

The importance of diabetes specialist nurses in healthcare practice

Key learning points

- What is the role of diabetes specialist nurse?
- Recognising and managing role development?
- How to deal with the challenges of declining workforce?

The epidemiology of diabetes and dramatic increase in the number of people with diabetes is well documented in literature and this calls for effective management of this long-term condition. A diabetes specialist nurse occupies a central position in caring for and supporting patients and their families over the course of the disease. In the day-to-day delivery of diabetes care, the diabetes specialist nurse (DSN) provides patient-centred care that meets the patient's physical, social, and spiritual needs and they form the interface between the patient and other healthcare professionals. Due to the complexities of modern diabetic care, the roles and responsibilities of diabetes specialist nurses continue to evolve, however, this is accompanied by some challenges. Therefore, the employers, commissioners/providers, diabetes specialist nurses and higher education institutions have a vital role to play in dealing with the challenges confronting the development of this role.

The role of diabetes specialist nurses

Diabetes is an international medical problem and the incidence continues to rise with significant economic healthcare cost^{2, 16}. People with diabetes often have multiple healthcare needs requiring assessment and various holistic interventions^{2, 9}. Consequently, the role of diabetes specialist nurses' is crucial to the delivery of effective diabetes care. Historically, the role of DSN has been around for over a half century ago^{7, 12} and they work in both primary and secondary care, or in a mixture of these settings^{14, 16}. For a long time, a DSN has been recognised to be a highly skilful healthcare practitioner in diabetes care, educator, manager and a researcher⁸ (see box 1). This view is still supported by recent authors who state that diabetes specialist nurses' roles include health education, counselling, clinical expertise, management and liaison with other multi-disciplinary diabetes teams such as doctors, podiatrist, dieticians and clinical psychologists^{9, 14}.

The National Service Framework (NSF) for diabetes consists of twelve standards which emphasise the provision of high quality care and DSN helps to implement the NSF effectively in order to improve the patient's outcomes (see box 2). Thus, they help to identify people with diabetes, empower them and help to possibly prevent the onset of type 2 diabetes and assist in managing complications that may result from all types of diabetes. They also help in caring for all age groups of people affected by diabetes, and this also include emergencies, during admission and pregnancy. With the general focus of shifting care of people with complex long-term condition to the community, a key function of DSN's role is to support the patients through long-term trajectory of diabetes in order to minimise the impact of the disease on the affected individuals^{8,9,10,11}.

Diabetes is a long-term condition which requires day-to-day self-care by patient; therefore, enhancing the self-care management of diabetes is paramount. The DSN's helps the patient and their family to understand how to manage diabetes by teaching them about the disease, for example, importance of nutrition, weight management, monitoring, concordance with the

regimen and how to recognise signs of complications. Furthermore, the DSNs are involved in assessment and reviewing service provisions with the intention to provide personalised care that meets the healthcare requirements of the people with complex and multiple needs^{9, 16}. Regardless of these benefits, a Cochrane review of literature concluded that diabetes specialist nurse/nurse case manager only improves diabetes control for a short period of time¹⁷.

Role development and its implications

The role of the DSN is diverse and continues to evolve in response to the healthcare environment, the needs of the patients and their families^{7, 12}. To cite an example, the expansion in the role of DSN has led to development of nurse consultant and diabetes healthcare technicians¹⁶. However, there are challenges associated with restructuring of roles and the impact of resources in developing any role is often inevitable¹⁵. Although the DSNs are well skilled and a substantial amount have an average of two further qualifications in addition to their basic nursing awards, the DSNs are faced with the challenges of developing new skills in the current healthcare commissioning climate. These skills include planning, costing and developing services, writing bidding proposals and further embedding digital health in the care of patients to make life easier for patients, families and the professionals⁹. The use of modern technology is vital to the management of diabetes for patients, particularly, in the community¹³. Telehealth such as giving health advice through the phone or other remote interventions such as text based blood sugar report is essential to support self-care management in this era of advance technology¹³. Role changes place more demand on the nurses and this requires provision of educational support to enhance the transition from the traditional role to the new role. Thus, the DSNs need to continuously develop their clinical and interpersonal skills, therefore, higher institutions need to respond to the requirements of these new roles. However, lack of substantive contracts and protected study leave may have a negative effect on continuing development in future¹².

Declining workforce

A survey conducted as far back as 1996 identified the need for more hospital DSNs¹⁰. The demand continues to grow and there was an upsurge in the recruitment of DSNs in the early 1980s due to the number of patients who required education following the introduction of V100 insulin¹¹. In contrast to the last two decades, a recent survey indicated a reduction in the DSN workforce due to retirement, unfilled vacant post and sometimes as a cost saving measure⁷. In some cases, some localities do not have job descriptions for DSNs, re-branding at lower levels and employing DSN on short term contracts¹⁶. Nevertheless, the recent changes in the NHS commissioning of services placed more emphasis on DSN to be able to offer quality and cost-effective services to the patients⁹. The DSNs are expected to get more involved in designing, shaping, planning and delivering diabetes care. Arguably, there is evidence suggesting lack of long term effects of DSN role on diabetes control, DSNs often form a therapeutic relationship with the patients over time and this continuous on-going interaction may help to sustain the effects of care given to the patients. Therefore, with increasing number of new diagnosis, the declining workforce needs to be addressed by the government, NHS and healthcare education providers. If this lack of recruitment and retention of highly skilled professionals continues, it may result in long waiting times for specialist support, avoidable complications and poorer health outcomes^{7, 16}.

SUMMARY

Diabetes is a major public health issue due to its increasing prevalence, economic burden and associated short and long-term complications. The DSN plays a key role in caring for and supporting people with diabetes through long-term trajectory of the disease. The DSN helps to detect, prevent and manage the disease condition to reduce unnecessary use of hospital facilities and enhance the quality of life of the patients. Therefore, it is important for the commissioners of healthcare services to consider the current level of recruitment, retention and development of diabetes specialist nurses as they play a key role within the multidisciplinary team in improving diabetes services.

Box 1: Attributes of a diabetes specialist nurse

- Highly skilled in diabetes management
- Educator
- Counsellor
- Manager
- Researcher
- Communicator
- Innovator

Box 2: Role of a diabetes specialist nurse

- Early identification of symptoms
- Prompt and appropriate referral
- Disease management
- Rapid access to treatment during an emergency situation
- DSN helps with assessment, routine screening, initial and continuing care of people with diabetes e.g. insulin therapy management and dietary care planning
- Involve in collaborative care management with other multidisciplinary team
- Provide structured patient education in collaboration with other professionals
- Support people to take ownership of their care and become experts in managing themselves.
- Encourage and motivate patients and their families to aid concordance
- Working with patients and families to assist them through difficulties associated with the disease.

RESOURCES

National service framework

http://www.diabetes.org.uk/Documents/Reports/Five_years_on_-_are_we_half_way_there2008.pdf

Diabetes UK

<http://www.diabetes.org.uk/>

Role development

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/139529/dh_115144.pdf

http://www.rcn.org.uk/_data/assets/pdf_file/0009/105687/RCN_guidance_for_nurses_and_managers_in_creating_KSF_outlines_in_the_NHS.pdf

http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4102498.pdf

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