

Empathy: Always a crucial component of nursing care

Welcome to the latest editorial! I am sure that, like me, you are all facing an increasingly complex, post-pandemic, patient review. It feels that all referrals are now more challenging, for two main reasons. Increases in both weight and glycaemic control seem to be the main theme of patient referrals; however, trying to unpick what on the surface seems simple is complicated by the underlying emotional impact that the pandemic has had on our patients.

Many patients are reporting that for the last two years they have not complied fully with taking medications and, in one recent case of mine, a woman in her early 50s had stopped all medication back in 2020 and was now referred to me with a serious foot ulcer, an HbA_{1c} in triple figures and increased weight.

These situations are not addressed by simply advising people to restart their medications and offering dietary advice! Taking time to understand, listen and appreciate how and why the individual took certain actions over the last two years is the basis of starting to build or rebuild a relationship to move forward, together, to help improve their current situation and long-term outcomes.

I was struck recently by an infographic I saw (*Figure 1*), which typified what I come across so often. Taking time to ask open questions, and listening closely to the reply, provides the key to building that relationship by really understanding the person behind the decisions they take.

Empathy is a constant theme expressed in many studies when looking at building relationships and moving towards improved self-management. The IntroDia study looked at early conversations in type 2 diabetes; time and time again, empathy was a key element in a healthcare provider that helped people to improve their self-management (Polonski et al, 2017; Down et al, 2019).

In this edition of the *Journal*, Ralph Geerling and colleagues again demonstrate that empathy is a key

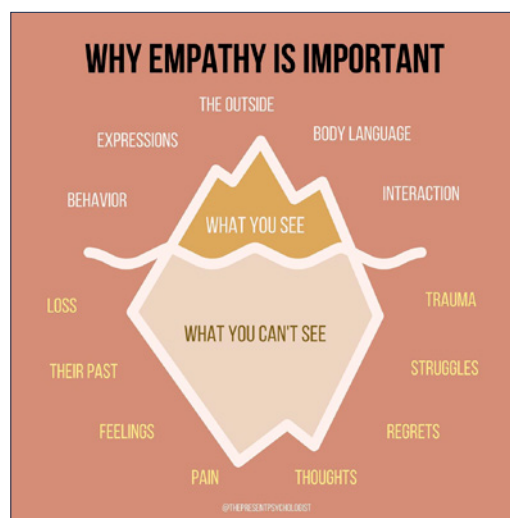


Figure 1. Why empathy is important.
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ingredient when we discuss [weight management issues with people with type 2 diabetes](#). Discussing weight has always been a challenging aspect of consultations and, as I highlight, we are having to address this more frequently of late. This article offers constructive advice to us all when dealing with these situations.

Linking closely to this challenge is the increasing diabetes distress we are all too frequently seeing. The article by Amanda Dudley and colleagues highlights the differences between [diabetes distress and depression](#), and discusses a screening tool that offers the opportunity to indicate the scale of the distress being experienced by patients. At this incredibly challenging time for us all, we do need to make time to really appreciate the scale of the distress experienced by people with diabetes. By empathetically addressing and acknowledging the issues experienced, we can start to work together with people to move forward and ensure they have the tools and support to improve their self-management and, ultimately, their long-term outcomes. As the authors conclude in their article,



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Supporting diabetes emotional health: The 7 As model

A consultation model for healthcare professionals, whatever their level of psychological practice, to prioritise the emotional as well as physical needs of diabetes care.

Journal of Diabetes Nursing
23: JDN076

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by providing an insight into the scale of the issue of diabetes distress experienced in both type 1 and type 2 diabetes, further research is clearly needed to provide real change in practice.

I finish this editorial by acknowledging and highlighting the sterling work of Sandra Dudley, DSN. Without her determination and foresight, the use of insulin pumps in the UK may have been years behind where it is now. I urge you to read [Anne Phillips and Lorraine Wray's obituary](#), as it is a wonderful tribute to her pioneering spirit and, to all those who did not know Sandra personally, it is an inspirational read. Her legacy must not be forgotten, as technological advances in diabetes care continue

at pace, with glucose monitoring and hybrid pump technology looking set to become the standard of care in the future. It is worth taking time to reflect on the origins of such technology, and the challenges Sandra faced when many around her were sceptical. To overcome these hurdles takes real grit and strength of character. So thank you Sandra – from me personally and from all at the *Journal!* ■

Down S, Alzaid A, Polonsky WH et al (2019) Physician experiences when discussing the need for additional oral medication with type 2 diabetes patients: insights from the cross-national IntroDia® study. *Diabetes Res Clin Pract* **148**: 179–88

Polonsky WH, Capehorn M, Belton A et al (2017) Physician–patient communication at diagnosis of type 2 diabetes and its links to patient outcomes: new results from the global IntroDia® study. *Diabetes Res Clin Pract* **127**: 265–74