

# We need leadership too!

**Continuing the debate into the current leadership in diabetes nursing in the UK, Shona Hynd examines the position of the Diabetes Specialist Research Nurse.**



*Shona Hynd*

With regard to Anne Scott's leadership in diabetes nursing article (Scott, 2006), I was disappointed that there was no mention of the diabetes specialist research nurse (DSRN). There is a small, but growing, band of DSRNs, working at specialist nurse level and carrying out independent and commercially-sponsored clinical research within the UK. I believe such research is an excellent way of taking the DSN role forward in the 21st century.

DSNs have the expert knowledge of both the disease state and the patient to be able to make a significant contribution toward leadership in diabetes research. With their experience, they can identify areas of research which may have been overlooked by the scientists and clinicians who traditionally develop and implement research proposals. DSNs will know better, for example, what might be a useful device to develop to aid their patients or colleagues in diabetes management as they have hands-on experience. Working on research projects involving new therapies or new devices enables the DSN to develop skills in using the latest technologies before they are available on the market, which can only be beneficial to their

patients.

With the advent of the new UK-wide Clinical Research Networks, and the Diabetes Research Network in particular, DSNs now have a unique opportunity to influence research to answer questions that can directly affect patient care and treatment. The networks (in England, Scotland and Wales) have the objective of improving both the quality and the quantity of diabetes research conducted in the UK. This gives DSNs the opportunity to develop the research methodology skills to conduct either their own research projects or play an active role in studies which are currently running. The Diabetes Research Networks have committees who decide which studies can be adopted and DSNs should be part of the multi-disciplinary team that makes these decisions. This would give DSNs the opportunity to directly influence the shape of research and therefore benefit patient care.

There is no official association representing DSRNs, perhaps we should form one and, as Anne Scott mentioned, unite with other DSN groups to become a more powerful and better heard entity.

At a recent conference for DSRNs, 80 nurses attended which suggests that the role of the DSN in the research field should be considered a growing role and a very influential one as it is this very research which underpins all of the treatments that we use to improve the care and health of our patients with diabetes. ■

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Anne Scott (2006) Leadership in diabetes nursing: Where is it? *Journal of Diabetes Nursing*, 10: 324