

From the Executive Editor

by Shannon Dier, MS, CCLS

As I considered what to write for this column, I thought about how the articles in this Winter issue are, in many ways, reflective of the current state of the child life field. Across different topics, there are clear themes of advocacy and professional growth, as child life specialists describe supporting adolescents in crisis, integrating their services into palliative care in Kuwait, and considering a role for child life specialists supporting children in the arts and entertainment industry. The articles showcase how our field is constantly working to better meet the needs of children, youth and families, constantly striving to grow and expand and redefine itself. At the same time, several articles

address ongoing challenges in the field, like examining ways to improve internship readiness and supporting new professionals to transition out of a competitive student mindset.

It's a complicated picture. To hold in mind the incredible growth and potential of the field and at the same time a sense of strain and fragility, a fraying around the edges, a weight bearing down. There are challenges now, to be sure, systemic problems that will require systemic efforts and time to address. But in some ways, this is not new. The child life field has always faced uphill battles to define and establish itself, and the profession is arguably stronger in numbers and recognition than it has been in the past. So why does it all seem to feel so bad right now?

I think in part this is the legacy of a worldwide pandemic that never really "ended" and the collective disenfranchised grief over so much change and loss. Moreover, in so many industries, the pandemic ignited a desire for better balance so that less time and emotional energy was spent at work. Within child life, this has been reflected in high rates of staff turnover, position changes, and movement into private practice or community positions. It has also been reflected in the number of individuals leaving the child life field altogether. To be clear, it's not a bad thing for people to seek opportunities for growth and change, to take another role that will enable a better balance of work and home life, or to seek a job that compensates them well.

But I think there is something else going on that contributes to burnout, especially among emerging professionals who have worked so hard to enter the field. We need to remind ourselves and one another, early and often, of the most important boundary of all:

Child life is what you do; it's not who you are. Like all helping professions, child life attracts individuals who are eager to serve, who are motivated by ideals and passion. It is what makes us so very good at what we do – and it is

the reason that so many of us cannot make this a forever career. Still, we owe it to ourselves to do better. I think we can support our students, our colleagues, and ourselves to remember that our sense of self-worth is not defined by how many patients we have seen today, how many children had difficulty coping despite all our best efforts, or how many staff called us by name versus "child life."

It is common practice in our culture to focus on what someone does for work as a key marker of identity. Your dad is a teacher; your neighbor is a financial planner; your cousin is the manager of a retail store. This tendency is not unique to child life, but the demands of our work exacerbate the negative consequence of over-identifying with the profession.

It is critical that we take assessment of how our sense of self is defined and make the mental shift to see ourselves as more than the work that we have committed to do. More importantly, we need to help students and emerging professionals do this well from the start. It won't solve all the challenges of the field, but I think it will create space for us to work on these issues without it feeling like our personal identity and self-worth is constantly on the line.

The recommendations for how to address this will sound familiar and overly simple: create space between work and life. Yet perhaps framing these ideas as separating self from work will provide a new sense of urgency. In a TIME100 article, Oprah Winfrey and Arthur Brooks boil it down to just two things: take time away from work (read: use your PTO and go on a real vacation) and make some friends who don't share your work (read: outside your child life and nursing peeps).

Ironically, these are the very same strategies a therapist recommended to me two years into my clinical role as I sought help to process the complicated grief and joy of working with critically ill patients. At the time, I felt she just didn't understand the unique work of child life. In hindsight, I wish she would have been more blunt and told me the truth I needed to hear, what I hope you can hear now:

You are more than the work that you do. You are more than your title. You are more than your unit. You are more than a child life specialist. You are more, and you deserve a life outside your work that is rich and full of joy.

Warmly,

Shannon