



We cannot carry this alone: The case for ancillary support in nursing

By: Krysten Sorenson RN, BSN

WHEN PEDIATRIC TRAUMA met emotional overload, I learned that no nurse can carry the weight of healing alone.

I remember the day he was admitted to our burn unit—a 4-year-old boy with chubby cheeks, a solemn expression, and a glimmer of mischief in his eyes. He had suffered severe burns to his extremities after he and his older brother discovered blow torches in their garage. The incident triggered a DSS investigation, ultimately resulting in the loss of his parents' visitation and custodial rights. During his long stay, our team assigned rotating primary nurses to provide him with consistency and emotional safety. He adored

cars and Spider-Man, and many of us spent breaks sitting beside him, watching cartoons and offering comfort where we could. Multiple grafting surgeries, painful recoveries, and countless dressing changes marked his hospital course—but he still managed to make us smile daily with his toddler antics and resilience.

When discharge day finally arrived, the emotional toll became undeniable. He wasn't going home. Instead, he was being released into foster care. My colleague and I—two of his primary nurses—walked him to the parking lot, where a foster care worker waited. The moment he realized he was leaving with a stranger, his face collapsed into

panic. He screamed. He sobbed. He clung to us as if we were the only steady ground he had left. Letting go felt impossible. But eventually, we did. We buckled him into his car seat, stepped back, and watched the vehicle pull away.

I remember walking back to the unit in tears, crying with my coworker and telling my husband that night I could never work pediatrics again. I also knew, deep down, that I was called to care for the most vulnerable among us. That day forced me to confront a larger question: How do we support children through unthinkable transitions—and how do we protect the nurses who walk through that pain beside them?

CHILDREN ARE NOT “SMALL ADULTS”

At the time, pediatrics was a new addition to our burn ICU. We quickly learned that children process trauma differently. Their coping skills, cognition, and emotional regulation are tied to developmental stages, not clinical pathways. To care for them well, we needed more than compassion and strong clinical skills. We needed specialized support.

CHILD LIFE SPECIALISTS CHANGED EVERYTHING

The turning point came with the introduction of child life specialists—professionals trained in pediatric development and psychology. They provide age-appropriate explanations, prepare children for procedures, and use therapeutic play to reduce fear and trauma. Their presence lightened the emotional burden on patients and the nurses caring for them.

Before the specialists’ involvement, we tried to absorb every role: caregiver, advocate, playmate, therapist, protector, and emotional anchor. No amount of skill or dedication can sustainably meet those needs alone. With child life specialists, responsibility became shared rather than shouldered—and our patients were better for it.

INTERDISCIPLINARY CARE PREVENTS BURNOUT

In response to cases like this 4-year-old, our unit implemented weekly interdisciplinary meetings. Bedside nurses, physicians, therapists, social workers, and child life specialists came together to align goals and anticipate needs. Communication improved. Gaps closed. The load evened out. And

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something else happened: Nurses stopped feeling so alone.

Burnout in high-acuity care is well documented. Emotional suppression, compassion fatigue, and moral distress can fracture even the most resilient clinicians. But ancillary support systems—when fully empowered—protect both patients and staff. They aren't "extras." They're essential.

WE CANNOT CARRY THIS ALONE

That little boy remains with me. I never learned where life took him, but I know what he taught me: nurses cannot—and should not—carry the weight of traumatic moments alone. If we want to sustain the nursing workforce, we must invest in systems that distribute emotional and clinical labor across the team. Social workers, child life specialists, therapists, chaplains, techs, and other ancillary professionals aren't secondary—they're lifelines.

Ancillary support prevents burnout. Ancillary support protects patients. Ancillary support keeps nurses in the profession. If healthcare truly wants to retain its caregivers, we must fund, respect, and normalize interdisciplinary collaboration at every level of care—especially in pediatrics.

No nurse should ever be expected to absorb trauma in silence or single-handedly meet every emotional and psychological need of a child in crisis. We entered nursing to care deeply. That will never change. But to continue doing this work—and to do it well—we must stop carrying what was never meant for one set of shoulders. 💧

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