

## PROMOTING PROFESSIONAL IDENTITY IN CHILD, YOUTH AND LIFESPAN CARE: A CASE EXAMPLE FROM HOSPITALS

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**ABSTRACT:** This paper presents a workshop model for promoting self-care through professional identity among child, youth and lifespan care workers. It was designed for a group of hospital workers, who were experiencing apathy and frustration as a result of role confusion in a large institution staffed primarily by health professionals. Indications from the literature are that the struggle for recognition as professionals is experienced by lifespan care workers in other hospital settings and even in primary settings. The role of professional associations is stressed promoting worker development.

### **Introduction**

This article outlines a workshop model that was developed to enable child, youth and lifespan care workers to enhance their sense of professional identity. In only one day, a carefully sequenced set of training experiences can assist workers in accessing their own identity issues and empower them to forge a connection to the broader field of Child and Youth Care. This, in turn, can increase worker wellbeing which ultimately has positive benefits for client populations (Fewster, 1990).

What follows is a description of the workshop model, the conceptual sources for its development, and the training methodologies used. The context in which it was designed will also be described. Initially, the workshop was planned for a group of child, youth and lifespan care workers in a hospital. As a group, their existence as a minority among medical practitioners made them especially vulnerable to role confusion, isolation, and an absence of professional recognition.

The struggle to establish a sense of professional identity is common among child, youth and lifespan care workers across a range of work environments (VanderVen, 1993). The fact that the field as a whole is still struggling for recognition has an impact on the experiences of front line workers both in multidisciplinary and Child and Youth Care settings. Thus, this workshop model can be used in any setting to encourage

workers to identify with the field at large and develop a greater sense of occupational self-esteem. Situating oneself in the larger field of practice is not only validating, it stimulates a sense of professionalism, creates opportunities for professional recognition and can increase the visibility of Child, Youth and Lifespan Care as a specific domain of practice. This, in turn, can contribute both to the evolution of the field and to the reduction of stress in the daily work lives of workers.

### **Context of the Workshop**

This workshop was developed as a response to an initiative on the part of a group of hospital workers in Quebec. After several years of discussion with their hospital administration, they had been able to obtain funding for a workshop specifically for child, youth and lifespan care workers (referred to in the province of Quebec as Educators). These educators were a relatively small group dispersed throughout many units in a large psychiatric hospital and saw themselves as a minority in a non-primary (nonChild and Youth Care) setting. While all reported to Nursing staff, the populations served ranged widely from young children to adolescents to adults to geriatric patients. They performed a broad range of functions, everything from individual counselling to group work, to custodial and physical care of patients. In some units, educators were treated as fullfledged treatment staff, participating in planning for patients and implementing individualized programs. In others, they were relegated to cleaning up after patients. However, a common problem for all was the apathy and discouragement created by a lack of recognition given to them as professional child, youth and lifespan workers. Among concerns expressed were: a lack of field specific supervision; the absence of a meaningful career ladder; exclusion from important meetings; and an overall lack of understanding and appreciation for the specificity of their training. These educators approached their provincial child and youth care association for help, and asked for a training sequence to be provided that would help them to deal with the stress they were experiencing at work.

### **Conceptual Sources for the Workshop**

Recent literature on occupational stress and burnout (Curbow, 1990; Finnell, 1992) has emphasized the importance of professional recognition in preventing the loss of many gifted individuals to the field of Child and Youth Care. The absence of a well-understood professional identity, while widespread, may be especially acute for workers in nontraditional, non-primary settings where other caring professions may have dominated historically.

As the field has evolved, more and more child, youth and lifespan care workers are providing service in these settings (i.e., schools, homesupport

programs, and hospitals). Medical and psychiatric settings particularly have come to appreciate the potential contribution of Child, Youth and Lifespan care (Cross & Johnson, 1991). At the same time, workers in hospitals may have an especially difficult time carving out a role for themselves. Professional recognition is critical, however, in being able to participate fully as a member of a multidisciplinary team, and therefore have a sense of one's own effectiveness. As stated by Garfat (1992), Child, Youth and Lifespan care has much to offer in concert with other professions; however, it is the care workers themselves who must promote the field through pride in their work and a sense of conviction about their contribution. This is difficult to accomplish when individuals are isolated and are faced with an impoverished and inaccurate view of the field from their nonchild and youth care colleagues. The problem, then, becomes one of taking responsibility for " ... how we feel about ourselves and what we do" (Garfat, 1992, p. 25) and beginning to promote the field within the field and beyond.

The struggle for professionalization has not been seen as the only source of stress for child, youth and lifespan care workers. Organizational strain and poor personal habits are also associated with caring work (Fewster, 1990; Garfat, 1992; Kelly, 1990; and Mattingly, 1981). Both because of the initial request (a workshop to reduce worker stress) and the documented importance of effective self-care for caregivers (Fewster, 1990), this workshop linked three types of factors in the workplace: personal, organizational, and professional. This was outlined in Mattingly's work (1981) on stress-resistance in Child and Youth Care. An important goal for the workshop became to help participants identify stressors in all three areas, as well as to generate ideas for stress-proofing strategies.

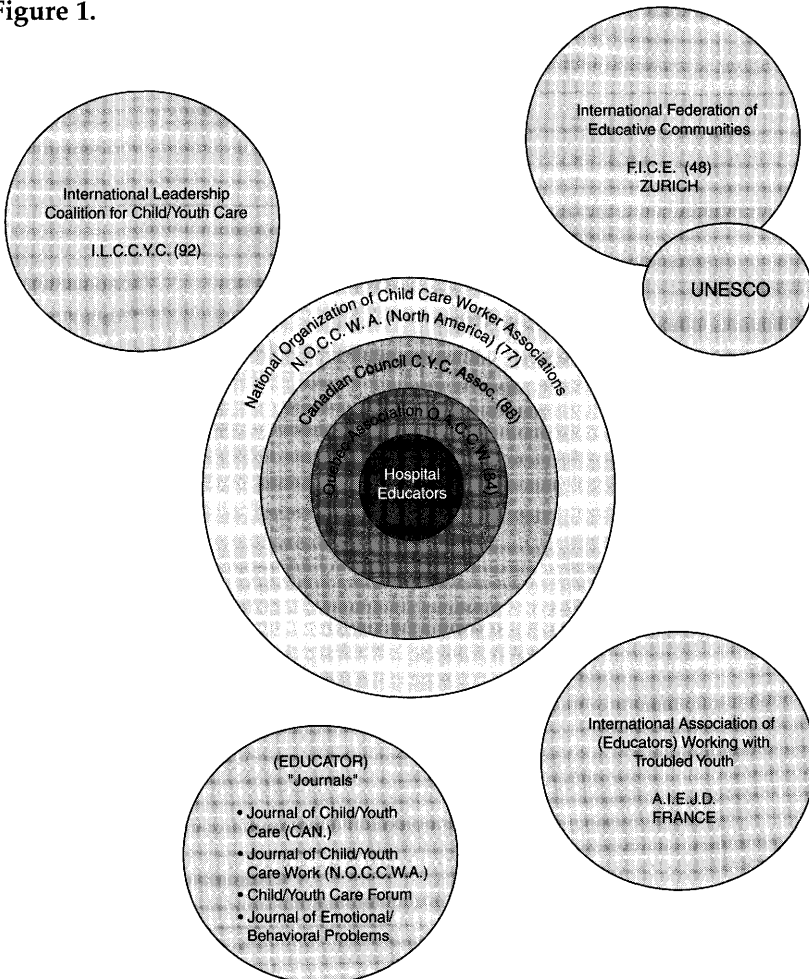
### **Format**

On the basis outlined above, a workshop model emerged, linking the theme of "Caring for Caregivers" to issues of professional identity. While the hospital workers had initially sought formal training that relied heavily on expert input from their association, the workshop was designed to maximize worker participation and promote experiential, interactive learning (Kolb, 1989). Trainers adopted principles of Participatory Research Methodology (Denzin & Lincoln, 1994), where groups are not trained by external "experts" but are supported to generate their own data and work towards their own solutions. The educators themselves were engaged in articulating their experience of work in the hospital. Short didactic presentations were used to stimulate discussion in small groups. The total educator group could then use this initial material as a starting point for formulating strategies for improving both day-to-day working conditions and the overall profile of Child, Youth and Lifespan Care in the institution. Trainers functioned as facilitators of the groups'

own process, especially because the association set as an objective the empowerment and professionalization of the group.

At all stages of the planning, key individuals in the participant group were engaged in structuring workshop activities. It was hoped that this would serve to maximize ownership of the process and support ongoing activities after the actual training event. Work groups were created by a subcommittee of educators who preassigned their colleagues to groups of no more than five individuals. Educators from different units were put together to maximize sharing of ideas across units and to help create a sense of belonging to the larger professional group. As stated by Kelly

Figure 1.



(1990), more is common to the experience of all child, youth and lifespan care workers than is usually expected. She states that one of the keys in creating a sense of professional identity is to transcend setting specific concerns and to communicate about shared issues of the field.

### **Sequence**

The first part of the workshop consisted of a presentation of the current status of the field. It was important to demonstrate that despite often feeling isolated, this group did have access to a much larger system of collegial support and potential training/consultation input. It was deemed critical to frame the day in terms of the broader profession and to begin, in a sense, by marketing the field. The group was briefed on the current national and international status of the profession and given an overview of existing professional associations and journals. The facilitators created a map of the profession (see Fig. 1) so that individuals could situate themselves in the field as part of the development of their professional identity. The facilitators also provided article reprints, copies of journals and even association pins to concretize this identification with the broader field. An additional benefit was that by beginning the day with a teaching session, the facilitators were acknowledging the need of the group for input before asking them to reflect on their own experience.

The second part of the day focused on sources of stress in the three areas outlined above. This was drawn primarily from the work of Martha Mattingly (1981). Typical stressors documented in the literature were outlined (see Fig. 2). The preassigned work groups were then asked to name the stressors most prevalent in their own work. Each group presented their concerns to the total group. Issues raised ranged from a lack of support and feedback to a sense of isolation from other educators in the province. Repeatedly workers expressed their need for greater status and recognition. Participants began to see that educators from across the institution had much in common.

A final presentation described potential stress-proofing strategies (see Fig. 2) as documented by Mattingly (1981) and others (Shinn, Morch, Robinson, & Neuner, 1993). The final task of the work groups was to formulate action steps for themselves and the larger group using these strategies as a model. Again, these were shared and discussed.

### **Outcomes and Evaluation**

The workshop was received enthusiastically by the educator group and energy built up throughout the course of the day. Information about the profession seemed to delight and amaze participants who were particularly pleased with handouts and association items. Many subsequently joined the association and two members of the planning group became active on the association executive board. To be more inclusive of all workers in the hospital and beyond, the Quebec association

Figure 2.

<b>OCCUPATIONAL STRESS AND STRESS PROOFING</b>	
<b>Sources of Stress</b>	<b>Stress-Proofing Strategies</b>
<b>Personal</b>	
<ul style="list-style-type: none"> <li>• Balance between work and personal life</li> <li>• Routine habits—eating, sleeping, exercise</li> <li>• Boundaries—when have I given enough?</li> <li>• Support system</li> <li>• Containment of intense feelings evoked by the work</li> </ul>	<ul style="list-style-type: none"> <li>• Identify your motivations—what do I need from my work?</li> <li>• Identify your functions—what do I actually do?</li> <li>• Evaluate your competencies—how am I effective?</li> <li>• Plan rewarding personal activities</li> <li>• Be aware of physical self-care</li> <li>• Plan transitions from work to home to maximize closure</li> </ul>
<b>Organizational</b>	
<ul style="list-style-type: none"> <li>• Organizational climate and style of problem solving</li> <li>• Individual influence in decision making</li> <li>• Supervision that acknowledges strengths and weaknesses</li> <li>• Balanced scheduling</li> <li>• Adequate salary and benefits</li> </ul>	<ul style="list-style-type: none"> <li>• Clarify job descriptions, policies, and procedures</li> <li>• Advocate for appropriate scheduling</li> <li>• Define your role in decision making</li> <li>• Seek regular balanced supervision</li> <li>• Seek to create constructive teamwork</li> </ul>
<b>Professional</b>	
<ul style="list-style-type: none"> <li>• Challenges to self-esteem by the work of caring</li> <li>• Few experiences that confirm our effectiveness</li> <li>• Length of involvement often does not allow for evidence of change</li> <li>• Pressure for quick decision making on the floor</li> <li>• Need to process large amounts of information at many levels simultaneously</li> <li>• Daily practice constantly being observed</li> <li>• Need to nurture professional identity alone</li> </ul>	<ul style="list-style-type: none"> <li>• Participate actively in decisions regarding policies and procedures</li> <li>• Vary your job tasks</li> <li>• Come together to identify new areas of practice as well as training needs</li> <li>• Give feedback to your peers</li> <li>• Record your contributions to logs and files</li> <li>• Get involved in the field outside your specific setting</li> <li>• Communicate about what you do—to each other, educators in other settings, and other professionals. We contribute to our own status!</li> </ul>

From: Mattingly, 1981.

changed its name to eliminate "child and youth," and adopted the more generic term of educator. Thus, the day ultimately served to benefit the field locally by increasing its membership and stimulating a broader orientation to lifespan care.

The focus on stress and stress-proofing addressed individual concerns directly, stimulating active involvement and commitment to the formulation of an action plan for the larger group. By the end of the day, educators applauded each other loudly as each work group presented its recommendations to the total group. A major theme across all groups was the need for increased communication and marketing of the valuable work done by child, youth and lifespan workers. The motto of the day became "Let's blow our own whistle!"

As a result of the workshop, four major goals for child, youth and lifespan workers in the hospital were agreed to by all: increased visibility and marketing of the profession in the institution through the development of an official job description and greater participation in meetings at all levels; increased communication and consultation between the educators in different units; greater participation in the field outside the hospital through the association and its affiliates; and a continuing emphasis on training and peer support. These objectives formed the basis for a plan for caring for educators at the hospital. All acknowledged the need for more meetings and participants left with a sense of excitement for the future.

In fact, ultimately the workshop did result in changed behaviour in this group of hospital workers. Within a short time, they had established regular meetings and completed their job description. They established "grand rounds," a monthly teaching session where achievements of the educator group are presented formally. Current projects include the establishment of a professional library, as well as the securing of a position for a "Team Leader," who could represent educators in the hierarchy of the hospital.

### **Implications**

It has been suggested elsewhere that many of the job stressors experienced in child, youth and lifespan care are beyond individual control (Shinn et al., 1993). Caring work is, by its very nature, highly stressful (Mattingly, 1981). However, situating oneself in a larger field of practice can be validating and can reduce the level of isolation many workers experience in their work. Professional identity is thus an important component of self-care and is ultimately stress relieving.

It cannot be assumed that even workers in primary Child and Youth Care settings are well identified with the field at large. This workshop is easily replicable in any organization and can even be adapted to mixed groups of workers from different settings. A major feature of the design

is that participants generate their own data about work stress and are helped to analyze it themselves using the model of a triad of work stressors (personal, organizational and professional). The real content of the day emerges out of the participants' own experiences. The model also provides an ideal vehicle for increasing the visibility of local associations in the context of the provision of a "map" of the field.

As this workshop experience demonstrated to us, we cannot market the field to other professional groups until we first market it to each other. Professional associations have an important role to play in not only recruiting potential members for the field, but in reaching out to stimulate the development of professional identity. This will be especially critical in the years to come, with the increasing emphasis on the provision of alternative services in nonprimary settings.

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