

SELF-EFFICACY, SUPERVISORY SUPPORT, AND BURNOUT IN CHILD LIFE
SPECIALISTS

By

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Abstract

This study examined relationships among supervisory support, self-efficacy, and burnout in 35 certified child life specialists, and whether departmental type influenced burnout. Supervisory support was positively associated with personal accomplishment but was not related to self-efficacy or the other domains of burnout: emotional exhaustion and depersonalization.

Departmental type did not significantly affect emotional exhaustion or depersonalization, though specialists in non-child life exclusive departments reported slightly higher personal accomplishment. Findings suggest that supervisory support may enhance professional fulfillment but does not independently reduce emotional aspects of burnout. Future research should use longitudinal and mix-methods designs to better understand how supervisory structures and workplace context shape overall well-being in child life specialists.

SELF-EFFICACY, SUPERVISORY SUPPORT, AND BURNOUT IN CHILD LIFE
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CHAPTER 1: INTRODUCTION

Child life specialists (CCLS) play a vital role in reducing stress and anxiety for children undergoing medical procedures by providing psychosocial support through techniques like play and emotional guidance (Romito et al., 2021; Percelay et al., 2014). Their interventions are essential not only for alleviating immediate stress but also for promoting long-term coping and resilience. Despite their positive impact, CCLS face significant emotional demands that can lead to burnout and compassion fatigue (Bernales-Turpo et al., 2022). This emotional toll is compounded by the nature of their work as children's heightened stress responses and limited coping mechanisms make effective support crucial (Páll et al., 2021). The emotional strain on CCLS, exacerbated further by the COVID-19 pandemic, has highlighted their vulnerability to burnout and imposter phenomenon (ACLP, 2020; Ehinger & Bales, 2024). This situation has not only intensified their personal challenges but has also led to the inconsistent availability of child life services, often shifting the burden to other healthcare providers and underscoring the need for strong support systems.

Burnout, encompassing emotional exhaustion, depersonalization, and reduced personal accomplishment, negatively affects job satisfaction and care quality (Mealer et al., 2016). Addressing burnout effectively is crucial, and clinical supervision is an essential component in this process. However, the lack of standard definitions and framework for effective clinical supervision complicates this effort. Traditional models of supervision involve feedback and support but often face criticism for their limitations, and newer approaches offer varying benefits (Terry et al., 2020). These evolving models suggest that effective supervisory support can significantly influence job satisfaction and retention. Studies show that strong management and supportive supervision improve employee engagement and reduce turnover (Madede et al., 2017;

Boakye et al., 2023). In high-stress environments, effective supervision is crucial for mitigating burnout and enhancing overall job performance (Randa & Phale, 2023; Bae, 2022). An understudied aspect of supervision involves the specific department a CCLS works in. That is, does working in a child life specific department offer a different sense of supervisory support than a child life team functioning under a separate specialty, such as nursing or rehabilitation therapies.

Self-efficacy, or the belief in one's ability to manage tasks, is assumed to be a protective factor against burnout (Bandura, 1986). This concept suggests that individuals who perceive themselves as capable of handling stressors are less likely to experience burnout. Understanding how self-efficacy interacts with burnout and supervisory support is essential for developing effective interventions. Through exploring these interactions, the current study aims to enhance support systems and improve professionals' well-being among CCLS, ultimately contributing to a more sustainable and supportive work environment. To that end, this thesis explores the following research questions:

1. Are perceptions of supervisor support, self-efficacy, and burnout related in the field of child life specialists?
2. Does departmental type influence burnout in child life specialists?

CHAPTER 2: LITERATURE REVIEW

Child Life

Child life specialists play an important role in preparing children for medical procedures and hospitalization, as well as supporting patients and families across various healthcare settings. Many hospitalized children, ranging from 50% to 75%, experience significant fear and anxiety before surgery (Romito et al., 2021). Effective preparation can reduce anxiety, improve cooperation during procedures, and lead to better long-term coping. This preparation often includes providing developmentally appropriate information, encouraging questions and emotional expression, and building meaningful, therapeutic relationships. Child life interventions, which incorporate play, distraction techniques, and family support have been proven to reduce emotional distress and pain during medical procedures and experiences. These interventions also contribute to positive patient and family experiences (Percelay et al., 2014). However, providing psychosocial care to children and families during potentially traumatic experiences, while creating and maintaining therapeutic relationships, can increase the risk of compassion fatigue and emotional exhaustion in child life specialists.

Understanding the psychological aspects of treating children is crucial due to their heightened susceptibility to stress from factors like changes in environment and lower coping strategies (Romito et al., 2021). Pain and anxiety are closely linked in children, often exacerbating each other. (Páll et al., 2021) Pediatric healthcare workers face significant emotional demands, requiring empathy and compassionate care for both children and their families. A lack of emotional support for these workers, such as a professional to debrief with or reassurance from a supervisor, can lead to emotional exhaustion and burnout (Bernales-Turpo et al., 2022). Additionally, healthcare professionals can experience secondary traumatic stress due

to their exposure to traumatic events, especially when these events involve children (Rigas et al., 2024).

Child life specialists play a crucial role as members of an interdisciplinary team. However, child life services are not always available due to staffing shortages or a lack of an established service, often placing the responsibility of providing psychological preparation and support on nurses. Páll et al. investigated the psychological burden on pediatric nurses with the intent to make recommendations for the development of a child life specialist care system in Hungary (2021). The findings showed that nurses' psychological burden is influenced by the emotional state of both children and their parents, emphasizing the importance of psychological support and preparation for children undergoing hospitalization. Hospitalization often imposes psychological strain on children, especially when the duration of treatment is short due to the lack of proper preparation available (Páll et al., 2021). This highlights the necessity of providing emotional support and preparation for interventions, tasks related to the services of child life specialists, whose presence was deemed beneficial by nurses. Nurses in emotionally demanding departments, especially those with less experience and higher emotional strain, reported difficulties with children's psychological reactions and a need for more support, including access to psychologists and additional training. This study highlights the importance of child life specialists but also the impact providing psychological care to children and families can have on an interdisciplinary team of healthcare professionals. Access to support services and further training can equip staff with the skills, knowledge, and ability to process workplace events to prevent experiences from negatively impacting their relationships.

Burnout

Burnout Syndrome has been a concerning phenomenon in healthcare far beyond it being first described in the 1970s (Mealer et al., 2016). Often referred to simply as “burnout,” this work-related stress can affect even those with no prior psychological symptoms or diagnoses. High stress environments are particularly at risk, including critical and intensive care units. Burnout often manifests as depersonalization, emotional exhaustion, and reduced personal accomplishment, with other symptoms including emotional fatigue, negative attitude towards work, and a lower sense of self-efficacy. This phenomenon’s impact is widespread as burnout often leads to job turnover, reduced quality of care, and long-term mental health issues (Mealer et al., 2016; Dix et al., 2012; Bernales-Turpo et al., 2022).

Compassion fatigue, secondary traumatic stress, and burnout often interact and may be interchanged with each other when examining stress in healthcare professions. Compassion fatigue is defined as “a state of tension and preoccupation with traumatized patients by re-experiencing the traumatic events, avoidance/numbing of reminders and persistent arousal associated with the patient” (Figley, 2002, p. 1435). In other words, it refers to the physical and emotional strain that can occur due to the psychologically conflicting weight of caregiving. Secondary traumatic stress was initially defined as describing the stress-related symptoms that caregivers, such as healthcare workers, can experience after interacting with individuals that share details about highly stressful or traumatic events (Stamm, 1995). Similarly, Figley (1995) characterized secondary traumatic stress as the emotional distress felt by individuals who are closely involved with trauma survivors, essentially becoming indirect victims of those past traumas. Without proper intervention and protective factors, professionals are at an increased risk of long-term effects. Because of the overlap in symptomology and implications between each

component, the concepts of compassion fatigue and secondary trauma are highly relevant and considered throughout the literature review.

Burnout in Child Life

Child life specialists, like other healthcare professionals, face significant risks of stress and burnout due to workplace stressors and emotional demands (Holloway & Wallinga, 1990). During the COVID-19 pandemic, 76% of healthcare workers reported feeling exhausted and burnt out (Mental Health America, n.d.), with the pandemic intensifying these issues. Over 70% of child life specialists surveyed during this period reported moderate to high burnout risk and observed similar symptoms in their colleagues (ACLP, 2020). Ehinger & Bales' (2024) research reveals that child life specialists experience both imposter phenomenon (IP) and burnout, with a significant relationship between these two conditions. IP is characterized as when successful individuals doubt their achievements, fearing that they would be exposed as frauds, and attribute their success to factors other than their own competence. This concept leads to significant self-doubt, revealing a relation to an individual's perceived sense of self-efficacy. It finds that IP levels can predict burnout in child life specialists, and the COVID-19 pandemic has exacerbated these experiences. Newer professionals in child life are particularly vulnerable to both IP and burnout, likely due to the combined pressures of starting a new role and dealing with the pandemic's added stress. While Maslach, Schaufeli, and Leiter (2001) suggest that, in some helping professions, more experience may be associated with elevated risk of burnout, this study indicates that the heightened burnout among newer child life specialists may be pandemic related. Qualitative findings further explain that IP stems from general insecurities and self-doubt, while burnout is often driven by systemic and administrative issues such as shortcomings

from administration and low pay. These insights suggest that targeting IP and advocating for more supportive work conditions could improve the well-being of child life specialists.

Child life specialists and other healthcare professionals in pediatric oncology often operate within multidisciplinary teams to deliver comprehensive and holistic care, a practice that has become the standard in hospital-based services (Dix et al., 2012). The demanding nature of this work environment is strongly associated with severe burnout, which can undermine team functionality and the quality of care. Effective multidisciplinary teams, marked by a shared culture, common goals, strong communication, and mutual respect, are crucial for mitigating burnout and enhancing team performance. Research using semi-structured interviews with pediatric oncology staff demonstrates that well-functioning teams can significantly reduce burnout and compassion fatigue amongst team members by providing both clinical and emotional support. Benefits include improved knowledge sharing and mutual support, while challenges involve poor communication, interpersonal conflicts, and role devaluation. Factors such as workplace empowerment, recognition, opportunities for professional growth, and a supportive environment are linked to greater job satisfaction and reduced burnout. Effective stress management and collaborative problem-solving within teams are essential for addressing adverse conditions, such as the death of a child or administrative pressures (Dix et al., 2012). This highlights the need for long-term team-building skills and early identification of burnout to prevent escalation and improve job satisfaction. Overall, promoting a positive and supportive work environment is critical for reducing burnout and enhancing job satisfaction among healthcare providers in pediatric oncology.

Limited novel research on burnout in the child life field requires researchers to examine burnout factors in other high stress health care disciplines. Post-traumatic stress disorder (PTSD)

symptoms are common among healthcare workers, especially those in pediatric departments (Stamm, 1995). These symptoms are often triggered by exposure to traumatic events related to patient care and can severely impact the individual's functioning. Factors that can contribute to these symptoms include long hours, intense emotional and physical demands, exposure to high rates of morbidity and mortality, and pre-existing mental health conditions (Rigas et al., 2024). Burnout, emotional exhaustion and loss of personal identity, is a significant predictor of PTSD symptoms, with a bidirectional relationship between work-related anxiety and burnout exacerbating the risk.

Research shows that interactions with child life specialists reduce patient anxiety and lead to shorter hospital stays and overall higher satisfaction. However, due to prolonged exposure to stressful environments, child life specialists are susceptible to compassion fatigue, which can lead to symptoms like post-traumatic stress disorder (Fisackerly et al., 2016). Researchers examined PTSD among healthcare workers in pediatric departments, specifically doctors, nurses, and nursing assistants, and aimed to identify additional factors contributing to the development of PTSD symptoms (Rigas et al., 2024). Findings revealed a 25.2% PTSD diagnosis rate among participants. Major stressors included experiencing medical errors, incidents involving child deaths or threats, and workplace bullying. Circular shift assignments, dissatisfaction with salary, and department choice by management were also associated factors. Research suggests that daily exposure to trauma involving children significantly increases PTSD risk. Higher PTSD rates in this study compared to the general population indicate systemic issues within the healthcare system, including high rates of burnout, lack of preventative measures, and understaffing (Rigas et al., 2024). Although not directly examined in this study, this information is relevant to the

field of child life due to the common and direct interactions between child life specialists and daily exposure to trauma involving children.

Protective factors against compassion fatigue include compassion satisfaction, job satisfaction, professional experience, and social support. Environmental stressors, job satisfaction, and external factors, such as specific units within a hospital, influence compassion fatigue risk among child life specialists (Fisackerly et al., 2016). Past researchers utilized a systems theory approach to examine the interactions of child life specialists with their patients, coworkers, and supervisors that influence the dynamic of the work environment and quality of life. It was found that workplace factors, such as peer support and opportunities for debriefing after traumatic experiences, can mitigate the risk of compassion fatigue. However, differences in risk levels exist based on the specialty unit within the hospital, with those working in intensive care and hematology/oncology reporting higher levels of secondary traumatic stress compared to other units, including the emergency department (Fisackerly et al., 2016).

Incorporating education on compassion fatigue into certification requirements, implementing self-care components in training programs, and establishing policies to support workers are some ways to prevent burnout at the institutional level (Fisackerly et al., 2016). Reflective debriefing after traumatic experiences, facilitated by trained supervisors, may benefit child life staff and reduce the risk of burnout. Improving the well-being of child life specialists can ultimately enhance the quality of care they deliver to their patients and families. Regular mental health evaluations, adequate rest periods, incentives for professional growth, utilization of staff specializations, access to mental health specialists, and the option for employees to change departments if needed are ways hospitals can address the mental health challenges faced by pediatric workers and provide support systems for staff (Rigas et al., 2024). Exposure to trauma

is unavoidable, but understanding these contributing factors can influence systemic reform, including the implementation of preventative interventions to support staff before symptoms evolve.

Burnout and secondary traumatic stress contribute directly to compassion fatigue, leading to poor professional judgment, decreased productivity, and increased job turnover (Nilan et al., 2019). Pediatric emergency room staff, including child life specialists, technicians, physicians, social workers, and nurses, are at risk for compassion fatigue, with rates exceeding those in other medical specialties. Nilan et al. (2019) investigated the prevalence of compassion fatigue and burnout among a multidisciplinary group of pediatric emergency department staff and found that 20% of participants experienced burnout and had high scores on both burnout and secondary traumatic stress subscales. This indicates that a significant portion of pediatric emergency department staff are at risk of negative impacts on clinical judgment and patient care. Longer employment in the pediatric emergency department was associated with lower burnout rates, likely due to self-selection or developing coping mechanisms. Personal and work-related stress affected scores, highlighting the need for interventions that address both. Despite departmental stresses, most participants had high compassion satisfaction scores, suggesting potential protective factors against compassion fatigue. This study highlights the potential for pediatric emergency department staff to experience compassion fatigue, burnout, and secondary traumatic stress. Due to the study's convenience sampling of only two children's hospital systems, more research is needed to generalize the potential burnout among pediatric hospital staff. However, it does suggest that those working closely with children in an emotionally charged and traumatic environment are at risk of burnout. Child life specialists often develop meaningful, therapeutic

relationships with families and children in this environment, creating a sense of deep emotional involvement that can threaten their well-being.

Supervision

Clinical supervision is an educational process aimed at developing and supporting competence in supervisees. In other words, it is often understood to be:

... an intervention provided by a more senior member of a profession to a more junior colleague or colleagues who typically (but not always) are members of that same profession. This relationship is evaluative and hierarchical, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the more junior person(s), monitoring the quality of professional services offered to the clients, she, he, or they see, and serving as a gatekeeper for the particular profession the supervisee seeks to enter. (Bernard & Goodyear 2014, p. 9)

Bernard and Goodyear (2014) define supervision as serving three key purposes, two of which align with normative objectives—monitoring the quality of professional services and acting as a gatekeeper—and one that corresponds to the formative goal of enhancing professional functioning.

Effective clinical supervision in healthcare requires an understanding of its various definitions, roles, and models. Clinical supervision, often linked with precepting and mentoring, lacks a standardized definition and theoretical framework. It involves diverse processes, including interactions aimed at professional development of employees through feedback, guidance, and support (Terry et al, 2020). The predominant apprenticeship model, which pairs beginners with experienced professionals, faces criticism for not aligning with modern adult

learning theories and reflective practices. Alternative models, such as narrative based, incidental, and peer supervision, highlight variability in practices across disciplines (Terry et al, 2020).

Recently, there has been a significant focus on identifying the specific competencies that enhance the effectiveness of supervision. Researchers from Australia, the UK, and the US have highlighted core competencies essential for clinical supervision, providing a framework that could influence practices (Milne & Watkins, 2014). The term "competence" refers to being qualified, knowledgeable, and effective, demonstrating critical thinking and decision-making in line with professional standards. "Competency," on the other hand, is defined as the combination of skills, abilities, and knowledge needed to perform specific tasks. Competency frameworks emphasize the integration of skills, knowledge, and values as crucial components (Milne & Watkins, 2014).

Remaining competent is necessary, yet continuing professional development for supervisors has been largely neglected. Many professionals simply lack formal training in supervision. Studies have shown that supervisor training is poorly designed and inadequate, leading to concerns about subpar supervision practices (Milne, 2010).

A literature review of the role, function, and capacity of training for supervisors underscores the complexity of clinical supervision, defining it as an evaluative, time-extended relationship where a senior professional supports the development of a junior colleague (Terry et al, 2020). Key elements of effective supervision include self-awareness, thorough planning, and open communication. Supervisors and supervisees must engage in reflective practices to understand each other's backgrounds and navigate complexities using models like transactional analysis. Effective communication and feedback are essential for building trust, addressing power imbalances, and fostering a collaborative environment. Role modeling, where supervisors

demonstrate professional behavior and values through daily interactions, significantly influences supervisees' development and career choices. Despite the challenges, such as personality conflicts and organizational constraints, structured training and resource allocation are crucial. Ultimately, a balanced approach that combines top-down organizational support with bottom-up professional collaboration is key to improving clinical supervision and ensuring high standards of patient care.

Supervisory Support

Supervisors play an important role in their staffs' risk and resilience for burnout. Ongoing support, such as availability, collaboration, recognition, and effective communication, is essential for healthcare workers to provide effective and high-quality care (Madede et al., 2017). A study of over 2,000 healthcare workers in Tanzania, Malawi, and Mozambique found that strong management systems, particularly supportive supervision and feedback, are crucial for job satisfaction and retention. However, effective supervision requires necessary skills and tools which many managers lack, especially in resource-constrained settings. Results of this study showed a positive effect on the performance and motivation of healthcare workers, fostering a more inclusive work environment with an increased participation among staff. This improvement was attributed to the supportive supervision provided, suggesting the importance of a management system that is involved and encouraging that can combat and prevent the symptoms of burnout (Madede et al., 2017)

Hospitals face many challenges related to staff shortages, high turnover, and recruitment challenges such as a decrease in patient care and safety, current staff well-being, as well as financial impacts. This makes staff retention crucial to be able to provide high quality patient care (Randa & Phale, 2023) Staff turnover is also costly for the organization, adding on costs

related to orientation and training of new workers, the cost of unfilled positions, and subsequent wage escalation and sign-on bonuses (Bae, 2022).

The work environment, shaped by quality supervision and effective management, impacts job satisfaction and turnover. Supportive structures and competent supervision can reduce employee stress and intention to leave. Researchers explored how these factors, along with perceived organizational support, affect turnover in rural healthcare settings, aiming to improve understanding and management of staff retention (Boakye et al., 2023). Findings showed that strong supervisor support reduces turnover intentions by enhancing performance appraisal satisfaction, which serves as both a direct predictor and mediator in this relationship. High perceived organizational support strengthens these effects, making employees feel valued and reducing their desire to leave. Implementing supportive supervisory practices and fair appraisal systems can improve employee retention.

In the context of the rapidly evolving healthcare environment, particularly in rural areas, it is increasingly important for organizations to focus on improving management practices to reduce turnover. One study examined how quality supervisory support and organizational practices can impact employee retention, finding that supportive supervisors play a crucial role in lowering turnover intentions (Maertz Jr et al., 2007). Employees who receive good supervisory support are more likely to be satisfied with their performance appraisals, reducing their intention to leave. Research also reveals that perceived organizational support strengthens the relationship, suggesting that when employees feel the organization genuinely cares about their well-being, they are more likely to stay. This study highlights the importance of fair and responsive performance appraisal systems, which not only mediates the relationship between supervisory support and turnover but also directly influences job satisfaction. Implementing strong

supervision and effective appraisals systems, healthcare organizations can create a more supportive work environment that enhances employee engagement and reduces turnover. Organizations should invest in visible and meaningful support for their employees and ensure that supervisors are equipped to provide the necessary guidance and appreciation to foster a committed and satisfied team.

Burnout Related to Supervision

Developing meaningful, therapeutic relationships with children and families often leads child life specialists to face emotionally challenging situations, leading to significant impacts on employee well-being and placing them at risk for compassion fatigue. Munn et al. tested a conceptual model linking individual characteristics, workload, role stress, and social support to three indicators of professional well-being: burnout, job dissatisfaction, and intentions to leave a job (1996). Through this model, researchers aimed to deepen the understanding of these relationships and assess the role of social support in mitigating the impact of individual and organizational factors on professional well-being. Role stress, particularly role ambiguity and conflict, was found to be the best predictor of professional well-being, accounting for significant portions of variance in emotional exhaustion, job dissatisfaction, and turnover intention. Social support, especially from supervisors, was found to be crucial for job satisfaction and turnover intentions. Individual factors, such as age and education level, were not significant predictors of burnout, but the perceived helpfulness of past work experience was associated with job satisfaction. Emotional exhaustion was significantly predicted by support from medical staff, likely due to the emotionally intense nature of interactions in their work. This information is necessary to influence preventative interventions that emphasize social support, role clarity, and reduced role stress.

Training supervisors to enhance their understanding of and ability to provide support should be a priority within healthcare settings. However, that 1996 study found that supervisor support was not predictive of emotional exhaustion or intentions to leave a job, suggesting that some staff may be hesitant to seek support from their supervisors when facing professional challenges. Interventions such as mandatory reflective supervision may be beneficial in providing support from supervisors as well as giving staff an opportunity to debrief and de-stress with a professional who understands the emotionally intense nature of the work. Ultimately, recognizing and addressing the nuanced nature of supervisor support is crucial for fostering a supportive work environment and reducing turnover in healthcare settings (Munn et al., 1996). Having opportunities to work through traumatic, stressful, or emotionally charged situations with a colleague who understands the role, experience, and impact can reduce the threat to an employee's well-being. Feeling supported by a supervisor allows staff to confidently do their job to the best of their ability, reducing the intention to leave the position and maintaining high standards of patient care.

A literature review focusing on clinical supervision and burnout among community mental health nurses in the UK revealed a lack of specific studies, prompting broader searches that included various nursing specialties but primarily yielded quantitative research (Edwards et al., 2006). Internationally, some Scandinavian studies have examined the link between clinical supervision and burnout, showing mixed results. For instance, one study found that systematic clinical supervision significantly reduced burnout among nurses, while others reported no significant changes. In Wales, a study found that 73% of community mental health nurses had experienced six or more sessions of clinical supervision, indicating its established role within mental health teams. The study aimed to explore the relationship between clinical supervision

and burnout levels among these nurses. The Manchester Clinical Supervision Scale (MCSS) was used to assess supervision effectiveness. Results showed that community mental health nurses who engaged in effective clinical supervision reported lower emotional exhaustion and depersonalization. Factors such as finding time for supervision and having supportive supervisors were linked to burnout levels (Edwards et al., 2006). These findings highlight the importance of clinical supervision in supporting nurses and broader healthcare professionals, emphasizing the responsibility of organizations to ensure access to effective supervision. While clinical supervision is currently recommended rather than mandatory, it should be integrated into the broader clinical frameworks to enhance the quality of care and support staff development.

High burnout prevalence rates among mental health workers raise concerns due to its links to negative outcomes like staff turnover and reduced patient care quality. The "Improving Access to Psychological Therapies" (IAPT) program, launched in 2008 to enhance mental health treatment in the UK, may expose practitioners to unique burnout risks due to workload and target pressures (Westwood et al., 2017). A recent study on IAPT practitioners revealed that over two-thirds of psychological wellbeing practitioners and half of high-intensity therapists reported problematic burnout levels. Organizational factors, such as excessive workload and lack of support, are more predictive of burnout than individual characteristics. Increased patient contact hours, particularly through phone, and greater overtime were associated with higher emotional exhaustion and disengagement. More supervision correlated with lower burnout levels among practitioners, highlighting the potential of job resources to combat the adverse effects of high demands (Westwood et al., 2017). Child life specialists often face similar work experiences due to their emotional involvement, therapeutic and psychosocial practices, as well as overwhelming

workloads and hours often related to low staff options. The findings suggest that managing workloads more effectively and increasing clinical supervision could help mitigate burnout.

Self-Efficacy

Self-efficacy, as defined by Albert Bandura, refers to an individual's belief in their ability to successfully execute tasks and achieve specific performances, rather than their actual capabilities or outcomes (Bandura, 1986). This concept emerges from social cognitive theories, emphasizing that individuals actively influence their own choices and behaviors. Bandura identified four key sources that shape self-efficacy beliefs: mastery experiences (reflecting on past successes), vicarious experiences (observing others' achievements), verbal persuasions (feedback from others), and physiological and affective states (personal interpretation of physical and emotional responses) (Bandura, 1977). Understanding these sources provides insight into how self-efficacy beliefs develop and can be altered, impacting choices, effort, and persistence in overcoming challenges.

Self-Efficacy in Relation to Burnout

Burnout is commonly measured through Maslach's three components: exhaustion, depersonalization, and reduced personal accomplishment (Maslach et al., 2001). Recent research highlights that burnout is influenced by both work-related factors, such as work hours and social support, and individual self-regulatory factors, such as self-efficacy (Shoji et al., 2016). Self-efficacy, the belief in one's ability to manage tasks and challenges, has been shown to be a protective factor against burnout. Different studies reveal that self-efficacy has varying associations with the burnout components, with personal accomplishment often showing the strongest links. Analysis showed mixed results: some studies found significant associations between self-efficacy and burnout components, while others suggest that these relationships

depend on factors like occupation, age, and work experience (Shoji et al., 2016). Older individuals and those with more work experience also show stronger protective associations with self-efficacy. The study underscores the importance of considering self-efficacy as a modifiable protective factor against burnout and suggests further research into how different occupational contexts and individual characteristics influence these relationships. It also highlights the need for more research on burnout conceptualizations and their impact on self-efficacy.

Burnout is often characterized by physical and emotional exhaustion, affecting the mental and physical health of healthcare professionals with prevalence rates between 40% and 60%. This condition can negatively impact job performance and quality of care. Professional self-efficacy, or one's belief in their ability to perform tasks, is positively correlated with work engagement and life satisfaction, serving as a buffer against burnout. Engaged employees view their work as a challenge rather than a stressor, enhancing job performance and satisfaction. Bernales-Turpo et al., (2022) aimed to explore how work engagement mediates the relationships between burnout, self-efficacy, life satisfaction, and job performance among healthcare workers, particularly during the COVID-19 pandemic. Findings indicated that higher professional self-efficacy correlated with increased work engagement and life satisfaction, while burnout was negatively related to both. Overall, the study highlights the need for healthcare facilities to implement strategies that address burnout and promote professional self-efficacy and life satisfaction. This approach is crucial for improving the emotional and physical health of healthcare workers, thereby enhancing the quality of patient care.

Fida et al., (2019) explored the protective role of relational occupational coping self-efficacy (ROC-SE) in mitigating experiences of workplace incivility and burnout, as well as their effects on mental health and turnover intentions over time. ROC-SE refers to a nurse's

confidence in managing work relationships, which is crucial for coping with workplace stressors. Findings suggest that higher ROC-SE is linked to reduced perceptions of incivility, particularly from coworkers. It also correlates with lower levels of burnout and better mental health. The study highlights that ROC-SE helps nurses handle incivility from colleagues, and its results underscore the importance of fostering ROC-SE through training and support, which can empower nurses to manage relational stressors effectively (Fida et al., 2019). Interventions to enhance workplace civility and coping strategies are essential for improving the overall work environment and maintaining high-quality patient care. Exposing nurses to effective role models and offering meaningful encouragement from supervisors are additional ways to enhance their relational coping self-efficacy. The results can suggest a relationship between self-efficacy and burnout among other healthcare providers as well.

Burnout among healthcare professionals is characterized by significant physical and emotional exhaustion, impacting both their well-being and job performance. This issue is particularly prominent in hospital settings where burnout rates negatively impact patient care and satisfaction (Nilan et al., 2019). A key factor influencing job performance is professional self-efficacy, with higher self-efficacy linked to better work engagement, reduced burnout, and improved job performance (Shoji et al., 2016). The recent COVID-19 pandemic has intensified burnout, underscoring the urgent need for interventions aimed at managing burnout, boosting self-efficacy, and enhancing overall life satisfaction (Ehinger & Bales, 2024).

Research suggests that improving work conditions, providing adequate support, and fostering professional self-efficacy can mitigate burnout and improve job performance (Bernales-Turpo et al., 2022). Addressing these factors is essential for maintaining high-quality patient care and supporting healthcare professionals, particularly in challenging times such as a pandemic.

The lack of understanding of the role from other professionals, especially a supervisor, can lead child life specialists to feel frustrated with having to advocate for themselves and their services. With the knowledge of the importance of quality supervision and high self-efficacy, burnout continues to be an issue impacting the child life profession. Many specialists are facing profound compassion fatigue and ultimately leaving the field entirely. Factors need to be addressed at each level to support staff members and mitigate the impending risk of burnout.

CHAPTER 3: METHODS

The present study is examining the interaction between three variables: supervisory support, self-efficacy, and burnout. Utilizing a quantitative, cross-sectional research design enables the collection of objective data to identify statistically significant trends and relationships, offering immediate implications for practice.

The present study seeks to explore:

1. Are perceptions of supervisor support, self-efficacy, and burnout related in the field of child life?
 - a. It is hypothesized that supervisory support would have a positive relationship with self-efficacy and a negative relationship with burnout.
2. How does the departmental type a professional works in influence burnout in child life specialists?
 - a. It is hypothesized that when a child life specialist works under a child life specific department, they experience lower levels of burnout. It is also hypothesized that when a child life specialist works under a non-child life department, such as expressive therapies, allied health, or nursing services, they likely to experience higher levels of burnout.

Participants

Inclusion criteria for the study includes that participants must be certified child life specialists (CCLS) who are currently practicing in the role. Those who have not completed an internship or passed the certification exam were not included. Related information was collected, including the length of time in their current position, total amount of time practicing as a CCLS, full-time equivalent, and characteristics of the workplace, such as the setting and type of

department. Relevant demographic information was collected, including age, gender, race, experience, and highest education level.

Procedure

A recruitment flier was posted in child life specific opt-in social media groups on Facebook and LinkedIn with all the necessary information about the study, including compensation. These groups included “Child Life Connection: Student Forum,” “Child Life Specialists,” “Certified Child Life Specialists,” and “Child Life Specialist Support: Light Spinner Quarterly.” The flier was reposted on each site a second time to encourage more participants as well as account for potential new group members. Region specific Association of Child Life Professionals groups were contacted, and the Southern Association of Child Life Professionals agreed to share the flier in their newsletter. Participation was completely voluntary, and identities remained anonymous. Participants’ email was collected for compensation separately to avoid linking identifiable information to survey responses. Participation was completed virtually. If agreeable to continue, participants acknowledged an information sheet, and then initial demographic and related information was collected using a Qualtrics survey. Participants then completed three scales:

Measures

The first scale is Greenhaus, Parasuraman, & Wormley’s (1990) Supervisory Support Scale. This scale is used to evaluate employees’ views on the level of supervisory support they receive in their roles. Supervisory support typically includes career guidance, performance feedback, challenging work assignments, and opportunities that foster employee development and visibility. The scale’s Cronbach’s alpha was .93, indicating that the scale is reliable. It is scored using a 5-point Likert scale with 1 indicating the participant strongly disagrees and 5

indicating the participant strongly agrees. Sample items include “my supervisor cares about whether or not I achieve my goals” and “my supervisor gives me helpful feedback about my performance.”

Supervisory support correlated positively with perceptions of acceptance, job discretion, job performance in terms of both tasks and relationships, employee promotability, and career satisfaction. Higher scores on the scale indicate a more positive perception of supervisory support. The scale contains two sections: supervisory support and career satisfaction. The *supervisory support section* contains 9 items; sample items from this subscale include “my supervisor takes the time to learn about my career goals and aspirations” and “my supervisor gives me helpful advice about improving my performance when I need it.” The *career satisfaction section* contains 5 items; sample items from this subscale include “I am satisfied with the success I have achieved in my career” and “I am satisfied with the progress I have made toward meeting my goals for advancement.” Final scores are based on an individual’s sum of the two subscales.

Perceived self-efficacy is measured using ten items that focus on successful coping and internal attributions of success (Schwarzer & Jerusalem, 1995). In samples from 23 nations, Cronbach’s alpha values for the measure ranged from .76 to .90, with most in the high .80s. It shows positive correlations with favorable emotions, optimism, and job satisfaction, and negative correlations with depression, anxiety, stress, burnout, and health complaints. Higher scores mean a higher perceived sense of self-efficacy. The survey is scored using a 4-point Likert scale with 4 indicating that the participant feels the statement is exactly true and 1 indicating that the participant feels the statement is not true at all. A higher score indicates that the participant has higher perceived self-efficacy, and a lower score indicates lower perceived self efficacy. Survey

item examples include, “I can always manage to solve difficult problems if I try hard enough,” and, “I can usually handle whatever comes my way.”

The last scale is Maslach’s Burnout Inventory: Human Service Survey. This scale was selected due to its relevance to a diverse array of occupations in human services. Using data from early samples that completed the original MBI, the estimated internal reliability using Cronbach’s coefficient alpha yielded .90 for Emotional Exhaustion, .79 for Depersonalization, and .71 for Personal Accomplishment. Across a wide range of samples, reliability coefficients have generally shown ample internal consistency. It has also been validated by extensive research that has been done since the publication of the scale (Loera et al., 2014; Schreurs, van Emmerik, & Notelaers, 2009). Each item is coded into one of three subscales that include emotional exhaustion, depersonalization, or personal accomplishment. Scores are calculated using a scoring key, and analysis looks at the sum of each subscale score. For example, a higher level of burnout would be indicated by higher emotional exhaustion and depersonalization combined with low personal accomplishment scores. Sample items include: I feel emotionally drained from my work, I have accomplished many worthwhile things in this job, and I don’t really care what happens to some recipients.

Data Analysis

To analyze RQ1, SPSS was used to run a correlation between levels of burnout, sense of self-efficacy, and perceived supervisory support to identify the strength of each relationship. It was hypothesized that there would be a positive correlation between perceived supervisory support and self-efficacy. It was predicted that there would be a negative correlation between burnout and those two variables. RQ2 was analyzed using a t-test to determine if there was a

statistically significant difference between each group, child life and non-child life departments, when looking at their levels of burnout.

Based on prior literature, it was hypothesized that the supervisory support available from a fellow child life specialist supervisor in a child life specific department would show lower levels of burnout. Using this approach would offer greater insight into burnout in the field of Child Life and underscore what areas within the supervisor-employee relationship and the overall department can be improved.

CHAPTER 4: RESULTS

Demographics

A total of 35 participants were included in this study. The majority of participants were between the ages of 31 and 40 years (42.9%), followed by those aged 21-30 years (34.3%) and those aged 41 years and older (22.9%). Using an open-ended response question, all participants identified as women (100%). Regarding unit type, most participants worked in non-intensive care (non-ICU) settings (68.6%), while 31.4% worked in intensive care settings.

In terms of years of professional experience, 42.9% of participants had 6-10 years of experience, while 28.6% had 0-5 years, and 28.6% had 11 or more years. The majority of participants were employed full time (85.7%), with the remaining 14.3% working part time. Most participants held a graduate-level degree (71.4%), whereas 28.6% held an undergraduate degree as their highest level of education. Demographic details are included in Table 1.

Table 1

Demographics

Characteristic	<i>n</i>	%
Age		
21-30	12	34.3
31-40	15	42.9
41+	8	22.9
Gender		
Woman	35	100
Man	0	0
Other	0	0
Years of Experience		
0-5	10	28.6
6-10	15	42.9
11+	10	28.6
Employment Status		
Full Time	30	85.7
Part Time	5	14.3
Level of Education		

Graduate	25	71.4
Undergraduate	10	28.6
Department Type		
Child Life	31	88.6
Non-Child Life	4	11.4
Manager Type		
Child Life	29	82.9
Non-Child Life	6	17.1

Descriptive statistics of data collected are displayed in Table 2. Cronbach's alpha values indicated generally strong internal consistency across measures, although depersonalization and personal accomplishment showed lower reliability, likely influenced by the small sample size. Despite this limitation, Shapiro-Wilks tests were non-significant for all variables, suggesting that the data appears normal.

Table 2

Descriptive Statistics

Variable	No. of Items	Mean	Std. Dev.	Cronbach's Alpha	Shapiro-Wilks
Self-Efficacy	10	32.37	2.808	.723	.938 (p=.064)
Supervisory Support	9	29.00	9.841	.934	.953 (p=.176)
Burnout					
Emotional Exhaustion	9	35.22	11.902	.924	.976 (p=.692)
Depersonalization	5	10.38	4.030	.606	.941 (p=.079)
Personal Accomplishment	8	47.84	4.228	.536	.935 (p=.055)

RQ1: Relationship Between Perceptions of Supervisor Support, Self-Efficacy, and Burnout

A Pearson correlation analysis examined the relationships among perceived supervisory support, self-efficacy, and burnout dimensions (emotional exhaustion, depersonalization, and personal accomplishment) among child life specialists. No statistically significant correlations were observed between self-efficacy and supervisory support ($r = -.21, p > .05$), emotional exhaustion ($r = -.24, p > .05$), depersonalization ($r = -.22, p > .05$), or personal accomplishment ($r = .18, p > .05$)

Table 3

Correlation between self-efficacy, supervisory support, and dimensions of burnout

Variable	1.	2.	3.	4.	5.
1. Self-Efficacy Total Score	-				
2. Supervisory Support Total Score	-.213	-			
3. Burnout Subscale Score – Emotional Exhaustion (EE)	-.236	-.241	-		
4. Burnout Subscale Score – Depersonalization (DP)	-.215	-.126	.282	-	

5. Burnout Subscale	.177	-.095	-.294	.072	-
Score – Personal					
Accomplishment					
(PA)					

** $p < .01$ (two-tailed)

Supervisory support was also not significantly correlated with emotional exhaustion ($r = -.24, p > .05$), depersonalization ($r = -.13, p > .05$), or personal accomplishment ($r = -.10, p > .05$). These findings indicate that perceived supervisory support was not significantly associated with burnout dimensions or self-efficacy within this sample.

Within the burnout dimensions, results were not significant but trending in expected directions. Although these correlations did not reach statistical significance, the direction of relationships aligns with theoretical expectations regarding burnout symptom clustering.

Overall, results did not support significant associations among supervisory support, self-efficacy, and burnout dimensions in this sample of child life specialists.

RQ2: Influence of Departmental Type on Burnout in Child Life Specialists

An independent samples t -test was conducted to examine whether departmental type influenced burnout levels among child life specialists. Despite extensive efforts, researchers were unable to recruit an ideal number of participants. Further, the supervisor type of the sample was fairly unbalanced. As such, results of the t -test should be interpreted with skepticism.

Burnout was analyzed by looking at its three subscales: Emotional Exhaustion (EE), Depersonalization (DP), and Personal Accomplishment (PA). Results revealed no significant difference in emotional exhaustion scores between child life department staff ($M = 34.18, SD = 11.29$) and those working in non-child life departments ($M = 42.50, SD = 15.33$), $t(3.38) = -$

1.046, $p = .18$. Similarly, depersonalization scores did not significantly differ between groups (child life: $M = 9.89$, $SD = 3.58$; non-child life: $M = 13.75$, $SD = 5.91$), $t(3.32) = -1.273$, $p = .142$. Although effect size estimates suggested moderate to large differences for emotional exhaustion ($d = -0.71$) and depersonalization ($d = -0.99$), these findings were not statistically significant and should be interpreted cautiously given the small sample size. In addition, there was not a significant difference for personal accomplishment between child life department staff ($M = 47.71$, $SD = 4.50$) and the non-child life department staff ($M = 48.75$, $SD = 0.96$), $t(24.62) = -1.06$, $p = .150$, $d = -0.24$.

Table 4

Examining burnout dimensions by department-type

	Department Type	<i>M</i>	<i>SD</i>	<i>t</i> (df)	<i>p</i>	<i>d</i>
Emotional Exhaustion (EE)	Child Life (n=28)	25.18	11.29	-1.046(3.48)	.181	-0.71
	Non-Child Life (n=4)	33.50	15.33			
Depersonalization (DP)	Child Life (n=28)	4.89	3.58	-1.273(3.32)	.142	-0.99
	Non-Child Life (n=4)	8.75	5.91			

Personal	Child Life	39.71	4.50	-1.06(24.62)	.150	-0.24
Accomplishme	(n=28)					
nt (PA)						
	Non-Child	40.75	0.96			
	Life (n=4)					

** $p < .05$

These findings suggest that departmental affiliation does not appear to strongly influence the dimensions of burnout: emotional exhaustion, depersonalization, and personal accomplishment.

Summary

Contrary to the proposed hypotheses, supervisory support and self-efficacy were not significantly associated with burnout dimensions among child life specialists. Additionally, departmental type did not significantly influence burnout, supervisory support, or self-efficacy. While several relationships were observed in the expected directions, none reached statistical significance, likely reflecting limited statistical power due to sample size constraints.

CHAPTER 5: DISCUSSION

The current study explores the relationships among supervisor support, self-efficacy, and burnout in child life specialists, as well as the influence of departmental type on burnout. Contrary to the proposed hypotheses, no statistically significant associations were found among supervisory support, self-efficacy, or burnout dimensions. Additionally, departmental type was not significantly related to emotional exhaustion, depersonalization, or personal accomplishment. Although several relationships emerged in theoretically expected directions, none reached statistical significance, likely due to limited statistical power associated with the small and uneven sample.

Perceived supervisory support was not significantly correlated with any dimension of burnout or with self-efficacy. These findings differ from previous research suggesting that supervisory support contributes to reduced burnout and enhanced professional well-being (Bernard & Goodyear, 2014; Edwards et al., 2006; Milne & Watkins, 2014). The lack of a significant relationship between supervisory support and the components of burnout may reflect systemic or contextual stressors such as caseload intensity, emotional exposure, and departmental resource constraints (Fisackerly et al., 2016; Romito et al., 2021).

Self-efficacy was also not significantly associated with emotional exhaustion, depersonalization, or personal accomplishment. This result contrasts with prior studies identifying self-efficacy as a protective factor against burnout (Fida et al., 2018; Shoji et al., 2016). Although Bandura's (1986) social cognitive theory suggests that self-efficacy supports motivation and resilience, the emotionally intensive nature of child life practice may diminish the influence of individual confidence. Compassion fatigue and sustained emotional exposure (Figley, 1995, 2002) may further reduce the buffering capacity of self-efficacy. Notably,

correlations among burnout dimensions were observed in theoretically consistent directions, suggesting potential symptom clustering despite the lack of statistically significant relationships.

The second research question examined whether departmental affiliation influenced burnout outcomes. No significant differences were found between specialists working in child life departments and those in non-child life departments across emotional exhaustion, depersonalization, or personal accomplishment. Although mean scores suggested higher emotional exhaustion and depersonalization among specialists in non-child life departments, these differences were not statistically significant and should be interpreted cautiously due to the small comparison group. These findings align with existing literature indicating that burnout is pervasive across healthcare contexts and is more strongly influenced by systemic factors, such as staffing levels, workload, and emotional demands, than by departmental placement alone (Maslach et al., 2001; Mealer et al., 2016).

Work area may be a critical factor in burnout among child life specialists, as the nature and duration of patient interactions may vary substantially across unit settings. In emergency departments, specialists often engage in brief, high-intensity encounters characterized by acute stress, limited continuity, and rapid turnover, which may contribute to emotional exhaustion. In contrast, inpatient settings typically involve longer-term interactions that allow for relationship building and continuity of care. This can foster meaning and professional self-efficacy but also increase risk for cumulative emotional strain due to prolonged exposure to patient suffering. This suggests that the structure and demands of the work environment, independent of supervisory factors, may uniquely shape burnout experiences.

Overall, results did not support the hypothesized protective roles of supervisory support or self-efficacy within this sample. However, observed trends consistent with theoretical

expectations suggest that these variables may retain clinical relevance in larger or more representative samples. Collectively, the findings underscore the complexity of burnout among child life specialists and highlight the likely influence of organizational-level factors on professional well-being.

Implications for Practice

Although statistically significant relationships were not identified, findings emphasize the importance of addressing burnout through comprehensive organizational approaches rather than relying solely on individual or supervisory resources. Given the emotionally demanding nature of child life work, supervision may benefit from incorporating reflective practice, emotional processing, and validation in addition to performance-focused guidance (Bernard & Goodyear, 2014; Milne, 2010). Institutions may also consider implementing structured supervision models, fostering peer support, and increasing access to mental health resources.

Effective supervision can help child life specialists navigate unit specific challenges by providing targeted emotional support, opportunities for debriefing, and guidance tailored to the specific demands of each setting. In high-intensity environments like the emergency department, supervisors can emphasize rapid coping strategies and brief checkins, while in inpatient settings they can support processing of cumulative emotional experiences and boundary setting. Adaptive supervisory approaches may buffer burnout by aligning support with unique stressors of each work area. This would expand on prior research findings which demonstrate that aspects of the work environment, including unit-specific demands and exposure, are associated with variations in burnout and compassion fatigue among child life specialists (Fisackerly et al., 2016).

Finally, as the Association of Child Life Professionals (2020) highlighted in its report on post-COVID-19 workforce challenges that sustained systemic support, including advocacy for appropriate staffing ratios, role clarity, and ongoing supervision, is vital to maintaining the emotional health of the child life workforce. Collectively, these findings emphasize that addressing burnout and promoting professional well-being among child life specialists requires a comprehensive approach that integrates individual, supervisory, and organizational interventions to sustain resilience and ensure high-quality psychosocial care for children and families.

Limitations and Future Directions

The cross-sectional nature of this study limits causal inference, and the modest sample size reduced statistical power, limiting the ability to detect smaller effects. Recruitment difficulties following the COVID-19 pandemic continue to persist as data reveals barriers such as participant fatigue with online activities, limited digital access, and reduced engagement in remote interventions (Seguin-Fowler et al., 2023). The small sample size in this study is reflective of broader post-pandemic challenges in maintaining participant interest and accessibility within online research. Not only was sample size limited, but participants skewed heavily towards those employed in Child Life Departments, making interpretation confidence in the t-tests weak. Reliance on self-report measures introduces the potential for response bias as well. Future research should employ longitudinal designs to clarify how supervisory support and self-efficacy shape burnout, personal accomplishment, and overall workplace wellbeing among child life specialists. Research should also explore moderating factors such as years of experience, supervision frequency, caseload intensity, and emotional demands. Incorporating mixed-methods approaches may also yield richer insight into how child life specialists perceive

and navigate supervisory support, particularly in settings with limited access to formal supervision structures.

Future research should further examine how the education and training of child life specialists prepare individuals to navigate burnout, particularly as acknowledgement of burnout continues to grow within the field. Exploring how academic programs and clinical internships address coping strategies, resilience, and emotional regulation may provide insight into early prevention efforts. Additionally, as burnout is recognized and openly discussed more, future studies could investigate how evolving professional conversations influence stigma reduction and the implementation of systemic supports across clinical settings.

Although the study hypotheses were not statistically supported, these findings reflect and extend prior literature, highlighting the relationship of organizational and individual resources in promoting resilience in a demanding pediatric healthcare environment. Investing in supportive leadership and departmental well-being initiatives may benefit staff, ultimately improving the quality of care provided to patients and families.

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APPENDIX A: IRB APPROVAL



EAST CAROLINA UNIVERSITY
University & Medical Center Institutional Review Board
Willis Building · Mail Stop 682
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Office **252-744-2914** · Fax **252-744-2284** ·
rede.ecu.edu/umcibr/

Notification of Exempt Certification

From: Social/Behavioral IRB
To: [Mary Cate Komoski](#)
CC:
Date: 12/18/2024
Re: [UMCIRB 24-002097](#)
Self-Efficacy, Supervisory Support, and Burnout in Child Life Specialists

I am pleased to inform you that your research submission has been certified as exempt on 12/17/2024. This study is eligible for Exempt Certification under category # 2AB.

It is your responsibility to ensure that this research is conducted in the manner reported in your application and/or protocol, as well as being consistent with the ethical principles of the Belmont Report and your profession.

This research study does not require any additional interaction with the UMCIRB unless there are proposed changes to this study. Any change, prior to implementing that change, must be submitted to the UMCIRB for review and approval. The UMCIRB will determine if the change impacts the eligibility of the research for exempt status. If more substantive review is required, you will be notified within five business days.

Document	Description
Maslach's Burnout Inventory: Human Service Survey(0.01)	Standardized/Non-Standardized Instruments/Measures
Maslach's Burnout Inventory: Human Service Survey(0.01)	Surveys and Questionnaires
Perceived Self-Efficacy(0.01)	Standardized/Non-Standardized Instruments/Measures
Perceived Self-Efficacy(0.01)	Surveys and Questionnaires
Qualtrics Survey Document.docx(0.01)	Surveys and Questionnaires
Recruitment Flyer-3.pdf(0.04)	Recruitment Documents/Scripts
Supervisory Support Scale(0.01)	Standardized/Non-Standardized Instruments/Measures
Supervisory Support Scale(0.01)	Surveys and Questionnaires
Survey Consent Form .docx(0.04)	Consent Forms
Thesis Study Proposal(0.01)	Study Protocol or Grant Application

For research studies where a waiver or alteration of HIPAA Authorization has been approved, the IRB states that each of the waiver criteria in 45 CFR 164.512(i)(1)(i)(A) and (2)(i) through (v) have been met. Additionally, the elements of PHI to be collected as described in items 1 and 2 of the Application for Waiver of Authorization have been determined to be the minimal necessary for the specified research.

The Chairperson (or designee) does not have a potential for conflict of interest on this study.

APPENDIX B: SURVEY

Gender What is your gender (man, woman, nonbinary, etc.):

Age What is your age?

Ethnicity How would you describe yourself? Please select all that apply.

☐

White (1)

☐

Black (2)

☐

American Indian or Alaska Native (3)

☐

Asian (4)

☐

Native Hawaiian or Pacific Islander (5)

☐

Other (6) _____

Education What is the highest degree or level of school you have completed?

- ☐ Some college, no degree (1)
 - ☐ Associate degree (e.g. AA, AS) (2)
 - ☐ Bachelor's degree (e.g. BA, BS) (3)
 - ☐ Master's degree (e.g. MA, MS, MEd) (4)
 - ☐ Doctorate or professional degree (e.g. MD, DDS, PhD) (5)
-

Employment What is your current employment status?

- ☐ Employed full time (36 or more hours per week) (1)
 - ☐ Employed part time (up to 36 hours per week) (2)
 - ☐ Employed part time as needed (casual/PRN) (3)
-

Employment Are you currently practicing as a certified child life specialist?

- ☐ Yes (1)
- ☐ No (2)

End of Block: Demographics

Start of Block: Child Life Information

Q14 How long have you been practicing as a CCLS?

Q15 How long have you been in your current role?

Q13 Which option(s) best fit the setting that you work in?

- ☐ Intensive and Critical Care (1)
- ☐ Emergency Department (2)
- ☐ Hematology/Oncology (3)
- ☐ Inpatient Non-ICU (4)
- ☐ Surgery (5)
- ☐ Radiology (6)
- ☐ Outpatient Clinics (7)
- ☐ Child Advocacy Center (8)
- ☐ Hospice/Palliative Care (9)
- ☐ Medical Camps (10)
- ☐ Funeral Homes (11)
- ☐ Adult Care Services (12)
- ☐ Judicial System (13)
- ☐ Behavioral Health (14)
- ☐ Home Health (15)
- ☐ Other (16) _____

Q12 What option best describes the health system you work for?

- ☐ Community Hospital (1)
 - ☐ Academic Medical Center (2)
 - ☐ Rehabilitation Center (3)
 - ☐ Non-Profit Health System (4)
 - ☐ Other (5) _____
-

Q16 What discipline do you work under?

- ☐ Child Life (1)
 - ☐ Rehabilitative Therapies (2)
 - ☐ Nursing (3)
 - ☐ Psychological Services (4)
 - ☐ Allied Health (5)
 - ☐ Public Health (6)
 - ☐ Other (7) _____
-

Q17 What are the credentials of your direct supervisor(s)?

☐

CCLS (1)

☐

OT (2)

☐

PT (3)

☐

SLP (4)

☐

RN (5)

☐

MD/DO (6)

☐

NP/PA (7)

☐

MPH (8)

☐

LCSW (9)

☐

LPC (10)

☐

MT-BC (11)

☐

Other (12) _____

Q18 Do you feel sufficiently supported by your supervisor informationally and for work related practices?

- ☐ Yes (1)
 - ☐ Maybe (2)
 - ☐ No (3)
-

Q19 Do you feel sufficiently supported by your supervisor emotionally?

- ☐ Yes (1)
- ☐ Maybe (2)
- ☐ No (3)

End of Block: Child Life Information

Generalized Self Efficacy Scale

Responses are obtained using a 4-point Likert-type scale where 4 = *exactly true*, 3 = *moderately true*, 2 = *hardly true*, and 1 = *not true at all*.

1. I can always manage to solve difficult problems if I try hard enough
2. If someone opposes me, I can find the means and ways to get what I want.
3. It is easy for me to stick to my aims and accomplish my goals.
4. I am confident that I could deal efficiently with unexpected events.
5. Thanks to my resourcefulness, I know how to handle unforeseen situations.
6. I can solve most problems if I invest the necessary effort.
7. I can remain calm when facing difficulties because I can rely on my coping abilities.
8. When I am confronted with a problem, I can usually find several solutions.
9. If I am in trouble, I can usually think of a solution
10. I can usually handle whatever comes my way

Maslach Burnout Inventory – Human Services Survey:

1. I feel emotionally drained from my work.
2. I have accomplished many worthwhile things in this job.
3. I don't really care what happens to some recipients.

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Supervisory Support Scale

Responses are obtained using a 5-point Likert-type scale where 5 = *agree*, 4 = *agree to some extent*, 3 = *uncertain*, 2 = *disagree to some extent*, and 1 = *strongly disagree*.

1. My supervisor takes the time to learn about my career goals and aspirations
2. My supervisor cares about whether or not I achieve my goals

3. My supervisor keeps me informed about different career opportunities for me in the organization
4. My supervisor makes sure I get the credit when I accomplish something substantial on the job
5. My supervisor gives me helpful feedback about my performance
6. My supervisor gives me helpful advice about improving my performance when I need it
7. My supervisor supports my attempts to acquire additional training or education to further my career
8. My supervisor provides assignments that give me the opportunity to develop and strengthen new skills
9. My supervisor assigns me special projects that increase my visibility in the organization