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### Challenges of Transitioning Back to School from Hospitalization: The Role of Child Life Specialists in Schools

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Challenges of Transitioning Back to School from Hospitalization: The Role of Child Life Specialists in Schools

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Submitted in Partial Completion of the  
Requirements for Departmental Honors in Elementary Education

Bridgewater State University

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### **Abstract**

When students return to school after hospitalization, many aspects of their development are impacted. During the transition back to school after hospitalization students often face social, emotional, and academic challenges. Child life specialists typically work in hospital settings to support the social-emotional well-being of pediatric patients. Child life specialists are highly equipped to support students returning to school after hospitalization and would be a valuable asset to all school systems. Research for this study was conducted through literature reviews, an interview with a child life specialist who is currently working within a school, and surveys of school nurses and child life specialists in hospital settings. Results found that child life specialists can provide a wide array of services to students returning from hospitalization, as well as students facing an assortment of other, more common challenges (anxiety, social challenges, sick family member, etc.).

### **Challenges of Transitioning Back to School from Hospitalization: The Role of Child Life Specialists in Schools**

Child life specialists work with children who are facing difficult situations such as illness or hospitalizations (Association of Child Life Professionals [ACLP], *The Child Life Profession*). ACLP states that in hospital settings, “child life specialists provide evidence-based, developmentally and psychologically appropriate interventions including therapeutic play, preparation for procedures, and education that support and reduce fear, anxiety and pain for children, adolescents and families” (*Child Life in Action*). Child life specialists are trained to understand and respond to the unique needs of children when coping with potentially traumatic events (ACLP, *The Child Life Profession*). While children experience potentially traumatic events in a wide variety of settings, child life specialists most commonly work in hospitals, or

other medical settings. However, the ACLP vision statement explains “the philosophy and practice of child life will be...transferable to other environments or situations in which the potential for infants, children, and youth to cope, learn, and master is placed at risk” (ACLP, Mission). This component of the vision statement reflects the fact that an increasing amount of child life specialists are working in non-hospital settings (Boles, et al., 2020). Some non-hospital settings where child life specialists have been utilized are funeral homes, dentist offices, women’s centers, and child advocacy centers (Boles, et al., 2020).

Courtney Rosborough is a certified child life specialist who works in the Edmonton Catholic School District as an emotional behavioral specialist, which she defines as being “a Certified Child Life Specialist in a school” (Rosborough, 2019). In a recent article, Rosborough (2019) explains the need for child life specialists in schools by saying “stressors hide behind every school corner, from the first day jitters, to making friends at recess, to final test anxieties”. Rosborough also writes that “a number of students at our school have medical issues... and have returned to school after a hospital visit; however, there was no plan in place to support this transition.” To better support students returning from hospitalization to school within her district, Rosborough created a medical play group. In the 2019 article she explains that the group promoted understanding and emotional expression while providing students the opportunity to meet with peers who have similar experiences.

Rosborough also details in her 2019 writing how within her school district she has helped to explain student’s diagnoses to their classmates. Particularly, she has worked in classrooms to explain a student’s chemotherapy and radiation. Rosborough states that explaining a student’s Cancer diagnosis, treatment, and the effects (hair loss, school absence, scars, etc.) to their

classmates promoted understanding and resulted in increased peer-acceptance of the student with the diagnosis.

Research supports these practices of supported reintegration to schools for students returning from hospitalization, or other prolonged absences related to chronic illness. Students transitioning back to school from hospitalization face social, emotional, and educational challenges (Prevatt, et al., 2000). When returning to school from hospitalization or other illness-caused extended absences, students often feel academically unprepared, hopeless, depressed, or anxious (Prevatt, et al., 2000). Students preparing to return to school after hospitalization often feel worried about the possibility of social rejection and how limited their participation in activities will need to be (Prevatt, et al., 2000). Unfortunately, many of these worries are realistic. A research study found that chronically ill students who missed extensive amounts of school typically felt academically overwhelmed and socially isolated (Lightfoot, Wright, & Sloper, 1999). In the same study, multiple students reported being bullied after their return to school through verbal or physical abuse (Lightfoot, Wright, & Sloper, 1999). However, having an established reintegration program in schools for these students has been associated with “higher social self-esteem, higher rates of student adjustment, and increased knowledge gains for both teachers and classmates” (Rosborough, 2019).

Better understanding among teachers and classmates of a student’s condition is highly beneficial. Currently, it is common for teachers to receive little communication from families or medical professionals regarding the severity of the student’s condition (Prevatt, et al., 2000). Lack of knowledge on the student’s condition results in educators often feeling reluctant about having chronically ill students in their class (Prevatt, et al., 2000). Lack of understanding among classmates of chronically ill students typically leads to social rejection of the sick student

(Prevatt, et al., 2000). For example, students often have the misconception that a chronic disease is contagious, which causes them to intentionally avoid their sick classmate (Prevatt, et al., 2000).

The skills a certified child life specialist (CCLS) is trained to use in traditional medical settings can be effectively transferred to school settings to support the reintegration of students after hospitalization (ACLP, Mission). Child life specialists “are distinctly suited to facilitate school reentry services, liaising between the patient’s family, multidisciplinary healthcare team, and school personnel” (Boles, et al., 2020, p. 29). With their knowledge of how to support children through difficult situations, child life specialists would be a valuable resource within all school systems and are uniquely qualified to support students returning to school from hospitalization.

### **Method**

Prior research has established the challenges faced by students returning to school from hospitalization, and the ways these students benefit from organized reintegration support in schools. The Association of Child Life Professionals has also established that child life specialists are well qualified to work in schools and support students during their return from hospitalization. This study aims to research how prevalent students returning to school from hospitalization is, how the transition is typically handled, and what the most common challenges are during this transition.

### **Participants**

For the purposes of this study, a virtual interview was conducted with Courtney Rosborough, the aforementioned child life specialist who works within an Edmonton school system. Additionally, surveys were sent to 10 Massachusetts elementary school nurses from five

school districts located south of Boston. Surveys were also sent to 21 child life specialists who work in five Massachusetts hospitals within the Greater Boston Area. Email addresses of survey participants were found online, and an email with a link to the anonymous surveys were sent.

### **Design**

In this study, both school nurse and child life specialist participants were contacted via email with a summary of the research being conducted and a link to the survey. Participants were informed that survey responses were anonymous and that each question was optional (i.e., questions could be skipped). In the introduction to the child life specialist survey a message stated, “Please note that this study is being conducted with a focus on children ages ~4-10, so if possible, please keep experiences with that age group in mind while completing the survey”. No extrinsic rewards were given for completion of the survey.

The survey to school nurses contained ten questions, as follows:

1. How long have you been a school nurse? The multiple-choice options for this question were <1 year, 2-5 years, 5-9 years, or 10+ years.
2. What school district do you currently work in?
3. How many children/families have you worked with that have been in the process of transitioning back to school from hospitalization? A note was included that stated answers to this could be approximated. The multiple-choice options for this question were 0 students, 1-3 students, 3-6 students, 6-9 students, 10+ students.
4. What were the grade levels of the student(s) you have worked with that have been in this transition? The multiple-choice options for this question were Pre-K,

- Kindergarten, 1<sup>st</sup> grade, 2<sup>nd</sup> grade, 3<sup>rd</sup> grade, 4<sup>th</sup> grade, 5<sup>th</sup> grade, or other; with the ability to select multiple responses and to expand on a selection of “other”.
5. What aspect do you believe students struggle with the most as they transition back to school from the hospital? This question contained multiple-choice options social, emotional, educational, or other, with the opportunity to expand on a response of “other”.
  6. What, if any, resources does your school currently provide to students/families who are transitioning back to school from hospitalization?
  7. How do you believe this transition could be improved upon for students and families?
  8. What other school personnel (if any) are typically involved in helping students/families during this transition? The multiple-choice options for this question were counselors, teachers, administrative staff or other; with the ability to select multiple responses and to expand on a selection of “other”.
  9. Are there any other personnel in your school that are involved in this transition who may be interested in being surveyed? The multiple-choice responses to this question were yes or no. This question included a note that provided an email address other interested participants could contact to be sent a survey link.
  10. Do you know of any parents that have gone through the transition from hospital to school with their child who may be interested in being surveyed? The multiple-choice responses to this question were yes or no.

The survey of child life specialists contained 5 questions, as follows:



1. How long have you been a child life specialist? The multiple-choice options for this question were <1 year, 2-5 years, 5-9 years, or 10+ years.
2. What hospital do you currently work at? This question contained four multiple-choice options, the first three were names of hospitals that contacted child life specialists worked at and the last option was other, with the option to expand on a response of “other”.
3. Which aspect do you believe seems to be the most challenging part for patients as they prepare to transition out of the hospital and back to school? The multiple-choice options for this question were social, emotional, education, or other, with the option to expand on a response of “other”.
4. What, if any, are some current resources offered by the hospital to patients/families to help during the transition out of the hospital?
5. How do you believe this transition could be improved upon for patients & families?

Additionally, Courtney Rosborough was contacted by email with a description of the research being conducted and asked if she would be willing to answer some questions about her experience of bringing child life practices into a school system. After she replied to the email and expressed interest in being a participant in this study, a mutual date was set for a virtual interview where I asked Rosborough various questions about her position and its importance.

### **Procedure**

Email addresses for all school nurse participants were found from their school websites. On October 22, 2021 individual emails were sent to all ten participants. The email contained a description of the study and what responses would be used for, requested participation in the

survey and contained the link to complete the survey. Also, within the email participants were encouraged to respond with any questions.

Upon opening the survey link, participants were brought to a survey through Google Forms that contained an introduction at the top of the page. The introduction expressed gratitude for participants opening the survey, and again summarized the purpose of the research being conducted. Within the introduction participants were asked to answer only based off their experiences and informed that any question could be skipped. The conclusion of the introduction included the email address that could be contacted with any questions. Once participants scrolled past the introduction, the questions were listed. Depending on the format of the question, participants either selected multiple choice response(s) or typed in their own response. After responding to the survey participants selected a “Submit” button at the bottom of the page, where they were then given a confirmation message that thanked them for their participation.

The first school nurse survey response was received on October 23, 2021 and a second on October 25, 2021. On November 10, 2021 a second email was sent to the school nurse participants. This email also contained an introduction and explained that it was meant to serve as a reminder of the survey sent in October. Because survey responses are anonymous, the follow-up email was sent to all ten school nurses, with a note to disregard if they had already provided responses. This email contained the same link to the survey as the original email. Once the link was opened, the survey functioned identically to how it did for first-round participants. Three school nurse responses were received on November 10, 2021 and one was received on November 15, 2021.

The email addresses for child life specialist participants from four of the contacted hospitals were found through their respective hospital websites. The email address for the child life specialist participants from one of the contacted hospitals was found by phone call. The lead researcher for this study called the hospital's child life department using a phone number provided on the website and gave a brief description of the research being conducted. Upon hearing about the survey being conducted, the child life specialist provided their email address for the link to be sent to.

The email to child life specialist participants requested participation in the survey, explained what survey responses would be used for, described the study being conducted, and contained the link to the survey. Once participants opened the link within the email, they were brought to the survey through Google Forms. The survey for child life specialists also contained an introduction above the questions. The introduction expressed gratitude for opening the survey, summarized the purpose of the study, explained that any question could be skipped, asked that responses only be based on experience, and encouraged them to respond with any questions. Lastly, the introduction contained a note that read "Please note that this study is being conducted with a focus on children ages ~4-10, so if possible, please keep experiences with that age group in mind while completing the survey." This note was included because all school nurses contacted currently worked within this age group in elementary schools, while child life specialists can work with a wider range of ages.

After reading the introduction, participants could view the list of questions below. Depending on the format of the question, responses were given through either multiple-choice selection or a typed response. Once the survey was completed, participants selected the "Submit"

button at the bottom of the page and received a confirmation message and were thanked for participation.

Child life specialists from the first two contacted hospitals were emailed on October 22, 2021. Child life specialists from the third contacted hospital were emailed on November 9, 2021. Lastly, on November 18, 2021 child life specialists from the fourth and fifth hospitals were emailed. The variation of dates was a result of different levels of research necessary to find local hospitals that employ child life specialists and their individual email addresses.

All the originally contacted child life specialists from the first contacted hospital received a reminder email on November 9, 2021. This group was particularly selected to receive a reminder because they were in the earliest contacted group, and as of November 9<sup>th</sup>, survey responses had been received from participants in the other hospital contacted on that earliest date, but not the first hospital participants. The reminder email to child life specialists from the first contacted hospital summarized the study being conducted, requested participation in the survey and contained the original link to the survey. The survey link in the reminder email functioned identically to that in the original email.

During the summer of 2021, shortly after Courtney Rosborough's 2019 article *Back to School: Child Life Interventions in the Education System* was found, Rosborough was contacted using an email provided online. In the email Rosborough was given a description of the research being conducted and asked if she would be willing to speak more about her position in a school system. Rosborough responded to the email and agreed to be interviewed virtually.

On August 28<sup>th</sup>, 2021 Rosborough's interview for this study took place over the web conferencing platform Zoom. A few weeks prior to the interview date, Rosborough was emailed a link that was used to sign-in to the video chat. On the day of the interview, Rosborough had to

open the link and input a provided password to enter the interview. Once logged into the video call, Rosborough was able to see, hear, and speak to the lead researcher for this study.

Rosborough was informed and agreed to have her name and responses used in this research and to have her interview recorded by the researcher. The video call with Rosborough was roughly an hour and a half long.

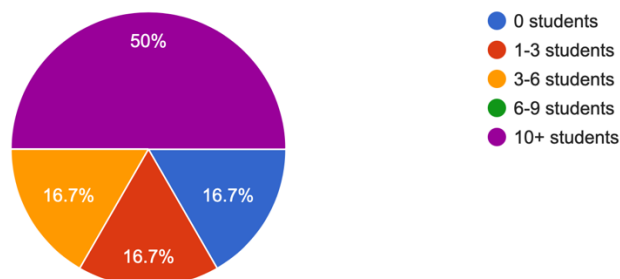
During the video call Rosborough described various situations in which she supports students in her current position and how she incorporates child life practices into daily academic life. Rather than question and answer, this interview took the format of discussion, with the researcher asking questions that arose in the moment from some of Rosborough's responses.

### Results

Survey responses were received from six of the ten contacted school nurses, resulting in a 60% response rate. Responses received were from school nurses at three of the school districts that were contacted. Three respondents have been a school nurse for five to nine years, and three have been a school nurse for ten or more years. Responses received for the school nurse survey are presented below.

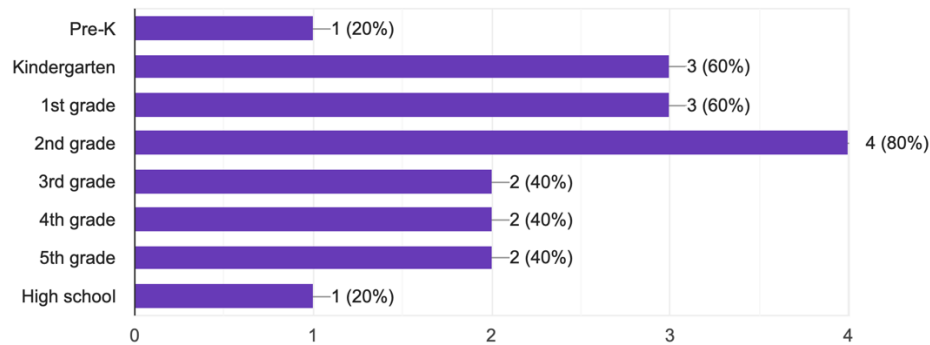
How many children/families have you worked with that have been in the process of transitioning back to school from hospitalization? (Answers can be estimated)

6 responses



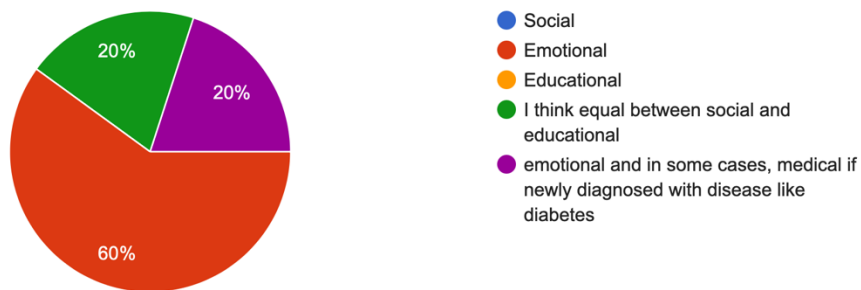
What were the grade levels of the student(s) you have worked with that have been in this transition? (Check all that apply)

5 responses



What aspect do you believe students struggle with the most as they transition back to school from the hospital?

5 responses



When asked what resources their school currently provides to students returning to school after hospitalization one respondent did not reply. The five responses given to this question were:

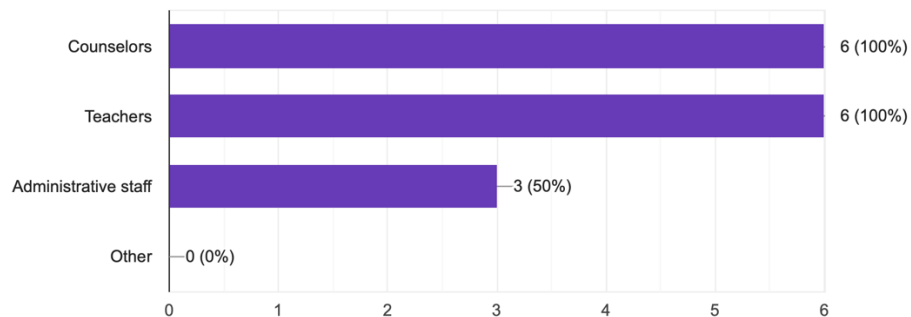
1. “Given academics to do at home/hospital, nurse and guidance/school adjustment counselors. Some students have needed 504s before return to school.”
2. “Involvement of nursing staff and adjustment counselor, and in some cases special educators if an IEP needs to be implemented.”
3. “There is not a specific plan in place...”, and mentioned they have a contact at a local hospital (not one of the ones used in this study) that they would contact as a resource.

4. “If needed tutoring at home while recovering. Adjustment counselor to help with emotional needs.”
5. “Tutoring services.”

When asked how they believe the transition back to school from hospitalization could be improved upon for students, two respondents did not reply. The four responses given to this question were:

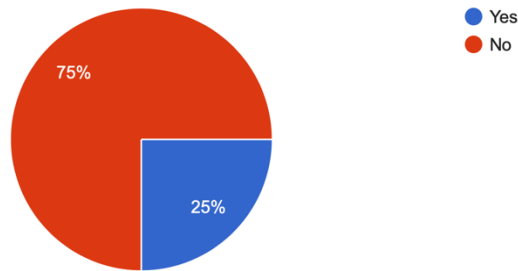
1. “Better communication between school personnel [*sic*] and outside providers. More planning before return to school and school expectations- work load, crisis management.”
2. “Remote options to start the process earlier than proposed.”
3. “Earlier discharge planning contact from hospital.”
4. “Nothing specific comes to mind.”

What other school personnel (if any) are typically involved in helping students/families during this transition? (Check all that apply)  
6 responses



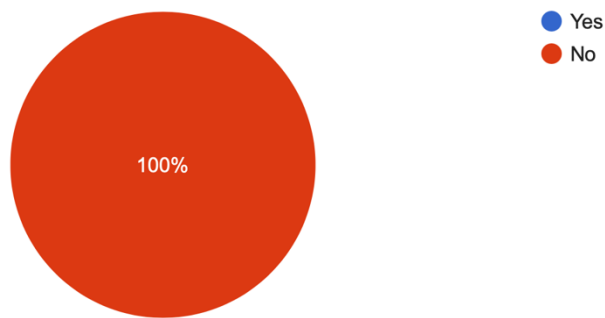
Are there any other personnel in your school that are involved in this transition who may be interested in being surveyed?

4 responses



Do you know of any parents that have gone through the transition from hospital to school with their child who may be interested in being surveyed?

4 responses

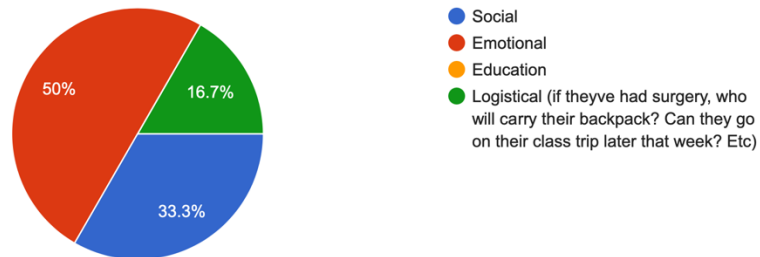


Survey responses were received from six out of the 21 contacted child life specialists, resulting in a 29% response rate. Responses were received from child life specialists from four of the contacted hospitals. Three of the respondents have been a child life specialist for ten or more years, two for less than a year, and one for two to five years. The responses received for the child life specialist survey are presented below.



Which aspect do you believe seems to be the most challenging part for patients as they prepare to transition out of the hospital and back to school?

6 responses



When asked what resources their hospital currently offers to patients who are transitioning out of the hospital, the six responses received were:

1. “We individualize the support based on the age of the child and their specific needs. We can provide family support through conversations about what to expect, education to school about what they should expect if needed, and provide various books, websites as physical resources and we also continue to be a support through phone/zoom etc. if the patient will continue to be followed outpatient at our medical center.”
2. “We can/do educate the patient’s classroom on the patient’s condition if asked and we also support patients as they leave the hospital in whatever capacity that might be.”
3. “Anticipatory guidance to parents about regression during illness and recovery; coping activity ideas for recovery at home; small gifts for siblings.”
4. “On a case by case basis we may speak with schools/teachers/parents regarding a particular child and what might be beneficial for that patient”.
5. “Personal support/guidance, books/brochures, conversation.”
6. “Social work, case manager, child life.”

The final question on this survey asked participants how they believe this transition back to school after hospitalization could be improved upon. One respondent left this question blank and the five responses received were:

1. “It is challenging because each school system is different and so are the needs of each family. We are only able to provide support to families as they ask. For example, if the family does not want us to reach out to their child's school we would not do so. The best way for the transition to be the most successful is for school to understand the challenges for the child and the specific needs for support.”
2. “We see many various diagnoses on our unit so some stay for a few days and others are there for months this is why we typically tailor any resources for transitions.”
3. “I think that there is a disconnect between hospital resources and the schools. Both are being stretched thin right now.”
4. “Maybe a CCLS who is assigned as the transition specialist to make sure each family gets personalized care?”
5. “I believe more knowledge on resources could be helpful.”

Much valuable information was gained from the virtual interview with Courtney Rosborough, with several key takeaways relating to this research. Rosborough explained that one very crucial aspect of her job is to serve as an advocate for the student and their family. Just as child life specialists traditionally do in the hospital, Rosborough attempts to view a situation from the child’s perspective and use that to provide necessary supports.

Also, similar to how a child life specialist in a medical setting serves as a liaison between patients, families, and medical staff; Rosborough serves as a liaison between students, their families, and school staff. This is an important role as having open and

informed communication between families and school staff can benefit students in a variety of situations.

Finally, one of the clearest takeaways from speaking with Courtney Rosborough is that child life practices can be used in schools to benefit students in many different scenarios, not simply during school reentry from hospitalization. Rosborough explained that she helps students who are experiencing social-emotional trouble for a wide variety of reasons, such as a sick family member, school anxiety, problems with classmates, etc. Rosborough also has helped support all students within her school system as they transition back to in-person school after learning virtually during the COVID-19 pandemic. This support has included assisting students when they receive COVID tests during school, and helping students practice social skills they have not utilized during the pandemic, such as initiating play with peers or taking turns.

Rosborough explained it is crucial for students to have social-emotional support, because if a student is battling social-emotional struggles, they are then unable to put cognitive energy into their educational responsibilities. When social-emotional problems build up within a student they may present themselves as behavioral outbursts that can then become dangerous to themselves or their peers. Having a child life specialist who is specially trained to support students during highly emotional situations benefits students in the moment, and in the long-term by teaching them lifelong skills of emotional regulation and communication.

### **Discussion**

The survey responses from school nurses provide insight into how common it is for a student to return to school from hospitalization. Five out of the six school nurses surveyed have

had at least one student return to their school after a hospital stay. In the survey responses for this study, four out of the five school nurses that provided responses to the question selected emotional as one of, if not the most, challenging aspect of school reintegration after hospitalization for students. Three out of the six child life specialist respondents also selected emotional as the most challenging aspect of a pediatric patient's transition out of the hospital. This significant number of respondents who have personally observed children face emotional challenges during a transition out of a hospital and back to school aligns with prior research previously mentioned.

Only one of the five school nurses who listed resources their school provides to students returning to school after hospitalization selected educational as one of the most challenging aspects for the student(s). However, four out of the five responses about resources their school provides involved educational support (tutoring, IEP, 504s, homework sent home, etc.). It is possible that there is a correlation between the high number of education-focused resources students in this transition receive, and the lower level of education-based struggles these students are perceived to have. The idea of a correlation between educational support and lower levels of educational struggles for students returning to school from hospitalizations supports the idea of social-emotional centered supports for these same students. The results from these surveys seem to indicate that the education-focused support students receive when they return to school after hospitalization is successful in decreasing education induced stress in these students. This leads to the idea that schools could be equally as successful in providing more emotional-based support during the transition back to school after hospitalization.

However, more research is needed to determine if the number of education-support resources students receive when reintegrating to school is what leads to the lower levels of

student's perceived educational worries. When interviewed, Courtney Rosborough provided another possible reason why education may not be the most troubling aspect of a return to school for a student. She stated that in her experience, students are naturally more concerned about their peer's thoughts and with finding a way to reenter their typical social group.

Rosborough further stated that a student who is preoccupied with fears about their social reintegration cannot successfully resume and focus on their education. So, it is also possible that students may naturally prioritize the social aspect of their return to school over the educational component.

As supported by earlier research, child life specialists are uniquely qualified to provide emotional support to students who are returning to school from hospitalization. Child life specialists are qualified to recognize the emotional needs of young students and their families and advocate for these needs. These child life skills are transferable to a school setting in multiple scenarios. As explained by Courtney Rosborough, child life practices can support students during many different challenges, not just transitioning back from a hospital stay.

The results of this study find that having a student return to school from hospitalization is a fairly common situation. Previously published research has found that students who transition back to school from hospitalization face a variety of challenges emotionally, socially, and educationally. Child life specialists are trained to support students in extenuating circumstances such as this with a social-emotional-based and child-centered perspective. Additionally, the unique skill set required of child life specialists can be used to support students through other anxiety educing scenarios within a school. Having a child life specialist within schools would be of benefit to students, families, as well as school personnel. Child life specialists would be a wonderful asset to all school systems and greatly benefit the overall academic experiences of

many students and families. With their knowledge of how to support children through difficult situations, child life specialists are uniquely qualified to support students returning to school from hospitalization and support students during other social-emotional struggles.

Overall, this study succeeded in finding the necessary information to support having a child life specialist within schools. However, this study surveyed only school nurses south of Boston and child life specialists in the Greater Boston Area, a further similar study could be conducted on a national scale. Additionally, further research could expand on this study by using either surveys or interviews to gain the perspective of families that have had a child transition out of a hospital and back to school. This is a crucial perspective as families typically are more in-tune with their child's experience and can better sense what their child has struggled with the most.

The position of child life specialists in schools is an important topic that should be researched further. Social-emotional and educational challenges for students returning to school from hospitalization have been established. These challenges combined with natural everyday stressors in a child's life that can negatively impact their school experience are why child life is needed in schools. By using child life practices within a school system, child life specialists can help support students and enhance their school experience while providing them with life-long social-emotional skills.

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