Abstract
Diabetes care providers, including family members, friends and physicians face many professional hazards during the course of their work. Amongst these is compassion fatigue. This communication describes how one can identify compassion fatigue and its potential negative impact. It shares pragmatic ways to minimize and handle compassion fatigue, and prevent burnout in physicians.

Keywords: Burnout, Compassion fatigue, Diabetes distress, Psychosocial aspects, Physician health.

"I feel so tired taking care of my husband, but he just doesn’t seem to understand my effort."

"I remain awake the whole night, worrying about my brother, and I can’t concentrate at work"

"I had to cancel an outing with my friends, in order to save for my mother-in-law’s insulin."

The Challenges of Diabetes Care
Living with diabetes is not easy. A diagnosis of diabetes may entail major changes in life style, diet and physical activity patterns. These changes are not limited to the person with diabetes; they apply to her or his family members, close friends, and colleagues as well. At the same time, a person with diabetes requires comfort and companionship from close ones. These needs include emotional support, physical help (e.g.; accompanying one to a health care appointment), culinary care (e.g., cooking specific meals) and financial assistance. Health care professionals who work with persons living with diabetes also have to provide educational and emotional care, in an empathic and expressive manner.1,2

On Duty, 24 X 7
While these concepts are easy to pen down and preach, putting them into practice is a challenge. Managing diabetes is a 24x7 job which allows no respite from the demands of the disease. This is in contrast to management of acute illness, which is usually self-limiting, with a predetermined course or natural history. Such chronic disease management leads to multiple pressures on all stakeholders, including the family and health care providers.3 These pressures may cause fatigue or tiredness, which can manifest in physical or emotional form.

Compassion Fatigue
One such phenomenon is termed as compassion fatigue.4 Compassion fatigue is the name given to a feeling of emotional tiredness which caregivers experience when the requirements of their work threaten to overwhelm them. A related term, ‘burnout’, suggests a greater degree of compassion fatigue which interferes with professional activities and personal health, and may lead to discontinuation of the caring function. Mother Teresa, too, understood the reality of compassion fatigue, and would give her nuns periodic breaks from their hard work.

Compassion fatigue can occur in parents, spouses, siblings and colleagues of persons living with diabetes. A care giver may initially try hard to provide support, but later feel over-whelmed by this burden. Others may resent the special attention being lavished on the family member who has diabetes, and dislike the pressure for involuntary adherence to a diabetic diet or lifestyle. Yet others may complain about having to shoulder more than their fair share of health related expenses, domestic chores or work related responsibilities, while sacrificing avenues for relaxation or recreation

Identification of Compassion Fatigue
It is important to identify the symptoms of compassion fatigue in care givers of persons with diabetes. Irritability, frustration and short-temperedness may be red flags which herald the onset of compassion fatigue. Expression, in routine conversation, about the burden of caring for someone with diabetes, is another sign of fatigue. Physical complaints, such as tiredness, easy fatigability, disturbed appetite, and inadequate sleep, can be characteristics of compassion fatigue. Diabetes care providers should be aware of these issues, and enquire about them from family members of their patients.5

Inability to identify and address these stresses can lead to
worsening of psychological health as well as intra-family dynamics, and precipitate psychiatric and social morbidity.

Management of Compassion Fatigue
The best way of managing compassion fatigue is to prevent it. This is done by a multipronged approach, which aims to:

◆ Enhance self-awareness
◆ Strengthen diabetes care-related skills
◆ Reduce the burden of care
◆ Break down the burden of care into manageable bits
◆ Seek support from other care providers
◆ Improve the self-care ability of the person with diabetes
◆ Sensitize the person with diabetes towards the needs and limitations of her/her care providers

Simple, yet sincere, effort by all stakeholders: the person with diabetes, the family, and diabetes care professionals, can go a long way in preventing and managing compassion fatigue. Persons with diabetes should understand the extra work being put in by their family, and convey their appreciation at regular intervals. They should also make efforts to be independent in terms of self-care. Family members should work to enhance their coping skills, and learn ways of spreading the duties of diabetes care among themselves. Diabetes care professionals must be sensitized to the challenge of compassion fatigue. Prescription of less complex treatment and monitoring regimens, concordant with the particular family’s health numeracy and literacy status, help in minimizing the risk of compassion fatigue.6

Summary
Diabetes has become endemic to our society. Living with persons with diabetes requires compassion and empathy. We must make all efforts to prevent and manage compassion fatigue, if we are to succeed in our fight against diabetes.

References