

# 4<sup>th</sup> International Conference on **DIABETES & ITS TREATMENT**

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## International Conference on **CLINICAL AND MEDICAL CASE REPORTS**

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### **The new era in diabetes management**

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In many countries, substitution of physicians by nurses has become common due to the shortage of physicians and the need for high-quality, affordable care, especially for chronic and multi-morbid patients. Task-shifting from physicians to nurses has gained increasing interest in health policy but little is known about its efficiency. Many systematic reviews were conducted to compare resource utilization with task-shifting from physicians to nurses in diabetes management and other comorbidity disease primary care. Literature searches yielded 4,589 citations. Twenty studies comprising 13,171 participants met the inclusion criteria. Meta-analyses showed nurses had more return consultations and longer consultations than physicians but were similar in their use of referrals, prescriptions, or investigations. The

evidence has limitations, but suggests that the effects may be influenced by the utilization of resources, context of care, available guidance, and supervision. Cost data suggest physician–nurse salary and physician’s time spent on supervision and delegation are important components of nurse-led care costs. The available evidence continues to be limited by the quality of the research considered. Nurse-led care seems to have a positive effect on patient satisfaction, hospital admission and mortality. This important finding should be confirmed and the determinants of this effect should be assessed in further, larger and more methodically rigorous research.

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