Viewpoint

# Leadership in (diabetes) nursing: now is the time to spread our wings

Sue Cradock
Clinical Nurse Specialist (Diabetes)/Associate Clinical Director (Nursing)

An article in the last issue of this journal *(DSNs: Are you a sheep, a queen bee or a goose? Vol 2 No 4 p127)* described the frustrations of some diabetes specialist nurses (DSNs) at the variety of stereotypical groupings present within diabetes nursing in the UK.

I would like to put forward a personal perspective on the world of diabetes nursing in the wake of conversations at the EASD conference in Barcelona and in the light of observations of nursing as a whole. I hope it will enable the current debates around the future direction of diabetes nursing to continue; it is only be airing our differences, conflicts and concerns — working those through to a common goal — that we will be able to develop a greater understanding of the road ahead to enable us to sustain the success of this area of nursing.

While the confusion has been necessary, I suspect that the time may be nearing where we must start to work together to achieve what must be our goal — to ensure that people with diabetes are provided with what they need to live as fruitful and complication-free lives as possible.

A divided professional group in the current political world of healthcare is a vulnerable group. If we believe that we have a vital role to play in the care of people with diabetes, then we have a duty to put some of our personal differences aside and find that common path. The road to success is littered with mistakes and it is often the journey that is more important than the arrival.

## Who should we blame?

Over the last two decades, diabetes nurses have developed as a strong force in diabetes care and are often seen as role models by other nurses. Perhaps we should spend more time acknowledging our position within nursing and how we are perceived by other members of the profession — then may be we would rejoice in the advances we have made. However, this would not be the experience of all diabetes nurses; indeed it is now not uncommon to hear of DSNs leaving posts that are then either not replaced at all or are taken on by lower-grade nurses. Who do we then blame — the managers? How can we blame them when they do not understand the role? Perhaps, on the contrary, we should be blaming ourselves — not just those in post, but also the whole UK diabetes nursing group.

If you were an outsider to the world of diabetes nursing, how would you identify

***'Where is the next generation of nurse leaders in diabetes care?…Those of us who developed the roles from scratch had wonderful and difficult times but we pulled together to develop a clear route. At present, the pathway is unclear and we must all work together to find it.'***

us? Through our agreed standards of practice? Our developing research base? Our national training programme (both preparation for the role and continuing education)? Our requirement to have a degree? Or perhaps by our presence at national conferences on nursing? If we are to survive as leaders in diabetes nursing, we need to confront these issues.

## DSNs to become local resources for diabetes care

With usually no more than two to three DSNs per 250,000 population, with the increase in prevalence of diabetes, with the growing recognition of the importance of early management of type 2 diabetes as well as expert care of type 1 diabetes, with the development of primary care nursing in diabetes and with the advent of primary care groups, we must start to recognise that our role has to actively embrace the development of other professional roles in our localities. We must become local resources for diabetes care as well as expert deliverers of care to certain patient groups. This requires us all to act to develop as local leaders of diabetes care in particular and nursing care in general.

How many of you reading this are actively involved in assisting the development of nursing within your trusts? I can hear the cry from some 'But I have no time. I am too busy seeing patients!' That is the cry of someone who is unable to find the resources (time, skills, etc) to develop his/her service to meet the needs of the local population — and makes the service vulnerable by it being too dependent on a single health professional.

DSNs have developed a number of advanced practice skills that should act as role models for our peers — prescribing, nurse-led, sub-speciality services, active referral to the medical profession, as well as developing alternative systems of care to the traditionally medically led services.

The NHS is now ready for nurse leaders in all areas of practice to assist in the development of new services for consumers (did you read about 'supernurses' or 'nurse consultants'?) But are we ready to meet that challenge or are we going to merge our roles with the other groups of nurses who are delivering diabetes care, both in the acute and community settings? Does it matter anyway? I know what I think, but I am not arrogant enough to believe that I know what is the right way for our part of the profession — together we have to find consensus of some sort.

## Where are the leaders?

Where is the next generation of nurse leaders in diabetes care? They have tried to come forward but the failure to reach a common direction has caused them frustration. The lack of an agreed national professional training programme directed at the development of our sector of the profession and accepted principles of practice may have prevented a clear pathway. Those of us who developed the roles from scratch had wonderful and difficult times but we pulled together to develop a clear route. At present, the pathway is unclear and we must all work together to find it.

I believe that the time has come for us to expose and liberate the power of diabetes nursing to the benefit of nursing as a whole as well as to that of people with diabetes.