

Examining the Factors Associated with the Well-Being of Children Who Have a Sibling with a  
Chronic Health Condition: A Literature Synthesis

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## **Examining the Factors Associated with the Well-Being of Children Who Have a Sibling with a Chronic Health Condition: A Literature Synthesis**

Childhood illness is a devastating occurrence. A diagnosis can change the trajectory of an entire family: the child themselves, the parents, and any siblings of the child with the health condition. When working with children, it is important to remember that the best practice is family-centred. Without support, families suffer even more as the diagnosis demands more attention, resources, and planning. Understanding the factors associated with well-being, particularly in children who have a sibling with a chronic health condition, directly informs the types of support offered to these children and their families, enabling them to provide the best care. Although research in this area is growing as our understanding of family-centred care increases, there are still gaps that need to be addressed to best care for families.

The central research question guiding this synthesis asks: What factors are associated with the well-being of children who have a sibling with a chronic health condition? When considering the impact of childhood illness, the well-being of the entire family should be taken into account; however, this synthesis focuses specifically on the well-being of the healthy sibling(s). When a family has to navigate the new challenges associated with illness, it often causes a shift in dynamics and attention distribution, sometimes leaving the healthy sibling(s) feeling overlooked or as though they are made of glass. This phenomenon is often appropriately referred to as the “glass child.” Healthy sibling(s) frequently face emotional, social, and behavioural impacts. These, in turn, can affect long-term developmental outcomes. By examining the factors associated with sibling well-being, targeted supports can be evaluated and implemented to mitigate any negative impacts. Throughout this paper, the impact of chronic illness on healthy sibling(s) will be explored. Next, the paper examines the degree to which

family environments, individual coping strategies, and illness severity contribute to sibling well-being. Through the examination of the research, a gap will also be identified. The research examined in this paper employs a combination of qualitative, quantitative, and mixed-methods approaches almost exclusively over the last five years.

### **General Findings**

Across the literature, there is consistent evidence of elevated emotional, social, and behavioural risks for siblings of children with chronic conditions. A paper written by Lummer-Aikey & Goldstein in 2021, which synthesized 67 studies, found consistent patterns of emotional distress, coping struggles, and challenges with communication. Studies have also shown an increased risk of anxiety, depression, and general emotional distress (Tay et al., 2024; Prentice et al., 2024). In addition to mental health risks, healthy siblings have also shown impaired health-related quality of life as measured by the KINDL survey, which measures health-related quality of life (Dinkelbach et al., 2023). Despite the negative effects of chronic illness on healthy siblings, there have been reports of some positive outcomes as well. Healthy siblings often assume caregiving roles, which have been shown to increase both empathy and resilience (Woodgate et al., 2016; Lummer-Aikey & Goldstein, 2021).

Although the general research agrees that siblings are at an increased risk for a decrease in overall well-being, there is some discrepancy on what the primary driver is. The three most recurring factors are family environment, coping strategies, illness severity and medical care. The differences in these accounts could be attributed to a variety of variables. First, the source of the information varies. Some studies utilize parent reporting, others teacher-reported, and a few more were self-reported. Second, the methodologies varied from longitudinal to cross-sectional. Ultimately, these studies were conducted across various contexts in North America and Europe.

The variables between these studies could explain the divergence in findings of the factors contributing to sibling well-being.

### **Central Perspectives on Sibling Well-Being**

A substantial portion of the literature argues that the family relational environment is the most influential factor shaping the well-being of healthy siblings. Within this perspective, the “family environment” typically refers to the quality of the interfamilial relationships, the emotional climate, and the degree of communication and inclusion surrounding the illness. Fredriksen et al. (2021) found that the quality of the relationship between the healthy sibling and their parent(s) was a statistically significant predictor of a child’s mental health outcomes. This indicates that relational dynamics directly affect how children adapt to the changes associated with chronic illness within the family. Similarly, Honingh et al. (2025) demonstrated that familial environmental factors had a greater influence on sibling well-being than genetic factors. Both these studies’ findings strengthen the argument that family systems play a central role in shaping adjustment and well-being. Woodgate et al. (2016) found that siblings’ emotional experiences were heavily shaped by communication, inclusion in caring for their siblings, and the overall emotional climate of the household. These studies altogether suggest that the family provides the foundation upon which healthy siblings understand and respond to a chronic health condition.

A different perspective suggests that healthy siblings’ well-being is primarily shaped by their individual coping strategies and emotional regulation skills. Children use coping strategies to navigate stress, employing a combination of avoidance, emotional expression, acceptance, and seeking support. Kulisch et al. (2024) found that siblings who relied on more adaptive coping strategies like acceptance and seeking emotional support generally reported increased life

satisfaction and positive mental health descriptors than those who employed more avoidant behaviours. The integrative review by Lummer-Aikey and Goldstein (2021) also identified coping skills as a major theme across the literature, particularly highlighting its influence on adjustment. The evidence here suggests that individual coping skills and emotional regulation skills are the most significant contributors to well-being.

A third perspective argues that the severity of the health condition in the sick sibling, as well as the external stressors of medical care, are the primary drivers of sibling well-being. Factors such as diagnoses, frequent hospitalizations, palliative care, and treatment intensity generate the strain affecting healthy siblings. Feudtner et al. (2021) found that siblings of children with serious illnesses had statistically significantly higher rates of mental health disorders, hospital admissions, emergency department visits, outpatient urgent care, and prescriptions compared to healthy sibling pairs. This indicates a significant impact of illness severity on sibling health-related well-being. Similarly, Dinkelbach et al. (2023) found that siblings of children receiving palliative home care exhibited a poorer health-related quality of life. More longitudinal studies, such as Tay et al. (2024), further demonstrate that siblings of children with chronic and life-limiting health conditions face inflated emotional and behavioural concerns over time. The teacher reports in Prentice et al. (2024) also demonstrated heightened social and emotional difficulties amongst healthy siblings.

### **Integrating Perspectives**

Despite the differences among the three perspectives, several important areas of convergence are clear across the literature. All three perspectives agree that siblings of children with chronic health conditions experience elevated emotional, social, and behavioural risks, even though the explanations for these risks vary. Family environment, coping strategies, and illness

severity are each influential themes, suggesting that well-being is shaped by multiple interacting factors rather than a single isolated factor. Studies consistently identify emotional distress, anxiety, and behavioural challenges across a wide range of illnesses and contexts. There is also shared acknowledgement of the potential for resilience and positive growth. For instance, both family-environment and coping-focused research describe siblings developing increased empathy, maturity, and meaning-making in the face of illness (Woodgate et al., 2016; Kulisch et al., 2024). These points of agreement suggest that while the primary mechanism contributing to well-being may be unclear, the overall understanding of sibling well-being is multifaceted and interconnected.

At the same time, the three perspectives diverge in both their assumptions and their methodological approaches. The family environment perspective largely interprets outcomes through patterns of communication, relational warmth, and parental mental health, relying heavily on mixed-methods and qualitative work that prioritizes the experiences of siblings and parents (Fredriksen et al., 2021; Woodgate et al., 2016). The coping perspective, in contrast, centralizes its explanation on internal processes and individual-level differences, often using self-report measures that capture children's perceived strategies and emotional capacities (Kulisch et al., 2024). The illness severity perspective relies on larger-scale quantitative data and external informants, including longitudinal healthcare data and teacher reports, which highlight the systemic demands placed on families by treatment intensity and future uncertainty (Feudtner et al., 2021; Prentice et al., 2024). These methodological differences shape each perspective's conclusions and help explain why scholars disagree on the primary drivers of well-being.

Although the perspectives appear distinct, a deeper analysis suggests that they are not mutually exclusive. Instead, they interact in meaningful ways that influence how healthy siblings

experience chronic illness. Family environment and coping strategies, for example, are closely intertwined. Children's coping abilities develop within the relational context of the home, shaped by the emotional modelling, communication patterns, and support offered by parents (Fredriksen et al., 2021). Similarly, the effects of illness severity often operate through the family system. When medical demands intensify, families face heightened stress, disrupted routines, financial pressure, and reduced parental availability; all of which influence relational dynamics and, in turn, coping (Tay et al., 2024; Dinkelbach et al., 2023). From this integrated perspective, sibling well-being is best understood as the outcome of interactions among three spheres: familial dynamics, internal coping mechanisms, and the external demands of the illness. This suggests that the debate is not about which factor matters most, but rather about how these factors combine to shape children's well-being.

Taken together, the literature suggests that the family relational environment is the central influence shaping the well-being of healthy siblings. While coping strategies and illness severity each have demonstrable effects, their influence often appears to operate through, or be moderated by, family dynamics. Studies emphasizing relational functioning repeatedly show that parent-child relationship quality, communication patterns, and parental mental health predict children's emotional and behavioural outcomes (Fredriksen et al., 2021; Woodgate et al., 2016). Even within the coping literature, children's strategies are developed within the family context; adaptive coping is more likely when parents model emotional regulation and provide space for siblings to express concerns (Kulisch et al., 2024). Similarly, the influence of illness severity frequently intensifies family stress, disrupts routines, and reduces parental availability, suggesting that its effects manifest primarily through changes in family functioning (Feudtner et

al., 2021; Dinkelbach et al., 2023). From this perspective, the family system acts as the filter through which other factors shape well-being.

Positioning the family environment as the central determinant does not diminish the importance of coping strategies or illness severity and management. Instead, it acknowledges that these factors are interconnected and that their influence is filtered through the relational and emotional climate of the home. This interpretation aligns with family-centred practice, which emphasizes holistic support and recognizes that child well-being cannot be separated from the familial context. For practitioners such as Child Life specialists, this finding highlights the importance of strengthening family communication, supporting parental mental health, and ensuring that healthy siblings feel included and valued. Future research should evaluate interventions targeting relational dynamics to determine the most effective ways to support siblings in various clinical contexts.

### **Research Gap**

Although research on the experiences of healthy siblings has expanded in recent years, several gaps remain that limit the field's ability to fully understand and support this population. First, there is a notable lack of Canadian-focused research; only a small number of studies, such as Woodgate et al. (2016) and Tay et al. (2024), examine sibling well-being within a Canadian context. This gap is significant because health-care systems, access to services, and cultural expectations vary considerably across countries, shaping how families experience childhood illness. Second, younger siblings, particularly children under the age of seven, and especially those with nonverbal communication skills, are underrepresented in the literature due to methodological challenges associated with self-report measures. As a result, the experiences of early childhood populations remain largely unexamined. Third, there is limited research on

interventions designed specifically for healthy siblings. Although Child Life specialists and other practitioners routinely provide support to families, there is minimal empirical evaluation of these services, despite their potential role in mitigating distress. Only a few practice-based sources discuss the positive potential of therapeutic play, illness education, and sibling preparation programs. Finally, very few studies examine how family environment, coping strategies, and illness severity interact simultaneously. Most studies isolate one factor, which limits the field's ability to conceptualize sibling well-being as an integrated, multifaceted process. Addressing these gaps would strengthen the evidence base needed to guide practice and inform future research.

## **Conclusion**

Understanding the factors that influence the well-being of healthy siblings is essential for supporting families navigating childhood chronic illness. Three central perspectives regarding the primary factors associated with sibling well-being have appeared in the literature: the family relational environment, individual coping strategies, and the severity of the illness and associated medical demands. While each perspective offers valuable insight, the evidence suggests that these factors do not operate in isolation but instead interact in complex ways. Family dynamics shape how children cope, while illness severity places pressure on the family system, collectively influencing children's emotional, social, and behavioural outcomes. The literature also highlights resilience and growth alongside distress, demonstrating that siblings' experiences are multifaceted and shaped by both risk and protective factors.

Although the field has advanced considerably in recent years, several gaps remain, particularly regarding young children, Canadian contexts, and the evaluation of sibling-focused interventions. Identifying and addressing these gaps will be essential for improving support for

families and strengthening family-centred care practices. Ultimately, understanding sibling well-being within the family system provides a more comprehensive understanding of children's experiences and offers a meaningful pathway for research, policy, and practice focused on enhancing outcomes for families affected by chronic illness.

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