



Effective Hospital Visitation

By: Emmanuel L. Williams

Hospital visitation is an important aspect of pastoral ministry. With approximately 38million Americans being admitted to hospitals annually, pastors can anticipate that some of their members will be among them. With this in mind, a hospital visitation card has been designed to provide ministers with hints and reminders concerning hospital visitation.

Here are some ways pastors can increase the effectiveness of their hospital visits.

Biblical Basis

When we think of ministry, we often think of the words of Jesus in the Great Commission, “Go and make disciples” (Matthew 28:19). Jesus, however, also said something about caring for the sick. In relating the final judgment of the nations, Jesus said of the righteous, “I was sick and you looked after me” (Matthew 25:36). Furthermore, when He sent out His disciples for ministry, Jesus commissioned and empowered them to “heal every disease and sickness” (Matthew 10:1). In each of the Gospels the healing ministry of Jesus clearly illustrates His concern and compassion for the sick.

Jesus’ example of caring for the sick was followed by the Early Church and has been practiced up to the present. Within the Pentecostal church the importance of meeting the physical needs of the sick is evident by the belief in and practice of divine healing. We earnestly believe that deliverance from sickness is provided for in the Atonement and is the privilege of all believers. Therefore, our understanding of the Christian responsibility for caring for the sick traces its origin not only to the earthly ministry of the Good Shepherd and His apostles, but is found in the doctrine and practices of the Assemblies of God.

Compassion And Pastoral Care

The foundation of pastoral care is compassion. Historically, the Church has valued ministry to the sick as an important component of pastoral care. Our understanding of pastoral care is critical and directly related to the effectiveness of our ministry when visiting church members who are hospitalized.

In his book, *The Compassionate Visitor*, Arthur Becker states, “Pastoral care is providing compassion — being with people — just as God is ‘with us’ in Jesus Christ (Immanuel — Matthew 1:23).”¹ The pastor visits because of compassion for the one who is sick or suffering to alleviate the anxiety, fear, and despair that accompanies sickness and endeavors to replace those emotions with hope, courage, peace, and the ability to cope. The author of Hebrews provides insight into the importance of the Incarnation in pastoral care when he says, “For this reason he [Jesus] had to be made like his brothers in every way, in order that he might become a merciful and faithful high priest” (Hebrews 2:17).

David Switzer believes there is a link between caring, agape love, and empathy.² In the context of caring, agape love is defined as “action for the well-being of another, regardless of feeling or the nature of the relationship.” Switzer believes our love for God forms the basis for the ministry of taking care of those in need. With respect to empathy, unless the caregiver is able to view the other person’s situation as if he or she were that person, the caregiver would not be able to provide effective and meaningful pastoral care.

The ministry of caring for the sick is a time-honored practice of the church and an act of agape love exemplified by Jesus' compassion for those who were suffering. If we desire to increase the effectiveness of our hospital visits, we must seek to exemplify the same traits of compassion, agape love, and empathy that characterized the ministry of the Jesus.

The Pastor And The Healthcare Team

Another factor that increases the effectiveness of hospital ministry is a collegial relationship with the hospital staff. A good place to start is the hospital chaplain who can arrange for introductions to key members of the hospital staff. If there is no staff chaplain, the director of the volunteer department or nursing service can usually assist. To become familiar with the layout of the hospital, the location of the waiting rooms, and nursing units, an orientation visit is recommended. During the visit, inquire concerning the policies for clergy visitation and access to critically ill patients.

Recent regulations require healthcare providers to enact policies regarding confidentiality and sharing patient information. There are provisions, however, for the disclosure of directory information: the patient's name, location, and religious affiliation to pastors visiting their members. Pastors are encouraged to determine the location of these directories and ensure their churches are included in the appropriate faith-group designations.

Emotional And Spiritual Preparation

A fourth area that is needed in making meaningful hospital visits is the minister's emotional and spiritual preparation. It is important that you know yourself to be an effective caregiver in the hospital setting.³ Included in knowing yourself is knowledge of your role as a minister, your emotions, mortality, and faith. For example, in respecting a patient's point of view, it is important that we avoid clinging to the status given to us by patients, but show our willingness to come alongside the patient and to have a relationship that is to and for the person.

As pastoral caregivers we should anticipate that some of our visits with patients and relatives will be exhausting and draining. It is essential therefore, that we know our emotional limits and avoid allowing our irrational emotions to gain control. In situations involving death and dying, it is vital that we have resolved our own issues concerning death and grief and are able to cope with these issues in a manner that will help the bereaved.

It is critical that we are grounded in our faith so we can respond to questions about healing, suffering, and forgiveness that are raised by patients and relatives. Although the hospital room is not the place for theological arguments, there is a need for pastors to respond to these issues based on their knowledge of God, the Bible, and their church's doctrine.

The Visit

Dos

Call the hospital prior to your visit to determine if the patient is well enough for a visit and what would be a good time.⁴ Stop at the nursing station and introduce yourself. Knock on the patient's door and wait to be invited in. Observe any signs that may be posted on the door regarding infection control procedures. If you are uncertain about the procedures to be followed, ask the nurse for clarification. Monitor the length of time of your visit. Watch for cues from the patient that might indicate you need to leave.⁵

Introduce yourself to the patient, especially if you do not personally know him or her. Sit, if possible, where you can maintain comfortable eye contact with the patient. Be cheerful and make pleasant conversation that focuses on the patient. Ask open-ended questions, "Tell me what brought you here, and how long do you expect to be here?" Display concern for the patient's illness and respect for his or her feelings. Watch for doors that lead to the feeling level of communication and be alert for negative feelings.⁶

Shape the tone and substance of your conversation from cues, verbal and nonverbal, offered by the patient. Listen attentively and be empathetic. Take notice of what is not said as much as what is said. Let the patient know he or she can talk about sensitive subjects. Offer to leave the room if medical personnel enter to perform a procedure unless

requested to stay. Share Scripture and ask patients if they have special needs as you prepare to pray. A gentle touch on the hand or cheek lets a patient know you care. If you have not previously met the patient, ask permission.

Don'ts

- * Don't be insulted by a patient's words and attitudes or register shock at a patient's appearance.
- * Don't offer false optimism about a patient's recovery or participate in criticism about the doctor, hospital, or treatment.
- * Don't touch equipment even if requested by the patient, or sit on the patient's bed.
- * Don't tell the patient unpleasant news including your troubles.
- * Don't whisper when talking to relatives or medical staff in the patient's room.
- * Don't break hospital rules or violate confidentiality issues.
- * Don't awaken a sleeping patient unless the nurse approves.
- * Don't help patients get out of bed or give food or drink without the nurse's approval.
- * Don't assume a comatose patient cannot hear.

While the above lists of dos and don'ts are not inclusive, they contain the primary hints that will enhance the quality of our hospital visitation. For more helpful hints, consult the resources mentioned in the endnotes.

Through the application of the above ideas and the empowerment of the Holy Spirit, our ministry to the sick can become more effective.

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Endnotes

1. Arthur Becker, *The Compassionate Visitor: Resources for Ministering to People Who Are Ill* (Minneapolis: Fortress Press, 1985), 27.
2. David Switzer, *Pastoral Care Emergencies* (Creative Pastoral Care and Counseling Series) (Minneapolis: Fortress Press, 1999), 14.
3. Neville Kirkwood, *Pastoral Care in Hospitals* (Harrisburg, Pa.: Morehouse Publishing, 1999), 153–170.
4. Katie Maxwell, *Bedside Manners: A Practical Guide to Visiting the Ill* (Grand Rapids: Baker Book House, 1990), 30.
5. Lawrence Reimer and James Wagner, *The Hospital Handbook: A Practical Guide to Hospital Visitation*, revised ed. (Harrisburg, Pa.: Morehouse Publishing, 1988), 13.
6. Perry Biddle Jr., *A Hospital Visitation Manual* (Grand Rapids: Wm. B. Eerdmans Publishing Co., 1994), 29.