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10 Timeless Hospital Visit Principles

Improve hospital visitations by implementing these insights.

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Every emotion can be found within the walls of a hospital.

Behind one door there is a couple experiencing excitement and pure joy after the birth of their first child. Behind another door there is a family devastated and heartbroken by the news of cancer that has spread rapidly. Behind another door a wife is grieving the loss of her husband. Behind yet another door there is a family celebrating their mother's successful surgery. You must be ready to meet, support and encourage people who are experiencing a wide range of emotions.

Pastors and leaders who are great at hospital visits do not make assumptions about how others feel based on how they would personally respond in that particular situation. One cannot assume that people waiting for biopsy results are frightened. They may be full of anger or guilt, or they may be very sad. As you enter the room try to determine how the patient feels, both physically and emotionally.

Whether you are about to make your first hospital visit or your four thousandth visit, the following ten principles are worth remembering.

"How long you stay in a hospital room is usually determined by your closeness to the patient, by his or her physical and emotional condition at the time and by the purpose of your visit. To some patients, we are a necessary source of strength; to others, a good friend; and to other patients, we are guests who must be entertained. The pastor must assess which of these he or she is to the patient and judge the length of the visit accordingly."

-Rudolph E. Grantham



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• Check-in at the nurse's station.

In her MinistryMag article, Kathy McMillan, M.A. says to identify yourself as a pastor and ask the nurses on call if this is a good time to visit. For many reasons, clergy often arrive outside of visiting hours. Most hospitals will allow pastors to visit at any time—especially if the patient or their family has requested your presence. Pastors should always carry their ministerial license or credentials. This proof of ministry is recognized by hospital staffs as a legitimate form of identification that allows pastoral access to patients who need to be visited—even outside of normal visiting hours.

• Don't stay too long.

You'll find that 5 - 10 minutes is enough time when visiting someone who is very ill or appears to be tired. It's the fact that you visited, not the length of time you stay, that gives your patient the feeling of care and support.

• There might be times you should not stay at all.

Ask if it is okay to come back at another time if the patient has family present and they appear to be involved in a serious or private conversation. This is why it's best to call ahead and not just show up unannounced. Some families like to be present when a pastor visits. Advanced notice gives the family time to be in the room when you arrive.

• Medication can sometimes make patients respond in different ways.

Certain medications can make patients irritable, restless and sometimes incoherent. Also shock and trauma cause patients to respond in different ways. Sometimes family or close friends who have been present will clue you in on how the patient is doing.

• Sit or stand in a place where you can be seen easily.

Stand near the bed if the patient cannot roll over or sit up. Be aware of which way the patient is facing and stay in their line of sight. If the patient is sharing a room ask if you can pull the curtain to provide a sense of privacy.

• The care you provide is not just for the patient but also for the relatives and close friends of the patient.

There will be many cases when you interact with immediate and extended family members. They might also be experiencing a lot of different emotions. Introduce yourself to all those present with the patient. Do not make assumptions about family dynamics. There might be strained relationships and they are present solely because their family member is in the hospital. Patients and families will share family information they want you to know.

• Listen intently.

We tend to be uncomfortable with silence. Stop and absorb what the patient is saying without feeling the need to respond. Anyone can hear words and repeat them. It takes discernment to read between the lines, to interpret the body language and discover the real message. Don't feel that you have to respond verbally to everything. You might be the only person with whom the patient can share their anxieties, fear, anger and other feelings with at the time.

• Enter the room with a neutral mood.

It's best to not enter the room overly excited or somber. Evaluate the temperament of the patient and others in the room and be in a similar spirit with them. You are there to provide care, encouragement and support and can do all of those things after evaluating the different emotions within the room. Showing up overly excited or somber can communicate a lack of empathy to the patent and their family.

• Practice good hand hygiene.

The Centers for Disease Control and Prevention say that most germs that cause serious infections in healthcare are spread by people's actions. Hand hygiene is a great way to prevent infections. Wash your hands and/or use hand sanitizer before fully entering a patient's room. There will be situations where you will need to wear a mask while other visits may require a gown, gloves, and a mask. These precautions are for your safety as well as the safety of the patient.

• Train and grow others to make hospital visits.

As the church begins to grow the number of pastoral visits increase. One pastor responding to every hospital visitation request doesn't scale. The good news is that pastoral care is something that can be scaled to help your church reach many. It takes a team, a method of organization and the willingness to empower others. Identify others within your organization to help make visitations.

Do you have insights that would be helpful to add to this list?

Send us an email: care@notebird.app

References:

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