

“Do not hesitate to visit the sick, because for such deeds you will be loved.” — Sirach 7:35

How To Make A Hospital Visit

THEMES OF SPIRITUAL CARE

People under the stress of hospitalization are different. Because of these differences it is even more important for you to be attentive to non-verbal communication. People are more anxious and less secure. Often people tire easily and non-verbally communicate a need for closeness/distance or display disorganized/avoidant behavior, all of which manifest in different ways. They can be less clear about their needs and have difficulty with concentration, memory, confidence, or verbal communication. They may be more irritable or more compliant. Adults may emotionally regress to a younger age, acting out their current illness as they did as a child.

What are the goals of your work?

For example: To represent the love of God? Support? Comfort? Encourage? Express kindness or companionship? Offer prayer or ritual? The love of God is often communicated by a genuine interest in the person and how they are coping with this experience.

The tools of spiritual care are many: your awareness of self; knowledge of your and others' community, cultural, language, and family context; your belief system; your theological education; your experience; and your relationships. Do not underestimate your own need to be reconciled with your own family, cultural story and the larger story of faith. Your wrestling with God, faith, organized religion, family relationships, and political systems serves as a resource to deepen your awareness of God and the Sacred, and to provide companionship and compassion to someone else in their times of deep distress.

Part of that wrestling includes the acknowledgement and understanding of suffering, the human condition, and evil. For all these paradoxes there are answers that are easy, whitewash the complexity of life, and are devoid of song of the broken-hearted and alienated. Any healing and self-awareness work you do to develop your inner life of healthy relationships, faith, theological reflection, and wisdom will enhance your ability to be present in your spiritual care visitations.

People long for someone to be a witness to their stories

They need someone to attend to them with compassion so that they can overhear their own inner wisdom and story of “God-with-them” as they engage you. Often, we make new connections to themes such as forgiveness, sin, repentance, gratitude, love, beauty, hope, and faithfulness when we overhear what we say to others. We gain inspiration through relationships of care, particularly in times of distress, trauma, crisis, illness, and suffering. We grieve the losses and the injuries of our lives. We find perspective. We find peace. We sing and chant songs about the journey.

Serving as a witness to another's healing and care work requires patience, maturity and the ability to tolerate confusion, anxiety, uncertainty, and suffering. We are serving as a witness to their conversation with God, honoring them with our attentive listening—not “witnessing” to them.

You can communicate with open interest, spontaneity, emotional honesty, and authentic connection. If need be, sacrifice your comfort and presuppositions as you enter into their experience.

HOW TO MAKE A HOSPITAL VISIT



PREPARING FOR A VISIT

Each hospital has unique security and parking procedures. To avoid much “parking/paying” frustration, find out about the clergy parking procedure. If you are clergy, obtain the appropriate badge and parking sticker/parking garage access card. If you are a lay person, you will probably park in the designated visitor parking.

- Know the real name of the person you are visiting. Spouses and children often have different last names. You may not be able to find “Laurie Garrett-Cobbina.” It might be entered as Laurie Cobbina or Laurie Garrett or Laurie Garrett-Cobb.
- Plan the timing of your visit. Clergy can visit outside of visiting hours. Be aware that the family is often protective of the limited time in places like the Intensive Care Unit. The regular hospital visitation hours are intended to protect the person’s rest. There will be fewer interruptions for your visits in the late afternoon and the early evening.
- Call ahead for the location/room but don’t assume that it is correct. Ask about the visiting hours for that particular unit. When you arrive, check at the reception desk again for room. When you get to the floor try to check the location/room again with the unit secretary or receptionist. Let the unit secretary or receptionist for the clinical area, particularly in any Intensive Care Unit, know who you are and why you are there.
- If the door says “no visitors” or has a sign about “precautions,” speak to the person’s nurse. She or he can direct you about what precautions are required to visit. Remember, precautions are often for the protection of the hospitalized person. Do not ignore “precaution” signs. Often a unit has a “charge nurse” who oversees patient care. If there are “precautions” you may need to wear a mask, gown and booties.
- It is important to wash your hands before and after each visit. This protects you and the person you are visiting from the dangers of infection. Look for restrooms or sinks in the hallway, use one in the room or bring a waterless cleanser. Almost all patients and every new parent will appreciate seeing you are attentive to hand washing.
- I encourage you to introduce yourself to the Chaplain(s) in the Spiritual Care Department. Hospital Chaplains can be a vital resource as well as support you as you provide care for members of your congregation.



ENTERING THE ROOM

If the door is closed, knock quietly. Listen for a response, open it slightly and knock again. If you still don’t hear any response, you may try calling out something like, “Hello, Ms. Smith? You have a visitor.”

If you still get no response you have several options depending on your relationship with the person and your comfort level with the unexpected. You can retreat, introduce yourself at the nursing station and ask if the person you want to visit is in the room. If not, you may leave a note with the nurse or receptionist.

If you decide to leave a note in the room, be prepared to surprise someone half dressed, sitting on a bedpan, exposing a surgical wound or injury, or coming out of the bathroom.



GREETING THE PATIENT

Learn how to say “Hello” in a tone that is neutral, confident, and open to moving in several directions. Cheerful people can wear out their welcome almost as fast as those with a depressed demeanor. Do not expect them to remember your name or who you are. Pain, illness, medicines and disorientation can all distort memory. Practice an introduction that is short and clear about who you are and the purpose of your visit. Do not quiz them, and do not ask too many questions.

Example: “Hello, Ms. Jarbari. I am Denise Katz. I am the pastoral associate who visits on behalf of First Church. Your daughter called the church to say you were in the hospital for surgery and asked us to visit. Is this a good time?”

As you enter, **slow down** and take notice of what is going on in the room, with the person and with yourself. You will learn a lot by observing.

- Are they “indisposed” in some way, such as on the bedpan, in physical discomfort, or talking with a medical professional? It is up to you to take the initiative to protect their privacy by excusing yourself. You can say “This seems to be a bad time for a visit. I can step out and come back later.”
- Are the curtains drawn? Is the TV on? Are there flowers or cards in the room? For example, they may be involved with a favorite program. You may ask to watch it with them.
- If possible, sit or stand so the person can see and hear you without assuming an awkward position or staring into a bright light.

Know your tendencies and work to contain the ones that will diminish the care potential of the visit.

Do you: talk too much, talk too little, talk too softly, talk too loudly, talk too fast, stay too long, stay too short a time, cheer people up, contribute to making people feel sad, ask a lot of questions, try to fix things or feel compelled to give advice? Observe your tendencies and practice to transform them.

Avoid making assumptions like: "This will be a good time to visit" "They know who I am"... "I know what they need." Even for people you know well, illness and hospitalization create unique needs, challenges and desires. Avoid using clichés such as, "everything will be OK," "God will not give you more than you can handle," or placating with "you look well." Instead ask clear, open ended questions or make statements, such as, "Is this a good time for a visit?" "I'm interested in how you are feeling." "You look like you might be too tired for a visit right now, do I have that right?" "Are there any religious resources I can bring you, such as prayer beads or sacred text?"

In general, do not sit on the bed or use the toilet in the room.

Hospitals offer unique challenges. One is the inevitable interruption. When a medical person or group interrupts your visit, you have several options. Usually it is helpful to introduce yourself to them with quiet assertiveness. Remember, like you, they are busy professionals. They may voluntarily elect to come back at another time...but only accept this gracious offer if the person voices their agreement with this decision. **The person you are visiting may have been waiting all day for this visit from the medical person or group.** There is a lot of waiting in the hospital. Persons have often been waiting for the nurse, doctor, nutritionist, physical therapist, social worker, chaplain, etc. to call. They are likely to prefer that you leave so they can see the medical person but may be too polite to voice this preference. It is your responsibility to offer to leave. Remember, medical information is private and often sensitive in nature. **For privacy, be gracious and offer to step out.** You may ask when a good time to return might be. If you need to bring a quick closure to the visit, let the person you are visiting decide when the follow up visit should be, unless you have pressing time constraints. If you do have constraints, tell the person when you will likely visit again.

LISTENING

There are many reasons why listening is a challenging spiritual care discipline. Listening is hard sacrificial work, requiring attention, focus, ability to be other-centered, and skill in the ability to de-centralize yourself and focus on another with a broad spiritual care purpose in

mind. Some people ask too many questions and interrogate the person. Some want too many details about the situation. Others want the person to respond with religious language devoid of anger, suffering, sadness or fear. Still others do not provide direction for the conversation, only making small talk during the visit. Try to be active enough to assist the person in having the caring conversation that meets their spiritual needs. Minimize advice, judgments, comparisons or corrections. This is more difficult than it sounds!

- **DO** use religious resources such as sacred text, prayer and ritual, as appropriate.
- **DO** be prepared to engage loved ones, relatives and friends.
- **DO** listen attentively, spiritually assessing multi-layered conversations and relationships.
- **DO** be aware of and willing to engage metaphorical and symbolic language and images.



PRAYER

Prayer is very meaningful to some. Many people are private in prayer. Others prefer communal prayer. People have different beliefs about how or why prayer is effective. People can be offended by religious language that does not represent their images/experience of God. People have been wounded by religious representatives or may feel abandoned by God.

Ask if they would like prayer:

- **IF "YES"** you can ask if they would like prayer now or later in your own private time of prayer. You might ask if a well-known ritual/liturgic prayer is desired. If they want extemporaneous prayer, you can ask what concerns they want to address in the prayer. Often at this time concerns are mentioned that have not been discussed in the visit. Keep the prayer short, include specific requests, and be appropriately hopeful. I suggest you pray with your eyes open to monitor the physical and emotional responses of the person.
- **IF "NO,"** then say "I understand" and move to another topic. Do not be offended if they do not want to pray with you, and do not convince them to just try it.

Do not use prayer as a way to get out of the room! Prayer, if provided, is a caring part of the visit, not an exit strategy.

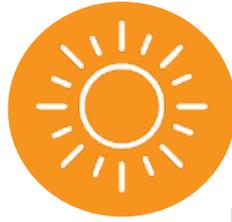


ENDING A VISIT

The average hospital visit is 3 to 10 minutes. A visit during a crisis may be shorter or much longer. In a routine visit, keep the visit short, 5 to 10 minutes, unless a person brings up significant content that they obviously wish to discuss.

There are many ways to leave a visit.

- Thanksgiving: "Thank you for your time today. I look forward to seeing you again."
- If there is anything that you admire about the person from your visit or from the larger relationship, mention it. Affirmations that are concrete and specific are helpful.
- Comment on something they have shared that you want to follow up on at a later time. Or, make a summary comment of significant themes with any actions that are going to be taken. "We talked about your desire to receive communion while you are in the hospital and home-bound afterward. I said I would make sure that you are on the deacon's visitation list for communion."
- Let them know people are thinking about them and asking about them.
- Be direct: "It is time for me to go. I will be leaving now."



NURTURE YOURSELF TO PROVIDE ONGOING SPIRITUAL CARE

Nurture your inner life, your inner light; maintain, sustain and care for your material, spiritual, physical, and emotional well-being; set healthy boundaries; trust yourself and others to cope with both pleasure and pain in life and relationships; nurture a community in which you are treated as "beloved." Sadly, many people have not experienced being treated as beloved in their family, community, faith tradition, or nation. Your capacity for empathy, attending, clarity, listening, and comforting may well be a new experience for those you visit, and thus, a new encounter with a loving God.

ABOUT SFTS

San Francisco Theological Seminary is an ecumenical Christian graduate school that offers students from all walks of life a rigorous educational experience focused on critical theological reflection and innovative ministries that have social impact.



EXPLORE OUR PROGRAMS

The complexity of the main caring conversation can be explored for a lifetime and is an area for learning. Taking a unit of Clinical Pastoral Education offered by a program accredited by the Association for Clinical Pastoral Education (ACPE) will support developing proficiency as a spiritual care provider.

Learn more about what the Shaw Chaplaincy Institute can offer: shawcpe.sfts.edu

FOR MORE INFO

Rev. Dr. Laurie Garrett-Cobbina

Director, Shaw Chaplaincy Institute;
Shaw Chair for Clinical Pastoral Education;
ACPE Certified Educator

lgarrettcobbina@sfts.edu 415.451.2889

Rev. Paul Gaffney

Program Manager of Education, Community Relations,
and Spiritual Care Services

pgaffney@sfts.edu 415.451.2882



San Francisco
Theological Seminary

SHAW CHAPLAINCY INSTITUTE
for Spiritual Care + Compassionate Leadership

105 Seminary Road, San Anselmo, CA 94960 shawcpe.sfts.edu