

Letters

Current situation must change — a united front is needed



Zeena Wilson

I would like to thank the *Journal of Diabetes Nursing* team for organising such a stimulating programme for the conference in February and to congratulate Simon Breed on being such an entertaining Chair.

I consider myself new to the diabetes world, having worked in the field for the past five years. I felt driven to comment on the conduct of the 'debate' at the close of the day, which did not inspire confidence in the ability/willingness of diabetes specialist nurses (DSNs) to participate in constructive dialogue.

The two prominent, experienced DSNs who took part in the debate — Sara Da Costa and Rosemary Walker — should be admired for their commitment as Chairs of the two organisations working to ensure that DSNs are taken seriously in the diabetes world and by the Government. I was therefore doubly disappointed at the manner in which both conducted themselves. What does the future hold for diabetes specialist nursing if we cannot abstain from petty remarks, set aside personal differences, and look to the common good?

The participants appeared to be desperately defending

their power base. While one of the participants attempted to talk about the need for collaboration, the other's body language was not conducive to this being effected. We clearly need to address the issue of whether two organisations are necessary to represent our needs. The present situation appears divisive, a sad waste of resources (both human and financial), and more importantly may result in fragmentation of the efforts we all put in to develop our practice and improve care for our patients.

Both the RCN Forum and the UK Association of DSNs need to approach this in a professional and collaborative manner. A 'gestalt vision', where 'efforts are combined to achieve more than is possible by simply adding contributions together' is required. This may indicate the need for an independent working group of DSNs to intervene and explore the best way forward which would be acceptable to all involved.

This surely is a matter of urgency! DSNs must consolidate to form a united front and speak with one voice, if we are to represent ourselves as a credible force in the new NHS.

Zeena Wilson, *Diabetes Specialist Nurse/Facilitator,*
St George's Hospital
London

Two representative bodies should still mean one voice for diabetes nurses



Marilyn Gallichan

I am very glad that I made the effort to attend the *Journal of Diabetes Nursing* conference on 4 February. The talks were topical and stimulating, discussion was lively, and Simon Breed, our chair for the day, kept the programme moving and provided excellent summaries of the principal messages. The mood was optimistic and positive, as we reflected on our power to influence the shape of things to come.

The only item that was less optimistic was the debate led by the Chairs of the RCN Diabetes Nursing Forum and the UK Association of Diabetes Specialist Nurses, entitled '*Are there too many groups attempting to represent the needs of diabetes nurses?*' Both speakers were brave to bare their souls in public, but despite their shared aims and beliefs, or

perhaps because of them, they seemed to reach a deadlock.

Personally, I was disappointed when I became aware (through an article in the first issue of this journal) of the proposal to establish a new association for DSNs. I was among those who feared that this would lead to fragmentation, which would hamper our ability to speak with one voice.

On the one hand, it was encouraging to see a group of 'new faces' who were keen to speak up for DSNs; on the other hand though, it was disappointing that none of these very enthusiastic nurses was willing to fill any of the vacancies for RCN Forum committee members at that time. I remain unconvinced of the need for a separate association, but nevertheless have been impressed by the continuing commitment and enthusiasm of the UK Association committee

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members, who have worked hard on the Joint Education Working Party subgroups and have organised a national conference for DSNs.

Although my own feeling is that we don't need two representative bodies whose aims and activities almost exactly mirror each other, there is obviously a very strong, if not large, body of opinion that thinks otherwise. The way forward must therefore be to

concentrate on developing the cooperation and collaboration that already exists between the RCN Forum and the UK Association. In this way, we can fully harness the strengths of both representative bodies, and speak with one strong voice.

Marilyn Gallichan
Diabetes Specialist Nurse,
East Cornwall Hospital
Bodmin

Our representative groups are not truly representative



Fiona Kirkland

I am a diabetes specialist nurse (DSN) at Derbyshire Royal Infirmary, although I am based in the community. I left last year's Journal of Diabetes Nursing conference feeling that our role required more local and regional definition so that others could understand its diversity, and the

onus was on us to achieve this. This would enable us to develop further and to obtain the resources we so desperately need.

At this year's conference, 140 delegates benefited from an update from the four working party groups:

- Career pathways
- Nurse prescribing
- Availability of courses
- Standards and accreditation of courses.

As each update was presented and then discussed further in workshops, it became clear that all of the issues were interlinked, and that all had the same missing piece. Once this piece is found then all of the immensely hard work already carried out by the Working Party will fall into place. Perhaps the National Service Framework will help us to 'crack the code' and find this piece.

Last year's conference contained a lot of discussion about leadership qualities in diabetes nursing, but this was not followed up this year. The strength of a good leader is to know the qualities of their team members, so that when decisions arise that require those qualities, that resource can be tapped. Issues should not be attended to by the 'leader' every time in order — it may seem to some — to promote that person's face. There were few new

faces among the speakers at this year's conference. Eileen Padmore earlier told us how, at a different diabetes nursing meeting, somebody had asked her if the audience was representative of DSNs, commenting that there was no one there that he/she recognised. To me this is a good thing; new ideas and fresh approaches come from different people. The more new faces present at conferences the more representative of our profession that group will be. Not everyone wants to be a leader, but all leaders should listen to, and represent, their group, not themselves.

Following the final debate, 'Are there too many groups attempting to represent the needs of diabetes nurses?' I and others felt concerned that we are not fully represented by either the RCN Diabetes Nursing Forum or the UK Association of DSNs. I feel that there is nothing wrong with having more than one representative group. Diversity meets more needs and can strengthen and support ideas. The groups should not be self-opinionated and interested only in their own importance. Two teams should be able to work together for the ultimate benefit of the person with diabetes, who may at times appear to be forgotten. I feel it is sad that such a discussion is necessary; and moreover, do not feel it should be given a priority as there is clearly more important work to be done.

I wish to thank the *Journal of Diabetes Nursing* for an excellent conference and hope that next year we will be able to move on from these lingering destructive arguments. There is certainly a need for such a conference, as indicated on 4 February, to air opinions and inform on recent advances in our profession.

Fiona Kirkland, Diabetes Specialist Nurse,
Derbyshire Royal Infirmary
Derby

Responses

Conference has given boost to collaborative efforts



Rosemary Walker

I am grateful to the people who have written to the journal with their important and timely contributions. Much of the content of the letters reflects my own views in the debate, 'Are there too many groups attempting to represent the needs of nurses?' In many ways, it is also similar to viewpoints published in the *Journal of Diabetes Nursing* way back in 1997 (Vol 1, No 2, p. 36: *The need for a new association for DSNs and Why we should stand by the RCN Diabetes Nursing Forum*). At that time I was surprised at the lack of response from DSNs to either sentiment. Three years on, this is, I am told, the largest postbag on any single issue!

On a personal note, I am saddened by the fact that in two of the letters the ideas of self-promotion and power seeking come through. This has certainly made me stop and think, and I've found that these motives are not big drivers for me. However, I am sorry if anyone has gained this impression, and assure them that I can think of easier ways to fame and fortune!

Despite the valid comments made by these

correspondents, in retrospect I believe that this debate was necessary to move things forward. As Sara also says in her response, since the debate we have been able to have a very useful meeting (at the BDA Professional Sections conference in Brighton) which has resulted in us agreeing to make our collaboration much more explicit. For example, we are going to share some of the relevant outcomes from our respective committee meetings on a regular basis, and apply jointly for funding for relevant activities as needed. I do not think this level of sharing would have been possible before the debate.

A final, rather philosophical point: do remember that conflict is not necessarily a bad thing. In order for things to change, whether in the individual achievement of better diabetes control, or in the activities of services or groups, you have to feel more strongly about changing the current situation than you do about it staying the same. The expression of strong feelings in these letters and during the debate (and no doubt elsewhere) has facilitated change to the present, more positive situation.

Rosemary Walker
Chair,
RCN Diabetes Nursing Forum

Update on UK Association and collaborations for the common good



Sara Da Costa

Like Rosemary, I appreciate the effort and interest shown by the nurses who have responded to the debate. It was difficult, if not impossible, to address the need for diversity in nursing groups without passion. I can understand how emotion can be misconstrued, and feel that some additional information here could make the UK Association's views more explicit, and reduce confusion.

The UK Association of Diabetes Specialist Nurses and the RCN Diabetes Nursing Forum are simply not the same — they are different. Their members are different, and their structure, objectives and ability to achieve them are different. However, being different does not mean wrong, or mutually exclusive. In fact, for the Association, it means an ability to bring a specific perspective to diabetes nursing, i.e. that of DSNs, enabling the RCN Forum to represent the

views of their more generalist members. Imagine the richness of the diabetes nursing voice if the views of not only DSNs but also those of their partners in nursing care, i.e. practice, district and ward nurses, were equally and obviously represented.

To enable this vision to come true, Rosemary and I have agreed to make our collaboration more transparent, and will regularly discuss key issues and strategies. This will avoid any concerns regarding duplication and division. I feel that our meeting at the BDA along with the issues raised at the debate has enabled us to take this positive step forward.

I would like to thank all Association members for their valuable feedback, and suggest that members of both organisations inform their committees to ensure that their views are represented.

Sara Da Costa
Chair
UK Association of Diabetes Specialist Nurses