

DSN representation: a call for unity



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Editor

The recent conference Diabetes Nursing: Que Sera Sera, run by this journal, ended in a debate between Sara Da Costa (Chair, UK Association of Diabetes Specialist Nurses) and Rosemary Walker (Chair, RCN Diabetes Nursing Forum) entitled *Are there too many groups attempting to represent the needs of diabetes nurses?* This debate elicited more correspondence than any other issue in this journal's history, perhaps indicating that DSNs find the issue of their representative groups a thorny topic. This correspondence also seems to indicate that there is a desire for resolution of what is perceived by some as a problem — namely the existence of more than one group representing DSNs — and for some sort of completion and progress.

Speaking with one voice

Many issues were raised in the letters. For example, two correspondents commented that DSNs need to speak with one voice, with the inherent implication that this is better achieved if there is only one representative group. It may be argued that speaking with one voice is advantageous, particularly at a national level, as it suggests there is a consensus of opinion and group cohesion. The messages relayed from such a group would consequently be very powerful.

However, it can also be argued there is the danger that the views of 'maverick' or dissenting group members may be excluded. The views of those who are not eligible to join the group, e.g. non-RCN members cannot join an RCN Forum, are necessarily excluded too. For this reason alone, there is a case for the existence of more than one group to serve professional needs.

Nurses working in diabetes care, in my experience, want to provide the best care they can; they also want their professional organisations to help them achieve this. If the ultimate and underlying goal of different nursing organisations is to promote the very best quality of nursing care for the group of people they are concerned about, the diversity of ideas and methods of achieving that goal, whether they come from one or many organisations, is enriching. Many voices may be heard in this situation, but the messages are likely to be similar because of the common goal. The strength of the messages portrayed in this circumstance lies in their number.

However, from the correspondence, it is

apparent that some DSNs believe that the existence of more than one group leads to fragmentation of efforts. It is interesting to note that there are no such views expressed in relation to other diabetes nursing organisations, e.g. the National Diabetes Facilitators Group or the Federation of European Nurses in Diabetes. The arguments presented to explain this have been that they have very different purposes and goals and do not duplicate work already being carried out, and are therefore not divisive or fragmentary, but complementary.

Make up your own minds

In relation to this divisiveness, should we ask ourselves whether it is the existence of the organisations which is divisive or the somewhat tense discussions about whether one of them is necessary? Whatever one feels about the need for more than one group, it seems to me that their existence is now an established fact. Surely it is now time to cease the public debate about the need, accept that different individuals have different views and move forward. DSNs should make up their own minds about whether they belong to one, two or indeed more organisations relevant to diabetes nursing. To help them decide, and possibly to resolve the issue of duplication, I would suggest to the leaders of the groups under current discussion that, although this information has already been made public, it would be useful to present descriptions of their organisation's goals, potential membership and activities, 'side by side', to enable comparisons to be made, and help prospective members decide which group is the one for them. Some people, of course, may choose to belong to both.

Conclusion

One correspondent indicated the need to remember people with diabetes. I have faith that the leaders of these groups do, fundamentally, have the interests of people with diabetes at heart. This was demonstrated to some extent by the passion evident in the debate. Views are sometimes very strongly held and this cannot but be good for people with diabetes. The trick is to channel that passion into making things better for them and to remember that professional diabetes organisations only exist because diabetes does, and there are individuals who live with it. ■