

Hospital Chaplaincy

Formal hospital chaplaincy ministry has found expression in recent years, having developed from the many ways Sisters worked in both private and public hospitals. As professional qualifications were required some Sisters availed of theological, psychological and pastoral related training to be accredited for this role. As a Mercy Sister in the Southern Province, I was employed full time in the role of Hospital Chaplain at Bons Secours Hospital, Cork from 2009 to 2020 and continue now in a part time capacity.



Bon Secours Hospital, Cork

The ministry of Hospital Chaplaincy is an important aspect of the healing ministry of the church based on the ministry of Jesus of Nazareth who went about healing the sick, the deaf, the blind, those with leprosy and he also raised people from the dead.

Today, the Chaplain holds a specialised role as a member of the multidisciplinary team of the hospital in caring for the patient and in turn ministering to the needs of all involved with the patient e.g. hospital staff and family members. All experience deep grief and suffering. The pastoral relationship is central to healthcare chaplaincy, that is “being with” the patient, being fully present to staff and family at times of greatest vulnerability. This requires patient listening and deep empathy at all times.

The Chaplain’s role changed significantly from 2019 - 2021 due to COVID-19. No visitors were allowed into hospitals except for end-of-life patients. Chaplains underwent temperature checks, dressed in scrubs, gowned, masked and befriended patients at their most vulnerable time. We met with families and accompanied them in their time of great pain, trauma and complicated grief. No one could touch to welcome or sympathise with them and sometimes they did not mix as family due to being immunocompromised.

Other aspects of the ministry included using the iPad and Facetime to allow family members to be with their parents or relatives at the hour of death. These means also helped patients, who were able, to connect with their parishes and funerals of family and friends. We stayed with the patient at such times to comfort them. These technological supports were really important in assisting families from overseas who could not travel. I remember setting up a zoom call with a translator, consultant and the family of a man who was on a ventilator.

As a chaplaincy team we prayed Morning and Evening Prayer and Midday Reflection from the Chapel throughout the pandemic and these were relayed on the hospital TV. This was a support since Mass could not be celebrated. It offered ‘soul food’ and nourishment to patients at a time of fear, sadness and loss. TeleChaplaincy arose from this time to connect with oncology and chronically ill patients when they were not allowed come to the hospital for fear of contracting the virus. It offered us, as Chaplains, a new creative approach to the role. This is continuing as a support for carers who are isolated and alone.



Hospital Chaplaincy continues the legacy of care much beloved by Catherine McAuley, Foundress of the Sisters of Mercy, who said: *“May He look on us with love and pity and then we shall be able to do anything He wishes us to do, no matter how difficult to accomplish or painful to our feeling.”*

*Margaret O’Keeffe RSM
Southern Province*