

Are we losing the art of nursing?



Debbie Hicks

At a recent meeting I attended, I listened with sadness to a nursing colleague who was giving an account of her diagnosis of diabetes. She explained very eloquently her feelings when faced with the diagnosis, knowing fully what lay ahead of her. Those feelings were not of joy but that of overwhelming sadness and despair. What she needed at that time was not sympathy but understanding – even just an understanding hand to hold.

On reflection, I had to think hard: when did I last hold someone's hand or give them a reassuring hug? I remember clearly when I was on the receiving end of such a hug. It was Christmas 1999, I was hospitalised with pneumonia and feeling totally wretched, but a very perceptive nurse sat with me and gave me a hug. It meant so much and went a long way to making me feel better!

As nurses working in the field of diabetes, we are dealing with a lifelong condition that can have unpleasant complications and so empathy is very important. Both the UK and US definitions of nursing mention helping people come to terms with health problems (Royal College of Nursing, 2003; American Nurses Association, 2004). So often we are blinkered by targets, imposed on us by the ever-changing NHS, that we are in danger of missing clues indicating that someone is struggling with their diabetes self care.

With much of diabetes care moving into primary care, there is increasing pressure to deliver quality care for an increasing population. Practice nurses are lucky if they have half an hour for new patient appointments and twenty minutes for follow-up; some only have ten minutes for each consultation. I was told by one local practice nurse that her practice manager had reduced the length of her appointments for people with diabetes from fifteen to ten minutes to increase the number of patients that could be seen in each clinic. No pressure there, then!

How can quality care be delivered in ten minutes, especially if it is to encompass required investigations such as blood pressure, weight, education and a foot examination, not to mention enquiring as to whether or not the individual is depressed because of the condition!

I know that we are fortunate in our clinics in Enfield that the DSN team all have thirty-minute appointment slots for both new and

follow-up appointments. I have to admit that most of the time I struggle to keep to the allotted thirty minutes – especially when an interpreter is involved. Because we are a problem solving service, it takes time to understand from the point of view of the person with diabetes why the problem exists in the first place, then we have to set an agreed care plan in addition to providing information and support. With all this, those thirty minutes soon disappear!

When meeting a person with diabetes in my clinics for the first time, newly diagnosed or not, I always enquire as to what aspect of their diabetes they struggle with the most. In my experience, most people struggle with some aspect of their diabetes – I know I do.

When studying for my MSc in diabetes my research involved exploring the social and emotional impact of the diagnosis of type 2 diabetes. I learned from the group I surveyed that the scale of impact on the individual was both vast and varied, but all who were asked said they would have liked more support at diagnosis. This support does not always have to be delivered by healthcare professionals. In Enfield, we have an active Diabetes UK support group. Every newly diagnosed person is invited to a group education session where the support group is actively promoted. Additionally, the group's contact details are in all of our information booklets and Diabetes UK leaflets are available in our clinics.

It is unfortunate that when someone is struggling with coming to terms with their diabetes, access to mental health teams is difficult and lengthy. When I worked in Hull we tried for years to get dedicated access to psychological support for our patients, however, it was never far enough up the business agenda for the hospital trust when competing with cancer or haematology services.

We must pay as much attention to our patients' emotional wellbeing as we do their physical wellbeing if we are to expect the majority to be self managing. ■

*'Don't walk behind me; I may not lead.
Don't walk in front of me; I may not follow.
Just walk beside me and be my friend.'*

– Albert Camus

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