UNVEILING THE IMPACT: THE ROLE OF CHILD-LIFE SPECIALISTS IN THE CANADIAN HEALTHCARE SYSTEM

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ABSTRACT

Certified Child-Life Specialists (CCLS) play a vital role in supporting infants, children, youth, and families navigating the complexities of illness, trauma, disability, loss, and bereavement. This review delineates the six core domains of care within which CCLS operate, and underscores the novel findings regarding the efficacy of CCLS interventions. Through a synthesis of existing literature, the tangible benefits of integrating CCLS within healthcare teams are demonstrated, transcending traditional hospital settings to positively impact paediatric care outcomes across diverse healthcare contexts. Moreover, the current study contributes to the flourishing discourse surrounding paediatric care in Canada by addressing pertinent issues such as workforce diversity and burnout among healthcare professionals. By advocating for the enhanced integration of CCLS within the Canadian healthcare system, this focused review underscores the urgency of prioritizing psychosocial care to meet the evolving needs of paediatric patients and their families. By supporting the well-being of CCLS practitioners and promoting their seamless integration within healthcare systems, institutions can enhance patient care quality and advance the goals of patient-centered care.

BACKGROUND

Certified Child-Life Specialists (CCLS) are healthcare professionals who guide infants, children, youth and families in uncertain times surrounding illness, trauma, disability, loss and bereavement [1]. Traditionally, CCLS have primarily provided support in hospitals, as hospitalization is a major stressor in a child's life [2]. CCLS are not only employed in children's hospitals, but general hospitals as well to provide psychosocial support for children whose parents or loved ones are hospitalized [3,4]. In Canada, CCLS dispense child life services in a variety of settings beyond hospitals. This can include, but is not limited to, community programming, advocacy centers, non-profit organizations, and academia [5].

CCLS provide their support through a myriad of ways to engage children and families, making their scope of practice broad and unique. Within this unique scope, they function within 6 domains of care;

1. Resilience focused,
2. Play-based,
3. Individualized approach,
4. Developmentally grounded,
5. Relationship-orientated,
6. Trauma-informed.

CCLS will have completed a minimum of a bachelor's degree in any field of study, ten college-level courses in child life or a related department/subject including a minimum of one child life course taught by a CCLS, and a minimum of 600 hours of child life clinical experience under the direct supervision of a CCLS [6]. Once certified, CCLS look to identify and help children navigate medical environments (i . e. , length of stay, medical procedures), family factors (i . e. , parental anxiety, parental involvement in care, overall family support), and even individual factors (i . e. , age/developmental level, temperament, trait and state anxiety, and coping style). CCLS routinely use play which can range from a child's definition of a "fun" activity or healthcare play where CCLS will use materials related to health care to clarify misunderstandings or work through painful experiences. They can also use an array of other interventions like family facilitation, therapeutic dialogue, developmental support, and procedural support [7]. This focused review endeavors to elucidate the indispensable role of CCLS and their interventions, advocating for their enhanced integration within the healthcare system.

Therefore, the research question of this review is: what are the short-term and long-term impacts and implications of FASD on a child's cognitive development? This will allow us to identify what is needed to support the challenges that stem from this domain.

Our review followed a non-systematic approach and both a web search and electronic database search were performed to find published literature that shed light on this topic. The results from the literature are presented below.

RATIONALE

To understand the need for expanded CCLS integration, it is important to consider how pediatric hospital care has evolved over time. The hospital setting for children has evolved over the years. A typical children's hospital in the early parental contact, cognitive stimulation and/or learning experiences, and a sense of comfort for children [8]. These are all aspects that hospitals in the 2000s aim to value. This shift could reflect changes not only in hospital infrastructure [9], but also in the mindset of healthcare providers. With the advent of the patient-centred care model, the introduction of CCLS and the maximization of their efforts is necessary, as CCLS are a manifestation of the switch from a biomedical care model to a patient-centred one.

Currently, Canada has one of the lowest physician-to-population ratios globally [10]. Given the prevalent phenomenon of burnout among paediatric nurses, the allocation of sufficient time for interactive play with paediatric patients, a crucial component of paediatric care, presents a considerable challenge [11,12]. As such, the integration of CCLS is integral to the paediatric care model.

Child-Life care in Canada was introduced more than 40 years later than in America as the "Child in Hospital" resolution advocated for by the Canadian Paediatric Society. In 1978, 93% of 180 general hospitals had play spaces and 37% of those spaces had salaried staff. 77% of Canadian child-life programs have one to three CCLS on staff. Figure 1 represents the number of CCLS across Canada as of 2020. With Ontario in the lead, 30 CCLS belong to McMaster's Children's Hospital [5]. This shows an uneven split among of CCLS among community hospitals and in rural communities. This article aims to show the urgency for the Canadian healthcare system to promote a greater reliance on CCLS in a balanced way that prevents burnout and compassion fatigue for all healthcare providers involved.

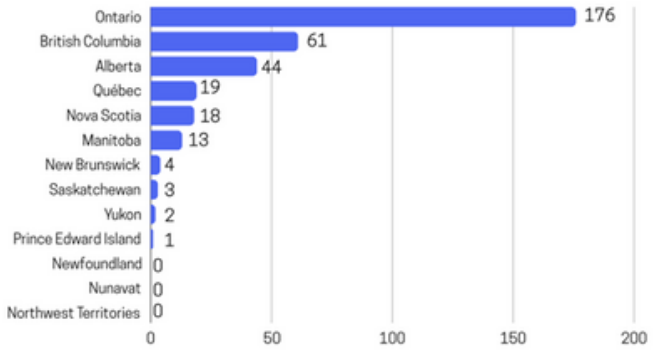

***Figure 1**. A row bar graph representing the number of child-life specialists in each Canadian Province/Territory as adapted from the Association of Child Life Professionals (2020) [5].*

KEY FINDINGS

This literature review provided insights into the benefits of having an empowered CCLS on a patient's care team. As their role has been seen to spread to a variety of settings, so can their ameliorative qualities be seen in different settings. In a traditional hospital setting, American studies have shown decreased anxiety in paediatric populations with a CCLS present in the hospital [2,13-15] , allow for children to complete intimidating procedures [14,16-18], and allow for children to bypass abrasive treatments (ie. sedation) [15,20,21]. Studies in Canada have adopted similar methodologies and reached similar outcomes [1,22,23], which points to the efficacy of CCLS interventions surpassing global differences and being a robust intervention. However, much of the existing research remains small-scale or descriptive, highlighting the need for more rigorous empirical studies to confirm and extend these findings. While these benefits highlight the value of CCLS interventions, the literature also reveals several ongoing challenges that may limit their full potential.

CHALLENGES & FUTURE DIRECTIONS

Despite the documented advantages of CCLS interventions in numerous studies, both CCLS and its broader community encounter significant challenges. Certain themes echoed in the literature include; 1) insufficient empirical examination of their services, 2) a lack of a diverse CCLS workforce, and 3) compassion fatigue & burnout. There is particularly a lack of robust, outcome-based research assessing the measurable impact of specific CCLS interventions. Much of the existing literature relies on qualitative approaches or anecdotal insights, with limited quantitative, intervention-focused studies that can demonstrate causality or support large-scale implementation.

A scoping review by Boles et al ., 2021 concluded the

lack of empirical evidence about CCLS in four databases. From 1998 to 2017, an increase was seen in the number of articles that made mention of Child Life. Yet, only 14% of these articles had content surrounding Child Life and 2% of these articles focused on Child Life [24]. Mentions of CCLS typically ask child-life professionals about their opinions regarding relevant topics within the hospital or important subjects in paediatric care [25,26]. In the absence of robust empirical evidence substantiating the efficacy of CCLS and their interventions, policymakers and healthcare professionals may find themselves lacking the necessary foundation to effectively advocate for the comprehensive integration of CCLS within the broader healthcare landscape. Without empirical validation of the tangible benefits and positive outcomes associated with CCLS services, the potential for optimizing paediatric patient care and enhancing overall healthcare outcomes may remain unrealized, impeding progress towards a more holistic and patient-centered approach to healthcare delivery.

An important consideration to make in healthcare delivery is the diversity of a profession's workforce. It is known that a workforce must be as diverse as the population it aims to serve [27]. Currently, the CCLS workforce is characteristically Caucasian, female and 34 years of age. This can pose a challenge in serving the diverse populations of Canada [8]. By mitigating other challenges associated with the role, it is anticipated that the job description will resonate with a more diverse array of populations, thereby narrowing this gap. In fostering a more inclusive and welcoming environment within the profession, coupled with targeted outreach and recruitment efforts, the potential exists to attract individuals from diverse backgrounds who may not have previously considered a career as a CCLS. Furthermore, by embracing diversity within the CCLS workforce, healthcare institutions can better meet the unique cultural, linguistic, and social needs of the diverse populations they serve. Many developmental theories in CCLS education also lack cultural context [28]. This deficiency underscores the critical necessity for an updated curriculum that places a heightened emphasis on equity, diversity, and inclusion. By integrating cultural considerations into the educational framework, CCLS programs can better prepare future professionals to effectively navigate and address the diverse needs of the paediatric populations they serve. Moreover, an updated curriculum that prioritizes equity, diversity, and inclusion not only enhances the cultural competence of CCLS practitioners but also ensures that their interventions are culturally responsive and relevant. A proactive approach is essential for promoting positive outcomes and fostering trust and rapport with patients and their families from varying cultural backgrounds.

Given the inherently empathetic nature of their role, many CCLS experience compassion fatigue and burnout for their day-to-day roles. Consequently, the prevalence of compassion fatigue and burnout among CCLS underscores the imperative for comprehensive support mechanisms and strategies to safeguard their emotional well-being and professional resilience. In a cross-sectional survey, it was reported that CCLS that frequently consulted with colleagues and a multidisciplinary team was a protective factor from compassion fatigue and burnout symptoms [29]. This points to the necessity of seamlessly integrating CCLS within a healthcare team. By fostering a cohesive and supportive interdisciplinary environment, healthcare institutions can not only mitigate the risk of burnout among allied health professionals like CCLS but also enhance the overall quality of patient care. Ultimately, this integration not only protects the well-being of healthcare providers but also enhances the quality and continuity of care for the vulnerable paediatric patients and families they serve.

In addition to these workforce-related challenges, structural barriers such as inconsistent funding, limited job positions, and a lack of standardized policies across provinces also hinder the full integration of CCLS services. Hospitals in smaller or rural communities may not have the financial resources to employ dedicated CCLSs, despite the demonstrated benefits [5]. National policy support and dedicated healthcare funding streams for psychosocial care are essential to ensure equitable access to CCLS interventions across Canada.

CONCLUSION

In summary, the role of CCLS in guiding infants, children, youth, and families through the complexities of illness, trauma, disability, loss, and bereavement is pivotal within the healthcare landscape. While historically confined to hospital settings, the expanding scope of CCLS practice now encompasses diverse healthcare environments across Canada, including community programs and academic institutions. Employing a multifaceted approach within six distinct domains of care, CCLS utilize a diverse array of evidence-based interventions tailored to address the psychosocial needs of paediatric patients and their families.

Despite the demonstrable benefits of CCLS interventions, notable challenges persist. These include the paucity of robust empirical evidence validating their effectiveness, the imperative for a more demographically diverse workforce reflective of the populations served, and the pervasive issue of compassion fatigue and burnout among CCLS. Addressing these challenges necessitates the adoption of a proactive and interdisciplinary approach that prioritizes equity, diversity, and inclusion. Efforts to integrate cultural competencies into CCLS' education and practice are paramount for ensuring culturally responsive care delivery. Furthermore, fostering a supportive interdisciplinary environment within healthcare teams holds promise for mitigating the risk of burnout and enhancing the quality of patient care.

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By prioritizing the well-being of CCLS practitioners and advocating for their seamless integration within healthcare systems, institutions can better meet the psychosocial needs of paediatric patients and their families, thereby improving health outcomes and advancing the overarching goals of patient-centered care. Ultimately, strategic investment in CCLS education, research, and institutional integration is essential to achieving equitable and holistic paediatric healthcare in Canada.

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