

The changing landscape of the priesthood of believers through the evolution of virtual pastoral care models

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Abstract: Virtual pastoral care is a contemporary pastoral presence that is offered remotely through electronic devices and digital platforms. With the proliferation of cell phones and their capability to host digital platforms that are used in day-to-day human communication, the community of believers have adopted them to render virtual pastoral care. Thus, digital technologies is an integral part of the sustenance of the priesthood of believers. Based on this propensity, findings from a study conducted among neo-Pentecostals in Bushbuckridge culminated in the identification of six virtual pastoral care models that emerged from the use of digital technologies in virtual pastoral care. As these models use existing concepts from information and communication technology, the author argues that these models are not greenfield per se. However, they contribute to existing scholarship, and these emerging models are Hybrid Holistic Care, Blended Virtual Care, Digital Self-Care, Virtual Multimedia-aided Fellowship, Online Collaboration Referral, and Remote One-on-one Dialogical Care. Developed from the perspective of the convergence of theories in virtual reality and communal pastoral care, the author advances that these models may also benefit professions such as social work and nursing, among others.

Keywords: *virtual pastoral care, wholeness of life, autoethnography, self-care.*

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Introduction

The use of technology in pastoral care in the church has been evolving concurrently with technological innovations. Historically, relevant theories that emerged in pastoral care were generally derived from the kind of technology that is being used, such as tele-chaplaincy for remote pastoral care using a telephone and tele-counselling for counselling conducted over the telephone for service rendered over the telephone. This tendency continues to persist even in the digital age, as it is witnessed in concepts like WhatsApp Homiletics (Masoga 2020), twitter theology (Van den Berg 2019). However, due to the abundance of digital platforms that offer similar functionalities, concepts that are not tied to particular technology are used. This may include concepts like online church and church online (Cooper et al. 2021), virtual pastoral care (Saptorini et al. 2022; Nkuna 2024b). This paper has adopted the latter terminology due to the multiplicity of platforms that pastoral caregivers and care seekers use in the context of the data that have been used to develop the models that are being advanced here. The concept model is used interchangeably with strategy in this article to refer to the same thing.

This article presents some virtual pastoral care strategies that were developed from field data and sustained through existing theoretical concepts from the field of information and communication technology. Thus, it does not in any way posit that they are green fields but are presented from the basis of the research findings from the study conducted among neo-Pentecostals in Bushbuckridge, South Africa. Similarly, these models do not replace existing remote pastoral care practices or

any historical human pastoral intervention practices (Byrne and Nuzum 2020). In setting the scene for the discussion of the six virtual pastoral care model that are proposed from this study, the paper starts by clarifying its theoretical framework. It proceeds to offer a summary of the research methodology, and then the models are summarised.

Theoretical Framework

The study was conducted under the auspices of communal pastoral care, i.e. priesthood of believers which acknowledges that in contemporary society pastoral care is no longer exclusively offered by clergy. This theory advances that both laity and clergy may be involved in caregiving (De Vries 2018). This typically involves members of the congregation approaching either laity or clergy with a request for any form of support ranging from spiritual care to limited material support. Those who respond to such requests may do so as members of the local church who volunteer their services. They perceive their volunteerism as an offering that they derive from their familiarity with biblical examples (Cheung and Kuah 2019).

The proliferation and advancement of ICT contribute to this volunteerism due to technology's cost-effectiveness and convenience. In other words, any caregiving endeavour may be conducted remotely. This means that technology creates a sacred cyber space to conduct pastoral care rituals and services which was historically undertaken in physical spaces (Bryson, Andres, and Davies 2020). As the priesthood of believers accommodates the

involvement of laity who generally over their services as volunteers than clergy, the use of technology contributes to their voluntarism due to its cost serving benefits (Nkuna 2024a).

Methodology

The study employed a qualitative approach with data collected through autoethnography and interviews with both pastoral caregivers and care seekers. The qualitative approach was necessary because the researcher wanted to understand the phenomenon under investigation from the perspective of the research participants' experiences (Noon 2018). Autoethnography complemented the approach by bringing in the researcher's firsthand experience in conjunction with those of other research participants (Chang 2016). Data analysis was thematic and inductive in nature while existing theories were used in data interpretation. As the study is from the field of theology, it employed Osmer's (2012) theory of practical theology.

The Pastoral Care Models

Hybrid Holistic Care

Pastoral care (PC) has historically been practiced through physical presence during trying times, a practice that enabled both parties to enhance their communication through non-verbal cues (Byrne and Nuzum 2020). With the invention and sophistication of ICT, non-verbal cues are now possible even during remote communication through audiovisual applications. Thus, the integration of ICT in pastoral care contributed to the emergence of modern-day Hybrid Holistic Care (HHC) model. This model encompasses the flexible use of ICT to offer holistic PC through both face-to-face and remote means. Holistic care in this regard refers to all PC practices and initiatives that address all elements of life that affect people's physical, emotional, relational, spiritual and social well-being (Rizki 2022).

This article acknowledges that even during ancient days, believers employed various means to offer HHC but the sophistication of modern day HHC is incomparable. For instance, after evangelising and planting a church Paul would send letters with various forms of messages and would also occasionally visit at a later stage. In this regard, letters and messengers who acted on behalf of him were his proxy. During this digital age, he could have been spoilt for choice regarding communication media. If he preferred to use text, he could have used platforms like WhatsApp, email etc. However, during his times Paul relied exclusively on letters and human messengers to convey his caring messages in absentia. This practice continued even during the formative days of missions as missionaries were unable to cover vast locations expediently (Saptorini et al. 2022). They also relied on mailing letters which solely relied on the physical presence of other humans for distribution.

Empirical evidence from this study revealed numerous examples of the application of HHC during this digital age. For instance, research participants testified to counselling people in distress online and augmenting this intervention with delivery of alms in person. Additionally, when supporting grieving families, caregivers use ICT platforms like WhatsApp to communicate with family members and avail themselves physically to run the funeral service. This practice mirrors biblical times practices as articulated earlier in the article. In some cases, HHC applies both in person and remote PC concurrently. For instance, caregivers who visit care seekers in hospitals occasionally offer their handheld devices

to patients during caring session to remotely connect them with their next of kin as observed during the COVID-19 pandemic (Byrne and Nuzum 2020). In this instance, as the caregivers interact with care seekers in hospital in person, they also offer them and opportunity to receive remote care from their next of kin. This practice also brings another dimension of PC, i.e. hospitality from the context of pastoral care is the act of receiving and caring for vulnerable members of the community and strangers (Taylor and Lefebvre 2022). While in the presence of the patients in hospital, caregivers exercise hospitality by hosting the patients' next of kin online. This form of hospitality is therapeutic and contributes to HHC by inviting other people to remotely participate in the caring process without getting them to travel to the physical place where the care seeker is stationed at the given point in time. This cost-effectiveness contributes to communal caregivers finding it practical and cheap to care for fellow community members for free.

The hybrid means used in caring for people in distress through online platforms may also assist with offering holistic services remotely. The establishment of WhatsApp groups serves as an example of contemporary of how holistic care may be accomplished online. WhatsApp groups may offer spiritual care through hosting live prayer meetings, sermons, sharing spiritual resources and offering members an opportunity to exchange details that may be required to deliver material provision physically at a later stage. In this way, WhatsApp groups contribute to HHC by offering a basket of online PC practices, with the opportunity to supplement them with the in-person caring practices.

Blended Virtual Guidance

Caregivers located in the body of Christ offer a basket of services in their caring endeavours. They blend several services to offer a comprehensive service, a practice that they even adopted over the digital platforms. Thus, this study perceived the genesis of the Blended Virtual Guidance (BVG) model based on the analysis of primary data as validated by existing theories. This model relates to the combination of related and interdependent spiritual care activities, namely counselling, consolation, sharing of scriptures and prayer. These are termed guidance because they involve care seekers using their personal choice of what to implement from the advice that they receive from caregivers. The term "blended" in this model relates to the services themselves not the mechanisms used to offer such services. Thus, the BVG strategy is about using online platforms to render multiple spiritual care interventions that complement each other. With the use of digital platforms like WhatsApp, Facebook or Microsoft Teams, the caregiver supports a person or people in distress employing a combination of dialogical engagement, prayer and sharing of scriptures. In this regard, the caregiver serves as a guide to enable care seekers for meaning making (Okumu 2018). This model is distinct from HHC as it offers a basket of PC offerings exclusively online, whereas the former model presents a hybrid of services by fusing both online and in-person bouquet of services.

Adoption of the BVG model entails utilisation of a single digital platform as an intervention conduit while simultaneously taking advantage of its efficiencies. In their use of this model, caregivers may start by offering counselling a person in distress, followed by praying with him/her online and may conclude the session by using the platform to relay some caring material like scriptures or recorded sermon or message of encouragement for their later use. One such platform that they could use is WhatsApp, which Masoga (2020) extols for such efficiencies as experienced

during the coronavirus pandemic. This model is not exclusive to pastoral care under the prescript of Christianity but may be used by any members of the caring profession.

While BVG is offered on a digital platform, the platform itself does not substitute human involvement in pastoral care. However, it is used to augment human-enabled caring services (Lóska and Uotila 2024). It does this by offering a communication platform between the care seeker and the caregiver. Thus, the use of digital devices and platforms in BVG is meant to support users to meet their needs not to replace human intervention (Chute and French 2019).

Digital Self-Care

The digital universe has brought about various opportunities to augment the implementation of self-care. One such contribution is in the use of device ecologies to facilitate self-care, resulting in the birth of Digital Self-Care (DSC). This model does not replace traditional human involvement in self-care as it still resides within the classical description of self-care. In other words, it involves integration of technology in self-help, self-management and self-monitoring of one's holistic well-being (Riegel et al. 2021). In basic terms, these are actions which people deliberately take to enhance the wholeness of life of the self. These may include engaging in physical exercise to control their emotions, physical health, and/or addressing maladies that are destructive to their welfare. In case of the use of physical exercise, care seekers may tune in to online programmes which help them to access systematic physical exercise programmes. Through these programmes, care seekers may also involve monitoring their progress towards the desired goal of their wellness.

Systematic monitoring of progress towards the desired wellness goal may involve the use of device ecologies like smart watches linked to mass scales to monitor how the body is responding to the physical exercise. The records may be accessed on an integrated application accessed through a digital device. Through this process, the care seeker uses the device ecology to render self-care and track their progress to determine any actions that could be required to enhance their well-being. In this regard, the device ecologies play a role in ensuring that the users derive an experience that ameliorates distress (Benyon 2019).

Device ecologies may also bring spiritual care benefits. In his study, Nkuna (2024b) discovered that device ecologies are used in helping users to overcome situations like fear. One research participant overcame the phobia of driving in heavy traffic by streaming gospel songs with lyrics of courage from her cell phone to the vehicle audio system via Bluetooth. She would then play these songs while driving in heavy traffic. Consequently, device ecologies may be used to catalyse the conditioning of the mind and soul to stand strong against phobia of driving in heavy traffic.

Based on the above examples, the article argues that DSC may rely on device ecologies to augment existing self-care efforts. For instance, the use of songs to garner courage from the African could be traced back to warriors who composed songs that they sang when going to war. This strategy was adopted by liberation movements who also sing victory songs when in mass gatherings to show resilience towards repressive regimes. Concomitantly, the examples also illustrate that device ecologies catalyse the augmentation of human effort to ameliorate distress and/or reinforce holistic healthy lifestyle without replacing their natural role (Lóska and Uotila 2024, 104). Device ecologies may also be

used in the process of generating, storing and utilisation of self-care content. Using these resources during self-care does not require the involvement of another person during utilization, hence they become good self-care resources. The innovation emanating from device ecologies in self-care makes DSC a safe environment that may also be used by caregivers for self-care, a practice that Khosa-Nkatini (2022) argues is highly neglected by caregivers. Likewise, the adoption of DSC in caring professions is likely to have a ripple effect as it could contribute to the development of the cadre of healthy caregivers who may also replicate the self-care experience to the care seekers. This assertion is backed by Taylor and Lefebvre's (2022) assertion that caring for others by the person who exercises self-care contributes towards care seekers replicating the self-care strategies themselves.

Virtual Multimedia-aided Fellowship

The use of multimedia in communication augments human non-verbal communication in distinct ways in all spheres of work. This has been adopted even in pastoral care, contributing to the emergence of Virtual Multimedia-aided Fellowship (VMF) model. The model has become a communication mechanism that uses ICT to remotely bring together a group or community of believers to advance their common spiritual care goal(s). Thus, the use of the term fellowship in its description. The model entails creating an experience of fellowship that mimics the in-person fellowship atmosphere. As illustrated during the coronavirus pandemic, VMF uses digital platforms that are convenient and affordable to a community of believers to enable "the convergence of Christians in the cyberspace" (Cooper et al. 2021). The experience could be created on platforms such as WhatsApp, Microsoft Teams, Facebook and Google Meet. Through these platforms, believers converge remotely to interact, worship and pray together, and simultaneously generate and share pastoral care resources.

From a pastoral care perspective, whatever is done under VMF may be aimed at addressing any shared communal need such as exhortation during trying times. For instance, a women's care group may meet online to share a word of encouragement. While the guest speaker is on air, group members share their emotions through emojis, or short texts posted on the platform and may even be requested to pray along (Addo 2021).

Studies have shown that WhatsApp is one of the prominent platforms that were used in VMF during the coronavirus pandemic. Moodley and Hove (2023) attribute its popularity to the fact that it offers a localized platform where group members engage and share content that contributes to their social and spiritual welfare. It is localized on the palm of the users' hands, thereby making members accessible to each other beyond the physical boundaries. With its versatility, the application enables group members to share their messages using various forms of multimedia, e.g., video, text, images and audio files. This capability also makes WhatsApp a practical tool to communicate content to group members with various cognitive abilities. Masoga (2020) found that during the pandemic, some local churches shared sermonettes to encourage members. Typically, when such messages are shared on WhatsApp members may respond via similar file formats like voice notes and other mechanisms like complementary video clips, images or emojis. While this may occur in a live or delayed broadcast, digital platforms enable members of the online community to express their emotions and approval of the content just like in the physical environment.

Online Collaboration and Referral

Digital technologies are known for promoting online human interaction in all spheres of life, like in commercial transactions, fellowship and education. Such human interaction may also involve them sharing responsibilities remotely, thereby contributing to using the digital platforms for collaboration and referral during pastoral care. The advantages emanating from this kind of digitalisation of pastoral care contributed to the development of the Online Collaboration and Referral (OCR) model. This model is generally used by the community of believers to remotely collaborate in communicating content that aims at bringing relief to people in distress. This practice also includes using the platform to identify opportunities for referring certain situations to specialist or arrange offline or in camera engagement with affected people. These procedures were elevated during the period of the coronavirus pandemic due to restrictions on meetings as imposed by government (Hove 2022). In the study he conducted in Bushbuckridge, Nkuna (2024a) learned that when neo-Pentecostals pray for someone remotely, they occasionally collaborate with people that are onsite with the person who needs prayer. During the prayer session, they usually ask those next to the person to lay hands on him/her while the prayer is uttered remotely.

Some pastoral care interventions like resolving disputes may require online joint interviews between the caregiver and parties that are not in the same place. Therefore, the caregiver might have to dial in the parties from two remote locations to conduct a joint intervention session. In some cases, caregivers conduct prayer meetings online which involve various members of the body of Christ collaborating remotely from various locations. According to Nkuna (2024b) online prayer meetings resemble sessions held in physical locations as the online programme director would direct the flow of the programme by inviting members to render their items remotely. Based on Garcia's (2020) study on e-leadership, such collaboration requires a skilled e-leader. Similarly, Roman et al. (2019) argue that e-leaders achieve online collaboration through a set of technology-mediated social influencing processes. These processes ensure smooth collaboration between participants to achieve the desired outcomes remotely just as they are achieved in the physical environment. Thus, pastoral caregivers who use this model should also possess social skills that complement their technical skills that are required for effective online communication (Contreras, Baykal, and Abid 2020).

Online referral is sometimes inevitably during virtual pastoral care as it is in the in-person environment. In the OCR environment when the need for referral is identified, this is also usually done online. In other words, the referring party seeks consent from the care seeker to refer the matter to another part, a matter which is communicated virtually as well. This may involve referral to another Christian caregiver with vocational skills or a calling that may be essential to address the situation that the care seeker is facing. In other instances, referral may involve recommending professional or institutional intervention. Referral is occasionally essential as Albertini and Grenz (2011) guide that some caring needs may require competencies of professionals or established authorities than clergy or laity. For instance, sensitive issues like human abuse will require competent institutions to address. In this case, the caregiver should guide the victim to seek such help. Other cases may require the competencies of registered

professionals like psychotherapists, psychologists or social workers.

Some situations may require collaboration than referral per se. For instance, caring for a chronically ill person may require the collaboration between health professionals and pastoral caregivers whereby the medical team offers objective guidance on the condition while the caregiver may help the care seeker to make an informed decision to accept the situation (Bloom-Feshbach, Goldberg, and Fins 2020). In other words, the health professionals offer professional help while the caregiver offers spiritual care. This may be done exclusively online or may involve HHC or BVG.

Remote One-on-one Dialogical Care

Dialogue is an integral part of building relations, restoring broken relations and facilitating conflict resolution. Thus, it is important in human relations in both in-person and virtual realities. In this study, findings pointed to the development of the Remote One-on-one Dialogical Care (RODC), a model that emphasises the role of dialogue in pastoral care in virtual space. It relates to an online bilateral engagement between the caregiver and the care seeker or multiple care seeking parties in need of care. This bilateral engagement may involve the caregiver and the care seeker or care seeking group to perform "religious coping practices" (Avent Harris 2021). These coping practices may range from informal non-contractual services to structured and specialised interventions such as counselling (Bernau 2021). This model is different from BVG as it exclusively focuses on personal reciprocal engagement instead of the one-way communication that is used in BVG. This may complement the other models and could be used for follow-up sessions in instances where individual care is required. The model emphasises the care seeker's active involvement in determining a solution to his/her situation.

The Remote One-on-one Dialogical Care considers the care seeker's role in crafting the solution to the situation. For instance, a couple that is hit by a marital discord may require a caregiver to remotely engage with them in a RODC to ventilate their situation. During the process, the caregiver would facilitate a discussion that leads to the parties proposing ways to address the situation than the caregiver proclaim a way forward for them. It relates to BVG as the caregiver place the role of a guide as he/she does not impose a solution to the care seeker's solution.

While held online, it still applies the same principles of a dialogue as employed in in-person interventions especially in situations involving relationships, i.e. to foster a peaceful co-existence, co-operation and friendly exchange (Corpuz 2020). In this instance, the caregiver respects the care seekers as equal partners in the dialogue, of which his/her main role is facilitate and guide the discussion between him/her and the care seeker(s) to reach a resolution of the care giving matter. As this is done online, the caregiver assumes the role of an e-leader whereby he/she blends the technological skills to operate the digital device and human communication skills (Van Wart et al. 2019).

Conclusion

This article was a culmination of qualitative research conducted within the framework of communal pastoral care within the virtual realities' milieu. Based on data collected through interviews and autoethnography, the study revealed that technological advancement has catalysed the proliferation of volunteerism in communal pastoral care. This phenomenon is

made possible due to the cost-saving, ubiquity and accessibility advantages that emanate from the use of cell phones and digital platforms. These advantages contribute to the body of Christ breaking the barriers of local churches to become a community of caregivers and care seekers who communicate through technology to bring relief to people in distress beyond the confines of local churches. Stemming from this trend, the study observed the emergence of six models or strategies that the body of Christ use in virtual pastoral care, namely HHC, BVG, DSC, VMF, OCR and RODC. While these models were coined from the perspective practical theology, the report acknowledged that they may also be used with minor adaptation in helping professions such as social work and psychology.

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