

## Fads and fashions in diabetes nursing



**Maggie Watkinson**  
Editor

I recently commented to a colleague of mine about the flared trousers she was wearing, wondering if she had worn them the 'first time round' in the 1970s. This led me to contemplate the nature of fashion, not only in relation to what the best dressed diabetes nurse is wearing, but also with regard to fashions in health care.

Although everyone's wardrobe is obviously different I suspect there are similarities too; the clothes there for the longest periods of time are likely to be well made from good quality fabrics, keep their shape and colour despite many washes, and tend to be classical in style rather than the very latest catwalk designs. Our favourite clothes are those which we think we look good in, fit well and are comfortable.

Diabetes nurses could be viewed as having 'wardrobes' for values, beliefs and ideas too. These values and beliefs — our personal philosophies — are analogous to the classics in the wardrobe; they are the essential core items and are timeless. Caring, which many view to be the essence of nursing, is likely to be one of these core concepts. Like well-loved clothes, these core values can be taken out time and time again and washed frequently, to refresh them.

For example, I am sure we have all been in the situation where life is hectic, there does not seem to be enough time to do everything we think we should be doing and we feel somewhat 'frayed around the edges', and uncertain about the purpose of our working lives. Then we see a patient with whom we have 'connected' and for whom we really seemed to make a difference; the whole event reminds us of 'what it is all about' and reaffirms the value of nursing. Like the classic clothes, core values are those which are enduring.

### Ideas on offer: one size fits all?

We may also succumb to the dictates of fashion and buy something which is very 'in'. This might be because we really like it and want our wardrobe to be rejuvenated and enlivened, or because not having one would be seen as being old fashioned. We may grasp new ideas for similar reasons; for example, the concept of empowerment may be viewed by some as a way of practising in a person-centred way and it fits with their beliefs about how caring should be manifested. Others, however, may perceive

it as a fashionable fad and only give lip service to the idea because they feel it is *de rigueur*. For instance, I have heard nurses talking about empowering patients to comply with their diabetes treatment. They may, of course, not understand the concept, interpreting empowerment as education, but it is also possible that they essentially believe that health professionals really do know best and that patients do better if they take our advice.

Unless we truly believe the ethos behind such ideas as empowerment, they will be concepts which do not fit with our beliefs and values, in a similar way that avant-garde fashion items often do not match with our existing wardrobe.

### Accessories: tailored to fit

Apart from buying new clothes, another way of invigorating our wardrobe is to add accessories. These can radically change the look of an outfit, without changing the outfit itself, at relatively little cost. We might have some which will 'go with everything' and a few special items which are fun or match perfectly with something else. The 'accessories' of diabetes care might be ways of organising or delivering it. In the context of nursing, accessories which seem to be not so fashionable at the moment (or at least are not discussed frequently) are nursing care plans and models: a 'must have' for the future might be care pathways. There is also the constant debate about whether individual or group education, or a mixture of both, is best. The 'outfit' in this example is, of course, patient education.

The world of fashion is as dynamic and changing as that of diabetes care. Questions we might ask ourselves in relation to new additions to our wardrobes, whether or not these contain clothes or values and ideas, could include those about affordability, fit, whether the new things match with existing ones and whether we want the new item just because it is fashionable. We need to know what suits us, but be prepared to try new ideas, even if there is a risk that mistakes could be made. We could also reflect on flared trousers; there was a time when they were highly desirable and they then went out of fashion. Are flared trousers a classic which is being revisited, or do fashions, like ideas, go round in circles? ■

Maggie Watkinson is Lecturer Practitioner in Diabetes Nursing at the Radcliffe Infirmary NHS Trust and Oxford Brookes University, Oxford.