

Our new normal?

As the frenzied pace of the COVID-19 crisis begins to slow, diabetes nurses are beginning to take stock, reflect and acknowledge all the new learning from their recent experiences. Even though the NHS faces considerable ongoing uncertainty regarding the future, what is abundantly clear is that the “pre-COVID” days of working are gone.

Without a doubt, in the days of the COVID crisis, diabetes nurses have made their mark and implemented previously “unthinkable” and “daring” ways of delivering patient care in record time. Of course, this was done out of necessity and could only be enacted at such lightning speed because the usual barriers to implementing such dramatic changes were disregarded out of pragmatic need.

Who would have thought that face-to-face contact could be significantly eliminated by using IT systems, video conferencing and the phone? Not to mention that inter-clinician communication was enhanced by use of apps such as Whatsapp and Hospify. Indeed, some colleagues have even been allowed to work remotely from home. What is interesting, however, is that feedback indicates that many patients prefer certain aspects of this new way of working. And let us not forget the more abstract benefits created by the new status quo, given that people no longer need to waste time traveling to clinic or work. These include freeing up infrastructure and reducing personal expenditure, pollution and the risk of road collisions.

Although it is a fair assumption to say that all has not been completely rosy since implementing the

new ways of working, DSNs have nevertheless been presented with a gift horse. By maintaining and refining some of these new practices, overworked DSNs may have an unexpected chance to reset their professional lives and work–life balance without it having a detrimental impact on patient care.

So as the pace starts to slow and the COVID-19 situation switches from a crisis to a recovery phase, DSNs up and down the country can draw breath and start to rebuild. After all, there is no doubt that the trials and tribulations of providing diabetes care amid a pandemic have emphasised the value of team-working, mutual respect and colleague support. Indeed many DSNs will have enjoyed the experience of true professionalism – some for the first time – where they have been able to use their skills and make decisions without the constant need to “check things out” or make a record in triplicate!

Undoubtedly, COVID-19 will leave its mark on the NHS as a whole and the first phase has left a lot of us fatigued and traumatised, with many negative feelings. But there is hope that the “new normal” may bring with it a fresh perspective on what matters and what DSNs need to do to thrive. Our political masters, policy makers and employers appear to have placed an emphasis on workforce wellbeing; this is most welcome, if long overdue. Perhaps one of the many legacies of the COVID-19 crisis will be to drill home how important it is to look after ourselves, and each other, if we are to have any chance of looking after others as well. ■



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