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Imagining the future for diabetes nursing

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Diabetes is one of the fastest growing challenges to human health. At the turn of the century, around 151 million people worldwide were estimated to be living with diabetes, a figure which grew to 285 million by 2009 (International Diabetes Federation, 2019a, 2019b). Today, 463 million (9.3%) adults aged 20-79 years are estimated to live with the disease, and a further 1.1 million young people aged under 20 years have type 1 diabetes. By 2030, 578 million adults are expected to be affected, rising to 700 million by 2045 (International Diabetes Federation, 2019a, 2019b). This staggering rise in prevalence is multi-factorial, but largely attributed to changing habits around diet and physical activity and the growth in the older age populations of almost every country (United Nations, N.D). In the likely scenario of no immediate cure for diabetes, the need and demand for diabetes-related healthcare can only grow. Further, the COVID-19 pandemic has exposed the vulnerability of this population to increased morbidity and mortality (Hussain, Baxi, Jamali, Nisar, & Hussain, 2020).

In every location and setting, nurses are in contact with people with, or at risk of, diabetes. Traditionally, nurses have important roles and responsibilities in providing diabetes care: we monitor and interpret blood glucose measurements, administer medications, identify and treat hypo and hyperglycaemia; we educate patients and families, enable informed choices and support people to live well with their diabetes. In many countries, nurses in specialist roles provide advanced diabetes care, demanded by the ever-increasing complexity of care required including to prevent, defer and manage diabetes-related complications, and the technologies available to help with this. Nurses' ability to continue to provide this level of nursing support will increasingly be challenged in the face of exponential growth in care need.

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Strategies proposed for the nursing of the future include removing scope of practice barriers and developing appropriate models of care that enable nurses to practice to the full extent of their education and training; and expanding education and training and improving access to it, to enhance the knowledge and skills of the workforce for better patient outcomes (Australian College of Nursing, 2019). Many of these can be applied to diabetes nursing. Prescribing rights, for example, are not exclusive to specialist grades of nurses, with countries including New Zealand authorising Registered Nurses to prescribe specific medicines (Te Kaunihera Tapuhi o Aotearoa. Nursing Council of New Zealand, N.D). Undoubtedly of use to expand the skilled support available to patients with diabetes, such initiatives nonetheless fall far short of a complete solution to the rising tide of need.

Increasingly, as highly educated health professionals, nurses will have opportunities to play leading roles in health maintenance as well as disease management for patients with diabetes. With multi-morbidity common with diabetes, nurses need skills in care and management of multiple diseases, providing education (Tang & Gao, 2019) and cognitive support (Cuevas, Stuijbergen, & Brown, 2020), applying competency and currency with health technologies. Already central to everyday nursing practice in many countries through point of care handheld computers, medication delivery devices and electronic medical records, the growth and spread of diabetes-related technologies is leaving general, and not just specialist, nurses little choice but to develop proficiencies in this area. Solutions are required for problems long regarded as intractable, such as developing and maintaining staff knowledge and skill

currency with fast-developing technologies, including in rural services (James, Perry, Gallagher, & Lowe, 2016).

Integrated, interdisciplinary care may possibly be of greater importance into the future, involving nurses working in and supervising very different 'teams' to those that currently exist. Facilitated by new technologies, nurses may increasingly collaborate with professional, non-professional and non-nursing colleagues in mixed care delivery teams including case workers and volunteer patients/ lay educators, delivering telehealth-care supported by telemonitoring. The complexity of the care needed should not be lost in the face of the volume of need; intersectoral, multilevel and multicomponent care frameworks, flagged as required for care of adolescents with diabetes (James, Perry, Gallagher, & Lowe, 2020), are no less important for adults.

The exponential growth in the prevalence of diabetes worldwide is simultaneously presenting Nursing with challenges and opportunities in meeting the growing volume and complexity of care needs of this comorbid population, many of whom are users of specialised technologies. The growing diabetes population cannot be ignored, and traditional or pseudo-medical models of diabetes care will not suit their needs. New roles, skills, models of care and services are required, and nurses are essential as partners in their planning and development.

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