



▪ **Handbook for  
Successful Visiting** ▪

---

## Table of Contents

---

2	Introduction	17	Intergenerational Visiting
3	Riverview's Mission Statement		<i>Preparing Younger Family Members</i>
3	Riverview's Vision	19	Saying Goodbye
3	Riverview's Values	20	Gifts
5	Goals of Visiting	21	Commonly Asked Questions
6	Who Should Visit	23	Special Considerations
6	When to Visit	24	Questions
7	Why Visiting May Be Difficult	25	Checklist for a Successful Visit
10	What to do on a Visit	26	Resources
14	Where to Visit		
15	Improving Communication		
	<i>How to Communicate During Visits</i>		

---



This book is dedicated to the families and faithful friends who come and visit the residents at Riverview Health Centre.

Special thanks to Elizabeth McKean, author of the original manuscript, for her enduring dedication to the residents of Riverview Health Centre.

Thanks also to the committee of caring staff and family members who supported this project.

---

## Introduction

---

This booklet is provided to help make visiting a little easier – and perhaps more rewarding – for you and the resident. We encourage you to try out the different suggestions outlined here. Some will work and some won't, but we hope the booklet will help your visits become positive experiences.

A person who develops significant physical or memory changes is sometimes placed in a care facility. If you are reading this booklet, it is likely that one of your family members or dear friends is in this situation.

It is not uncommon for people in your position to find it difficult and awkward to visit your loved one. You may not know what to say or do in these changed circumstances. But visits with family members and old friends are very important for care facility residents. It is the longstanding relationships in life – the ones that connect residents to the past – that are important in maintaining the meaning and quality of the resident's life.



---

## Riverview's Mission Statement

---

Riverview Health Centre provides specialized therapeutic and restorative health services to adult residents of Manitoba in a supportive environment that recognizes the cultural, spiritual and ethnic diversity of our community. Innovation through education and research activities in collaboration with community partners is integral to the achievement of this mission.

---

## Riverview's Vision

---

Building on its legacy of care and tradition of excellence, Riverview Health Centre will be a leader in providing innovative programs in service, education and research that promote the health and well-being of adult Manitobans.

---

## Riverview's Values

---

We believe that our values are the foundation upon which our success is built. It is through the contribution of our staff and volunteers that we strive to live these values daily.

### **PATIENT FOCUSED CARE & SERVICE:**

The resident/patient and their family are at the center of all activities and are entitled to personalized, compassionate and competent care and service which optimizes independence and quality of life. Residents are unique individuals with goals, strengths and limitations, rights and responsibilities who, to the extent of their ability, are empowered by freedom

of choice to participate in decision making regarding their care.

### **COMPASSIONATE, COMPETENT, KNOWLEDGEABLE STAFF:**

We believe that the unique and important contributions made by all staff and volunteers are essential to the provision of quality care and service. Through provision of a supportive, learning work environment, we aim to promote staff competence, effectiveness and knowledge.

### **EXCELLENCE AND INNOVATION IN CARE & SERVICE:**

We strive for excellence in care and innovation in programming. We actualize this value through the provision of education and the promotion of research.

### **COLLABORATION & TEAM WORK:**

We believe that through cooperation and collaboration, individuals and teams achieve quality and innovation in care and service.

### **TRUST, HONESTY & INTEGRITY:**

We believe that these are the values that guide our interactions with our patients, residents, families, employees and volunteers.

### **RESPONSIBLE RESOURCE MANAGEMENT:**

Effective and efficient use of available resources ensures that the Centre's tradition of providing excellence in care will be sustained from the present into the future.

### **RECOGNITION & CELEBRATION OF ACHIEVEMENTS:**

Recognition of the contributions of individuals to the achievements of the organization is a source of pride and pleasure. Good work is celebrated.

---

## Goals of Visiting

---

Visiting is all about being together with people you care about, sharing present events and reliving past memories. Visits can also be an important time for both you and your family member or friend to heal past hurts and to grow closer together.

People visit to:

- give the resident something to look forward to
- help keep strong links between the resident's family and community
- stimulate physical and mental health abilities
- maintain the resident's sense of dignity and self worth



- promote feelings of achievement
- provide company, friendship, support and help
- make sure the resident is receiving good care

If you keep these goals in mind, you may find that your visits become more meaningful. To help you, we have included a section called Checklist for a Successful Visit on page 25 of this booklet.

---

## Who Should Visit

---

Anyone who was important to the resident throughout his or her lifetime should visit. Care facilities, such as Riverview Health Centre, generally have few or no restrictions on who can visit. Young children and pets are usually welcome. Pets are not allowed in areas where food is served. Ask the staff if there are any rules about pets visiting.

---

## When to Visit

---

Most facilities have very few restrictions on when you can visit. However, to make sure your time with the resident is worthwhile for both of you, you may need to consider certain factors, such as:

- Does the resident have a “good” or “bad” time of day? There is no point in visiting in the afternoon if the resident can't stay awake during this time.
- Are there scheduled appointment times – with the physician or other specialists (dentist) – that would interfere with your visit? If you visit during these times, you'll spend most of the visit waiting for the resident to come back from an appointment.
- Is there a special recreation program that you would like to attend with your relative/friend? Does the resident have a special recreation program that he or she would like to attend, but won't/can't while you are visiting?

- Does the resident have other regular visitors? Can these visits be spread out through the week/month? One visitor at a time may be more enjoyable for the resident than four visitors at once. When a number of visitors come at one time, the resident may get left out while the visitors talk to each other.
- Is there a special out-of-town person visiting this week? Maybe this is a good week for you to take a well-deserved break.
- If you are feeling guilty because the resident claims that visitors never come (but you know that they do!), keep a calendar or guest book in the room for all visitors to sign. Then, when the resident says that he or she never has any visitors, you can show them who has visited and when.

---

### Why Visiting May Be Difficult

---

Like many other family members and friends, you may find it difficult to visit once a person is placed in a care facility. The reasons for difficult visits may include:

*A feeling of uneasiness about the environment in the nursing home.*

“It’s a place full of old, sick people with varying degrees of physical or mental disability.”

*Difficulty interacting with a family member or friend because of the physical and/or cognitive changes of the resident.*

“I can’t stand looking at my dad – ever since his stroke, he drools all the time.” “My mother doesn’t even recognize me any more.”

*The reality that your prior relationship with the resident often comes into play during visits.*

“Mother complains all the time when I visit – I don’t visit often enough, I was mean to place her in the nursing home. It drives me crazy – all my life, all she ever did was criticize me.”

**It is important to identify what it is that actually makes you feel uncomfortable.**

If it is the *physical environment* of the care facility that bothers you, visiting on a regular basis may actually help to minimize your discomfort. People often find that, once they become familiar with the environment, they become more comfortable in it. If you can’t get over your unease, find a spot for your visit that seems less institutional, such as your family member’s room, a lounge or a garden.

If it is the *physical and/or memory changes* in your family member or friend that disturb you, arm yourself with knowledge. We are often most uncomfortable with things we don’t understand and don’t know how to cope with. Learn about your

family member/friend's disability and its effects on the person. Try to obtain information on how to interact with the resident. Staff at the care facility can be an important resource in helping you learn how to overlook the disability and make the most of the remaining strengths of your family member/friend.

If it is the *emotional aspects* of the visit that are difficult, try to figure out what it is about the situation that is causing you emotional distress. There are several possibilities.

- For example, people enter a care facility because their care needs are beyond what can be provided at home by their family, even with supports. This reality can cause great emotional distress – guilt, anger and grief – in both you and your loved one. Visits can bring out these emotions.
- If your past relationship with the resident was stressful, and there are unresolved points of pain in your relationship, you may be trying to resolve these issues during your visits. These visits become difficult because of the expectations and emotions that you bring. You may need to accept that you are not going to be able to heal past pains.

Understanding and coming to terms with your emotions can ease some of the stress of a visit. Individual counselling or joining a support group may be helpful. Speak to the unit staff about resources available to you.

## What to do on a Visit

- Do you find the visit boring?
- Does the visit follow the same pattern time after time?
- Are you watching the clock throughout the visit waiting for a time when it would be acceptable for you to leave?
- Is the resident sleeping through most of your visit?



If you answered yes to any of these questions, you are not alone. Successful visiting is an art, and it takes a certain amount of planning, effort and energy to turn a visit from just spending time into being special.

### *Nursing home visits are different than hospital visits:*

When people are in a hospital, they are usually in for a short time because of an acute health problem. Visits usually take place in the room or on the unit so the resident can be supported through the health problem. The focus of the resident's life is on the acute health problem and on getting better and, as a result, the visit also revolves around the health problem.

On the contrary, when someone is in a care home, the facility literally is “home” for the rest of the person's life. Health problems may exist, but **the objective of visiting is to provide the best quality of life possible within the resident's limitations.**

The routine of the facility can appear to be boring. However, participating in recreation programs and other activities during your visits can provide residents with something interesting to do. The only limits to activities are your imagination and an individual's abilities.

***Adjusting activities for the physically frail:***

Many residents are physically frail. You may be afraid that an activity is too strenuous for the resident. While some activities may be too taxing, even the most physically frail person needs some fun in his or her life.

If you have an idea for an activity, but are worried about whether the resident can physically cope with it, don't give up on the idea. Discuss it with the resident and staff. Could you engage in the activity for a shorter period of time? Or could the activity be adjusted to suit the abilities of the individual?

Most interests or activities can be adjusted. For example, perhaps your family member was an avid gardener, but now has limited ability to move. You can help the person to maintain this special interest by attending a gardening show or by bringing in some flowers for holding and smelling.

If you don't know how to adjust an activity to the appropriate functional level for your family member, ask for help from staff.

**SUGGESTIONS**

***Be Creative:*** Don't do the same activity over and over again. Try different activities. Talk to the activity worker or occupational therapist to get ideas.

***Consider Past Interests and Hobbies:*** If you base an activity on a past interest, you will likely get a positive response from the resident.

***Use an Activity Jar:*** Make an event out of pulling a suggested activity for the next visit out of an activity jar in the resident's room.

***Stimulate the Senses:***

- **Hearing** – Listen to favourite music or new music; read aloud passages from books, newspapers, letters from friends/relatives; go outside and listen to the sounds of nature or traffic.
- **Sight** – Look through magazines or photo albums; use seasonal decorations to brighten the resident's room; spend some time window gazing.
- **Touch** – Bring in a baby or a puppy for the resident to hold; encourage the handling of fabrics of different textures; rub lotion on the resident's hands, back or feet; bring seasonal objects for the resident to touch, such as leaves, flowers, snow, etc.
- **Smell** – Bring in a variety of herbs; visit a baker; bake or cook a favourite food for the resident.
- **Taste** – Arrange for snacks with a variety of textures, flavours and temperatures (hot, cold, sweet, sour, crunchy, smooth); bring in a home cooked meal. Note: Before providing food, check with staff about any dietary restrictions.

**Reminiscence:** This is one of the most important of all activities. Through reminiscence, you and your relative/friend can better appreciate the person's life. For the resident, reminiscence can validate his or her life and the uniqueness of that life. Here are some ways to help the resident to reminisce:

- Review old photo albums, books and magazines together.
- Encourage the resident to tell stories about his or her earlier life.
- Compare and contrast how the resident did the tasks of daily living (cooking, housekeeping, getting to work, etc.) with how it is done today.
- Look at old objects or pictures of old objects. Discuss the role of the object in the resident's life.
- Make a Life History board together.
- Visit places of past significance to the resident, family or the community.

### CAUTION

In this pamphlet, we have encouraged you to be creative in the activities that you and the resident participate in. However, for some residents with memory changes, a definite routine works best, and variation in that routine may be upsetting. If you find the resident becomes distressed by new activities – or even by leaving the unit – you may have to restrict your activities. Discuss your concerns with staff. They will be able to assist you in developing a specific plan of activities that is appropriate for your relative/friend.

## Where to Visit

Visiting in the resident's room can provide you with some needed privacy, but always visiting there can be boring. Use your imagination to pick places to visit. Varying where you visit can also add different activities to your list.

- Sit by a window and discuss what you see.
- Join in with a unit activity program.
- Visit in the lobby or in the chapel.
- Walk in the hallways or tunnel.
- Go outside.
- Bring the resident to your house or go to a local mall or tourist attraction.
- If the resident would appreciate a movie or a concert, go for a night out!
- Take the resident for a meal or tea in a restaurant, making sure you avoid peak times.



Winnipeg Free Press, November 14, 2001.  
Reprinted with permission.

## Improving Communication

An important component of every visit is the communication that occurs between you and the resident. Therefore, you must try to minimize any problems caused by:

1. sensory deficits (hearing, vision)
2. physical disabilities
3. the memory changes in the resident

Here are some ideas:

- Learn all you can about the specific communication problems that your family member/friend has, along with action you can take to reduce the effect of the problem. (For example, should you sit on a certain side of the person to accommodate a hearing loss?)
- Create a comfortable environment – physically and emotionally – for both of you.
- Place yourself at eye level with the resident.
- Use your normal conversational voice when speaking.
- Don't talk "baby talk."
- If you or the resident need a hearing aid, glasses or communication board, make sure they are in place and working before you start.
- If the resident doesn't understand what you are saying, try using different words.

- Be patient – your family member/friend may need time to take in, understand and come up with an answer.
- If your family member/friend has trouble expressing him or herself:
  - Make a reasoned guess at what the person is trying to say and see if he or she concurs with a nod of the head.
  - Try to avoid asking information-seeking questions, such as: "What did you do today?"
  - Instead of questions, use statements, such as: "You look nice today" or "That is a pretty sweater."
- If your family member/friend has experienced memory changes:
  - Use a calm, reassuring voice.
  - Use short, simple sentences. Be clear.
  - Break down instructions into steps. Give instructions one step at a time.
  - Provide visual cues through gestures or pictures.
  - Don't give too many choices.
  - Watch the resident's non-verbal communication for clues.
  - As language skills deteriorate, place less emphasis on expecting answers and more emphasis on how much the resident appears to achieve contentment and pleasure from the "conversation."
  - Be receptive to changes in mood or behaviour and adjust what you do and say accordingly.

We tend to think of communication as “talking.” But remember, non-verbal communication is equally, if not more, important. Try a hug if all else fails.

**Remember: You don't have to fill every second of the visit with conversation. Just being together may be enough.**

---

## Intergenerational Visiting

---

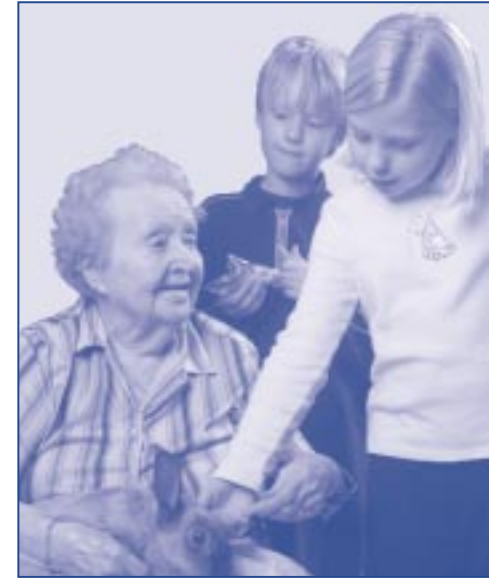
An important part of remaining connected to one's family is to have contact with members of all generations of that family.

For example, it is important for the resident to maintain contact with grandchildren after placement in a nursing home, especially if the resident enjoyed a close relationship before. In such cases, loss of contact with grandchildren may be perceived by the resident as abandonment or punishment.

But it's not just the resident who can benefit from intergenerational visits: younger family members also benefit from seeing older family members, even after they are ill and frail. Visits with a grandparent show that families can stay committed to all of its members. These visits also show younger family members that the life cycle is a natural process.

Very young children rarely react negatively to older or ill people, but may be fearful of going into strange environments. Older children and teenagers may respond negatively to illness or disability, and may need time and assistance in adjusting.

Your reaction to visiting – and to aging in general – will have an effect on these children. If you can show them, through modeling, that visiting with an older relative or friend can be rewarding and worthwhile, then the children's visits are more likely to be positive intergenerational experiences for everyone.



### *Preparing Younger Family Members:*

- Describe what they are likely to see (people in chairs/beds, confused people wandering, etc.).
- Listen to their concerns and perceptions.
- Answer all of their questions.
- Acknowledge fears/concerns.
- Separate visit into segments and address how the child might feel and respond to each segment (e.g. entering the facility, interacting with staff and other residents, being in the room with Grandma, how Grandma has changed, etc.).

---

## Saying Goodbye

---

You may find that saying “goodbye” at the end of a visit is the most difficult part of the time together. For the resident, feelings of grief and abandonment may surface when the loved one leaves. For you, the visitor, leaving may bring out feelings of guilt. There are many approaches you can try to ease the transition of leaving. You’ll have to determine which one will be best in your situation.

**Set the Parameters:** Some people find that setting the parameters of the visit, either before the visit or at the start of it, helps. For example: “*Mother, when I come for my visit on Sunday, I can stay from 2 to 4 p.m.*” In other situations, not discussing the departure until the actual time works better.

**Be Consistent:** For some residents, consistency in the timing of your visits can be helpful in developing a routine. The resident then becomes accustomed to when you will be leaving.

**Plan an Activity:** Providing the resident with something else to do at the moment you leave may make the leaving easier (e.g. turn on the TV for a favourite program, go to the common area where there are other people to visit with, join a scheduled recreation program).

**Asking Staff for Help:** Request that the staff assist you in distracting the resident while you leave.

**Focus on the Positive:** Don’t focus on “I am leaving” but rather on “I will see you soon.”

**Provide Reassurance:** Reassure the resident that you care. Try a hug.

**Leave Quietly:** While it is usually better to tell the resident that you are leaving, in certain cases (e.g. a severely cognitively impaired resident) it does work better if you just leave without saying goodbye.

---

## Gifts

---

The tradition of giving gifts to celebrate special occasions can easily be continued for the residents. If you are having trouble thinking of gift ideas, here are some suggestions:

**Appropriate Clothing** – staff can assist you in determining what clothing would be appropriate. Safety in footwear and ease of dressing in clothing should be considered.

**Toiletries** – such as hand lotion, nice shampoo, perfume, soaps, a shaver, a hair brush.

**Photos** – either an old photo of something of significance to the resident or a new family photo.

**Food** – taking into consideration any current dietary restrictions.

**Audio Tapes** – of talking books or music.

**Gift Certificates** – for hairstyling or a manicure.

**Calendars**

**Large Print Books**

*Plants* – please note that staff do not have the time to care for residents’ plants, and the resident may not be able to do this. If you give a resident a plant, you will need to assume the responsibility for caring for it. Artificial flower arrangements may be more appropriate.

*Magazine or Newspaper Subscriptions*

---

## Commonly Asked Questions

---

### *How often should I visit?*

There is no right answer to this question. Only you can decide on the right amount of time you should spend visiting. One must consider the other demands in your life (job, other family), as well as your own health. If you are not taking time to maintain good physical and emotional health for yourself, you will not be able to bring your best to the visit. Sometimes fewer, but better quality, visits are the best compromise.

### **Remember:**

- Never say you are going to visit if you really are not planning to.
- If you promised to visit at a specific time, but now can’t visit at that time, notify the resident that you won’t be there. Don’t leave the person waiting.

If you are having trouble determining how often you should visit, speak to unit staff, the social worker or the chaplain. Their input may help.

### *Should I tell my family member if something bad has happened to someone in the family (e.g. death or divorce)?*

There can never be an absolutely right answer to this because there are always unique considerations in every situation. But, as a general rule, all family members should be advised about family issues, whether good or bad. Being part of a family involves both the good things and the bad things in life: just because a person is physically removed from the family doesn’t mean that he or she should be excluded.

As we can never be certain about the depth of understanding of an individual who has experienced severe memory changes, even they should be told about family issues. However, little is gained by repeating information they find distressing. With this population, it is often advisable to tell them once and then, unless they ask, don’t raise the issue again.

Planning when and how you will deliver bad news is important because, like you, residents may feel overwhelmed. It is important that they receive the necessary support at the time the news is delivered and afterwards. Questions that you need to consider are:

- Will you have the time and do you feel emotionally strong enough yourself to both give the news and to support the resident afterwards as he or she copes with it?

If not:

- Can you give the resident the news when a favourite staff person, the chaplain or the social worker is available to be with you? These individuals will be able to provide support to your loved one.
- Can staff, the chaplain or the social worker provide your family member with support in the days after you have given the bad news?

Whenever and however bad news is relayed to a resident, it is also important to give the details to staff. Then, if the resident is distraught in the coming hours or days, staff will be able to provide the appropriate care and support.

---

## Special Considerations

---

### *Comatose or Severely Cognitively Impaired Residents*

You may wonder if there is any point in visiting residents who are comatose or who have experienced severe memory changes. Questions you might ask are:

- How can I tell if my family member or friend knows I have visited?
- How do I know if my loved one benefited from the time spent visiting?

It's impossible to answer these questions with any surety. However, you may find it comforting to know that many professionals who work in this area believe that the person does know, at some level, that someone is offering support. And even though there is no way to tell if there is benefit to the resident, coming to see a loved one may benefit you by helping you to work through grief issues. Visiting is also important in ensuring that the resident is receiving good care.

### *A Resident Who is Dying*

At this time, visiting can be vitally important. By holding the resident's hand or offering ice chips, you are providing emotional support through this difficult time. But, being present at a dying loved one's bedside also provides the visitor with the opportunity to grieve and to come to terms with the pending death. If you find, however, that you are feeling overwhelmed by your grief during this difficult time, ask to speak to the chaplain or social worker.

---

## What if You Have Questions?

---

As a visitor to a facility, you play an important role in ensuring that residents receive appropriate care. Keep your eyes and ears open during your visits. If you see or hear anything that you have questions about, discuss it with the staff or Patient Care Manager as soon as possible.

---

## Checklist for a Successful Visit

---

1. Did your family member or friend seem to enjoy or benefit from the visit?
  - Did the visit provide the resident with some fun and give him or her something to look forward to?
  - Did the visit help to keep your loved one connected to family or the community?
  - Was the visit stimulating for your loved one, both mentally and physically?
  - Did the visit help the resident feel loved and supported?
  - Did you see anything on the visit that caused you to feel concerned about the care provided to your loved one or to anyone else on the unit?
2. What was the best part of the visit? What was the worst part? What would you change on future visits?
3. How did you feel about the visit? Are you looking forward to the next visit?
4. Are you feeling resentful that other members of the family do not visit as often as you do?
5. Do you need to take a break from visiting or adjust other responsibilities to allow yourself some quality time?

---

## Resources

---

Baycrest Centre for Geriatric Care. 1996. *Visiting with Elders: A Guidebook for Family and Friends*. Social Services Division, Baycrest Centre.

Thompson, Wendy. 1989. *Aging is a Family Affair: A Guide to Quality Visiting, Long Term Care Facilities and You*. Toronto: NC Press Limited.

Davis, Barbara. *Visits to Remember: A Handbook for Nursing Home Visitors*. Penn State.

*Tips on Visiting Someone in a Nursing Home*. Website address: <http://seniors-site.com/nursing/nhvisit.html>

Minnesota Alliance for Health Care Consumers. *Making Visits Meaningful*. Minneapolis, MN.

Copyright © Riverview Health Centre 2001. All rights reserved. No portion of this document may be reproduced mechanically, electronically or by any other means including photocopying without the written permission of Riverview Health Centre.



RIVERVIEW  
HEALTH CENTRE

One Morley Avenue, Winnipeg, Manitoba R3L 2P4  
Tel: 204.452-3411  
Fax: 204.287.8718  
website: [www.riverviewhealthcentre.com](http://www.riverviewhealthcentre.com)  
e-mail: [enquiries@rhc.mb.ca](mailto:enquiries@rhc.mb.ca)