About this story

A district nursing service recognised the need to improve the way they assisted a client to be more independent and taught themselves a valuable lesson in the process. The importance of ‘active listening’ and working to build relationships to support autonomy and independence cannot be underestimated.

Helping people to achieve their own goals for independence can sometimes seem like an insurmountable task, but sometimes all it takes is the ability to listen to what they want, rather than what you want for them.

Meet Isabelle

Isabelle is a long-term community care client with an intellectual disability and hearing impairment who is able to lip read. She was admitted to a service after a 12-week stay in several inpatient facilities following surgery. As a result of her condition, Isabelle had a colostomy and became very dependent on staff both psychologically and physically.

Despite the advice of many healthcare professionals, her case worker of more than 10 years was determined to help Isabelle ‘give it a go’ once again living independently in her unit and attending day programs. Over a period of three months, Isabelle did return to a similar level of functioning, however, was completely dependent on the District Nursing Service (DNS) for showering and colostomy care.

Building trust

Initially Isabelle hated the sight of her colostomy and would cover her eyes while care workers attended to stoma care saying ‘take it away’ and ‘yuck’. If she had a leak or problem with the bag, she became extremely distressed at the mess, and her inability to attend to it herself. Isabelle also became irritated if DNS was late to arrive on Monday, Wednesday and Friday mornings for shower and stoma care. She would stomp into the shower and say ‘Isabelle’s a very busy lady!’ Despite her frustrations at times, a strong relationship developed between the DNS team and Isabelle.

For the service involved, the questions mounted: Could we help this lady become more independent? Could we change things after following a routine of nearly two years? Did her disabilities mean she wasn’t appropriate for ASM? Was she able to express her goals? How could we all communicate our plans effectively? Would Isabelle feel we were abandoning her? Had she already exceeded her expected level of independence? So the brainstorming began.

Really listening

The service discovered Isabelle had already talked about her goals, only staff weren’t listening to her. She wanted to be able to shower when she pleased, without waiting for staff, and be able to manage her colostomy in a crisis. Staff used clip art and picture boards to communicate the care plan, and reassured Isabelle that they would continue visiting to support her. Many strategies were developed to help Isabelle achieve her goals, and one morning she opened the door freshly showered with lipstick in place and declared, ‘Isabelle’s a good lady!’
The confidence she had developed through achievement also motivated her to begin caring for her colostomy. Isabelle is now able to remove her colostomy bag, clean her stoma and look at it in the mirror.

The agency’s own reflections
Isabelle’s story has taught our team a lot about our role in developing an ASM approach:
We must recognise the strengths of our clients first.
We cannot underestimate our clients’ potential.
We must be creative in care planning.
We can share our learning with others.
We must look beyond the tasks of nursing and consider the bigger picture.