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The Long-Term Effects of Compassion Fatigue

Compassion fatigue implies traumatic stress arising from recurrent exposure to traumatized persons (Kase et al. 143). It is also known as secondary fatigue. The inherent desire to alleviate other people's pain and suffering contributes to emotional fatigue. In essence, compassion fatigue is the negative consequence of caring for others or their emotional pain. Constant exposure to aversive materials or facts about traumatic events may also lead to compassion fatigue (Rauvola et al. 297). The hallmark symptoms of compassion fatigue include helplessness, anger, irritability, stomach upsets, anxiety, and decreased pleasure in activities. According to Stoewen, compassion fatigue may bring intolerance, embitterment, mood swings, despair, irrational fears, and skepticism. The leading risk factors for compassion fatigue include acute stress, exhaustion, burnout, and depressive symptoms (Kase et al. 143). Compassion fatigue presents several long-term effects, including increased incidences of cardiovascular disease, diabetes, immune dysfunction, obesity, and gastrointestinal conditions.

Cardiovascular diseases such as coronary heart disease, heart attack, pulmonary embolism, and heart failure may result from compassion fatigue. A person may also develop diabetes due to unhealthy lifestyle choices. For instance, compassion fatigue can make someone exercise less frequently and take a diet high in calories, fat, sugar, or cholesterol (Rauvola et al. 297). Immune dysfunction is another leading long-term consequence of compassion fatigue. Medical caregivers with compassion fatigue may suffer immune dysfunction because of other

consequences of this traumatic fatigue, such as poor nutrition, smoking, and alcoholism.

Compassion fatigue may lead to obesity since it increases the craving for unhealthy foods and alcohol, as well as contributes to physical inactivity. Gastritis, fecal incontinence, indigestion, and other gastrointestinal conditions may also stem from compassion fatigue. These conditions may result in many other health issues, including diarrhea, nausea, and vomiting.

Compassion fatigue may also lead to psychiatric conditions, such as mood disorders, eating disorders, personality disorders, and dissociative disorders (Stoewen 1207). Mood disorders such as clinical depression, anxiety, and major depression often result from compassion fatigue. This secondary fatigue may contribute to overeating, denial, or social isolation (Rauvola et al. 300). A person may also suffer addictions because of compassion fatigue. For instance, one can be addicted to gambling due to this traumatic stress (Stoewen 1207).

Lastly, compassion fatigue may lead to other long-term impacts, such as low morale, suicide, decreased productivity, and reduced patient satisfaction (Kase et al. 144). Healthcare workers experience low morale in the workplace because compassion fatigue causes stress and anxiety that affect their ability to concentrate. People who cannot cope with this secondary stress may commit suicide. Decreased productivity in the workplace stems from emotional exhaustion, increased sick time, impaired clinical judgment, and negative emotions. Despite experiencing several adverse effects of compassion fatigue, medical caregivers often persevere and strive to show courage, compassion, and selflessness (Kase et al. 144).

In conclusion, compassion fatigue impacts one's physical health and mental well-being. This trauma-induced fatigue changes the way a person thinks, feels, and behaves. Compassion fatigue may also trigger significant changes in medical caregivers' attitudes, clinical judgments, and decision-making. Their work habits become increasingly erratic and unpredictable while

practice culture is adversely affected, leading to the erosion of optimism, mutual support, and a sense of trust. Caregivers can manage and mitigate compassion fatigue by making time to exercise, eating balanced meals, avoiding alcohol, and getting enough sleep.

Works Cited

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