

# Pastoral Closeness in Physical Distancing: The Use of Technology in Pastoral Ministry during COVID-19

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**Abstract:** COVID-19 has posed immense challenges for society in general, and for those who work in healthcare in particular. The impact and burden of pandemic isolation on the emotional and physical welfare of patients and staff is well documented. Healthcare systems have come under unprecedented pressure as a result of the pandemic, alongside the imposition of isolation, visiting restrictions, and public health measures to curb the spread of this virus. For patients in hospital, isolation has been further compounded by the necessary use of personal protective equipment, which is a physical barrier to communication for both patients and healthcare staff. These restrictions have also impacted on how healthcare chaplains provide pastoral care to patients, their loved ones, and to colleagues. This article from the Republic of Ireland shares the experiences of healthcare chaplains in the provision of pastoral care through the use of virtual video-call technology by way of tablets and/or other mobile devices. This new approach has proved to be an innovative way of providing pastoral care while having to remain physically distant. Considering the well documented burden of isolation and the societal reality of quarantine, the use of technology is explored by healthcare chaplains with the aim of maintaining pastoral closeness and care.

**Keywords:** chaplaincy, covid-19, virtual chaplaincy, pastoral care, isolation, Ireland, social distancing

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**Resumen (Español):** La Cercanía Pastoral en el Distanciamiento Físico: El Uso de la Tecnología en el Ministerio Pastoral durante COVID-19.

El COVID-19 ha planteado inmensos desafíos para la sociedad en general, particularmente para quienes trabajan en asistencia sanitaria. El impacto y la carga del aislamiento en lo emocional y en el bienestar físico de los pacientes y el personal está ampliamente documentado. Los sistemas de salud han sido expuestos a una presión sin precedentes como resultado de la pandemia, junto con la imposición de aislamiento, restricciones de visita y medidas de salud pública, todo para frenar la propagación de este virus. Para los pacientes en el hospital, el aislamiento se ha visto agravado por el uso necesario de equipo de protección personal, que hace de barrera física para la comunicación tanto para pacientes como para personal sanitario. Estas restricciones también han afectado la forma en que los capellanes del sistema médico brindan cuidado pastoral a sus pacientes, seres queridos y colegas. Este artículo de la República de Irlanda comparte las experiencias de los capellanes sanitarios en la prestación de cuidado pastoral mediante el uso de tecnología virtual de videollamadas a través de dispositivos electrónicos (tablets u otros dispositivos móviles) en el hospital. Este nuevo enfoque ha demostrado ser una forma innovadora de proporcionar cuidado pastoral, respetando a la vez el distanciamiento físico. Considerando lo bien documentados que están la carga del aislamiento y la nueva realidad social de la cuarentena, se explora el uso de la tecnología desde la perspectiva de los capellanes de salud, todo en pos de mantener la cercanía y la atención pastoral.

**Palabras clave:** capellanía, COVID-19, capellanía virtual, cuidado pastoral, aislamiento, Irlanda, distanciamiento social

## Introduction

Healthcare chaplaincy, by its very nature, is a personable act, a meeting between two people in which the spiritual and emotional needs of the patient are addressed and nurtured. Following the rapid onset of the global COVID-19 pandemic, every level of society has been confronted with the reality that physical proximity poses considerable risk of viral spread. In addition, the burden of morbidity and mortality associated with COVID-19 has been immense, placing health and care systems under unprecedented pressure. At the time of writing, the World Health Organization reports 7,145,539 cases and 408,025 deaths globally (WHO, 2020).

The rapid global progression of the virus has resulted in wide-ranging public health measures and the near collapse of travel and commercial activity in many parts of the world. It has also placed considerable strain on healthcare staff and, most importantly, on the patients who have contracted the virus and their loved ones, who are consigned to a place of powerless uncertainty in the absence of a vaccine or cure. This reflective article seeks to share how technology was implemented and used for the

provision of pastoral care services in the context of isolation during the acute phase of COVID-19 in an Irish healthcare setting.

Face to face presence and communication have hitherto been an unquestioned dimension of pastoral care in healthcare. So much of what chaplains are said to “do” is closely linked with the embodied presence of the chaplain with a patient (Kelly, 2012). It is through the presence of the chaplain that meaningful pastoral care is provided as both chaplain and patient engage at a deeply human level (Nolan, 2011, 2012). Pastoral ministry, and thus pastoral care,<sup>3</sup> is enhanced through the appropriate use of touch, ritual, and gesture alongside the use of silent reflection and deep listening as a patient shares what are often ultimate concerns and deeply personal matters that may arise during their time of illness. It has been the unquestioned norm that such care is provided through the person of the chaplain, where pastoral care is above all a supremely relational endeavor.

The literature on the value of pastoral care during illness and end of life care points to the importance of presence, relationship, and trust as core dimensions of pastoral care in healthcare (Clyne et al., 2019). In the midst of suffering, trauma, or loss, the role of pastoral care has a meaningful place in the overall recovery of a patient who seeks to find meaning in their illness and to be accompanied on an unknown journey; in these situations, for the chaplain and the patient “presence is anterior to function” (Nuzum et al., 2017). How, then, can meaningful pastoral care be provided during COVID-19 imposed isolation?

## Isolation

Isolation is not an uncommon experience in a hospital environment, and healthcare chaplains/pastoral care teams are well trained to be able to minister with patients and staff in accordance with infection control policies and guidelines. In fact, a case can be made that patients in isolation require higher levels of support during what is by definition a time of seclusion and withdrawal from other community or familial support(s). Isolation is

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3. The terms ‘pastoral’ and ‘pastoral care’ derive from the Latin word *pastoralis*, traditionally meaning to shepherd individuals who require caring acts that assist with their healing, sustaining, guiding, reconciling, and nurturing, in order to address issues arising in the context of their daily interactions and ultimate meanings and concerns. Contemporary pastoral care has developed into a professional person-centered holistic care approach, recognizing pastoral/spiritual care interventions such as assessments, support, counselling, guidance, education, and rituals to assist with the spiritual, religious, or existential need(s) of a patient/service user.

challenging, and the experience of isolation has well documented negative impacts on patients' emotional well-being. A systematic review of studies on the impact of isolation identified increased scores for depression and anxiety, and reports of fear and loneliness (Abad, Fearday, & Safdar, 2010).

While not specifically focusing on spiritual impact per se, it is reasonable to conclude that such experiences will also have an effect on the spirituality/spiritual well-being<sup>4</sup> of patients, as well as having a bearing on the role of the pastoral care required to assist patients to access their religious/spiritual resources, in order to help them when experiencing the above-mentioned symptoms. A compounding factor in COVID-19 is the community public health nature of the COVID-19 virus, which has in effect necessitated quarantine in addition to isolation. A recently published rapid review of studies on the impact of quarantine highlighted that the psychological effects of quarantine are "wide-ranging, substantial and can be long lasting," as well as highlighting the importance of measures such as communication and meaningful activities to mitigate these effects (Brooks et al., 2020).

The impact of previous pandemics on healthcare staff is also well documented in the published literature, not least with respect to the challenges in providing compassionate care. A study conducted by Leong and co-workers following the SARS-CoV-1 epidemic of 2004 highlighted a number of spiritually related sequelae such as lower self-esteem, powerlessness, uncertainty, and loss of personhood (Leong et al., 2004). This experience is further compounded by the reality of necessary isolation restrictions and the impact of these restrictions on the ability of a chaplain to provide ministry, coupled with the use of personal protective equipment (PPE) by all healthcare staff, including chaplains. A recent Cochrane Review highlighted the challenges posed for healthcare staff by the evolving nature of PPE use, guidance, and adherence in COVID-19 (Houghton et al., 2020). While not specifically looking at spirituality or communication, early studies from Wuhan in China following the COVID-19 pandemic illustrate the emotional burden involved (Kang et al., 2020).

Considering the documented impact of isolation on patients on the one hand, and the impact on chaplains as healthcare professionals on the other, it is understandable that both sides of this reality in COVID-19 pose challenges to the natural ease, flow, and experience of communica-

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4. Spirituality can be defined as "the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred" (Puchalski et al., 2009, p. 887).

tion and pastoral care. If pastoral care and attending to the spiritual needs of patients are seen as an important part of overall healthcare and well-being, then the chaplain and healthcare facility are faced with the challenge of overcoming barriers imposed by infection control guidelines, in order to provide pastoral care. The alternative is to withdraw pastoral care, which would pose the ethical dilemma of knowingly contributing to an already isolating and distressing experience for patients, their loved ones, and staff colleagues. Among various strategies for emotional support for staff, the role of chaplains in supporting staff colleagues in the midst of COVID-19 has been recognized and encouraged by Greenberg and colleagues (Greenberg et al., 2020). As part of their professional education and training, multidimensional communication and relational approaches for spiritual/pastoral care are core competency outcomes in the education and assessment of healthcare chaplains/pastoral carers in Clinical Pastoral Education.<sup>5</sup> Accredited chaplains are therefore well placed to provide high-level pastoral care when faced with the challenges mentioned above.

## Interaction

In many ways, COVID-19 has changed how we interact as a society for ever. The Irish Taoiseach (prime minister) Dr. Leo Varadkar, highlighting the societal challenge and public health burden of COVID-19, addressed the country by saying, “We are asking people to come together as a nation by staying apart from each other.”<sup>6</sup> For the first time in our living history, we were being asked to socially distance ourselves for the protection of the other. This challenge for our society to adapt to a new way of living, working, and being was the backdrop to the more focused reality for healthcare settings where patients could no longer receive visitors, even if their condition was not COVID-19 related.

Healthcare chaplains as core workers do not, in the main, have the ability to work from home because our work is dependent on personal connection and presence. However, a recently published case study from Australia reported that in the authors’ healthcare institution spiritual carers were designated “non-essential” and asked to work from home,

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5. Assessment of competencies for spiritual/pastoral/religious care, Association of Clinical Pastoral Education Ireland Ltd. (ACPE), Dublin, Ireland: <http://acpeireland.com>; and the Canadian Association of Spiritual Care (CASC), Oakville, Canada: <https://spiritual-care.ca>.

6. See <https://www.gov.ie/en/speech/72f0d9-national-address-by-the-taoiseach-st-patricks-day>.

and there are also other reports of similar restrictions in other parts of the world (Drummond & Carey, 2020). For the Christian chaplain, models of pastoral ministry are naturally drawn from the Gospels. Drawing from the example of Jesus, who ministered to the most vulnerable members of society, who went out to the fringes, and who touched those who had leprosy, the question for healthcare chaplains is, how do we integrate this model of pastoral ministry when we are restricted in our ability to “be with” the other?

I needed clothes and you clothed me, I was sick and you looked after me, I was in prison and you came to visit me. (Matthew 25:36)

COVID-19 could be described as a modern-day leprosy. It has carried with it an air of stigma and fear. Those who have it are to be avoided, and interaction with people in general is to be very limited. This, of course, is necessary to prevent the spread of infection, but for the patient, it leaves them in a very isolated position at a time when they are at their most vulnerable. In his trial of isolation, Jesus was alone in the garden of Gethsemane pondering and worrying about what was to come. When patients are alone and isolated, it adds another level to their personal suffering. It is precisely at this moment that patients need chaplains to “keep watch” and be with them in their moment of despair. One of the most pressing challenges for pastoral care is the puzzle of “how do we remain ‘pastorally close while physically distant from patients with suspected or confirmed COVID-19?’” (Nuzum, 2020).

## Technology

It was the above question, backed up by the experience of being with patients in isolation, that prompted the use of technology to provide care, connection, and support. Data from other studies have shown how important communication is when patients are faced with distressing and potentially life changing situations when time, clarity, sensitivity, and humanity are valued (Nuzum, Meaney, & O’Donoghue, 2017). The capacity to provide this level of communication is challenging in the presence of the demands of COVID-19. Technology alone is not sufficient in itself – it can never be a replacement for physical, pastoral presence. It can, however, help us to meet a need when we are restricted in our ability to “be with” patients. Faced with this challenge, we were able to acquire electronic tablet devices for this purpose. This form of technology opened up many possibilities for us to provide pastoral care in a new, safe, and dynamic way. For patients who were COVID-19 positive, the use of electronic tablets enabled us to support

them without the need to be in the same room. At a time of fear, isolation, and uncertainty, the use of this technology restored a sense of dignity, and it allowed the pastoral relationship to form and flourish.

In an experience where patients meet all staff dressed in PPE, one of the immediate benefits of using a virtual video chaplaincy service was that there was no need to wear PPE; therefore, the patient can see and be seen face to face. The use of technology in this way overcame the inevitable barrier of PPE, thereby reducing the depersonalization and “othering” of both patient and chaplain. Pastoral ministry is dependent on our ability to read social cues, eye contact, silence, smiling, and nodding, in order to let patients know that they are being heard and seen. It is very difficult to do this meaningfully with PPE. Personal protective equipment is dehumanizing for both patient and staff. The use of technology for virtual face to face care also had the unintended benefit of preserving scarce supplies of PPE and reducing footfall in infected areas, thereby helping to contain the spread of infection.

## Ethical Considerations

When using this type of technology in a hospital setting, it is important to acknowledge that there are some ethical considerations which must be considered. In particular, it is important that a clear rationale for the provision of technology must adequately capture, in an operational guideline, the areas of privacy, etiquette, data protection, and consent. This technology can be positive and it can greatly improve our work, but one must also consider the potential negative effects of technology for patients and their loved ones.

Protecting patients is always our primary concern – attention should be drawn to hospital procedures and best practice pastoral/spiritual care guidelines (Drummond & Carey, 2020). Some practical issues arise such as the use of a private space, the need to protect other patients in the ward/clinical area, and the need to protect sensitive hospital data which might be at risk if these tools are misused. Boundaries should always be clearly explained before facilitating a video call between the patient and their family, especially if there are any disclosures made in the course of the virtual visit. The equipment used should be protected and cleaned in accordance with infection control guidelines.

Other disciplines have also initiated the use of virtual care and have demonstrated how electronic tablet devices can be used effectively in COVID-19, while maintaining infection control guidelines (Hollander & Carr, 2020). The use of virtual and online technology is increasingly

advocated in areas such as COVID-19 triaging and in the provision of mental health services (Cullen, Gulati, & Kelly, 2020). In a multidisciplinary healthcare environment, access to electronic devices might be an issue in terms of prioritizing usage. In our experience, this was mitigated through the allocation of a dedicated electronic device for pastoral care (with similar allocations to other disciplines). Our experience in pastoral care mirrors the valuable uses of electronic visual and virtual synchronous communication to provide personalized pastoral care during times of isolation.

### **Pastoral Care for Patients and Families**

As well as providing pastoral care by chaplains for patients, video technology can also be used to maintain connection between patients and their loved ones who are unable to visit due to infection control restrictions. Our experience is that this has made a very positive impact by enabling patients and their loved ones to connect visually in real time. At the time of writing, since the arrival of COVID-19 many patients have not seen their family members for up to three months. Families naturally worry about their loved ones, especially if they cannot see them. The lack of contact has caused families unnecessary worry and pain. Many family members shared with us that they feared that their loved ones were isolated and alone. Amidst all the unknown, their minds were naturally drawn to thinking about the worst-case scenario, in the absence of personal connection. The pain of separation leads to tangible negative effects, which ultimately hinders the patient in their recovery.

Studies from previous viral epidemics highlight the presence of spiritual and psychosocial issues for patients arising from isolation, powerlessness, stigma, uncertainty, fear, and loss of connection (Leong et al., 2004). In one of the first video calls we facilitated, the patient and their family members were silent for the first couple of minutes; there were tears of joy and relief. All the worry, anxiety, and pain dissipated in that moment – the silence was broken by a child saying “Grandad, look at my painting!” These are truly special moments which would not have been possible a number of years ago, and that is why this service is so important in a modern healthcare setting. In other situations, the use of technology enabled family members to have a final conversation, or to be virtually present for rituals/prayers at the time of death. In some cases, family members were able to join from other parts of the world, as travel restrictions prevented their attendance at what is a liminal and sacred time of transition for loved ones at the time of death.

## Pastoral Care for Staff

Recognizing that chaplains are also the providers of pastoral care to staff, the demands and burden of providing care in isolation, as documented above, have been considerable for the wider healthcare team. This has highlighted for us the value of pastoral presence and the support that chaplains can offer to staff colleagues (Greenberg et al., 2020). In addition to the support provided in hospital, we have also experienced how virtual pastoral care can also be provided for staff colleagues who wish to access it from their homes. Being able to connect face to face via video link in a private environment has provided valuable opportunities for staff support and solidarity. It has also proved helpful on occasion for connecting as a wider team virtually, when physical distancing requirements would otherwise prevent such a gathering for support. Preliminary feedback has been that this was considered beneficial and supportive in the absence of physical gatherings, which would ordinarily take place at times of increased pressure or distress in clinical care.

The use of virtual technologies can never replace the need to hold someone's hand at the end of their life, or to replace in-person presence. However, when faced with a sea of PPE, technology can make a considerable contribution toward humanizing and keeping the human at the center of care. Technology during a pandemic requires us as healthcare chaplains to be willing to adapt to new challenges, in order that we can still care in uncertain and challenging times. Technology can only ever be an instrument; the skills and professional art of the pastoral carer/healthcare chaplain remain key to the provision of exquisite and professional pastoral care, and arguably more so in a virtual sense without the benefit of physical presence. Pastoral relatedness, empathic care, and deep listening require more intention from the chaplain without the ability to be physically present.

## Conclusion

In the midst of what for many is an experience of powerless uncertainty, pastoral care can still be provided and maintained virtually. At a time when compliance is a key requirement of public health regulations for minimizing infection spread, it could be argued – based on published studies of pastoral care outcomes – that the provision of pastoral care can assist patients and their loved ones to stay the course of remaining physically apart for the common good, in addition to attending to the documented impacts of isolation (Lobb et al., 2019). Patient-centered care during a pandemic is a

challenge that must be overcome in a way that is safe for all involved. While we cannot control what happens in a pandemic, we can control how we as chaplains respond to it.

In this acute phase of a global pandemic, we are responding as best we can to the pastoral needs of patients, their loved ones, and staff colleagues by exploring the use of technology. In addition to the benefits of maintaining pastoral care, this approach also reduces the risk of infection for the staff chaplain, thereby protecting a valuable human resource and support for the healthcare community. There is much yet to be captured and understood about the longer-term spiritual impacts of COVID-19 and the absence of in-person human interaction, and what are supportive and transforming cultural, spiritual, and religious end of life care and funeral rituals. As one step in the process of maintaining communication and pastoral connectedness, our experiences commend the use of virtual video technology for maintaining connection, relationship, and belonging – key spiritual domains – against the backdrop of isolation and physical distancing. An example of spiritual closeness and pastoral care in a physically distant world.

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