



EDN: three years on



European Diabetes Nursing (EDN) continues to grow in both size and quality, since its first issue in September 2004. In the past three years at the Editorial Office we have received 61 substantive, peer reviewed manuscripts (this includes original articles, reviews, case reports, short reports, therapeutic approaches, talking points and 'how to...' articles but does not include data from issue 1:1), of which 74% have been (or will be) published. The average time from receipt to initial decision is 65 days (9.3 weeks), and from receipt to publication is 121 days (17.3 weeks) – making submission of your work to *EDN* a very attractive prospect. The journal is now indexed on CINAHL and PsycINFO.

All the manuscripts received in *EDN* are thoroughly reviewed before final acceptance – original research and reviews are all reviewed by three independent expert referees from a database that includes names from around the world. You can read the names of our referees in *EDN* vol 4 page 39. The referees of *EDN* are to be thanked for their consistent high level of refereeing and provision of helpful comments that are passed to our authors. If your manuscript is not accepted by the journal you will at least have the consolation of a good quality critique of your work to help prepare the manuscript for submission elsewhere in the future. If you consider that you would be a good reviewer for our journal we would like to hear from you along with your areas of expertise.

EDN is distributed to all FEND members across Europe (and worldwide). The journal is currently published three times a year, with issues coinciding with Diabetes UK, ADA and the FEND/EASD meetings. Distribution at these meetings in 2006 increased circulation by over 2000 copies at each event and this provides an excellent means of raising awareness, we also have a key readership that includes opinion leaders, academic institutions and ministries of health across Europe.

We are pleased that *EDN* provides an important close link for FEND members and is a regular forum for update on key issues in diabetes nursing, both clinical and research focused and also European health policy. A key part of our journal content has been the development of the 'How to...' articles, which we have commissioned from well respected researchers and clinicians. The information provided in these articles will be helpful to any health professional who needs to develop their work and to present it to an ever more sophisticated and critical audience. We also think these articles are a good read!

What is in a word: testing assumptions in a European setting?

This issue presents a thought provoking article on pages 94–97 where a word familiar to many of us – 'empowerment' – is examined with particular reference to the European setting. This is appropriate for *EDN* where such an exercise is; I think, essential. Models of care and education now develop across country borders but culture is acknowledged simply by language translation. As someone who has lived in the UK, Scandinavia and now the Mediterranean – and who has experienced health care as a professional and as a service user – I agree that we should continually question assumptions about concepts (such as empowerment) when models of care, professional training and education, and the cultural setting can be quite different and may have developed historically in diverse ways. It is not simply a question of translating a word; the concept too comes loaded with a powerful set of assumptions that are culturally programmed into all of us.

Expectations (by patients and health care professionals) of what is/are expected outcomes, short and long term, from communication with a health care professional can differ hugely between countries and cultures. As professionals we make critical assumptions and judgements about different models of care (or ways of caring) depending on our own cultural and nursing education backgrounds, it is something we do almost automatically and no amount of reflection can stop the process.

Culture informs the way in which health care professionals communicate with a client (patient) for example, how proactive clients are within the system, how much family and friends are included in care and education of the client, how much community support is available from informal networks. It may be that as professionals and/or clients we have different expectations of what health care and education should provide. As commented in the article health care professionals need to be well versed and in agreement with a concept or 'its implementation across culturally diverse European set-ups is likely to be compromised'. *EDN* is enthusiastic to take up the challenge to host such a discussion within its pages.

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