

PART 3



VISITATION

Visitation is at the heart of any nursing home ministry. In this part you will find numerous practical suggestions concerning a visitation ministry. Much of what you read is nothing more than common sense. But it is of great value to you to contemplate some of these common sense guidelines and suggestions as you prepare for and evaluate your ministry of visitation. Use the margins and other white space to record your own observations and experiences. Take the opportunity this section provides you to become a self-conscious, teachable and we hope effective visitor of elderly people. The humble ministry of visitation is a ministry of great responsibility in the kingdom of God.



WHAT IS VISITATION?

When we consider visiting someone we tend to think of dropping in to say hello, or catching up on the latest news or just finding out how someone is. Our ideas of visiting often boil down to making a brief appearance or exchanging a few words.

The concept of visitation in the Bible is much fuller and richer than our concept of “dropping by.” To visit implies that one wishes to show concern and interest in another person. In Exodus 3, for example, we see God visiting Moses: “dropping by” in the form of a burning bush that promises to deliver the Israelites from bondage—through the one being visited, no less! The word for “visit” is also found in Psalm 8:4, where the wonder of a mighty God caring for insignificant man is discussed. In Matthew 25:36 visiting implies caring for someone who lacks such care. This idea is further elaborated in James 1:27, where doing what God commands is seen in terms of being like a father to the orphan, and a husband to a bereft wife. Visitation implies a deep commitment evidenced in a practical demonstration of Christ’s love.

In the Scriptures God Himself is often seen as a visitor. His visitation is His coming in blessing (Ruth 1:6; Jer. 29:10) and cursing (Lam. 4:22; Hos. 8:13). Likewise the coming of Christ is spoken of as a visitation that brings both blessing (Luke 1:68, 78; 7:16) and curse (Luke 19:44). The intention of His first visitation was gracious (John 3:17), although it resulted in judgment for the rebellious (John 9:39). His second-coming or visitation (1 Pet. 2:12) will also be a time of blessing for the righteous and judgment for the wicked (2 Thess. 1:6-10).

During the time between Christ’s two bodily visitations—we are told—our visitation should parallel His in significant ways (John 15:18-20; 1 John 4:17). The book of Acts, for example, is full of the deeds of the disciples as they visited various areas of their world, proclaiming the good news of Christ to many people. Although our purpose in visitation is always gracious, as Christ’s was, it will inevitably result in judgment for the unbelieving (2 Cor. 2:14-16).

Love for Christ should be our supreme motivation for visitation of the elderly. Our concern and our desire to care for and protect depends on our love for the Christ who loves us (1 John 4:20). As we seek to learn more about visiting the elderly, let us remember that we are really learning more about loving God (Matt. 25:36, 40).

BASIC GUIDELINES FOR VISITATION

1. Be prepared:
 - Keep your personal relationship with God in good shape!
 - Seek support (prayer and fellowship) of other Christians.
2. Be sympathetic:
 - Cultivate a listening ear.
 - Hear what the person's needs are, not what you think they are.
 - Act in humility—don't think you are superior.
3. Be honest:
 - State why you have come.
 - Give the hope that you know—not false hope.
4. Be attentive:
 - Talk to individuals and learn their names.
 - Fix your attention on what is being said *and* who is saying it.
 - Respond to questions and situations as well as you know how.
 - Involve yourself with people—not with impersonal, distant “problems”.
5. Be open:
 - Share *yourself*—*your* hopes, fears, interests, even discouragement.
 - Be friendly, outgoing. Ask questions to start a conversation.
6. Be sensitive:
 - Accept the individual as is.
 - Encourage openness—don't monopolize the conversation.
 - Ask questions about what *this one person* is interested in—family, past employment, likes and dislikes (beware of entering into a “crab session”), friends, current events, God...
7. Be consistent:
 - Commit yourself to faithful visiting.
 - Continue in the face of boredom, discouragement or rejection—you are not visiting to meet your own needs, but to serve others in obedience to God.
 - Visit at appropriate times—not very late at night or early in the morning or around meal times (unless you are eating with some one person or helping to feed).

GUIDELINES FOR VISITATION

(taken from *Nursing Home Ministry: Where Hidden Treasures are Found*)

Our contact with nursing home residents always needs to be accompanied by good manners and understanding. General guidelines are necessary and will give good structure for effective visitation ministry. We always need to be willing to make necessary adjustments for the sake of honoring and helping our older friends. A motto for your nursing home ministry could be: “Whatever is best for the residents and honoring to the Lord”. If we are to embrace such a motto, what should we be like when we visit? The following are some basic guidelines to consider:

WHAT TO BE:

- **Be Expectant:** Having prayed and prepared yourself spiritually, expect the Lord to have gone before you and to be with you. Remember that when Jesus visited a home, things were different.
- **Be Healthy:** It is a good idea to visit the nursing home well rested. Do not visit a nursing home if you have a cold, fever or other contagious illness. A minor case of sniffles to you can become life-threatening pneumonia to a nursing home resident.
- **Be Neat and Clean:** Pleasant colored casual clothing is recommended. Extreme fashions can be distracting and perfumes can sometimes be irritating for people with allergies or sensitive noses. It is better to err on the formal side. Children and youth will probably need clear guidance about a “nursing home dress code.”
- **Be Respectful:** Be sure to knock before you enter the room. Remember, the room of a nursing home resident is now their home. Ask permission to sit. Avoid sitting on their bed. Call the resident by their name. Titles like “Honey” and “Sweetie” may spring from a kind heart but are sometimes taken as insults. We recommend that you ask them their name, and use the name they give you. Otherwise, or if you are unsure, use Mr., Mrs., or Miss. Also, try your best to get on eye level with your friend. This is less threatening and will aid in holding a conversation.
- **Be Aware:** Each resident is a person, created in the image of God. Each resident is unique, formed by traditions and cultures that may be different from your own. Regardless of their physical, emotional or spiritual condition, they each have a personality with hurts, concerns and hidden treasures of wisdom and knowledge that they long to share.
- **Be Knowledgeable:** All residents have rights guaranteed to them under federal and state/provincial laws, for example, the rights to privacy and confidentiality. Residents’ rights are posted in every nursing home. In addition, each home has specific policies and procedures that help to govern the facility. It is important for you to understand the ones that apply to you. Learn what you can from reading other books and sharing with people who have experience in this ministry.
- **Be Safe:** Years ago, it was acceptable for a volunteer to feed a resident or help transfer them from a bed to a chair or from one chair to another. Over the past years, however, new laws have gone into effect that generally prohibit visitors from assisting with these

activities. What sometimes may seem to be a helping hand to residents and staff may be in a violation of state/federal laws. These laws protect residents from harm, like choking or a fall; they also protect you, as a visitor, from liability. Check with the home(s) you visit if you have questions as rules may vary slightly from place to place. There is also a need to wash your hands frequently and thoroughly to prevent the spread of germs, especially during cold and flu season. Towelettes and waterless hand-washes are great items to carry with you for preventing the spread of infectious germs.

- **Be a Good Listener:** Good listening skills go a long way in the nursing home. Sometimes we think we must carry the conversation; however, the more we can sit back and attentively listen, the more our friend is likely to sense that we care. We must also listen to the Holy Spirit who can direct our conversation with wit and wisdom as well as guide us to a consideration of spiritual and eternal things.
- **Be Patient:** Be focused on the friend you are visiting and not in a hurry to meet long-term goals or to move on to the next visit. Though your desire may be to share the Word and pray with a resident, it may take several visits and a developing friendship before a resident is open to this. A skillful fisherman knows how to wait and try different approaches to reach his goals. There may also be people you visit who will never want you to read Scripture or pray with them. Respect their right to this.
- **Be Helpful:** Be willing to help in whatever practical ways are appropriate, such as reading or writing a letter, cleaning eyeglasses or adjusting a blanket. Be very careful, however, to not make changes that might counteract what the staff is doing. When in doubt, ask permission.
- **Be Honest:** If you don't know the answer to something, just say so. Sometimes a resident will say something that you cannot hear or understand. It is perfectly acceptable to say, "I'm sorry I did not hear (or understand) what you said. Could you please repeat it?" If you find it impossible to understand words, try to find alternative ways to communicate, for example through body language, voice inflection, writing, or hand squeezing. To help clarify communication, it may be helpful to say, "Did you say... ? "" or " I think you said...". or "Did I hear you correctly?"
- **Be Trustworthy:** If you say you are going to do something, keep your word. It is good practice to write your promises down so you do not forget them. Be careful not to make a promise you cannot keep. If asked to do something that is in violation of the home's policies, you can say; "I'm sorry but I am not allowed to do that, but I would be happy to help you turn your call light on or inform the staff of you need." (Respectfully informing staff of needs will be received much better than telling them what to do. When approaching staff, it is better to say, "Mrs. Jones has requested help in... I told her that I would inform you", rather than, "Mrs. Jones needs...")
- **Be Obedient:** There may be times that you mistakenly violate one of the home's policies or rules. If this should happen, apologize to the appropriate person(s). If there is a disagreement with the staff, this should be taken to your team leader and, if necessary, to whoever oversees your visits, e.g. the Activities Director or Coordinator of Volunteers.

Seek clarification, but be very cautious about arguing with nursing home staff, as such activity almost always produces negative fruit and will limit your overall effectiveness and freedom in the home. Remember that you are also a representative of your local church and of Christ our King.

- **Be Cheerful:** Residents normally enjoy humor. Clean, happy, fun jokes can often brighten a day. Some residents may even enjoy a little teasing, but use caution and good discernment. Reckless words can hurt.
- **Be Able to Handle Rejection:** Sometimes, a resident will not accept you. There can be many reasons for rejection that have nothing to do with you. Much of the time rejection is the result of a hard and hurting heart expressing itself. Some residents may also have had a negative experience in relation to a church in the past and may associate you with that experience. Don't take rejection personally. Through time, prayer, deeds of kindness, and perseverance, hard hearts may soften. Handle rejection with grace and do not be discouraged. It will not happen very often.
- **Be Adaptable:** Every visit will be unique in its own way. It is a good idea to have proven techniques to begin conversations and establish relationships. Keep in mind that one approach does not work for all people.
- **Be Yourself:** It is easy to look at all the above suggestions and feel overwhelmed or insufficient for the job. Remember, they are guidelines. Be yourself and always treat others the way you would want to be treated (Matthew 7:12).

RELATING TO THE NURSING HOME STAFF

Most likely the first people you will meet at a nursing home are the staff. It is a privilege to be in the home and to show the love and concern of God to them as well as to the residents. A humble and courteous attitude to all staff will open many doors that might otherwise have remained closed. Such an attitude will help you to be seen as a blessing to the home, not a burden.

ADMINISTRATOR

When the occasion arises, introduce yourself. Spend time developing a good working relationship with the administrator and/or the assistant—as much as your schedules allow. Encourage them to share with you how they think you could best be of service in this home. Beware of giving the impression that you are there only to proselytize. Stress your desire to show love and friendship to the residents and to minister to their needs in the name of Christ.

ACTIVITY DIRECTOR

Usually this person is the key contact in the home, especially for discovering the type of program needed—or desired—and the schedule of events to which you must adapt. (If there is no activity director, go to the administrator or the assistant.) Keep in touch with the activity director—how things are going, new ideas and problems from either side. Many homes require you to fill out a volunteer form and to sign in each time you visit. Use maturity and discernment as you share what you are doing. Don't unnecessarily bind your freedom by trying to do too much too quickly, by using religious cliches or by entering into arguments over religious matters. Sometimes a very "neutral" or nondenominational service or activity is wanted, and often it is possible to cooperate and give no cause for offense while still being true to the gospel as presented in Scripture. Compromise is not necessary, just wisdom.

NURSES

It is always good to check in with the nurse in charge when coming on to the floor, whether to visit or conduct a worship service or activity. Establish a relationship, exchange concerns and information, work together when possible, but be aware that nurses are often genuinely busy, particularly during changes of shift. Be especially courteous and respectful of them and their time. Do take to them questions of care and concern, including residents' complaints. But remember, you may not have all the facts. Sometimes theirs is the responsibility of supervising and directing an uncooperative staff. You can help by being a peacemaker. Serious conflicts need to be taken to the supervisor or director of nursing.

NURSING ASSISTANTS

The most in number on the staff, nursing assistants have much contact with residents and much possibility for genuine care. Often they are very helpful to visitors. Many may come to worship services in the home. If they do, notice them and include them in the audience. Talk with them;

provide spiritual care, comfort, support and counsel for them too. Remember their families and their personal concerns in prayer. If they are unruly, uncooperative or disruptive during a worship service or an activity, speak to them about it with humility. If they persist, speak to the activities director.

HOUSECLEANING STAFF

These people are not involved officially with the residents, though they do have considerable contact with them and can be very helpful in encouraging them. Pray for this part of the staff and support them in their work.

KITCHEN STAFF

Do not interfere with meal times. Try to be helpful but be sure to ask a nurse or assistant about it first. Sometimes our “helping” gets in the way, but often the staff are most appreciative of some assistance, e.g., feeding a patient. In some places, helping with food or feeding residents is illegal. Be sure to find out from the nurse if the resident is on any special dietary restrictions before bringing in food.

THE ART OF CONVERSATION

For many people one of the biggest fears about visiting in nursing homes revolves around the question: “What will I talk about?” With some people you visit this won’t be a problem. They will do much of the talking, and you will find yourself listening to a steady stream of questions, reminiscences and the like! But your visit with other nursing home residents may be something quite unusual. Many elderly people sit for hours—even for days on end—scarcely speaking a word or being spoken to. For them, there is little to stimulate either their minds or their bodies. Thus it may be up to you to carry the conversation. We have found that those people who find it difficult to lead a conversation need not fear the challenge of conversing with nursing home residents. It is very common that the people we visit are so happy to have someone talk to them that they don’t care what the topic is or how often the topic changes. This gives the visitor great freedom in choosing topics and talking about things that the resident is familiar with. Through many years of using this freedom we have come to make the following suggestions.

1. **Listening shows that you really care and accept who the person is.** A good listener learns about the other person’s interests, hopes, needs and desires and gains insights for being helpful in these areas. Plan to develop your skills as a listener.
2. **Don’t respond to feelings with facts alone.** Let yourself feel what the person is going through. Genuine sympathy (feeling with someone) makes good communication possible. You will find that a mutual friendship will grow naturally out of a sympathetic relationship.
3. **Avoid questions that can be easily answered with a simple yes or no.** One-word answers stifle conversation in a hurry. Questions that seek explanations allow the other person to tell you something you did not know; be careful, though, not to probe too deeply on the first visit. There may be sensitive areas that you should avoid until you know the person much better.

TOPICS ABOUT WHICH YOU MAY WANT TO CONVERSE

The Surroundings

1. **The room**—cards on display, plants, pictures, furniture, view out the window, roommate, arts and crafts, television program, music, color of decor.
2. **The home**—food, nurses, visitors, friends, sitting room, noise level. Although such topics may provide an excuse for some to vent their complaints, we think that such opportunity can be important and valuable in getting to know the person and showing your concern for him or her. Do not, however, encourage sinful attitudes; instead, encourage constructive evaluation and positive, responsible involvement.

Family History

1. **The past**—where they grew up, number in family, favorite family pastimes, favorite sports, travel, school, where they have lived, what it was like back then, job of parents, jobs they have held.
2. **The present relationships**—married? How long? Spouse's name, children's names, where they live, whether they visit, any grandchildren?

General

Weather, recent events in the news, how their week was; activities in the past week in the home, in the week to come?

Spiritual Concerns

What church they attended, what it meant to them. Did they like singing? Favorite hymns, faith of their parents, how they think of God, what they pray about, how they think of Jesus Christ.

HELPFUL QUESTIONS

Below is a list of further conversation starters. They are adapted from a newsletter, “Aging With Grace” (April 1992) by John Koppenaals. Adapt them; use them only as guidelines.

- *Birthplace:* Where were you born?
- *Parents – Mother:* What was your mother like? Was she a good cook? What was one of her best dishes? Did she have any hobbies?
- *Parents – Father:* What kind of work did your father do? What did he like to do best? Did he have any hobbies?
- *Children:* How many children did you have? Do any of them live near by? (note: this can be a sensitive topic for some people if they have children who do not visit; be prepared for emotional responses if you ask this question. Also, some elderly people may have outlived all of their children)
- *Family:* Do you have any brothers and sisters? Where do they live?
- *Grandparents:* What can you remember about your grandparents? Where were they born?
- *Religion:* What was the role of religion in your family? What church did you attend? Did you go to Sunday School? What was your favorite Bible verse or story?
- *Neighborhood:* What do you remember about the place where you grew up?
- *School:* What do you remember about your school—your favorite teacher, and the subjects you liked best?
- *Growing up:* How did you spend your summers? Did you have any hobbies, favorite songs, or sports?
- *Work:* What kind of work did you do? What did you buy with your first check?
- *Entertainment:* What did you do for fun growing up? What were your favorite radio programs and movies?
- *Memories:* What do you remember about: World War II, The Twenties, Prohibition, the Depression?
- *Politics:* Who was your favorite president, and why? Who do you admire most? Why?
- *Life:* What have been some of the most significant changes/achievements in your lifetime? What was the happiest time of your life?

We must be careful that general conversation is not so much fun for us that we neglect opportunities to bring Christ’s comfort, such as by reading Scripture and/or praying with a resident. On the other hand, having a genuine interest in people is vital to establishing a caring friendship that can lead to a discussion of spiritual things. Below are some questions and comments that can open up conversation about the Lord. Keep in mind that it may take several visits before a person is open to this kind of conversation.

- Are you a member of a church? What church? What did your church/religion mean to you?
- Has your pastor been in to visit you? (No) — Have you notified him? Would you like me to notify him?
- Were you active in your church? What did you do?
- How does the Lord help you during time of stress or difficulty?
- Do you have any favorite Bible verses/hymns?
- What values are most important to you and that you desire to pass on to others?
- Do you feel confident that you will be with Jesus when you die? If the person says no but they would like to feel confident or, if in your conversation you sense they might be open to becoming a Christian, you might include more of your own personal testimony, for example: Several years ago I prayed a special prayer and asked Jesus to come into my heart, to be my personal Lord and Savior. It was one of the greatest prayers I ever prayed and was the beginning of a growing relation with Him. Have you ever prayed a prayer like that? (Yes: What happened?) (No: Would you like to?)

Be careful that your questions and comments do not lead your friend to think they are being surveyed.

Remember: pray, be yourself, and let your conversation flow naturally.

THE VISITOR AND YOUR RESOURCES

We have previously mentioned several necessary personal qualifications of the visitor. Here, in more detail, are three key resources which you, as the visitor, have at your fingertips—yourself, the Scripture and prayer.

THE USE OF SELF

You are one of your big resources as a visitor! Look to God for help as you strive to become a person who is more and more fitted to serve. The following characteristics—humility, vulnerability, commitment, empathy and the capability of listening—these are of special importance in a nursing home ministry.

Humility

If we have a proper sense of self, then we will not suffer from either pride or false humility. This will enable us to be ourselves and allow the elderly to be themselves. How can we actually be humble? By recognizing that we don't have all the answers, expecting to learn from others. By treating them as if they are worthwhile—because they are!

Vulnerability

To the extent that we know ourselves and have a proper sense of worth, we can open up to others—and to the possibility of rejection, criticism, pain and sacrifice as well as to the possibility of pleasure and praise. As we share thoughts, feelings and hopes with others, they see us as “human too” and will more readily open up to us.

Commitment

If we are not willing to sustain a deep level of relationship with a person as long as needed, then we are not letting ourselves be used as fully as we could. It is through our *continued* humility and vulnerability and our *continued* empathy and listening that we really care for the individual.

Empathy

This process involves both our mind and our heart. To empathize we must be able to understand what is happening to the individual, feel sympathy and then put the two together together to provide the appropriate, helpful response.

Listening

Much of the above takes for granted that we know how to listen. Listening is an art that is not always as easy as it seems. Listening ...

- *expresses love*. It recognizes the importance of the individual. It shows a willingness to spend time and energy on another's behalf.

- *brings understanding.* This takes time—there usually are no instant solutions to problems and no shortcuts around the need for personal sharing. Whether it is a person or a situation that we are endeavoring to understand, listening requires giving up our own interests and concentrating fully and actively on the other (Phil. 2:3, 4).
- *participates actively.* Listening is not merely not talking. It encourages the other person to say more, without prying; it seeks to formulate a response, without thinking of self; and it strives to hear what is *not* said as well as to understand what is said. “Listen to me, do but listen, and let that be the comfort you offer me” (Job 21:2 NEB).

How do you know if you are a good listener? Ask your family, friends, or coworkers; they are usually your best and most honest critics! The fruit of good listening is that people want to be around you. They want to share with you because they sense you care.

Below are a few questions to test your listening skills. When someone is talking to me, do I:

- find myself wanting to answer before they finish their statement or question?
- lose track of what they were saying?
- tend to give a pat answer to fix their problem?
- become impatient and/or fidgety?
- take control of the conversation?
- think about other things that are more important to me?

Answering “Yes” to any of these questions is a good sign that reviewing the following six tips for being a good listener could be a blessing to you and also your nursing home friends. There is no secret to quality listening; it just takes a few purposeful steps and practice.

Choose to listen — Have genuine concern for your friend. Quality listening is work at first but will soon become a natural part of your communication.

Prayerfully listen — Pray a silent prayer, asking the Lord to help you hear and understand what is really being said. Prayer is your greatest resource.

Listen with empathy — In empathetic listening, we are seeking to lean into our friend’s emotions, thoughts, and feelings. We intently listen, to feel and understand their words and emotions in depth. Our body language will also communicate that we are listening: We can get at eye level and position ourselves in line of sight of our friend so he does not have to turn his head too much to see us. Lean towards your friend. If your friend begins to cry, you may want to take their hand or touch a shoulder, and give comfort.

Ask questions or respond with interest — This helps us clarify what our friend is saying and encourages the sharing of personal concerns. We can use statements or questions like: “That’s interesting”, “What’s on your mind?” “Tell me more about it”, “Is there anything else?” or “Your thoughts are important to me”.

Rephrase what you think your friend is saying to clarify what you are hearing and invite the elaboration of the heart message — When you rephrase a person’s message you are saying, “This is what I understand you are saying.” We try to do this with some of the main points that

our friend makes. This will often aid in communicating the message. Rephrasing statements normally start with words like: “It sounds like...” “You feel...” “Do you mean...?”

Prayerfully discern an instructive response — Ask the Lord, “What is the need here? How can I bless my friend?” At this point, treat your friend the way you would want to be treated if you were in their situation. In doing so, you can be confident that your response will most often be beneficial.

Remember the following:

- Sometimes people are not looking for answers but are only hoping for a listening ear. Silence, a hug, or an expression of concern may be the best response for this visit. The next visit may be more instructive. Take your time. Don’t try to fix someone’s life-long problem in 15 minutes.
- Sometimes our words have no effect, but sincere prayer always does, even though we may not see the Lord’s intervention initially.
- We may need to persevere through a time of tears: In most cases, the release of deep feelings is therapeutic and may enable our friends to release their burdens.
- One of the best exercises for being an excellent listener is not to open your mouth: *James 1:19*.
- Our words can bring life or death. Timing is critical. The book of Proverbs is full of help in this area: *Proverbs 10:19, 11:9, 11:12, 12:6, 18 & 25, 15:4, 15:30, 18:13, 18:21, 20:5, 30:6*.
- The Holy Spirit is the counselor and comforter. Let Him use you to bring life.
- Honest words like “That must really hurt you” or “You have really been through a lot” can help, but avoid saying “I know how you feel.” Although you may understand your friend’s concerns, and may even have had a similar situation in your life, only he and the LORD know how he feels: *Proverbs 14:10*.

(This page is taken from *Nursing Home Ministry: Where Hidden Treasures are Found*.)

THE USE OF SCRIPTURE

While the resource of self is often unreliable and imperfect, the Scriptures offer a stability and hope to which both we and the elderly can turn. In a changing, fragmented world, the word of God directs our attention to a perfect God who never changes and who can put order and meaning into our lives.

When to use the Scriptures

1. **Find an appropriate time.** Referring to Scripture too soon can give the impression the Bible has only pat (and therefore irrelevant) answers. Referring to it too late makes it seem like an afterthought. Be sure you really understand—then share Scripture. Remember Job’s comforters!

2. **Comfort the suffering.** A word of comfort in the context of personal relationship, and at the right time, can be a deep blessing. Often the purpose and meaning of suffering need to be seen.
3. **Meet their needs.** Don't read Scripture merely to meet your own needs; nor should you read your problems into their situation. But be ready to share Scripture through which God has spoken to you, if it is fitting.
4. **Respond to the Holy Spirit.** Don't share from the Bible out of a sense of duty or compulsion. Let the Holy Spirit be your guide.

How to use the Scriptures

1. **Select the appropriate content.** Your choice should be guided by the residents' needs—give yourself time to find out their needs. Some of these needs are discussed in the charts found in Part 2.
2. **Help the person to identify with Scripture.** Share passages with which the individual can identify. This helps self-acceptance before God and enables self-expression.
3. **Choose the appropriate translation.** For residents who are versed in the Bible, you might stay with the familiar or expected (usually KJV). For those who are unfamiliar with the Bible, consider using a modern version—one they can read with ease.
4. **Share with one another.** *Let them* share with you what they are learning from Scripture and their experience. But feel free, also, to share what God has been teaching you.

Suggested Scripture passages

1. **Forgiveness:** Pss. 32, 51, 103; Is. 1:18; 53:4-6; Mic. 7:18-20; Rom. 8:1-4; Heb. 4:15, 16; 1 John 1:6-10
2. **Comfort:** Pss. 4, 23, 116; Is. 40:28-31; 41:10; 43:1-5; Matt. 11:28; Rom. 8:35-39
3. **Hope:** Pss. 42, 139, 145; Rom. 5:1-5; 1 Cor. 15; 1 John 3:1-3; Rev. 21:1-8
4. **Love:** Deut. 7:6-10; Is. 43:1-4; John 3:16-18; 14; 15:9-17; 17:9-26
5. **Trust:** Ps. 23; 37:3-7; John 14:26, 27; 2 Cor. 4:16-18; Phil. 4:4-7; Heb. 12:12-15; 1 Pet. 1:13-21

THE USE OF PRAYER

When to pray

Find an appropriate time.

For each resident the appropriate time may be different. It is important not to pray with someone before adequate communication has taken place. Then the prayer can reflect to God the concerns that have come out of a conversation. One must be careful not to use prayer to end conversation. It may well be that after a time of prayer you will want to continue a conversa-

tion. Often deep feelings are triggered in response to talking with God. Be willing to stay and respond to these thoughts and feelings.

Be alert to “anxious times.”

Pray before potentially stressful situations such as surgery, tests, unfamiliar changes.

Strengthen believers’ faith.

Pray with those who show some evidence (verbal, written material, etc.) of faith.

Examine your motives.

Ask: “Am I praying to meet *my* needs or theirs?” Have their needs in the forefront of your mind—often God will give an added blessing by ministering to you too!

How to pray

1. Focus on God
 - Praise God for who He is and what He has done—prayer and supplication with thanksgiving.
2. Focus on needs.
 - Focus on what you think the individual would pray for—health, friendship, finances. Discern your friend’s hopes, fears and desires.
3. Adjust to the person’s background.
 - Be aware of the denominational and ethnic background and adjust your style of prayer accordingly (e.g., formal vs. informal).
4. Expect God to respond.
 - Only by expecting God to respond can you teach others that prayer is real and is heard by God.
5. Give resurrection hope.
 - The power of the resurrected Christ is active both in this life and the life to come. Help the person to see that power as active in his or her life.
6. Be concise.
 - Remember that the elderly often have shortened attention span, so keep your prayers short.
7. Beware of praying only at the end of a visit.
 - Leave time to discuss anything that the prayer might have brought to the surface needing attention.

The material in this section (“The Visitor and Your Resources”) is adapted from *Spiritual Care: The Nurse’s Role* by Sharon Fish and Judith Allen Shelly. 1978 by Inter-Varsity Christian Fellowship of the USA and used by permission of InterVarsity Press, Downers Grove, Ill. 60515, USA.

GUIDELINES FOR THE FIRST FEW VISITS

The following pages are meant to be guidelines. Since the first visits are often the most difficult, it is good to be as spiritually and psychologically prepared as possible. However, don't be bound to the suggestions outlined below. Read through the next few pages, meditate, pray and open your heart to various possibilities.

There is no need to try to remember numerous details. After reading and meditating on this section, be free to branch out on your own—trusting God to prepare you, to guide you and to give you the flexibility you will need for the particular situation you encounter.

PRE-VISIT PREPARATION

Before you go to the nursing home for the first time, and in successive visits as well, ask yourself the following questions:

1. Have I taken time to pray?
 - for myself, what I will do and say
 - for those I am about to meet
 - for the staff of the home
 - for others going with me
2. Do I have a goal?
 - help write a letter
 - talk about God
 - chat with three people
 - lead a worship service
3. Do I have the material I need?
 - Bible, tracts
 - games, puzzles
 - small gift(s)
 - writing materials
 - musical instrument
4. How do I look? How do I feel?
 - dress—usually not-too-casual is appropriate
 - cheerfulness—would someone want to talk to me?
 - motives—am I trying to serve God? to serve the elderly?
 - breath—in all likelihood many will be hard of hearing and I'll have to talk “close up”

THE FIRST VISIT

Contact the nurse in charge of the unit you are visiting. It is wise to have your presence officially recognized, although that may not always be necessary. There may also be a check-in point at the front desk or in the activities office. Find out the rules and abide by them. Although checking in may seem unnecessary after a while, contact with those in charge not only is a courtesy to them, but also provides an opportunity for you to find out who is sick, depressed, lonely and in special need of a visitor.

When arriving at the door of an individual's room be sure to knock and await permission to enter; or enter slowly and tentatively, especially if the person is hard of hearing. This is probably the only private space this person has—don't violate the control your friend has over such private space.

You may wish to begin visitation by meeting the person in an open lounge. This setting is also good for general conversation, but often presents too many distractions for deeper, more personal talk.

Introduce yourself and start a light, friendly conversation. Tell the person a little about yourself—your name, relationship to the home, and some possible background in common, such as job, church or family. If you have no such common background with the individual, just state your purpose in visiting. Be honest, concerned and direct.

The environment in which the resident lives is very important, not only for its effect but for what it tells you about your friend. The external situation (the room, other people, noise, flowers, the person's physical condition) can open up areas for conversation, as well as give clues to the internal condition (mental, spiritual state) of the person you are visiting. Be prepared to adapt your goals to the needs—but don't necessarily abandon your purposes altogether!

Though you do have a decidedly spiritual interest in these elderly people, beware of focusing too much—even exclusively, perhaps—on “religious” things. Be ready to be involved in the whole of life.

Leave any literature that may be helpful in a particular situation. This may not always be appropriate, for example, with some Jewish people, with those who cannot understand or with those who cannot read English. In such cases it would be better to let your words and actions leave the lasting impression.

If possible, tell the people you visit when they may expect you next. Don't get carried away and promise more than you can realistically do. Faithfulness to your word is especially important to those who have so little on this earth to look forward to. If you do say you will return at a certain time on a certain day and are unable to make it at the specified time, be sure to call the home and leave a message or ask to speak to the person directly on the phone.

After you leave, write reminder notes, reflect on your visit and pray. As you await your next visit, make a note of any Scripture that may apply to the person's situation, and meditate on it, praying for wisdom as to how and when to offer it to your friend. Ask others to pray for you and your “new friend”—this is a great way to involve others in the ministry to the elderly! Make some tentative plans for your next and following visits, including the possibility of relating to the individual's family or involvement in other activities.

THE SECOND VISIT

Be sure you have reviewed your notes from the first visit. Pray and meditate on the response you think would be appropriate for the visit. Follow the same basic procedure as you did in the first visit, noting especially the following:

1. Be ready for any changes that may have occurred—new roommate, death of a friend, good or bad news, change of mood, and so on. Adapt the response you *thought* would be right to fit the new situation. Don't hold to a rigid agenda, but be flexible.
2. Enter again with an introduction that assumes neither too little nor too much recognition. Give gracious clues to your identity as needed. Stimulating people to remember provides good mental exercise and helps establish a proper sequence and time-consciousness. There may be some resistance to this due to laziness, neglect and/or physiological disability. As best you can, try to decide which of these reasons applies. Don't push too hard for fast recall, whatever the cause.
3. Try to undo any misunderstanding that may have arisen from the first visit. And plan not to repeat your early mistakes. Did you monopolize the conversation? Be prepared to listen more. Did you come across too forcefully in sharing the gospel? Be more sensitive this time. Were you too informal with someone from a more formal background? Be more adaptable—and apologize if it's appropriate.

THE THIRD AND FOLLOWING VISITS

As you spend more time with an individual you may not feel the need to take notes. If you're spending a fair amount of time (twenty to thirty minutes at least) with your friend, note taking is probably not necessary. If, however, you are visiting a large number of people for short periods of time, it's probably best to stick with a few notes in order to keep everyone straight in your mind. Be guided by your own needs.

The following hints are offered as suggestions. They are by no means exhaustive nor meant to be followed with strict rigidity.

1. **Make every visit count.** Since elderly people are close (relatively speaking) to death, and some may be sick and actually very near dying, make every visit count. Be there for the person—give each one your full, loving attention. As before, don't leave false expectations about what you can or might do, or when you might visit again.
2. **Visit in twos when possible.** This is especially helpful when you are first starting out in visiting. One can be praying while the other is sharing. It is valuable initially for a less experienced visitor to go with a more experienced person.
3. **Move toward dealing with particular problems or concerns.** If confrontation or exhortation is needed, be sure you have established a sufficient basis of trust and friendship first.

4. **Encourage spiritual examination and life review.** Meditation on one's past life, including perceived successes and failures, may help people deal with their feelings and with unresolved concerns or conflicts. Move toward a continuing program of personal, meaningful examination of self. Things in the past cannot be changed, and dwelling on negative feelings and experiences long-term is usually not helpful or healthy; but people can learn from mistakes and improve present attitudes and behavior. Remember your role. You are not a pastoral counselor or psychologist. Let the resident set the pace in the process of reminiscence.

SPECIAL TOPICS

1. **Don't assume that residents have physical or mental disabilities by their appearances.** Approach them as if there are no disabilities, then make adjustments as the need becomes apparent.
2. **Gifts:** Residents appreciate receiving small gifts. With food and glass items there are allergy and safety concerns; staff should be consulted before you purchase such. Sometimes a birthday card with a personal note is a perfect gift or a large print magazine, devotional guide, church bulletin or book. The following is one example of gift giving shared by some nursing home visitors:

Jan is battling an illness that keeps her at home most of the time, but she and her mother Marie are spending a lot of their time blessing nursing home residents in a very creative way. This mother and daughter team have purchased materials and sewn together adorable teddy bears for nursing home residents. Each bear has a ribbon around its neck that says, "Jesus Loves You!" And if you press the right paw, it will play you a musical tune.

After a dozen or so are made, Marie and her husband Norm get a list of residents that do not receive outside visits. They go to the nursing home and personally deliver a bear and a blessing to each person on the list.

When asked about this ministry, Jan said, "I thought that there has got to be people that do not get visits and would appreciate something warm and fuzzy to hug. I realize that it could be me in the nursing home." Her mother Marie said, "The reactions of the residents give me such an uplifting feeling that it is worth every stitch of time invested. I feel that I am much more blessed than the residents as I see them receive the bears with such gratitude."

Over the past year, these ladies have made over eighty lovable bears. I was blessed to go with Marie and Norm last month and saw how grateful the residents were to receive a warm fuzzy friend and, a reminder that Jesus loves them and has not forgotten them.

3. **Reading:** Many residents are no longer able to read. They sometimes appreciate having the Bible read to them. Other sources of reading are devotionals and short stories from magazines such as *Our Daily Bread*, *Guideposts*, *The Upper Room*, and *Reader's Digest*. Please read slowly and project your voice. When reading Scriptures to your friend, don't just read it, share it. When possible, read from the resident's Bible (after asking permission).
4. **Confidentiality:** A nursing home resident's medical condition, treatments, and medications are confidential. It is not appropriate to ask about these. The person may, however, want to talk to you about them. Be sure to listen but never give medical advice and consider all personal information shared confidential.
5. **Touch:** When appropriate, touch your friend's hand, head, or shoulder. Let hugs be one of the gifts you often give if a person likes being touched. Any form of touching, including handshakes and hugs should be gentle as some residents have arthritis or osteoporosis and often have fragile skin.
6. **Music:** If you have the ability to play a small instrument like a harmonica, autoharp, or guitar, this can often be a great blessing to a resident. Music has the ability to cut through the toughest situations. Another way to bless your friends with music is to take a portable CD-player into their room. After a time of fellowship, leave the player going while you visit another friend. Old hymns are especially meaningful. Keep in mind, however, that you should do this only with the resident's consent.
7. **Give hope:** Sometime during the visit, offer to share the word of God and pray. It is important to have the resident's permission and to ask them if they have a special portion they would like you to read. There are, of course, exceptions when it would be inappropriate to make such an offer; for example, if they expressed negative comments against Jesus or seemed to be overly agitated when you started reading. In such cases, pray silently, entrusting your friend to the Lord, and awaiting a God-given opening for sharing.
8. **Encourage residents to care for each other.** When residents reach out to others, they spend less time focusing on their own problems. Help them to love and serve their neighbors and staff members in appropriate ways, if only by prayer. The result of loving others is peace and joy.
9. **Be aware of roommates during your conversations and prayers.** Sometimes they want to be included and sometimes not.
10. **Respect the privacy curtains:** Do not open them or peer behind them without permission.
11. **Be creative:** Seek ways other than visits to be involved in the lives of residents. Consider their needs and plan constructively and creatively to meet these needs. This may mean writing letters for them, taking them to a potluck, or arranging transportation to a church service—the possibilities are endless.

More good points from Tom and Kaye DePinto:

1. Let your light of love shine brighter than your Biblical knowledge.
2. Do not sit on a bed when the resident is in it.
3. If a medical problem occurs, report it at once.
4. Do not untie restraints, lower bed rails or adjust geri-chairs.
5. Talk at eye level.
6. Check with staff before running an errand.

Adapted from, *Ministry in Action*, pp. 29-30



SPECIAL SITUATIONS

THOSE WHO HAVE VISITORS ALREADY

Occasionally when you go to visit an individual, someone else will already be there visiting. Normally you should give way to such prior visitors, although you may wish to get acquainted and talk with them if they seem open to conversation. You should be especially eager to meet your friend's family members, who have so much influence on the nursing home resident. As the occasion arises, introduce yourself, keeping in mind that there may be needs in the family (economic, social, spiritual) to which you may wish to respond.

THOSE WHO ARE BLIND OR HAVE LIMITED VISION

Approach the blind person directly and speak to him face to face. Don't assume that because the resident has difficulty seeing, he or she also cannot hear. Don't shout; use a normal speaking voice but speak clearly, slowly and distinctly. Touch can be important to a blind person, but speak before you touch them as an unannounced touch might be startling.

Remember the importance of other senses to a blind person—such as smell and touch. For example, if you are bringing a bouquet of flowers, let the resident(s) smell and touch them. Describe things from the environment and your own experience for the person.

If a person is not totally blind, wear bright colors. Bright lipstick may help to facilitate lip reading. Large-print literature is also helpful. (See "Physical Decay" in Part 2 and "Large-Print Literature," Appendix C.)

THOSE WHO ARE DEAF OR HARD OF HEARING

If the person you visit is totally deaf, consider writing or signing as alternatives to verbal communication. It is usually best with the totally deaf to stand facing them so they can see your facial expressions and read your lips. Touching the person gently (on the hands or shoulders) is a good way of attracting attention to you before you begin speaking. Touch is also important for the hard of hearing.

If a person is hard of hearing, find out which ear is the "good" ear. Sometimes you may have to speak directly into the best ear, but normally standing or sitting on the good side is sufficient. Is the resident using a hearing aid? Is it turned on? Are the batteries working?

When you speak, speak slowly, distinctly, simply and at a slow-to-moderate rate of speed. Lower resonances communicate better than greater volume. If you must speak more loudly than normal, be aware that your voice carries and take into account others within earshot.

THOSE WHO ARE VERY SICK

People who are seriously ill are most likely to be bedfast. They too appreciate and need visits. However, do not overtax them; check with the nurses on their condition. Do not stay too long, or demand participation on their part. They may be too weak or in too much pain to communi-

cate verbally. Be alert to eye communication. A gentle touch and few words may be the best expression of love. Words of comfort and assurance and a brief prayer are often quite appropriate.

THOSE WHO SHOUT

Try to decide what the reason for the shouting is. The person may be deaf or hard of hearing, or in need of attention of either a medical or personal sort. There may be a legitimate need that is being ignored; for example, there may be a genuine spiritual problems related to unresolved grief or loneliness, for example. In that case, this may be a cry for help. On the other hand, this person may be sinfully selfish, totally self-centered. It would be best to speak directly to him or her about this. In one case the person was very frustrated because she did not speak English well. Simply acknowledging the frustration brought peace. Respond appropriately to your own understanding of the situation. A gentle touch and the assurance of your presence and care are again very important.

THOSE WHO WANT TO CLING TO YOU PHYSICALLY

Physical touch is very important in communicating the concern and love you feel for the elderly people in the nursing home. You will observe that it is virtually a universal need among them, but in some instances you may need to deal with the *excessive* “needs” of some individuals. Be alert to potential difficulties and handle them in such a way as to keep a proper balance—expressing of genuine caring, but not acceding to improper overtures.

THOSE WHO HAVE RELIGIOUS BELIEFS OR COME FROM DENOMINATIONS OTHER THAN YOUR OWN

Inevitably, you will differ with some residents in religious matters. First of all try to determine whether there is genuine Christian faith. Genuine Christian faith can come to expression in a variety of ways; do not be judgmental of those who simply have chosen a different form of expression. However, there are essentials on which all Christians must be in agreement, for example, Jesus is Lord, Jesus is the Son of God, Jesus died for the sins of His people and has been raised from the dead (1 Cor. 15:3, 4). It is best not to enter into discussion of controversial matters (such as mode of baptism) unless there is substantial agreement on such basics. Often controversy is most wisely avoided in favor of rejoicing together in our common salvation and the goodness of God.

THOSE WHO DO NOT SPEAK ENGLISH

Not all elderly residents of a nursing home will have English as their primary language, of course, so if it is possible you should arrange for someone who does speak their language to visit them. If you do visit, speak in very simple English. Familiar passages of Scripture (e.g., the Lord’s Prayer, Psalm 23, John 3:16, the name “Jesus”) may be helpful in establishing communication.

Touch is as always important. Printed literature can also be useful since some people who cannot speak or understand spoken English can read some English words. (See Appendix C,

“Large-Print Literature.”) Bibles and other religious literature are also available in other languages.

THOSE WHO ALWAYS COMPLAIN

When a resident complains, first be sure you have really listened well to him or her. Try to see things from the perspective of a resident. If the complaint is valid, perhaps there is something you can do to help. Avoid becoming involved beyond what you are equipped to handle as this will mean disappointment and discouragement for both of you. Respond realistically! Often a sympathetic ear or a word from Scripture is a great comfort. At all cost, avoid pat answers. If an individual persists in complaining during every visit, feel free to speak up about the attitudes, but don't be condemnatory. As you encourage the person to change, be sure your love shines through.

“SENILITY”

When we hear the word *senility* we often think of confusion and disorientation as to time and place, hopelessness, lack of self-care, forgetfulness, inability to carry out everyday tasks, second childhood and impairment of intellectual functions. And usually we consider all these things to be the inevitable price of old age.

While such symptoms are often present among residents of nursing homes, it is unfair and unwise to brand those who display these characteristics with the term “senility.” Dr. Arthur Frese, in his book *The End of Senility* (New York: Arbor House, 1978), states that the term senility has no real medical legitimacy; that it is not used in any diagnostic nomenclature; in fact, that there is no such disease as senility. He is convinced that this word and its use is the result of prejudice against the elderly which he terms “ageism.” What is often termed senility reflects a failure and refusal of diagnosticians to carry out a thorough diagnosis.

There are two classes of mental impairment: functional and organic. Functional impairment is often the result of depression. Organic impairment, which means actual impairment of the brain tissue itself, is termed organic brain syndrome (OBS). Organic brain syndrome may be acute, resulting from causes such as malnutrition, misuse of drugs, pneumonia and thyroid conditions—to name just a few. As such it may be responsive to medical care; it may be temporary and reversible. Without care this acute condition may become one of four chronic OBS diseases from which approximately one-half of all American nursing home residents suffer.

Though the symptoms of senility may have organic causes, it is often difficult to determine whether they are the result of OBS or simply the depression, loneliness, grief, guilt, loss of self-esteem, indifference from others, and feelings of uselessness to which the elderly are often subject. When visiting nursing homes, therefore, we must be prepared not to attempt to judge the medical condition of the apparently senile, but to respond to the emotional and spiritual needs as best we can discern them.

Responding to the spiritual state of the senile person may mean recognizing that the condition could be a result of a life devoted to disobedience to God’s commands (see Deut. 28:21-24, 47-50, 58-61, 65 and 30:7). To this distressing situation we can bring the grace and mercy of Christ who became a curse for us (Gal. 3:13, 14).

RELATING TO THOSE WITH DEMENTIA

The goal in relating to a person who appears to be senile is the same as with any person: to establish a meaningful relationship. Special care needs to be taken with those who seem senile since they do not always understand or respond to our idea of a normal conversation. Here are some suggestions for making conversation with those who are confused or disoriented.

1. Try to engage the individual in conversation about present realities. Talk about matters of concern *now*, for example, your presence and the purpose of your visit, or about activities around the home. Perhaps you might even venture to topics about the community or nation or world. Gain his attention and interest, then build on a present theme. This approach is quite often unsuccessful, but surely worth a try. Usually the initial exchange will be sufficient to determine whether such an approach will work.
2. Join the person where he or she is. Usually the confused person will talk about seemingly unrelated realities, often about events in the distant past. These events can be even more real than your presence. As best you can, step into the scene as it is presented to you. Ask questions about the situation being described. Keep your stance in “present reality” and give counsel into the situation as if it were indeed a present happening. Often bitterness, resentment, hostility or hurt is keeping the individual tied to the past. If so, speak directly and gently regarding this, counseling about forgiveness and mercy.
3. Recall with the person something that has been meaningful in the past. If you know a little about the resident’s past, reminisce about a favorite job, hobby or friend. Often a reference to spiritual realms will touch something deep inside and give a focus for thoughts and feelings. The Twenty-third Psalm, the Lord’s Prayer, other Scripture or familiar hymns can be most successfully used. Often the person will join in reciting or singing along with you and regain orientation to a remarkable degree.
4. Don’t be surprised if a person bursts into tears at the reading of Scripture or even the mention of God or prayer. For many you are probably the first person in a very long time who has shown such concern about them.
5. In general, genuine love and concern communicate more loudly than words. Physical touch is very important, since it shows that you consider the individual to be a person.
6. Prayer can be very effective, especially if it is short, concise and relevant to the person’s needs and desires.
7. Converse with others in the presence of this person, preferably about something with which they are familiar and care, thus creating a context within which they might be drawn into conversation.
8. Continue your efforts at establishing relationship, regardless of any lack of response or of progress. When possible, do share the gospel, even if there seems to be no communication established. John 3:16 is especially appropriate, and can be spoken even when the person seems to be in another world, as it were. Leave the rest to God.

INTRODUCING SOMEONE NEW TO VISITATION

As you become involved in some aspect of ministering to the institutionalized elderly, you will no doubt desire to have other people involved with you as coworkers. Visiting older people is one activity that many feel drawn to and equipped for and is something in which you can always use assistance. Even the most outgoing person, however, may have some hesitations and reservations about visiting in a nursing home. The following, then, are some suggestions for introducing someone new to a rich, rewarding experience in visitation.

1. Obtain as much relevant information as possible from the prospective visitor, beforehand. Try to discover what kinds of people the visitor might naturally fit in with at the home—common interests, language, needs, experience, etc. Look for impediments to visiting—fears (find the source), doubts, bad past experiences.
2. Communicate something about what will likely happen (the bad as well as the good), but not too much. Leave room for discovery and dependence on God.
3. Discuss the details of visitation—matters of dress, manners, basic rules and policies of the home—as well as your goals and procedure.
4. Pray with the new visitor if possible—pray personally and for the necessary arrangements.
5. Be in charge. Take the person with you. Let the new visitor observe you and lean on you during the first visit.
6. Go to the familiar “comfortable” spots first. Don’t initiate a situation threatening to either the new visitor or the residents.
7. Be sensitive to the visitor’s reactions—i.e., discomfort, repulsion, enjoyment, eagerness. Keep encouraging him or her to be honest with you.
8. Help him or her to recognize the valuable part they can play in the visitation program. Give him opportunity and the freedom to respond in his own way.
9. Discuss freely with him the degree to which he prefers to lean on you for support and guidance or to take initiative and find his own place.