

# [Making hospital visits essay](https://assignbuster.com/making-hospital-visits-essay/)

This e book will help you prepare and become more comfort bled, and will also help increase your effectiveness in providing a presence that is healing and reassuring. This material was originally published in my blob, http://differentiations.

Com, and has been collected in this e book to provide a ready reference. The material is protected by copyright. Please refer to the Copyright Notice at the end of the book for how you can and cannot use this material without my permission. Acknowledge and thank Dry. Virgil Fry and Dry. Paul Riddle of Lifeline Chaplaincy, along with the patients have visited at M.

D. Anderson Cancer Center, for what they have taught me about hospital visitation. Blessings to you as you bless others by making visits! 1. Five Things About Visiting the Hospital for Non-Hospital People 1 . Wash your hands before you go into the room.

And when you come back out of the room. It’s for your protection and the protection of the people you’re visiting as well. Don’t help bugs move around. 2. Knock gently on the door before you go in. You’re entering what small bit of privacy the patient has left, and announcing your arrival is the least you can do.

3.

Introduce yourself and tell why you are coming in their mom, “ Just coming by to check on you. ” 4. Ask if this is a good time to visit. You may be able to tell from looking around the room that medical personnel are busy doing a procedure, but even if no one else is there, it may not be a good time from the patient’s stand point. 5.

Tell them you care, listen to what they have to say, don’t tell your stories about hospitals, and keep your visit short (unless they want to talk and have you listen). 2. Why are you going? Unless you’ve done a lot of hospital visitation, the answer to the question “ Why are you going? May not be as simple as one would think. A hospital visit requires a special trip, often hassles (and expense) with parking, finding your way around in unfamiliar surroundings, and other physical challenges.

There are lots of possible motivations, some perhaps more noble than others. It takes time in an already too busy schedule. Want to provide support for this person/family. It’s my duty.

Someone expects me to. Need to, even if I don’t want to. I’ve been told to. I’ve been asked to. It makes me feel good.

I’m going to feel guilty if I don’t go. I’m concerned.

What if something bad happens and I haven’t been there? Want to show my love. I’m doing it to serve God.

Like me, you’ve probably had all Of these and maybe some more run through your mind as you decide to make a hospital visit. And every time you make a visit, it’s probably a combination of these that provide the motivation. You see, we need some motivation to make a hospital visit, because it’s not that easy or convenient. And then there’s the discomfort most of us have with being in a hospital setting. Hospitals are serious places -? people are there because they’re very sick.

Hospitals have that sanitary look, that sanitary smell.

Folks are hooked up to strange tubes and machines. People in white coats or scrubs go around doing things that you don’t understand. You seem out of place, someone intruding on serious work. And the big one, the person you’re going to see is seriously sick or injured, and you don’t really know what to expect or what to say when you get there.

But if you need one more bit of motivation, here’s one from Jesus. Visiting the sick is one of the six actions we do that Jesus counts as if we did it for him. Making visits to the sick are that important.

So maybe learning how to do it better, with less discomfort, is a worthy ambition.

3. What’s holding you back? Lots of things get in the way of our making hospital visits. Other than the physical challenges of time and making the trip, most have to do with our fears and emotions. So how do we control or overcome our fears and emotions so that we can make the visits? Here are some ideas.

Some Of these fears and emotions have to do with our own life experiences, and a visit to the hospital bringing unpleasant thoughts to the forefront of our consciousness. 1 . Ask someone more experienced to go with you.

For some of us, entering a hospital brings a wave of anxiety because of events we have experienced as hospital patients r with someone we love. For some of us, it’s a specific hospital that brings back a flood of memories and emotions.

Park Plaza here in Houston is that way for me because that’s where Mom spent her last days on Earth in Hospice. Many of our fears are about our competency to say the right thing, to be helpful and not hurtful. Others have to do with uncertainties of being in a strangest-us environment. And some have to do with the unknown of what we’re going to find or experience while we’re there. . Stay focused on the person you’re going to visit, and their needs.

3. Attend some good training. Most larger hospitals and any chaplaincies provide training opportunities. 4. Do some self-learning through reading books or articles (or blobs).

5. Just do it, as experience is a great teacher. There may be several good reasons for staying home when you’d like to or feel like you should visit someone in the hospital. By far, however, being sick is the Number 1 reason to stay home. One day in January, I visited four folks who were in CICS. Three of them were there because of pneumonia.

Cancer patients who are undergoing chemotherapy are very susceptible to infections of all kinds. Their immune systems are compromised. That means January is a time hen many end up catching a bug that for them can lead to severe pneumonia. So while it’s generally unusual for me to have an ICC patient on my list, this week there were four. Don’t know where these folks picked up the bug.

I just know that I don’t want to be responsible for anyone catching one because I go visit him or her while I’m sick. So, if you have a cold, a sore throat, the flu, or anything else that is catching, stay home.

People in the hospital don’t need the complications of these diseases in addition to the conditions they already have. Interesting things happen when you make hospital visits, hinge that are not easily explained by skill, or preparation, or knowledge, or planning. For no good reason, you start in the middle of the list instead of at the top, and that person says, “ You showed up at just the perfect moment because.

.. ” Without any forethought or knowledge, you ask a question or make a remark, and the person you’re visiting says, ‘ ‘ Wow, it’s amazing that you said that!

I’ve been thinking about that all day. ” You sit down in the cafeteria for a quick lunch and end up striking up a conversation with someone at the next table.

She pours out her heart to you about her troubles, ND says, “ l haven’t had anyone to talk about this with. ” You see, none of us are good enough to make those kinds of things happen on a regular basis. Maybe by chance something like that could happen once in a lifetime. When it happens repeatedly, you need an explanation. Here’s mine. Someone bigger, wiser, and more knowledgeable than we are has become involved.

Jesus made this seemingly outrageous claim one day: “ For where two or three come together in my name, there am I with them. ” (Matthew 1 8: 20) And He is. 6. Your Presence Is What Matters Although it’s been 12 years since I spent time in the capital with a heart attack, remember who came to visit while I was there.

Don’t remember what they said. I do remember that they were present. The other time I was in the hospital was 25 years ago. And yes, I remember who came to visit me that time too.

And no, I don’t remember what they said. Making hospital visits, providing what experts call “ Pastoral Care,” is about presence.

It’s not about saying the right thing. Or about saying something profound.

Or about having answers to difficult questions. It’s about being present with someone who’s going through a difficult season, and letting your presence demonstrate our caring and love for them. And about showing the love of God for them by doing so. Sure, you’ll have a conversation. Hopefully, you’ll do more listening than talking.

But even if the whole visit only lasts two minutes and very little is said, your presence will be remembered long after your words are forgotten.

And if you just have to have something meaningful and profound to say while you’re there, try this: “ l care about you, and I wanted to come visit so you’d know. ” 7. Don’t tell your stories One of the reasons we like conversing with others is that we get to tell our stories.

In fact, if we don’t get to tell our stories because the other person monopolies the conversation, we’re unlikely to seek out that person for a conversation again. But when you visit someone in the hospital, don’t tell your stories. Listen to their stories instead. You’re there for them, not for you. They re going to say things that trigger your stories.

Your stories might be about when you were in the hospital, or your aunt was in the hospital, or about your experience with a doctor, or whatever. And they might be good stories…

For another time. These kinds of stories will not be helpful to the person you’ve gone to visit. In fact, they might be disturbing. Do pay attention to what stories are brought to your consciousness, however. They help you empathic and connect to the person you’re visiting.

Just don’t tell them. It turns out that listening is the greatest gift we can give someone, especially when they re in the midst of a difficult season.

So just ask questions, listen and be curious, and bless them. You lose a lot of important things when you’re a hospital patient.

Privacy: People are in and out of your room day and night. In fact, some studies show that an average patient has people come into their room 20 times a day. You have to ell about everything, including your bathroom habits. Ask if its okay to sit down.

Sit or kneel by the bed so you’re not towering over the person you’re visiting. Keep your questions general instead of probing for specifics (they’ll tell you what they want you to know).

Modesty: Hospital gowns are not made for modesty. They’re made for the convenience of the medical staff.

They do a good job of making you want to stay in bed and out Of the hallways. Excuse yourself if medical personnel come in to do a procedure that might compromise the patient’s privacy or modesty. Control: From the moment you check in until the moment oh get out of the wheel chair into your car after discharge, people are telling you what to do. And that’s on top of realizing you’re not in control because of the disease that has put you there in the first place.

Ask what he or she would like to pray about.

Ask if the patient would like to pray. These may seem like just common courtesies, but in fact, they are great, thoughtful gifts that you can give to patients. You’re showing them respect. So when you go to visit someone who’s in the hospital, it makes a huge difference when you go out of your way to give her or him some of what has been lost back. Knock on the door.

Ask if this is a good time to visit. Introduce yourself unless you know the person well, and introduce yourself to others who may be in the room. 9. How long should my visit be?

When started making hospital visits, Paul Riddle who is Director of Spiritual Care for Lifeline Chaplaincy here in Houston, told me something that has stuck with me. Chaplains generally make one of two mistakes. Either their visit is too long or their visit is too short.

Sometimes your mistake is painfully obvious. A colleague told me of a time when she was visiting a patient and in the middle of the conversation he got up, lulled down the window blind, and announced he was going to sleep now. He was more than ready for the visit to be over. Sometimes a patient gives you a clue. I’d like for you to pray for me now. ” That’s usually polite shorthand for “ Please pray and leave.

” Figuring out how long to visit with a patient is tricky, even when you’re trying to be very attentive to making that judgment. Can’t tell you how many times a visit with a patient started awkwardly and I was sure it was about done when all at once they opened up and initiated a deep, much needed conversation that lasted an extended time. I’ve learned to give the patient a little time to warm up in case they have something on their heart they like to talk about.

Otherwise, I’m afraid I’ll make the “ Too Shore’ mistake, and leave them before they have had the opportunity to talk about things that are important to them. It’s just as important, though, not to stay too long. For patients in serious condition, the visit may be taxing.

For people you really make a connection with, its easy to want to stay and continue the conversation. So it’s important to make a judgment call and seek some feedback from them about when to end the visit. Vie been enjoying our visit, but it may be time to bring it to a close. Is there anything else you’d like to talk about before go? Or, “ I’d be happy to pray with you in a few minutes if you’d like that.

What would you like to pray about today? ” These statements and questions signal that you’re sensitive to the fact that it may be about time to end the visit, but you’re giving the patient an opportunity to extend it if they have some additional things theft like to put on the table. So how long should your visit be? Just long enough to meet the need of the person you are going to see at that moment in time. 10. F-allow the Patient’s Lead Sister Alice Potts, who established chaplaincy at M. D.

Anderson Cancer Center and mentored so many who followed, taught the principle of following the patients lead.

Following the patients lead is a simple but powerful principle. Your goal is to meet the patient where she or he is at that moment in time. Enter the patients room with a clear mind and neutral emotions. Take your cues from the patient. O Match the patient’s mood.

If he is quiet and subdued, be quiet and subdued. If she is angry, join her anger. If he is cheerful, be cheerful. O Match the patient’s speech pattern.

If she is align quickly and animatedly, you talk quickly and animatedly.

If he is speaking slowly and without much expression, do the same. Why follow the patient’s lead? You follow because the visit is about the patient. And it’s about making a connection with them and making them feel that you have really listened to them, that you empathetic with them.

If, instead of following her lead, you impose your own mood, whether intentionally or not, you’ll fail to connect, and she won’t feel listened to. You will not have met her where she is. The principle also suggests that if the patient’s mood or manner of speaking changes during the visit, that yours hang as well.

It becomes the ebb and flow of being in sync with another human being.

Following the patient’s lead is about being fully present with them where they are during the time you are with him or her. And that is a most precious gift for sure. 11. F-allow the Hospital Rules Hospitals have lots of rules. They tell you about hygiene and safety, where you can and cannot go, when you can visit, what you need to do before you enter a room, what information you are allowed to know or share about a patient, and all sorts of other things. While you may not always understand the why behind a lee, it is important that we follow them.