

NURSING HOME MINISTRY ENID, OK

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[Highland Park Manor Nursing](#)

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[Sterling House of Enid](#)

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Nursing home care is a growing and thriving industry. In this setting, the need for a chaplain is a natural. The administration, employees and residents, and Residents' families at a nursing home daily experience frustrations, grief and pain. Volunteer chaplains will help meet these needs. A bridge between the local church and the senior adult care facility can be established through a nursing home chaplain. The steps for implementing this ministry are as follows:

1. Schedule a meeting with the administrator of the nursing home.
2. Determine what needs are not presently being met
3. Plan with the administrator the programs which a chaplain could implement.
4. Recruit a chaplain and volunteers for the programs selected.
5. Set a starting time for the ministry to start.
6. Follow up the meeting with a letter outlining what was agreed upon.
7. Implement the ministry.
8. Evaluate every six months.

A variety of ministries may be implemented in the nursing home setting. The most obvious are visitation and counseling. Several other ideas are offered here which go beyond these important services.

WORSHIP SERVICES: The chaplain may be responsible for leading a weekly Protestant service or for recruiting area churches to lead service. These worship experiences are usually traditional in nature lasting thirty or forty-five minutes. The worship time should be scheduled to fit into the facilities calendar of events which will most likely not be at 11:00 a.m. The chaplain will need to promote the service encouraging residents and staff to attend.

FUNERAL SERVICES: The nursing home may depend upon the chaplain to notify the family upon the death of a resident. In this event the chaplain should offer to assist the family in contacting their pastor and the funeral home. If the family does not have a pastor, then the chaplain may be asked to officiate at the funeral service. The chaplain must be sensitive to the background and needs of the family.

Basic guidelines -

- 1) Remind yourself as you enter the facility, that you are a visitor in the home of private citizens and you are there by their leave.
- 2) When giving food, candy, and drinks, be sure you are informed of any health conditions that may restrict a resident's diet.
- 3) Allow a resident to be sad or upset. Validate their feelings out of respect for them as a person. If you want to cheer them, redirect their thoughts on the same subject rather than trying to change the subject.
- 4) Do not presume to know a resident's state of mind.
- 5) Do not confront the resident with your questions about dementia. If necessary, ask the professional caregiver on staff about a specific resident's lucidness. Most importantly, personally get to know their level of awareness through a relationship based on your patience and understanding.
- 6) Some residents will not remember being told previously about significant events or facts. Their reaction to "old" information will often be as though they are hearing it for the first time. For example, grief over the news

that a loved one has passed away may be equally intense each time the news is discussed. Therefore, in such cases, do not lie to them but focus on helping them deal with their FEELINGS AT THE PRESENT TIME rather than being sure they have all the information exactly right. This is called Validation Therapy.

7) Speak to each facility resident by name, making a point to know how each resident wants to be addressed (i.e., Mr. / Mrs. / Dr. / Rev. / etc.).

8) Do not presume that a nursing home resident knows your name. Though they will usually remember your face they want to talk to you by name. Help them avoid frustration by mentioning your name early in the conversation.

9) To most care center residents, touch is a very important communicator of genuine concern, personal affirmation and sincere affection. On the other hand, you should be sensitive to the fact that some residents are uncomfortable with being touched.

10) Due to immobility, poor hearing and reduced peripheral vision, elderly residents have difficulty changing their direction of focus when someone approaches on the side or from the back. Therefore, draw near to them from the front and speak to them face to face.

11) When speaking to a resident, pronounce your words distinctly and with a clear voice. Use no greater volume than is necessary for them to understand you plainly.

12) Do not use baby talk in your conversation.

13) Ask open-ended questions to encourage conversation. LISTEN!!! No matter what your role in the facility, be quick to listen to the resident.

14) Give them as much control of the conversation or activity as possible.

15) Before moving someone in a wheelchair always ask or tell them where they are going. In this way, being polite and considerate, you may also prevent hand or foot injury.

16) Most LTC residents in the United States consider themselves Christians and many are stronger in their faith in Jesus than you are. Be careful not to "talk down" to them.

17) Avoid making a commitment unless you are sure you will be able to keep it. Good intentions count a little but they're not good enough when a resident is devastated with disappointment!

18) Older persons are just like you, only to more extremes at times because they have the added weight of age and experience! This works for them in some ways and against them in others. Be patient. Be kind.