skill sets or coping mechanisms in response to the stress factor.

Those questions relating to both environmental as well as personal job stressors were sorted according to the average rank of all respondents. The top 10 highest ranking dissatisfaction factors are shown in Figure 11.

The factors such as case load, continuing hospital support, staff support and supervisor support are prominent within the top 10 child life dissatisfaction areas. Similar areas of dissatisfaction have been noted by other related professions including nurses, teachers and social workers. Hence, this research validates the past assumptions that child life emotional stress factors are similar to other professions with significant emotional involvement.
Factors That Do Not Significantly Influence Stress

This research data show significant variability in stress levels for different age respondents, different experience level respondents and respondents assigned to different hospital specialties. However, there are several demographic factors which show no influence on stress. Factors such as the size of the hospital, whether the respondent’s hospital was a free-standing children’s hospital, the number of child life peers working with the respondent, and the regional location of the hospital all appear to have little

**Figure 11.** Top ten dissatisfaction factors of respondents.
effect on the stress level of the respondents. The plots of the average response for these groups typically show a nearly flat line variation as shown in Figures 12-15.

Figure 12. Number of child life peers vs overall stress of respondents.
Figure 13. Number of hospital beds vs overall stress of respondents.
Figure 14. Freestanding children’s hospital vs overall stress of respondents.
These factors have very little influence on the overall stress of the respondents since the hospitals at which they serve have already adjusted the number of CCLs according to the size of the hospital and the expected number of clients the hospital serves. In addition, the hospitals in different regions have already taken steps to match the staff to the clients they serve to remove language and cultural barriers which might increase overall stress.

**Factors That Were Not Addressed In This Research**

It is important to point out that this survey did not cover all possible dissatisfaction factors. Factors such as salary, potential for promotion, work schedule as well as benefits including time off from work, insurance, and retirement were not addressed in the survey. These factors will need further investigation to determine their
role in child life stress and burnout. The absence of these factors in the survey should not be construed as treating them as unimportant or secondary influences on stress and burnout. These factors were not included in the survey in order to keep the survey concise and manageable for CCLSs in a busy work environment. It was recognized from the outset of this research that requesting survey data will only add to the stress of respondents who are generously giving their time to comply with yet another administrative chore. The brevity of the survey was intended to minimalize the impact on these busy CCLSs.
Chapter 5: Conclusions

Survey Approach

This research surveyed a broad cross-section of CCLSs across the United States. The respondents represented a wide variety of locations, hospital types and sizes, hospital specialties, ages and experience levels. The number of respondents provided an ample population to derive statistically valid conclusions.

The respondents to this survey remain anonymous to the investigator. The anonymity prompts upfront, honest responses without fear of reprisal at the workplace. This anonymous approach results in a high number of responses and a high degree of completeness of each survey.

The survey scope was limited to requests related to the emotional satisfaction of the respondents in performing their job in order to minimize the time required to complete the survey. This emotional satisfaction was felt to be crucial in assessing job stress and burnout. The survey specifically addressed both environmental and personality factors which may generate on-the-job stress. The survey did not address other economic and benefit issues which may influence total job satisfaction. These factors require future research to investigate their impact on CCLS careers.

Burnout

The data indicate no evidence of burnout in our group of survey respondents. Burnout should be defined as stress over time that becomes intolerable and results in quitting, changing a career or retiring. It would be expected that burnout would be indicated by increasing stress and job dissatisfaction as the age and experience level of the respondent increases. However, the data show the opposite trend of increasing age
and experience level. Stress and dissatisfaction are highest for younger CCLSs with the fewest years of experience. The data do not explain why this trend is observed. Several logical explanations are possible and should be investigated further. First, stress is usually high for employees trying to adapt to a new work environment. This is especially true if the initial job training is not adequate to prepare the employee to meet the job expectations. In this case, training or mentor programs for new CCLSs may improve their performance and reduce their stress during the early years of their career.

Early job training for CCLSs already includes formal educational experiences, volunteer experience, practicum assignments, and internships at pediatric hospitals. Each hospital should invest adequate training time to familiarize the new CCLS with their specific hospital policies and procedures. Furthermore, all staff at a hospital treating children should be trained in the value added by CCLSs. The hospital should clearly endorse the CCLS as an important asset in serving their clients. This sets the stage for creating a culture at the hospital that includes CCLSs as an integral part of the patient team.

In addition to job training, many of the younger CCLSs are also challenged by their family responsibilities outside the job. To some degree, these stresses in their life will carry over into the job. On the other hand, many older and more experienced CCLSs are no longer overwhelmed by the stresses outside their job. The data from this research survey strongly suggest that policies and practices that provide support to younger CCLSs such as child care, flexible vacation time and pregnancy leave should reduce stress on many younger CCLSs and lower the likelihood of burnout.
Finally, the survey data indicate that CCLSs less than 50 years of age think far more often about changing to another profession than their older counterparts. This may well reflect the stress that they feel because their personality is not a good fit for a profession with a high level of emotional involvement. In some cases, their personality may not be well suited for the child life profession. Further investigation in both recruiting and training practices for CCLSs is needed to help job candidates develop realistic expectations for this career.

**Top Stressors Identified**

The top stressors identified by the survey respondents are captured in Figure 11. Specifically, CCLSs are most likely to feel stressed on the job due to a large case load, a lack of educational opportunities to improve performance, or a lack of support from the hospital staff. These concerns were expressed across all cross sections of the survey by respondents including age, experience, hospital type and size, location and specialty assignment within the hospital. It is important to emphasize that although these job concerns were identified, there is no continuing upward trend in overall dissatisfaction that would ultimately result in quitting, changing jobs or retiring. Consequently, these stressors have not risen to the level to cause identifiable burnout within the child life profession. The similarity of these child life job stressors to other related professions including nursing, education and social work has long been assumed. This research survey provides significant data to validate that assumption. Therefore, a very important conclusion of this research is that there is a firm basis for concluding that the large amount of employee satisfaction data collected for these related professions can be
applied to the child life profession. Hence, best practices for nurses, educators, and social workers are good starting points to be applied to CCLSs.

**Demographic Characteristics Not Influencing Job Satisfaction**

This survey identified several characteristics of the respondents that appear to have very little influence on the level of job satisfaction. These characteristics include the number of child life peers within the hospital, the number of hospital beds where they are employed, whether the hospital is a freestanding children’s hospital and what region of the United States that the respondent was located. As shown in Figures 12–15, these characteristics show no correlation to the overall stress level of the respondents.

The survey data do not explain why these characteristics do not influence the level of stress. Certainly, larger hospitals will normally serve a greater number of clients. However, most hospitals have adjusted their staffing to serve the expected number of clients. Therefore, case load is normalized for large and small hospitals. Similarly, the clients served by hospitals will likely represent the culture and language of the community surrounding the hospital. This could also contribute to job stress for CCLSs. However, hospitals have oftentimes matched their staffing with the clients they serve. This means the staff culture and language may match the client culture and language no matter where the hospital is located.

**Limitations**

There are several limitations in gathering the information for this research. Firstly, using an anonymous survey could skew some of the results. For example, if a disgruntled employee is trying to make a statement, they might answer the questions in such a way that does not give sufficient information about why they are burned out or stressed. In
this case, an employee’s stress might be coming from a personal source such as conflict with a supervisor or an employee demand that was not met. In addition, an employee might also be experiencing stress from home that is playing into their stress at work at the time they are completing the survey. Hence, the context of the individual might not be completely understood in the answers to the survey.

In addition, an anonymous survey could skew the results if an individual misinterprets the questions. There will be no way to clarify survey questions if these individuals do not have a chance to ask questions of the person who wrote the survey. The questions were worded in a clear and concise way so that there was no ambiguity in the question the researcher was presenting. Participants needed to be confident that they understood each question and how it needed to be answered.

Thirdly, the data that were collected was a small sampling of the number of CCLSs who currently practice child life in a hospital. Because respondents had the choice of whether or not to participate, the results could be weighted with participants who were interested in this subject. This small sample might not be a true representation of the CCLS population.

The irony in this research is that while the research tried to discover what caused stress and burnout it could have contributed to stress and burnout. If CCLSs are experiencing stress or burnout they could potentially have chosen not to participate in the survey, or they may have given less thoughtful, routine responses to complete the survey in a hurry. As CCLSs strive to prioritize their busy day, completing a survey could be erased from their list of things to get accomplished. To alleviate some stress for themselves, they may choose to eliminate this survey from their priorities.
Delimitations

Specifically, this research was done with CCLSs who are currently working in a hospital facility. The size of the hospital that the child life specialist is from was accounted for in the data collection. However, the size of the hospital or extent of the job responsibilities a child life specialist has did not exclude them from participating. The data were collected via survey which was designed to address the specific culture of child life. The survey was designed to ensure a specific focus on child life stressors. The survey that was used to conduct the research allowed CCLSs to respond anonymously in order to afford them the opportunity to answer openly and honestly without concern that their answers were being shared with other hospital staff.

In order to mitigate the potential influence of stressors outside the workplace, the survey questions were very specific to the workplace environment, conditions and relationships. In addition, multiple questions related to the same potential stressor were used to confirm that the responses were, in fact, related to the workplace stressor, and that the survey questions were clearly interpreted by the responders.

There is no way to eliminate the potential of data being skewed by an employee disgruntled by a singular incident. Disgruntled employees typically are an exception within successful hospitals. Therefore, these responses were expected to be statistical outliers from the larger population of CCLSs.

Finally, it is recognized that the act of completing this research survey may have brought additional stress to the CCLS job. Several steps were taken to mitigate this additional workload. The survey was accessible electronically. Adequate time was allowed for the survey to be completed to avoid the pressure of “dropping everything” to
complete it immediately. The survey questions were presented in a professionally
designed format for ease of reading and responding. Each survey was accompanied by a
letter explaining the background and purpose of the survey, a request that the participant
provide his/her consent to participate in the survey, a privacy policy statement regarding
the participant’s rights, the selectable responses to the survey, and specific instructions
for completing the survey.

**Areas Needing Further Research**

This research survey was intentionally limited in order to minimize time required
by the respondents to complete the survey. This likely increased participation, but also,
decreased the data collected from each respondent. The survey did not include
satisfaction ratings for compensation, vacation, insurance, work hours and many other
potential benefits of employment. Satisfaction data regarding these factors and others
should be investigated to develop a fuller picture of child life job satisfaction.

In addition, it is important to realize another significant limitation of this research.
The respondents to this survey were all currently employed based on their response to the
survey question regarding hospital size. Consequently, the respondents had not yet
experienced burnout on the job. Further research should be conducted based on exit
interviews of CCLSs. This could offer an entirely different perspective since it leaves
open the possibility that the person was exiting due to burnout.

**Implications for Child Life Practice**

CCLSs who are functioning at their highest level will create the best case scenario
for a patient. It is very important that the personal lives and problems of CCLSs are not
carried over into the lives of patients whom they are trying to assist. It is the job of a
CCLS to make each family and child feel like they are the most important thing that is going on at that time. If a CCLS tries to help a family or child while they are dealing with unmanaged stress, they are likely to make mistakes or hurry their procedure. Either one of these two things would make them not as effective. Hospitals that do not have effective employees will not receive positive feedback from their patients. The ultimate goal of child life is to normalize the hospital setting and create a positive experience for the patients. The hospital would not want the employees of the hospital to create a source of extra stress or a negative experience for their patients. CCLSs represent a pediatric hospital’s commitment to providing quality care for children and their families. It is important that CCLSs are capable of giving quality care and functioning at their highest level.

The Child Life Council can strengthen quality care from CCLSs by implementing several preventative measures. First, a class that teaches students how to self-care and protect themselves from burnout could be developed. The Child Life Council already has a required course list. These courses must be completed before anyone is permitted to take the child life certification exam. By taking a self-care course, future CCLSs will be more aware of their own personal stressors and learn how to prevent burnout.

Second, the Child Life Council could implement an accountability program for current CCLSs. A mentor/mentee program is already in place so that students can be matched with a CCLS who has been practicing child life for over 5 years. This same framework could be used to match a CCLS with an accountability partner. These two CCLSs should meet on a regular basis and check in with one another to see how things are going. They would advise one another on workload issues, employee relationships,
and any other environmental stressors. These relationships would be important in helping CCLSs put into place preventative measures for themselves, and for their partner to make sure they are following through on these plans.

Third, the Child Life Council can continue to offer classes, webinars, or seminars that address the issue of stress and burnout. Continuing to educate a CCLS is essential in keeping them from burning out. Giving them information on warning signs and how to prevent stress and burnout will make them more aware and attentive to their own behaviors. Stress and burnout classes along with other child life courses should be offered by hospitals to CCLSs. According to this research survey, many hospitals do not offer child life continuing education classes which are necessary in order for CCLSs to stay aware of some of the newest techniques. Offering educational opportunities would be one direct way that hospitals can meet the needs of CCLSs and support them in their efforts to help maintain high quality standards.
References


Appendix A: Child Life Competencies

Care of Infants, Children, Youth and Families

A. Competency

The ability to assess and meaningfully interact with infants, children, youth and families.

Knowledge

- Articulate theories of human growth and development, play, and family systems.
- Describe formal and informal assessment techniques to determine developmental and emotional state.
- Describe the cyclical process of assessment, plan, intervention, and evaluation of child life services.
- Cite relevant classic and current research.
- Identify values related to sociocultural diversity.
- Articulate the tenets of patient- and family-centered care.
- Identify general issues in family dynamics.
- Identify diverse child rearing practices.
- Identify child and family’s concept of illness.
- Identify child and family’s concept of death and dying.

Skill

- Implement child life services using evidence-based practice.
- Use developmentally appropriate play as a primary tool in assessing and meeting psychosocial needs.
- Utilize therapeutic/creative modalities such as bibliotherapy to meet individual developmental and emotional needs.
- Match interactions and activities to developmental level, emotional state, and individual needs.
- Pace interactions in response to child’s* and family’s lead.
- Apply formal and informal assessment techniques to determine developmental level and emotional state.
- Apply the cyclical process of assessment, plan, intervention, and evaluation of child life care.
- Support the central role of the family, valuing strengths and needs in implementing child life services.
- Demonstrate respect for sociocultural diversity.
B. **Competency**

The ability to provide a safe, therapeutic and healing environment for infants, children, youth and families.

**Knowledge**

- Articulate the central role of play in child life services.
- Identify theories of play that best support child life practice.
- Describe the essential elements of the therapeutic relationship.
- Identify effective communication skills to support a child and family.
- Identify and describe the developmental and psychosocial goals of each activity and interaction.
- Explain the impact of environmental design on human behavior.
- Identify emotional safety hazards and corresponding preventive and protective measures.
- Identify environmental safety hazards and corresponding preventive and protective measures.
- Identify knowledge of privacy and confidentiality policies.

**Skill**

- Design group process to meet individual needs.
- Establish and maintain therapeutic relationships.
- Create an environment where play is valued.
- Establish and maintain a therapeutic and healing environment.
- Plan and implement varied developmentally supportive activities.
- Utilize effective communication skills in the process of supporting children and families.
- Provide input about facility design to promote orientation, comfort, healing, security and normalization.
- Follow infection control and safety policies and procedures.
- Demonstrate respect for and facilitate privacy and confidentiality.

C. **Competency**

The ability to assist infants, children, youth and families in coping with potentially stressful events.
**Knowledge**

- Identify factors that may impact vulnerability to stress.
- Describe coping behaviors specific to various age groups and populations.
- Describe immediate and long term coping styles and techniques, as well as their effect on adjustment and behavior.
- Articulate stress-coping theory.
- Articulate effective pain management techniques including non-pharmacological and psychological.
- Identify effective advocacy.

**Skill**

- Assess responses to stress; plan, implement and evaluate care accordingly.
- Facilitate opportunities for play to decrease distress and increase effective coping.
- Introduce and facilitate rehearsal of techniques to aid immediate and long term coping with consideration for the unique needs of the individual and family, such as coping style, previous experience, developmental level, culture, spirituality, family situation and emotional state.
- Facilitate mastery of potentially stressful experiences.
- Utilize appropriate psychological pain management strategies.
- Empower and support patients and families to effectively self-advocate as well as advocate on behalf of those who cannot do so.

**D. Competency**

The ability to provide teaching, specific to the population served, including psychological preparation for potentially stressful experiences, with infants, children, youth and families.

**Knowledge**

- Identify basic terminology and processes, and expected course of care associated with the circumstances of the population served.
- Articulate learning styles and needs of individuals of different developmental levels, emotional states, and of diverse backgrounds and experiences.
- Identify literature and teaching techniques for use with individuals of diverse developmental levels and learning needs.
- Describe common fears, misconceptions and concerns of individuals in each developmental stage.
- Describe information processing theory and its implication for psychological preparation.
• Articulate fundamentals of psychological preparation found in child life literature.

**Skill**

• Assess knowledge level, misconceptions, previous experience, and unique sociocultural and learning needs.
• Determine realistic goals and objectives for learning in collaboration with family members and professionals, and identify an action plan to achieve these goals.
• Use accurate and developmentally appropriate teaching aids and techniques so that knowledge is increased and emotional needs are supported.
• Recognize verbal and non-verbal cues and adapt teaching accordingly.
• Use minimally threatening, developmentally supportive language.
• Describe sensory information, sequence, timing and duration of events.
• Facilitate planning, rehearsal and implementation of coping strategies.

**E. Competency**

The ability to continuously engage in self-reflective professional child life practice.

**Knowledge**

• Recognize and describe how personal challenges and learning needs in knowledge and practice skills may impact service delivery.
• Identify resources and opportunities for professional development.
• Articulate reasons for and impact of under-involvement and over-involvement of professionals with children and families.

**Skill**

• Articulates the impact of one’s own culture, values, beliefs, and behaviors on interactions with diverse populations.
• Include evidence-based practice in decisions about assessment, care and evaluation.
• Implement a plan for professional development based on the needs of the population served and the knowledge and skill level of the child life specialist.
• Seek advanced practice mentors and peer supervision.

**F. Competency**

The ability to function as a member of the services team.
Knowledge

- Describe services and resources of other professionals and identify their roles and functions.
- Identify the unique contribution of the family and professionals in the provision of care.
- Articulate the organizational structure and function of the interdisciplinary team.
- Describe the impact of communication styles on groups and individuals.
- Identify the importance of advocacy in collaboration with the medical team.

Skill

- Communicate concisely with other professionals, integrating theory and evidence-based practice to obtain and share pertinent information.
- Demonstrate respect for the viewpoints of other professionals.
- Coordinate child life services with families and professionals.
- Integrate interdisciplinary goals into child life services.
- Create concise, objective and accurate clinical notes, documenting information pertinent to the plan of care.
- Recommend consults or referrals when circumstances are beyond the scope of child life practice.

Education and Supervision

A. Competency

The ability to represent and communicate child life practice and psychosocial issues of infants, children, youth and families to others.

Knowledge

- Describe and integrate the basic concepts of public speaking and teaching methods appropriate to subject matter and audience.
- Identify classic and current literature on issues related to child life services in a manner meaningful to the audience.
- Articulate the process for engaging in evidence-based practice.
- Identify and articulate a definition of advocacy.

Skill

- Adapt approaches, media and content according to audience need.
- Apply child life knowledge to contribute to the education of others.
• Maintain professional presentation of self, including careful attention to verbal and written communication, as well as personal appearance.
• Demonstrate effective advocacy for child life practice and psychosocial issues.

B. Competency
The ability to supervise child life students and volunteers.

Knowledge
• Discuss supervisory styles and their impact on others.
• Identify skills and knowledge necessary for others to complete assignments and tasks.
• Articulate student and volunteer program goals and expectations in the context of providing child life services.
• Identify adult learning needs

Skill
• Provide comprehensive orientation to the setting, and policies and procedures of the work environment.
• Communicate expectations and roles clearly and concisely.
• Structure duties and assignments, matching ability to complexity of task.
• Provide regular feedback in a constructive manner.
• Assess and respond to diverse learning needs of students and volunteers.
• Recommend dismissal, after counseling, when performance does not match expectations.

Administration

A. Competency
The ability to develop and evaluate child life services.

Knowledge
• Articulate basic research methods and statistics that apply to program review.
• Identify program components that require assessment.
• Identify meaningful data for effective evaluation of child life services.
• Describe resources to assist in evaluation and development of services.
Skill

- Collect and report accurate and pertinent data in a timely manner.
- Recommend program improvements based on data and existing resources.
- Develop and prioritize the range of child life services.

B. Competency

The ability to implement child life services within the structure and culture of the work environment.

Knowledge

- Identify organizational structure and relevant policies and procedures.
- Articulate the mission and goals of the work environment.
- Identify methods for obtaining and managing needed resources.
- Identify information necessary for effectively managing resources.

Skill

- Prioritize and organize workload for accurate and timely outcomes.
- Procure and maintain equipment and supplies in a cost-effective manner.
- Adhere to relevant policies and procedures.
- Advocate for positive change.

Appendix B: IRB approval

A determination has been made that the following research study is exempt from IRB review because it involves:

Category 2. research involving the use of educational tests, survey procedures, interview procedures or observation of public behavior

Project Title: An Investigation on Burnout for the Profession of Child Life

Primary Investigator: Tricia Lynn Buskirk

Co-Investigator(s):  

Advisor: Jenny Chabot

Department: Social and Public Health

Rebecca Cale, AAB, CIP
Office of Research Compliance

The approval remains in effect provided the study is conducted exactly as described in your application for review. Any additions or modifications to the project must be approved (as an amendment) prior to implementation.
Appendix C: Child Life Specialist Stress and Burnout Survey

Q1. How long have you been practicing child life in your current position?

- less than 5 years 1
- 5-10 years 2
- 11-15 years 3
- 16-20 years 4
- 21-25 5
- 26- or more 6

Q2. How many pediatric beds does your hospital serve?

- less than 50 1
- 51-100 2
- 101-150 3
- 151-200 4
- 200 or more 5

Q3. Do you work in a freestanding children's hospital?

- Yes 1
- No 2

Q4. In what region of the United States is your hospital located?

- Northeast Region (ME, NH, VT, MA, RI, CT, NY, PA, NJ) 1
- South Region (DE, MD, VA, DC, WV, KY, NC, SC, TN, GA, FL, AL, MS, AR, LA, OK, TX) 2
- Midwestern Region (ND, SD, NE, KS, MN, IA, MO, WI, IL, MI, IN, OH) 3
- Western Region (WA, MT, OR, ID, WY, CA, NV, UT, CO, AZ, NM) 4
### Q5. In what department are your primary responsibilities?

- general pediatrics 1
- radiology 2
- emergency department 3
- outpatient clinic 4
- surgical procedures 5
- hematology/oncology 6
- other 7

### Q6. What is your age?

- 25-30 1
- 31-35 2
- 36-40 3
- 41-45 4
- 46-50 5
- 51-55 6
- over 55 7

### Q7. How many child life specialists does your hospital have on staff?

- 1-5 1
- 6-10 2
- 11-15 3
- 16-20 4
- 21-25 5
- 26-30 6
- 31 or more 7

### Q8. I am happy while I am working.

- Never 5
- Rarely 4
- Sometimes 3
- Often 2
- All of the Time 1
Q9. I feel I have chosen the right profession for me.  

- Never 5  
- Rarely 4  
- Sometimes 3  
- Often 2  
- All of the Time 1  

Overall Satisfaction

Q10. I leave work emotionally exhausted.  

- Never 1  
- Rarely 2  
- Sometimes 3  
- Often 4  
- All of the Time 5  

Overall Satisfaction

Q11. I feel like the hospital staff does not respect or support child life.  

- Never 1  
- Rarely 2  
- Sometimes 3  
- Often 4  
- All of the Time 5  

Environmental Satisfaction

Q12. I think about trying to find a different job other than the child life profession.  

- Never 1  
- Rarely 2  
- Sometimes 3  
- Often 4  
- All of the Time 5  

Overall Satisfaction

Q13. My job makes a difference to the wellbeing of hospitalized children.  

- Never 5  
- Rarely 4  
- Sometimes 3  
- Often 2  
- All of the Time 1  

Personal Satisfaction
Q14. I have resources within the hospital to support me in my position.

Environmental Satisfaction

- Never: 5
- Rarely: 4
- Sometimes: 3
- Often: 2
- All of the Time: 1

Q15. On a day that I have witnessed a trauma, I am not productive at work

Personal Satisfaction

- Never: 1
- Rarely: 2
- Sometimes: 3
- Often: 4
- All of the Time: 5

Q16. I feel overwhelmed by my caseload at work.

Environmental Satisfaction

- Never: 1
- Rarely: 2
- Sometimes: 3
- Often: 4
- All of the Time: 5

Q17. I am a very caring person.

Personal Satisfaction

- Never: 5
- Rarely: 4
- Sometimes: 3
- Often: 2
- All of the Time: 1

Q18. My immediate supervisor is always there when I need him/her.

Environmental Satisfaction

- Never: 5
- Rarely: 4
- Sometimes: 3
- Often: 2
- All of the Time: 1

4 of 7
Q19. I am able to easily complete my workload each day.

- Never 5
- Rarely 4
- Sometimes 3
- Often 2
- All of the Time 1

Q20. I question if my work really helps children.

- Never 1
- Rarely 2
- Sometimes 3
- Often 4
- All of the Time 5

Q21. I do not feel connected to other people in my hospital.

- Never 1
- Rarely 2
- Sometimes 3
- Often 4
- All of the Time 5

Q22. My hospital offers opportunities for training to keep me up on the latest child life techniques.

- Never 5
- Rarely 4
- Sometimes 3
- Often 2
- All of the Time 1
Q23. I am pleased with how well I can keep up with patient needs and new techniques.

<table>
<thead>
<tr>
<th>Response</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>5</td>
</tr>
<tr>
<td>Rarely</td>
<td>4</td>
</tr>
<tr>
<td>Sometimes</td>
<td>3</td>
</tr>
<tr>
<td>Often</td>
<td>2</td>
</tr>
<tr>
<td>All of the Time</td>
<td>1</td>
</tr>
</tbody>
</table>

Environmental Satisfaction

Q24. I leave work feeling that I have accomplished something meaningful.

<table>
<thead>
<tr>
<th>Response</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>5</td>
</tr>
<tr>
<td>Rarely</td>
<td>4</td>
</tr>
<tr>
<td>Sometimes</td>
<td>3</td>
</tr>
<tr>
<td>Often</td>
<td>2</td>
</tr>
<tr>
<td>All of the Time</td>
<td>1</td>
</tr>
</tbody>
</table>

Overall Satisfaction

Q25. Because of helping others all day long I feel ‘on edge’ when I am at home.

<table>
<thead>
<tr>
<th>Response</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>1</td>
</tr>
<tr>
<td>Rarely</td>
<td>2</td>
</tr>
<tr>
<td>Sometimes</td>
<td>3</td>
</tr>
<tr>
<td>Often</td>
<td>4</td>
</tr>
<tr>
<td>All of the Time</td>
<td>5</td>
</tr>
</tbody>
</table>

Personal Satisfaction

Q26. I feel re-energized after I have helped a child.

<table>
<thead>
<tr>
<th>Response</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>5</td>
</tr>
<tr>
<td>Rarely</td>
<td>4</td>
</tr>
<tr>
<td>Sometimes</td>
<td>3</td>
</tr>
<tr>
<td>Often</td>
<td>2</td>
</tr>
<tr>
<td>All of the Time</td>
<td>1</td>
</tr>
</tbody>
</table>

Personal Satisfaction
Q27. I feel that my caseload is endless.
- Never 1
- Rarely 2
- Sometimes 3
- Often 4
- All of the Time 5

- Never 1
- Rarely 2
- Sometimes 3
- Often 4
- All of the Time 5

Q29. I am able to separate my job from my home life.
- Never 5
- Rarely 4
- Sometimes 3
- Often 2
- All of the Time 1

Q30. My job has a negative impact on my relationships outside of work.
- Never 1
- Rarely 2
- Sometimes 3
- Often 4
- All of the Time 5
Appendix D: Invitation to Complete the Stress and Burnout Survey

My name is Tricia Buskirk and I am a graduate student at Ohio University in Athens, Ohio working with my advisor, Jenny Chabot. For my master’s thesis I am investigating the burnout and stress that may exist for child life specialists. I am currently conducting a survey to collect data on burnout and stress for child life specialists who practice in the hospital setting. If you have been a certified child life specialist practicing in the hospital for at least five years, please consider completing this survey. It should take you no longer than 20 minutes to complete. The information that will be collected is for research purposes only and all participant responses will remain anonymous. To complete this survey online, please click on the link below and follow the directions at the top of the survey. Thank you so much for your help!
Appendix E: Ohio University Consent Form

Title of Research: Existence of Burnout and Stress in Child Life

Researchers: Tricia Buskirk and Jenny Chabot

You are being asked to participate in research. For you to be able to decide whether you want to participate in this project, you should understand what the project is about, as well as the possible risks and benefits in order to make an informed decision. This process is known as informed consent. This form describes the purpose, procedures, possible benefits, and risks. It also explains how your personal information will be used and protected. Once you have read this form and your questions about the study are answered, you will be asked to consent. This will allow your participation in this study.

Explanation of Study

This study is being done because I am trying to determine whether child life specialists who work in the hospital setting experience stress causing burnout.

If you agree to participate, you will be asked to give demographic information and answer questions based on your experience as a child life specialist in the hospital setting.

You should not participate in this study if you have not been practicing child life in the hospital setting for five or more years.

Your participation in the study will last for approximately 20 minutes or however long it takes you to answer the questions.

Risks and Discomforts

No risks or discomforts are anticipated.

Benefits

This study is important to science/society because it will give us information on the work conditions for child life specialists. It will identify causal factors contributing to burnout and stress. Identifying these causal factors is an important step to mitigate the rate of burnout and stress and help child life specialists to perform their very best for the benefit of children and their families.

Individually, you may benefit by helping to further our understanding of the field of child life. In turn, this new understanding may provide a basis for change in your hospital regarding some best practices for child life.
**Confidentiality and Records**

Your study information will be kept confidential by not asking for your name or hospital where you practice.

Additionally, while every effort will be made to keep your study-related information confidential, there may be circumstances where this information must be shared with:

* Federal agencies, for example the Office of Human Research Protections, whose responsibility is to protect human subjects in research;
* Representatives of Ohio University (OU), including the Institutional Review Board, a committee that oversees the research at OU;

**Compensation**

No compensation will be provided.

**Contact Information**

A. If you have any questions regarding this study, please contact Tricia Buskirk at t_buskirk@wowway.com or 740-804-0667.

B. If you have any questions regarding your rights as a research participant, please contact Chris Hayhow, Director of Research Compliance, Ohio University, 740-593-0664 or hayhow@ohio.edu.

By consenting below, you are agreeing that:

- You have read this consent form (or it has been read to you) and have been given the opportunity to ask questions and have them answered;
- You have been informed of potential risks and they have been explained to your satisfaction;
- You understand Ohio University has no funds set aside for any injuries you might receive as a result of participating in this study;
- You are 18 years of age or older;
- Your participation in this research is completely voluntary;
- You may leave the study at any time; if you decide to stop participating in the study, there will be no penalty to you.

Version Date: **11/20/14**
Appendix F: Child Life Stress and Burnout Survey Privacy Statement

The survey data collection tool, Qualtrics Software, is supported by a protective privacy policy regarding e-mail addresses and personal information. Qualtrics will not sell or make available specific information regarding the survey participants or participant data except in cooperation with law enforcement bodies in regard to violations of applicable laws. Qualtrics will use commercially reasonable technology and industry best practices to ensure the integrity and security of all confidential information with respect to theft, piracy and unauthorized access. In addition, all data collected during this research investigation will be subject to the guidelines and restrictions outlined in the Ohio University academic policy and procedure, 19.052: Research Projects Involving Human Subjects.
## Appendix G: Research Survey Response Data

<p>|   | Q1 | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | Q8 | Q9 | Q10 | Q11 | Q12 | Q13 | Q14 | Q15 | Q16 | Q17 | Q18 | Q19 | Q20 | Q21 | Q22 | Q23 | Q24 | Q25 | Q26 | Q27 | Q28 | Q29 | Q30 |
|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 1 | BS8TP | 2 | 3 | 2 | 1 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 1 | 1 | 2 | 4 | 4 | 4 | 4 | 2 | 2 | 2 | 4 | 4 | 3 | 3 | 3 | 1 | 2 | 5 | 4 | 1 | 2 |
| 2 | GPP9F | 4 | 2 | 2 | 1 | 6 | 5 | 3 | 2 | 2 | 4 | 2 | 3 | 2 | 3 | 2 | 3 | 2 | 2 | 3 | 1 | 2 | 4 | 3 | 2 | 1 | 2 | 4 | 3 | 1 | 1 |
| 3 | PANKTR | 3 | 3 | 2 | 2 | 1 | 3 | 2 | 3 | 1 | 4 | 4 | 2 | 2 | 3 | 3 | 5 | 2 | 3 | 4 | 3 | 3 | 3 | 4 | 3 | 4 | 3 | 5 | 3 | 3 | 2 |
| 4 | MR8OX | 2 | 1 | 2 | 3 | 4 | 3 | 1 | 2 | 1 | 2 | 3 | 3 | 2 | 1 | 2 | 3 | 3 | 1 | 2 | 3 | 2 | 2 | 5 | 3 | 2 | 3 | 2 | 3 | 1 | 2 | 1 |
| 5 | L2RHX | 1 | 2 | 2 | 1 | 7 | 1 | 2 | 2 | 1 | 4 | 3 | 3 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 1 | 1 | 2 | 1 | 3 | 3 | 2 | 2 | 2 | 2 |
| 6 | STMLD | 2 | 1 | 2 | 2 | 6 | 2 | 2 | 2 | 1 | 3 | 2 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 1 | 2 | 2 | 1 | 1 | 1 | 1 |
| 7 | AKD2Z | 2 | 1 | 2 | 3 | 1 | 2 | 1 | 2 | 2 | 3 | 3 | 4 | 2 | 3 | 2 | 2 | 1 | 1 | 3 | 2 | 2 | 3 | 3 | 2 | 3 | 3 | 5 | 2 | 1 |
| 8 | A5SPJ | 2 | 2 | 2 | 1 | 1 | 6 | 2 | 1 | 1 | 3 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 3 | 2 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| 9 | X8F9Z | 6 | 2 | 2 | 2 | 1 | 1 | 2 | 1 | 3 | 3 | 2 | 3 | 2 | 3 | 2 | 2 | 2 | 3 | 3 | 3 | 2 | 3 | 3 | 5 | 3 | 2 | 2 | 3 | 3 | 2 |
| 10 | 7PWOP | 2 | 1 | 2 | 2 | 7 | 2 | 1 | 2 | 1 | 3 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 1 | 2 | 2 | 1 | 1 |
| 11 | YSZZL | 4 | 1 | 2 | 1 | 1 | 4 | 1 | 3 | 5 | 3 | 2 | 3 | 2 | 3 | 2 | 3 | 2 | 3 | 3 | 1 | 3 | 3 | 2 | 2 | 3 | 3 | 3 | 3 | 3 |
| 12 | YUBGF | 2 | 1 | 2 | 3 | 5 | 2 | 1 | 2 | 3 | 3 | 3 | 5 | 2 | 2 | 4 | 3 | 2 | 5 | 2 | 2 | 3 | 4 | 3 | 2 | 2 | 2 | 2 | 1 | 1 |
| 13 | YCLXD | 5 | 5 | 1 | 3 | 5 | 7 | 4 | 2 | 1 | 3 | 3 | 1 | 1 | 1 | 1 | 3 | 1 | 2 | 2 | 1 | 1 | 2 | 3 | 2 | 3 | 3 | 3 | 2 | 1 | 1 |
| 14 | SYWUH | 3 | 5 | 1 | 4 | 1 | 3 | 5 | 3 | 2 | 3 | 3 | 2 | 3 | 2 | 3 | 3 | 2 | 3 | 3 | 3 | 3 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| 15 | SSOJB | 6 | 1 | 1 | 4 | 5 | 7 | 1 | 1 | 1 | 2 | 2 | 1 | 1 | 2 | 2 | 1 | 2 | 2 | 1 | 2 | 1 | 3 | 3 | 2 | 2 | 1 | 1 | 1 | 1 | 2 |
| 16 | 8GIYV | 2 | 1 | 2 | 2 | 7 | 1 | 1 | 2 | 2 | 3 | 3 | 3 | 1 | 2 | 1 | 3 | 1 | 2 | 2 | 2 | 2 | 5 | 3 | 2 | 1 | 2 | 4 | 2 | 2 | 1 |
| 17 | JCKIP | 2 | 2 | 2 | 1 | 3 | 1 | 3 | 3 | 2 | 1 | 3 | 1 | 2 | 1 | 2 | 3 | 3 | 1 | 3 | 2 | 1 | 1 | 5 | 2 | 2 | 2 | 2 | 5 | 2 | 2 |
| 18 | SYX8B | 2 | 2 | 1 | 2 | 6 | 1 | 4 | 2 | 1 | 4 | 3 | 2 | 1 | 2 | 3 | 3 | 4 | 2 | 3 | 4 | 1 | 3 | 3 | 3 | 2 | 5 | 2 | 4 | 3 | 3 |
| 19 | 07WF3 | 1 | 2 | 2 | 2 | 3 | 1 | 1 | 3 | 2 | 2 | 3 | 1 | 1 | 2 | 3 | 3 | 2 | 2 | 2 | 3 | 2 | 5 | 2 | 2 | 3 | 1 | 2 | 2 | 2 |
| 20 | CQJLP | 2 | 3 | 2 | 4 | 3 | 1 | 5 | 2 | 2 | 3 | 2 | 3 | 2 | 4 | 3 | 3 | 2 | 4 | 3 | 2 | 3 | 3 | 2 | 4 | 3 | 2 | 3 | 3 | 4 |
| 21 | V8KHT | 1 | 2 | 1 | 2 | 1 | 3 | 2 | 2 | 3 | 2 | 3 | 2 | 3 | 4 | 2 | 2 | 3 | 3 | 2 | 4 | 1 | 4 | 2 | 3 | 3 | 5 | 4 | 3 | 1 | 1 | 1 | 1 | 2 |
| 22 | OUCAT | 4 | 2 | 1 | 2 | 6 | 7 | 3 | 2 | 3 | 2 | 3 | 3 | 2 | 2 | 2 | 3 | 3 | 4 | 2 | 2 | 3 | 3 | 3 | 4 | 2 | 4 | 3 | 2 | 3 |
| 23 | Y2X9X | 3 | 5 | 1 | 3 | 1 | 3 | 5 | 2 | 3 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 3 | 2 | 1 | 4 | 2 | 2 | 1 |
| 24 | WEZ2K | 2 | 4 | 1 | 3 | 1 | 2 | 2 | 3 | 3 | 3 | 2 | 3 | 2 | 4 | 3 | 3 | 2 | 3 | 2 | 2 | 4 | 4 | 4 | 3 | 3 | 3 | 5 | 3 | 3 | 3 |
| 25 | UH4NX | 6 | 1 | 2 | 1 | 5 | 5 | 2 | 1 | 1 | 3 | 2 | 1 | 2 | 2 | 3 | 2 | 1 | 4 | 2 | 2 | 1 | 5 | 2 | 2 | 2 | 1 | 1 | 2 | 2 | 1 |
| 26 | 9HPPC | 2 | 1 | 1 | 1 | 5 | 1 | 2 | 2 | 4 | 5 | 4 | 1 | 3 | 1 | 2 | 1 | 4 | 1 | 1 | 4 | 5 | 2 | 2 | 2 | 1 | 2 | 3 | 2 | 2 |
|    | Q1 | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | Q8 | Q9 | Q10 | Q11 | Q12 | Q13 | Q14 | Q15 | Q16 | Q17 | Q18 | Q19 | Q20 | Q21 | Q22 | Q23 | Q24 | Q25 | Q26 | Q27 | Q28 | Q29 | Q30 |
|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 29 | XTEL | 2 | 5 | 1 | 3 | 7 | 2 | 6 | 2 | 2 | 2 | 2 | 3 | 2 | 4 | 3 | 3 | 2 | 2 | 2 | 3 | 1 | 2 | 2 | 3 | 2 | 2 | 3 | 3 | 1 | 1 |
| 30 | 2HOON | 1 | 2 | 2 | 4 | 1 | 1 | 1 | 2 | 2 | 3 | 2 | 1 | 3 | 2 | 5 | 2 | 2 | 5 | 1 | 2 | 5 | 4 | 2 | 2 | 2 | 5 | 3 | 4 | 3 |
| 31 | BNODF | 1 | 5 | 1 | 3 | 7 | 1 | 4 | 1 | 3 | 2 | 1 | 1 | 2 | 3 | 3 | 1 | 3 | 2 | 1 | 1 | 2 | 2 | 2 | 3 | 3 | 4 | 4 | 3 | 3 |
| 32 | PMARH | 3 | 3 | 1 | 6 | 1 | 3 | 3 | 3 | 2 | 2 | 3 | 2 | 1 | 4 | 3 | 3 | 1 | 1 | 1 | 3 | 5 | 3 | 2 | 4 | 3 | 5 | 2 | 5 | 4 | 4 | 2 |
| 33 | EYFL | 3 | 1 | 2 | 1 | 6 | 2 | 2 | 2 | 2 | 3 | 3 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 2 | 3 | 4 | 4 | 3 | 3 | 2 | 3 | 4 | 3 | 3 | 3 |
| 34 | UX3HT | 1 | 2 | 2 | 2 | 1 | 1 | 1 | 2 | 3 | 4 | 3 | 4 | 1 | 3 | 1 | 4 | 2 | 4 | 3 | 1 | 1 | 4 | 3 | 3 | 3 | 2 | 3 | 1 | 2 | 1 |
| 35 | VUGFB | 3 | 1 | 2 | 3 | 4 | 1 | 2 | 2 | 2 | 1 | 3 | 3 | 2 | 1 | 2 | 2 | 2 | 2 | 1 | 1 | 1 | 2 | 3 | 3 | 2 | 2 | 2 | 3 | 3 | 2 | 2 |
| 36 | NPTSF | 2 | 2 | 1 | 2 | 4 | 2 | 4 | 2 | 4 | 2 | 4 | 3 | 3 | 3 | 5 | 2 | 3 | 3 | 3 | 2 | 3 | 4 | 3 | 3 | 3 | 1 | 3 | 2 | 3 |
| 37 | 4QEFZ | 2 | 5 | 1 | 4 | 7 | 1 | 6 | 2 | 1 | 3 | 3 | 2 | 2 | 2 | 2 | 2 | 3 | 2 | 4 | 3 | 2 | 2 | 2 | 2 | 3 | 2 | 3 | 3 | 3 | 3 | 3 |
| 38 | 6BUCB | 2 | 2 | 2 | 3 | 4 | 1 | 2 | 2 | 2 | 1 | 3 | 3 | 3 | 2 | 1 | 2 | 2 | 2 | 1 | 1 | 1 | 2 | 3 | 3 | 2 | 2 | 2 | 3 | 3 | 2 | 1 |
| 39 | VNMQA | 4 | 5 | 1 | 2 | 7 | 5 | 4 | 3 | 2 | 3 | 2 | 1 | 2 | 1 | 2 | 3 | 2 | 1 | 1 | 2 | 3 | 2 | 3 | 4 | 3 | 3 | 1 | 3 | 2 | 3 |
| 40 | CBWU5 | 1 | 5 | 1 | 2 | 6 | 1 | 7 | 2 | 1 | 3 | 2 | 2 | 1 | 2 | 3 | 2 | 1 | 2 | 3 | 2 | 1 | 1 | 2 | 2 | 2 | 2 | 1 | 4 | 2 | 2 | 2 |
| 41 | GEAYB | 3 | 5 | 1 | 2 | 7 | 3 | 7 | 2 | 1 | 3 | 2 | 2 | 1 | 2 | 2 | 3 | 2 | 2 | 3 | 2 | 2 | 2 | 3 | 2 | 4 | 2 | 3 | 3 | 2 | 3 |
| 42 | OZFLK | 2 | 3 | 2 | 2 | 6 | 1 | 1 | 2 | 3 | 2 | 2 | 3 | 3 | 1 | 2 | 2 | 4 | 1 | 2 | 3 | 3 | 1 | 3 | 2 | 3 | 3 | 3 | 3 |
| 43 | EH169 | 5 | 4 | 1 | 3 | 1 | 5 | 1 | 2 | 2 | 3 | 3 | 3 | 1 | 3 | 2 | 5 | 1 | 3 | 3 | 3 | 2 | 3 | 3 | 3 | 3 | 1 | 4 | 2 | 2 | 2 |
| 44 | TDTUH | 3 | 1 | 2 | 3 | 1 | 4 | 1 | 2 | 1 | 3 | 2 | 1 | 2 | 2 | 2 | 2 | 2 | 1 | 3 | 2 | 2 | 1 | 2 | 2 | 2 | 3 | 3 | 2 | 2 | 2 | 2 | 4 | 1 | 2 | 2 |
| 45 | YUTU | 3 | 3 | 2 | 1 | 7 | 3 | 1 | 3 | 2 | 2 | 1 | 3 | 2 | 2 | 2 | 2 | 3 | 2 | 2 | 3 | 2 | 2 | 3 | 2 | 2 | 3 | 2 | 2 | 2 | 3 | 2 | 2 | 2 | 2 | 2 |
| 46 | C5RTZ | 2 | 1 | 2 | 3 | 3 | 3 | 1 | 3 | 1 | 2 | 2 | 4 | 2 | 1 | 3 | 2 | 2 | 2 | 4 | 2 | 2 | 2 | 3 | 4 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| 47 | TXEDQ | 3 | 2 | 2 | 3 | 3 | 2 | 2 | 1 | 3 | 1 | 3 | 2 | 2 | 3 | 2 | 3 | 2 | 3 | 3 | 1 | 3 | 2 | 2 | 2 | 3 | 3 | 4 | 2 | 2 | 2 | 2 | 3 |
| 48 | TJBH7 | 3 | 4 | 1 | 2 | 7 | 2 | 3 | 2 | 2 | 4 | 3 | 2 | 2 | 3 | 2 | 2 | 2 | 3 | 2 | 2 | 2 | 3 | 2 | 3 | 2 | 3 | 3 | 3 | 3 | 3 |
| 49 | 56LYL | 3 | 3 | 2 | 4 | 4 | 2 | 2 | 2 | 2 | 2 | 4 | 4 | 1 | 2 | 3 | 3 | 1 | 5 | 4 | 4 | 1 | 4 | 1 | 4 | 1 | 4 | 1 | 1 | 1 | 1 | 1 |
| 50 | KZCL | 3 | 1 | 2 | 1 | 1 | 3 | 1 | 2 | 1 | 3 | 4 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 1 | 2 | 3 | 2 | 3 | 3 | 3 | 2 | 3 | 3 | 3 | 2 | 3 |
| 51 | XBEZS | 5 | 5 | 1 | 4 | 2 | 4 | 6 | 2 | 1 | 3 | 2 | 2 | 1 | 1 | 2 | 2 | 2 | 3 | 4 | 2 | 1 | 3 | 3 | 1 | 3 | 2 | 4 | 2 | 2 | 2 | 2 |
| 52 | 1W1HT | 1 | 5 | 1 | 3 | 1 | 1 | 5 | 3 | 4 | 3 | 3 | 2 | 1 | 4 | 5 | 1 | 2 | 4 | 2 | 2 | 2 | 3 | 3 | 4 | 2 | 5 | 3 | 3 | 2 | 2 |
| 53 | OQYD3 | 1 | 2 | 2 | 7 | 1 | 2 | 2 | 2 | 3 | 3 | 2 | 2 | 3 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 2 | 2 | 2 | 3 | 3 |
| 54 | ZIQG | 4 | 1 | 2 | 4 | 1 | 4 | 1 | 2 | 2 | 4 | 4 | 4 | 1 | 4 | 2 | 3 | 2 | 5 | 4 | 2 | 4 | 4 | 4 | 3 | 4 | 2 | 3 | 3 | 2 | 3 |
| 55 | V45VJ | 5 | 3 | 2 | 1 | 6 | 4 | 4 | 2 | 1 | 3 | 3 | 3 | 2 | 4 | 1 | 3 | 3 | 2 | 2 | 3 | 2 | 2 | 4 | 3 | 3 | 3 | 2 | 3 | 2 | 2 | 2 | 2 | 2 |</p>
<table>
<thead>
<tr>
<th></th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Q5</th>
<th>Q6</th>
<th>Q7</th>
<th>Q8</th>
<th>Q9</th>
<th>Q10</th>
<th>Q11</th>
<th>Q12</th>
<th>Q13</th>
<th>Q14</th>
<th>Q15</th>
<th>Q16</th>
<th>Q17</th>
<th>Q18</th>
<th>Q19</th>
<th>Q20</th>
<th>Q21</th>
<th>Q22</th>
<th>Q23</th>
<th>Q24</th>
<th>Q25</th>
<th>Q26</th>
<th>Q27</th>
<th>Q28</th>
<th>Q29</th>
<th>Q30</th>
</tr>
</thead>
<tbody>
<tr>
<td>83</td>
<td>PXQIL</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>84</td>
<td>7ZELZ</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>5</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>5</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>85</td>
<td>XMFN7</td>
<td>6</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>6</td>
<td>6</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>5</td>
<td>4</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>86</td>
<td>AV3GH</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>7</td>
<td>6</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>87</td>
<td>UFTQO</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>5</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>88</td>
<td>AVKLIJ</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>5</td>
<td>6</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>89</td>
<td>SYYUR</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>6</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>3</td>
<td>5</td>
<td>3</td>
<td>2</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>5</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>90</td>
<td>4XBJZ</td>
<td>3</td>
<td>5</td>
<td>1</td>
<td>3</td>
<td>7</td>
<td>4</td>
<td>7</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>1</td>
<td>4</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>5</td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>91</td>
<td>VDXXZ</td>
<td>5</td>
<td>5</td>
<td>1</td>
<td>3</td>
<td>6</td>
<td>4</td>
<td>7</td>
<td>3</td>
<td>1</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>5</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>4</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>92</td>
<td>XHLFD</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>93</td>
<td>CAGBE</td>
<td>2</td>
<td>5</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>94</td>
<td>A4B3NF</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>95</td>
<td>FYQKD</td>
<td>1</td>
<td>5</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>5</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>96</td>
<td>3MMRJ</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>97</td>
<td>NZ7UT</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>98</td>
<td>DBBAY</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>99</td>
<td>BSLNZ</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>7</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>100</td>
<td>VF6LP</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>4</td>
<td>2</td>
<td>4</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>101</td>
<td>MSTQ8R</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>4</td>
<td>1</td>
<td>5</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>5</td>
<td>4</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>102</td>
<td>3GXII8</td>
<td>2</td>
<td>4</td>
<td>1</td>
<td>3</td>
<td>6</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>103</td>
<td>UVN31</td>
<td>6</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>6</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>104</td>
<td>KM1QVF</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>105</td>
<td>TRHLD</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>106</td>
<td>OSSE9</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>7</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>107</td>
<td>JEE7R</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>108</td>
<td>QPO6F</td>
<td>6</td>
<td>5</td>
<td>1</td>
<td>3</td>
<td>7</td>
<td>6</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>4</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>109</td>
<td>DFCG2</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>
There is no data for respondents 14 and 23 because those surveys were returned unanswered. Therefore, this chart represents only 124 respondents with completed surveys.