

Bridging the gap: Why nurses must drive the diabetes clinical research agenda

Can you believe it's October already! Autumn is upon us with darker mornings and shorter days. I know a lot of people don't like it when summer ends, but I do enjoy the cooler weather and the changing colours. As the season turns, I believe autumn brings a natural period of reflection, making it the perfect time for nurses to re-evaluate how they deliver care, to step back, look closely at current practices and identify new, innovative ways to improve the patient experience.

I was at a local conference recently and there were several presentations and discussions around nurses and research. It was a very positive day and included discussions around nurses' attitudes to research and how research in healthcare is viewed from different perspectives.

Most diabetes care is delivered by nurses and because of this, we occupy a unique vantage point to identify exactly where service delivery falls short. Our frontline clinical insights can generate the most impactful research and quality improvement questions that, when answered, translate directly into safer, more effective care.

The landscape of diabetes care is evolving at pace. Historically, the evidence base guiding many of these advancements has been heavily dominated by medical research, and although these are crucial, they often overlook the nuanced, daily realities of living with a chronic condition. To truly improve and optimise service delivery and patient outcomes, the focus must expand.

Diabetes nursing is inherently holistic; we support the whole person and do not focus on condition alone. This support spans clinical management, self-management education, psychological support, and behavioural change. No matter our setting, diabetes nurses spend the most time with people living with diabetes and their families. We witness the practical barriers to carbohydrate counting, lifestyle change, the

heavy emotional burden of diabetes distress, and the systemic inefficiencies that cause people living with diabetes to drop out of regular follow-up appointments or disengage, and because of this, diabetes nurses do not view clinical problems through a purely theoretical or medical lens. Our enquiries are born out of daily clinical friction and frustration. When a nurse asks, "Why do some of our young adults consistently miss clinic?" or "How could peer support impact older adults starting insulin?" they are formulating research questions that target the core of service delivery.

Yet, when faced with these challenges, I have often witnessed a common pitfall - jumping straight from identifying a problem to implementing a solution without gathering data or reviewing existing research. We frequently blame time constraints and convince ourselves we already know the answer. However, guessing at solutions risks wasting valuable time and effort. To make a lasting impact, we must ground our ideas in structured clinical research or "quality improvement" methodologies.

For those worried about a lack of time, it is important to remember that impactful change does not always require a massive multi-centre clinical trial. Local service quality improvement initiatives can produce rapid and tangible results within your service or clinic. Some excellent, UK-specific studies demonstrate how nurse-driven care improvements directly transform NHS outcomes are described below.

Streamlining primary care workload

Advanced clinical practitioner and nurse partner (Anderson, 2024) designed and led a quality improvement initiative in Bath to reorganise annual diabetes checks by aligning reminders with the patient's birthday month. This simple, nursing-conceived administrative change shifted 67% of patients to proactively book their own



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reviews, freeing up critical administrative time and encouraging a more structured, holistic nursing assessment.

Integrating cross-sector care

In a recent primary care evaluation, a nurse-led service redesign integrated a local diabetes clinical nurse specialist across a primary care network (Parkin and Bond, 2025). By introducing standardised protocols and joint nursing clinics, this nurse-driven service transformation successfully reduced patient HbA_{1c} by an average of 24 mmol/mol, led to a 58% increase in younger type 2 patient engagement, and drastically reduced secondary care referrals.

Targeting cardiovascular risk

A quality improvement initiative published in *Diabetes & Primary Care* (Kochhar, 2025) led by UK nurses developed a dedicated monitoring pathway for women with a history of gestational diabetes. The nurse-designed protocol achieved significant improvements in recording of HbA_{1c}, BMI, and blood pressure, driving up preventative care engagement and ensuring early identification of modifiable cardiovascular risks.

Barriers to nurse-led studies

Why aren't nurses leading more studies like this? The same barriers are raised every time this question is asked of nurses providing direct patient care. The factors identified most commonly in the literature include time, workload, knowledge of research or service evaluation processes, confidence, support or mentorship and attitudes towards non-medical research and service improvement by employers or organisations.

Overcoming these barriers requires a deliberate shift, not just from healthcare leaders and our medical colleagues, but also from within our own nursing community. If we agree that diabetes nurses hold the key to the most pressing questions in patient care, we must build the infrastructure to support them. Attitudes need to change, including our own.

Many reading this may be experienced in research and service quality improvement and I could argue that we have a responsibility to support our colleagues seeking to undertake this

work. Do not let a packed schedule silence your clinical curiosity. Your frustrations are the seeds of innovation. By stepping into the arena of research and quality improvement, you are not stepping away from your patients, you are actively building the safer, more effective healthcare system they deserve.

In this editorial I have included just a few published studies developed and driven by nurses. There are many more service improvements happening across the UK in diabetes care led by nurses, allied health professionals and pharmacists that are not published and given the opportunity to have a wider impact on services elsewhere. I would ask that if you have undertaken a piece of research or service improvement that has had an impact on care, please consider sharing this work via platforms like JDN; your work could inspire others trying to improve their services. ■

Anderson M (2024) Nurse-led diabetes care: 'The outcomes have been brilliant'. *Nursing in Practice*. <https://tinyurl.com/2wkj8m6n>

Kochhar, S (2025) A quality improvement initiative to improve the care of women diagnosed with gestational diabetes. *Diabetes & Primary Care*, 27

Parkin T, Bond E (2025) The impact of an integrated Primary Care Network Diabetes Clinical Nurse Specialist. *Journal of Diabetes Nursing*, 29: 402