The number of individuals living with diabetes has increased dramatically over the previous 35 years, making it a more serious health concern on a global level. According to the World Diabetes Federation, 629 million individuals would have diabetes by 2045, up from an estimated 425 million in 2017. People with prediabetes are 1.3 times more likely to be hospitalized than adults without a history of diabetes, who have a risk of hospitalization that is 3.5 times higher. Diabetes-related direct medical costs cover outpatient and emergency treatment, inpatient hospital care, long-term care, and expenses for preventing and treating diabetes and its complications. Hospital inpatient and outpatient care are the main factors influencing diabetes costs.

Diabetes affects people all around the world, there is currently no universally accepted treatment. For instance, whereas physicians predominate in some countries, nurses play a significant role in the diagnosis, treatment, and education of patients with diabetes in others. Several modifications in nursing practice and patient care for diabetics have been made in response to the need for improved support for patients with diabetes. These adjustments were made to address the rising rate of diabetes morbidity. These adjustments include the creation of the post of diabetes specialist nurse (DSN), which permits nurses to participate in the many levels of the healthcare system and to prescribe medications in nations like the UK. It has been discovered that this development enhances clinical results, decreases unwarranted referrals to secondary care, and decreases outpatient attendance. It is crucial to note that while many nations adapted the DSN to their health-care systems, nurses’ functions, and working environments varied from nation to nation. Yet, there is compelling evidence in the literature that nurses play a significant role in helping patients manage their disease on their own, particularly when proactive care management model and decision-making assistance are included.

**Nurses’ Roles in Diabetes Care**

**Nurses as teacher**

Various studies that have examined nursing care have found that nurses are crucial in assisting patients in learning how to manage their disease. Studies also show how nurses’ roles in diabetes education are expanding. An earlier study supports the need for diabetes education. One group in their study received standard care, while the other received intervention care and formal education from professionals such specialist nurses who were given the go-ahead at the beginning of the trial. This was done through a randomized trial research with two groups. The results showed that the mean glucose levels of the inpatients in the intervention group were lower than those in the usual care group. Another study findings suggest that patients who received group therapy fared better than those who received standard care, patients receiving group treatment tended to have more positive feelings than patients receiving standard care. In addition to demonstrating the benefit of diabetes education in improving glycemic control, these studies also highlighted the changing role of nurses in the field. It is plainly obvious from the data cited above that nurses generally have a responsibility to educate diabetic patients.

**Nurses as Caregiver**

To effectively treat the condition of diabetes, nurses with a variety of roles in caregiving must be involved. Despite the fact that DSNs play an important role in diabetes care in many nations’ health-care systems, most nurses who offer diabetes care at the bedside are not diabetes specialists. The three key functions identified by this comprehensive evaluation of the research are those of nurses as educators, advanced carers, and motivators. Yet, as has already been said, the DSN function is a recent innovation to combat diabetes; however, their duties and...
work environments varied among countries, with the majority of them working in primary care. Hence, it is clear that basic diabetes treatment has received a lot of attention. However, the fact that a large number of hospitalized patients have a known history of diabetes highlights the need for additional study and attention to inpatient diabetes care as well as how persons with diabetes can be best supported and treated.\(^\text{[6,7]}\)

**Nurses as Motivator**

Nurses encourage diabetes patients in their care. Studies have demonstrated the value of nurses in providing psychological care to diabetes patients. According to one study, nurses notice more patient requirements than doctors do, and they believe that psychosocial issues have a significant impact on the self-care and control of diabetic patients. In addition, despite the fact that nurses offer more psychological care, they believe that they are less qualified to address a patient’s psychosocial needs than they are to address their physical requirements. In addition, they note that psychosocial specialists are widely available and frequently send patients to them. In a similar vein, a different study found that nurses think it’s essential to provide their diabetes patients a sense of stability and hope. Further evidence for this comes from a study that uncovered nurses’ involvement in assisting patients with denial and illiteracy as well as four methods they used to inspire patients: Educating for empowerment, advocating and considering one’s own actions, cherishing the relationship, and humanizing complexity.\(^\text{[8,9]}\)

**Conclusion**

The data continue to emphasize the significant number of people with diabetes, which is rising globally, despite the advancements and measures that have been made over the past few years to combat the condition. Therefore, it is crucial to clearly define nurses’ numerous roles in diabetes treatment because they play a significant role in the field.

**References**


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