# Spiritual Health Program

## Guidelines for Worship in Residential Care Facilities

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Guidelines for Worship

The first part of this section (The Rationale for Ecumenical Worship Services) defines what an ecumenical worship service is and explains why we include them in spiritual care services for residential care. The second part of this section includes practical guidelines (Guidelines I and Guidelines II) for conducting a worship service in a residential care facility. You may wish to go directly to the guidelines and read the rationale section later.

The Rationale for Ecumenical Worship Services

The Spiritual Health Program sponsors ecumenical worship services in Island Health residential care and short stay facilities. These facilities are Aberdeen Hospital, Glengarry Hospital, Mt. Tolmie Hospital, Priory Hospital, Saanich Peninsula Hospital, the Gorge Road Hospital, and Dufferin Place. The Spiritual Health Practitioner responsible for these facilities invites individuals and groups from the greater Victoria area to lead the worship services at these facilities.

Note: The current title of the Island Health staff person, who supervises the volunteers who lead worship services in the above mentioned residential care facilities, is “Spiritual Health Practitioner”. This title has replaced the former title “Chaplain”. “Island Health” refers to the Vancouver Island Health Authority.

Spiritual Health aims to meet the spiritual needs of residents in the best way possible. We evaluate our programs and events by asking, "Does this program or event best meet the needs of residents? Could the program or event be improved to better meet the spiritual needs of residents?"

Our residents have diverse religious affiliations. Ideally we would be able to provide worship services on site for residents of every faith and denomination. At the present time our resources only enable us to provide regular ecumenical worship services for residents with a Christian affiliation, since the vast majority of residents with a religious affiliation are associated with one of the Christian denominations. In order to support other residents and upon request, Spiritual Health makes their best effort to arrange a visit from their own Faith community, if they request.

What is an ecumenical worship service?

We define a religion to be a spiritual way of life, based on a set of beliefs or a holy book, and practiced by successive generations of people. Some examples of religions are Buddhism, Christianity, Hinduism, Islam, and Judaism, and Taoism.

We define Christianity to be the religion which has the Christian Bible as its one and only holy book, and has been practiced since the time of Jesus. We define a denomination to be a community of people practicing a version of the Christian religion. Some examples of Christian denominations are the Anglican, Baptist, Lutheran, Greek Orthodox, Pentecostal, Presbyterian, Roman Catholic, and the United Church of Canada. There are many more Christian denominations.
In these guidelines we speak of **ecumenical** and **interfaith worship services**, which are different. Ecumenical worship services include only the scripture and beliefs of the Christian religion, whereas interfaith worship services include the scriptures and beliefs of more than one religion.

An *ecumenical worship service* is designed to meet the worship needs of Christians of all denominations, and, therefore, expresses universal Christian beliefs, and uses universal Christian symbols. It contains what the majority of Christian worshipers can embrace within their religious beliefs. Ecumenical worship services focus on the expressions and practices which are common to most Christian denominations to avoid offending participants.

An *interfaith worship service* includes people from more than one religion, and features writings and prayers which demonstrate universal beliefs and principles common to the major world religions. An interfaith worship service in Victoria could include Christians, Jews, Muslims, Buddhists, and perhaps people of other religions.

**Why sponsor ecumenical services?**

At one time in Western history, ecumenical worship services did not normally take place. Some churches even prohibited their members from worshiping with Christians of another denomination. Official relations between churches tended to be cool and distant. Since the mid twentieth century relations among churches have generally improved. Most Christian churches today are more inclined to celebrate what they have in common than what separates them. While they do not view ecumenical worship services as a substitute for their own denominational services, they encourage their membership to participate in ecumenical worship when the opportunity avails them. It has been our experience in our long-term care facilities that many residents with diverse denominational affiliations enjoy our ecumenical worship services and find them spiritually fulfilling. The common worship with other residents enhances their sense of community in the facility.

Whereas ecumenical worship services can largely meet the religious and spiritual worship needs of Christian residents, interfaith services would not. Relatively few of our current residents belong to a religion other than Christianity.

**How does the worship leader ensure that a service is ecumenical?**

An ecumenical service most often uses passages from the Bible, traditional Christian hymns, and prayers.

Worship leaders avoid saying anything that would offend the residents in attendance.

Worship leaders use vocabulary and a style of worship which is familiar to Christians of all denominations. They try to use words and symbols that everyone will understand.

**About our residents**

Most residents use wheelchairs and may not hear or see well. Many of our residents have poor short-term memory, short attention spans, find abstract concepts difficult to
understand, and are not able to follow complex reasoning. Although some residents are not
cognitively impaired, any group gathered for worship will include a number of residents
who have the above mentioned challenges.
Because some residents have a limited attention span and stamina, it is best for a worship
service not to go longer than a half-hour

**Guidelines I: The Worship Experience**

**Provide a meaningful experience**

Worship should be conducted so as to provide a meaningful spiritual experience to all
those in attendance. Everything that is done during worship should communicate
something to each resident. Residents who are cognitively alert and capable may get one
thing out of some part of the worship service while more disabled residents appreciate
something else.

For example, if the congregation sings a hymn, some residents will clearly understand the
meaning of the words and appreciate the message they convey. Other residents may not
understand the full meaning of the words, but enjoy the music and singing.

**Maximize resident participation**

As far as possible involve the residents in activity. The best way to do this is through
singing hymns. At least half the worship time should be devoted to singing. Ask the
residents to recite along with the worship leader a familiar prayer, such as The Lord's
Prayer or the Twenty-third Psalm. Invite the residents to bring forward prayer petitions.
Engage the residents in dialogue during the worship by asking questions and inviting
comments on what you are saying.

**Hymn books and assisting residents to find the right page**

Most of our residential care facilities have large-print words-only hymn books that can be
distributed to residents before the worship service and collected afterwards. Worship
groups are free to bring their own books for use at the service, or hand out photocopied
hymn sheets. When a hymn is announced residents may need assistance finding the correct
page. Help them find the hymn or exchange their hymn book for one which is already open
to the right page..

**Engage the senses**

Use props such as banners or other things residents can see or touch. An example would be
a cross covered in velvet and stuffed so that it could be squeezed, or a Bible covered in
material. Use colourful rather than abstract language.

**Speak so residents can hear and understand**

When speaking, speak slowly, clearly and strongly. Try to project your voice. Some
residents may have a hard time hearing. While some facilities have sound systems with a
microphone, most do not. Worship groups are free to bring their own portable sound systems.

Choosing hymns

Choose hymns that the residents are likely to know and have sung for many years.

Effective preaching

Keep your sermons short. It is better to give a two-minute talk before a hymn and another two-minute talk after the hymn than to give one four-minute talk. Two minutes should be the maximum length for any sermon or message.

Keep it lively

Residents, even those cognitively impaired, will pick up feelings and emotions, and respond to movement. If you are energetic and lively, the residents will tend to become more energetic and lively. If you are dull, static and monotonous, the residents will stop paying attention and may even fall asleep. On the other hand, if you are too loud or speak too quickly it may confuse and agitate some people. Find the right balance to keep peoples' attention focused and raise their spirits. Remember that while some residents are hard of hearing, others have hearing aids that magnify sound and may make certain kinds of loud sound painful.

Keep it simple

Avoid complex theological language. Use and reinforce the ideas and images that the residents would have learned growing up. Tell stories. The Bible is full of wonderful stories. Use language that evokes feelings as well as ideas. Consider the difference between the following two statements: "God wants what is best for you" and "Today God is giving you a big hug." What is best for a person may be hard to grasp, but everyone knows what a hug feels like.

Guidelines II: Hospital Protocols and Worship Tips

Do not come to the facility if you are sick. You may still be infectious after your symptoms have gone away, so wait a week after the symptoms have disappeared before coming to lead worship. When you enter the facility wash your hands thoroughly with warm water and soap up to the wrists, between the fingers and under rings, so that you do not bring germs into the facility. Also wash when you leave so that you do not take germs from the facility into the community.

If you cannot lead worship at the time you are scheduled, and cannot find someone to take your place, please talk to your Island Health Spiritual Health Program contact person. The contact person may be able to find someone to fill in. It is important that you talk to the contact person, not just leave a message, because they may not get the message in time. If you cannot talk to the contact person, please call the hospital where the service is to take place and inform them that there will be no service. If you do not inform the contact person
or the facility that you are not coming, staff will bring residents to the worship area, and they will be upset when you don’t arrive. We expect people to do their best to show respect and care for residents and staff.

Keep in mind that personal information about residents is to be treated confidentially. You may see or hear all kinds of things about residents, their health, and their families. Keep it to yourself.

We want to encourage residents to grow stronger in the faith they have. We do not want to change what they believe or convert them to our way of thinking. Worship leaders and all spiritual care volunteers are not to challenge or attempt to alter the religious beliefs of residents. Do not proselytize. Focus on what all Christians hold in common.

When you and the worship team arrive at the hospital, go to the nursing stations on all the units and let them know the time and place of the service. Ask the person on duty to inform staff, and make an announcement over the PA system if that is allowed. If you alone are the whole worship team, ask the staff to help bring residents to the worship area. Often staff will help if they are not busy with other duties. After checking in with the nursing staff, you can also ask residents you see on the unit who are in wheel chairs and awake if they wish to come to worship.

When speaking to a resident in a wheel chair, stand or crouch in front of them so that you do not tower above them. If their language is confused, be attentive to body language and try to pick up on their feelings. The smile is a universal language: use it and respond to it.

If a resident becomes agitated and aggressive, seek the assistance of staff immediately. Do not place yourself close enough to be hit if the resident strikes out with their hand or foot. Report any resident behaviour that seems to put the resident or others at risk to staff immediately.

Do not lift, transfer, walk, feed or toilet residents. Ask staff to do this if it is necessary.

Some units have amplifiers, microphones and speakers. Use them if they are available or bring your own if you have them and set the volume loud enough for everyone to hear, but not too loud. If you are leading singing, be careful in using the microphone so that you do not drown out the congregational singing. If you don’t have the use of amplification equipment, make sure you speak loudly and clearly and slowly enough for people to follow you. Even if you do have amplification equipment, you will communicate better if you speak distinctly, slowly, and use everyday words.

If you have enough people helping you, greet residents when they arrive in the worship area and welcome them warmly. After bringing a resident in a wheelchair, engage the brake on the wheelchair for safety purposes. When the service is over, return the residents back to their units or rooms. Wheelchairs will often have the resident’s room number attached. Residents who arrived on their own can usually return on their own. While residents are being taken back, have someone stay with the residents who are waiting to go back. This will give members of your team a chance for one-on-one fellowship with residents.
Take every opportunity to thank staff for their support and assistance.

**The Role of the Spiritual Health Practitioner**

Spiritual Health Program staff for long-term care are responsible for recruiting, training, supervising, and supporting volunteer worship leaders and Spiritual Care volunteer visitors. Spiritual Health Program staff want and need to hear your concerns. If you have any problems or requests, please mention them. If you have any suggestions for improving worship, please make them known. Through sharing our experiences, successes and failures we can learn from one another and support one another in this ministry of worship.

**Conclusion**

There are few experiences that bring more joy than a well-conducted worship service. Finding what works is often a matter of trial and error. Be willing to learn what works best.

Be observant and take your cues from the residents. When something goes over well, you will see it in their reactions and on their faces. If it works, make it a regular part of your worship style. If it doesn't work, try a different approach.

It is well-known that residents, families and staff look forward to and appreciate these services. Worship lifts the spirits of the residents and those who lead them.
Appendix

Wheelchair Safety and Etiquette Handbook

Developed January 2000
Volunteers and Volunteers
***ALWAYS EXPLAIN TO THE PERSON WHAT YOU ARE GOING TO DO***

If you have any questions involving wheelchair safety, please ask a staff member. Remember, the patient/resident's safety depend on you!

If at any time you notice that a wheelchair is in need of repair [i.e. brakes don't hold, foot pedal continually drops, etc.] please inform staff.

If the patient/resident needs to be re-positioned, please ask staff for assistance. REMEMBER, VOLUNTEERS NEVER LIFT OR TRANSFER PATIENTS/RESIDENTS!

When outside of the building, brakes should be applied whenever you are not holding on to the wheelchair EVEN FOR A MOMENT.

The position of the patient/resident is very important. If there are footrests, the patient/resident's feet must be on them. The patient/residents' hands must be on their armrests or their laps to ensure their fingers will not get caught in the spokes of the wheel.

If the footrests are not present when you are walking a patient/resident, please ask for them. This prevents their feet from dragging on the floor and being uncomfortable.

When going down an incline, please turn the wheelchair and go down backwards. If going up an incline, please go forward.

When going downhill, do not rely on the plastic handle of the wheelchair, this may slip off. Hold on to the metal back support of the wheelchair.

**If you are going on an elevator, turn the wheelchair to face the door and let the patient/resident know if it is going up or down.**

**GOING UP**

When pushing the wheelchair over a doorsill or other barriers:
- **STOP.** Tell the person what you are going to do.
- Step firmly on the tipping bar [the rungs at the bottom of the wheelchair] and at the same time press back and down on the handlebars.
- Then move the wheelchair forward until the small wheels pass over the curb and the large rear wheels come in contact with the curb. To protect your own back against excess strain, move as close as possible to the chair, keep your elbows close to your side, and keep the wheelchair close in front of you. This ensures that the large, strong muscles of your legs are doing the work of pushing NOT your back.
- By leaning forward and pulling up on the handlebars, you can lift the wheelchair over the curb.
- If you feel that it is too steep, seek help or an alternate route.
GOING DOWN
When coming off a curb:
• As you approach the curb, STOP. Again tell the person what you are going to do.

• Turn the wheelchair around and back the wheelchair over the curb.

Meeting someone in a wheelchair should not be an awkward situation. However, many people are unsure of how to act, which can create some embarrassing moments. These tips serve as an informational guide of wheelchair etiquette to help prepare people for encounters they may have with wheelchair users.

1. **Ask Permission**
   Always ask the wheelchair user if he or she would like assistance before you help. It may be necessary for the person to give you some instructions. An unexpected push could throw the wheelchair user off balance.

2. **Be Respectful**
   A person's wheelchair is part of his or her body space and should be treated with respect. Don't hang or lean on it unless you have the person's permission.

3. **Speak Directly**
   Be careful not to exclude the wheelchair user from conversations. Speak directly to the person and if the conversation lasts more than a few minutes, sit down or kneel to get yourself on the same plane as the wheelchair.
4. **Give Clear Directions**
   When giving directions to a person in a wheelchair, be sure to include distance, weather conditions and physical obstacles, which may hinder a wheelchair user's travel.

5. **Wheelchair Use Doesn’t Mean Confinement**
   Be aware that persons who use wheelchairs may not be confined to them. When a person transfers out of the wheelchair to a chair or bed, do not move the wheelchair out of reaching distance.

6. **Some Wheelchair Users Can Walk**
   Be aware of a wheelchair user's capabilities. Some users can walk with aid, such as braces, walkers or crutches, and use wheelchairs some of the time to conserve energy and move about more quickly.

7. **Wheelchair Users Aren't Sick**
   Don't classify persons who use wheelchairs as sick.

8. **Wheelchair Use Provides Freedom**
   Don't assume that using a wheelchair is in itself a tragedy. It is a means of freedom, which allows the user to move about independently.