[*HSCC* 13.2 (2025) 236–247]
https://doi.org/10.1558/hscc.33729

HSCC (print) ISSN 2051-5553
HSCC (online) ISSN 2051-5561

"Reddit Ministry": Conceptualizing Online Communities as Novel Sites for Spiritual Care Delivery

Alemitu Bezabih[1]
Colorado School of Mines, USA

Jesan Ahammed Ovi[2]
Colorado School of Mines , USA

Shadi Nourriz[3]
Colorado School of Mines , USA

Anne-Marie Snider[4]
California State University, Chico, USA

1. Alemitu Bezabih, PhD, is a postdoctoral researcher of Human-Computer Interaction (HCI) in the Department of Computer Science at the Colorado School of Mines. For the past three years, she has been researching online spiritual care through longitudinal collaborations with spiritual care providers. She has research experience in digital health design involving qualitative and quantitative research methods. E-mail: alemitubezabih@mines.edu

2. Jesan Ahammed Ovi is a PhD student in Computer Science at the Colorado School of Mines focusing on HCI through the lens of Computational Social Science. He analyzes user behavioral data collected from online platforms using machine learning and natural language processing techniques to understand how people express spiritual needs or crises and engage in peer support. Email: jesanahammed_ovi@mines.edu

3. Shadi Nourriz is a PhD candidate in Computer Science at Colorado School of Mines specializing in HCI and qualitative design methods. She studies online spiritual care communities, with a focus on community design, governance, and UI/UX to support user well-being. Email: shadinourriz@mines.edu

4. Dr. Anne-Marie Snider, MSc, PhD, is an Assistant Professor of Sociology at California State University, Chico. Her research focus is mainly with qualitative work studying ASMR, wellbeing, spirituality, and digital spaces. Email: asnider@csuchico.edu

Received: 24 July 2025 Accepted after revision: 3 December 2025

George Handzo[5]
HealthCare Chaplaincy Network

C. Estelle Smith[6]
Colorado School of Mines

Abstract: The healthcare industry has seen and will continue to see extensive digitization. Despite benefits, this has disrupted care delivery mechanisms—especially in spiritual and social care chaplaincy, which have fallen behind other healthcare disciplines in technology adoption. Simultaneously, patients and caregivers are increasingly participating in online support spaces, such as large communities on social media platforms (e.g., Reddit, Facebook, etc.) that lack clinical oversight, and present both challenges and opportunities for improving wellbeing and spiritual health. To address the evolving realities of patients' behaviors and preferences, new models of care delivery are being developed for remote chaplaincy delivered via online community spaces. Through an interview study ($N = 22$) and a survey ($N = 1010$) involving professional chaplains and prospective lay users, we explore the potential of online spaces (i.e., social media-like platforms) to support emerging care models. Participants shared opportunities and challenges for creating trustworthy Online Spiritual Care Communities (OSCCs), as well as preferences for the design and moderation of OSCCs. Based on these insights, we propose the "Care Loop" model, which integrates OSCCs as a supportive complement to standard care, including a double referral mechanism that connects the two contexts while maintaining and extending the legitimacy and integrity of professional spiritual care into online spaces.

Keywords: Digital spiritual care, chaplaincy, online community, social media, online spiritual care community, care loop, platform, telechaplaincy

5. The Rev. George F. Handzo, APBCC, CSSBB, is the Director of Health Services Research and Quality at HealthCare Chaplaincy Network and Director of Credentialling and Certification at the Spiritual Care Association. In these roles, he oversees projects devoted to the strategic assessment, planning, and management of chaplaincy services and developing evidence for the efficacy of chaplaincy care. He is a past president of the Association of Professional Chaplains and recipient of the Anton Boisen Professional Service award. Email: ghandzo@healthcarechaplaincy.org

6. C. Estelle Smith, PhD, is an Assistant Professor in the Department of Computer Science at the Colorado School of Mines. Specializing in HCI, Human-AI Interaction (HAI), and Social Computing, she is developing a new interdisciplinary research area at the intersection of HCI and Spiritual Care. Her work focuses on improving the spiritual health and wellbeing of patients, caregivers, and online community users by understanding, evaluating, and supporting the effective governance and UI/UX design of online communities and other social technologies. Email: estellesmith@mines.edu

Introduction

In recent decades, healthcare has become increasingly digitized (Tresp et al., 2016), with massive automation likely to continue in coming years due to the rise of AI. One aspect of this digitization is the ongoing shift of care from brick-and-mortar facilities to remote options, resulting in patients spending less time in clinics. While remote care has important benefits (e.g., improved access to care, enhanced patient engagement, and reduced healthcare costs), it has disrupted care delivery as to where, when, and how to access patients and provide them care (Serrano et al., 2023). This challenge is particularly significant for care types that traditionally emphasize in-person and human-to-human companionship, like spiritual and social care chaplaincy. Therefore, new models of care delivery must be proactively developed to align with this shift.

Recently, efforts have been made to explore new developments of professional chaplaincy care delivery through increasing practices of *telechaplaincy*—providing spiritual care via digital technology from a distance (Winiger, 2023; Winiger et al., 2025; Winiger & Sprik, 2024). Recent research discusses new digital tools for chaplaincy care. For example, Kelly et al. (2024) piloted a web app called "MyInspiration" for providing oncology patients with spiritual care resources during cancer treatment, and Calder et al. (2023) created a tool to digitize tracking of pastoral care services in a healthcare setting. Moreover, spiritual care providers and organizations within the healthcare industry are experimenting with a range of digital tools that enable remote access to, and provision of, spiritual care. For instance, "On Demand Spiritual Care"[7] by Ascension Health, Mercy's "Virtual Spiritual Care"[8] program, "Chappy"[9] by the Spiritual Care Association, and the startup project "SpirituWell."[10]

In this article, we investigate novel possibilities for delivering spiritual care in online community contexts by conducting formative interviews (N = 22) and a survey of spiritual care stakeholders (N = 1010), including professional spiritual care providers (N = 437 chaplains, ACPE educators, spiritual counselors or directors, and faith leaders) and laypeople (N = 573 patients, caregivers, peer supporters, and users of online communities or social media platforms). We aim to understand whether prospective Online Spiritual Care Communities (OSCCs) are perceived as acceptable and feasible

7. https://telechaplaincy.io/events/telechaplaincy-and-ascensions-on-demand-model-of-spiritual-care-1-2/

8. https://www.mercy.net/service/spiritual-care/

9. https://www.meetchappy.org/

10. https://spirituwell.health/

to stakeholders and, if so, how preliminary models and design considerations for their effective implementation can be developed.

This initiative is motivated by the fact that millions of people are already turning to online communities to seek support for physical, mental, and spiritual healthcare concerns, yet most of these online spaces have not been designed with oversight for safety, efficacy, or legitimacy. For example, a 2022 CDC study indicated that 58.5% of US adults used the internet to look for health or medical information in the past 12 months (Wang & Cohen, 2023). Recent research in online health communities such as CaringBridge has also indicated that "prayer" is the most frequent and important form of support to users (Smith et al., 2020), and that "religious or spiritual" values motivate and shape supportive behaviors (Smith, 2022; Smith et al., 2021). This indicates the need to repurpose online spaces for spiritual care. However, the intentional design or re-design of online spaces for both professional and peer-to-peer spiritual care remains unexplored. In this article, we bridge this gap by incorporating the perspectives of chaplains across the US as well as prospective users of OSCCs.

Methods

In line with participatory action research approach (Baum et al., 2006; Cornish et al., 2023), our team includes research expertise in chaplaincy care, technology design, and medical sociology. We are conducting three phases of mixed-methods formative work to understand the perspectives of professional chaplains and lay users toward prospective Online Spiritual Care Communities (OSCCs).

In this paper, we provide a concise report of the first two phases, including an interview study with chaplains (Bezabih et al., 2025) and a large-scale national survey (Ovi et al., 2026). The third phase will apply results from the first two phases to conduct co-design workshops with professional chaplains to design specific community interfaces, rules, and moderation strategies. Overall, the aims of this multi-phase project are to research and co-design OSCCs with extensive stakeholder input prior to implementation and evaluation of OSCCs as novel sites for spiritual care delivery. By involving stakeholders from the beginning, we hope to innovate a new professional specialization within the field of spiritual care that will enhance the accessibility and inclusivity of OSCCs to patients, while introducing a new model of care that effectively address spiritual crises in the context of online communities.

In the first study, we conducted interviews with professional chaplains and spiritual care providers (N = 22) to investigate the challenges and

opportunities of providing spiritual care in online spaces such as Reddit[11] either within or alongside institutional and professional capacities.

Reddit is a large, community-driven discussion platform organized into hundreds of thousands of user-created forums called *subreddits*, each dedicated to a specific topic, interest, or type of support. As of 2025 it has 116m daily active users, 1.2bn monthly active users, and over 100k active subreddits.[12] Users have anonymous profiles and can reply to "Original Posts" with comments, or they can "up-vote" or "down-vote" the comments of others, resulting in busy, multi-threaded conversations among strangers. Support-oriented subreddits (e.g., on chronic conditions) were selected for this study because prior research has documented clear patterns of peer-to-peer support exchange. Although no active subreddits appear to be dedicated specifically to spiritual care, people often disclose spiritual struggles arising from stressful life events across subreddits related to many types of illness (Bezabih et al., 2025), making it an interesting site for ideation about the potential to use similar online community technologies for spiritual care.

We recruited participants first through our existing professional networks, and next through snowball sampling and cold-emailing to include spiritual care providers with diverse titles, experiences, and religious and spiritual (R/S) backgrounds across the US Participants discussed their daily professional activities and experiences of technology integration within their context. They were also invited to visit support-related subreddits and reflect on the nature and characteristics of user support on Reddit, as well as whether they felt chaplaincy would be appropriate for these online populations. All processes of data collection and analysis were guided by Grounded Theory Method (Muller, 2014).

In the second study, we recruited a large survey sample of prospective OSCC users such as patients, caregivers, community moderators, and chaplains (N = 1010, including 437 professionals and 573 lay users). The survey focused on possible OSCC implementation structures and governance, with a central activity that allowed participants to design their own OSCC based on a comic-style storyboard of a fictional patient. Data analysis involved descriptive statistics and statistical tests (e.g., Chi squared, T test, Z test) to validate a set of hypotheses, and thematic analysis of free response questions describing participants' design choices. The survey was distributed by chaplaincy organizations (such as the Association of Professional Chaplains, Chaplaincy Innovation Lab, Transforming Chaplaincy, etc.) along with posts made in communities on social media platforms like Reddit, Facebook, and

11. https://www.reddit.com/
12. https://backlinko.com/reddit-users

CaringBridge. See (Bezabih et al., 2025, Ovi et al., 2026) for more extensive methodological reporting and analysis on both studies.

Results

Interview Study Results

Chaplains expressed strong openness to engaging in online communities, recognizing them as places to "meet people where they are"—especially those who lack access to traditional support systems. After exploring various support communities on Reddit (e.g., r/cancer, r/depression, r/suicidewatch) and observing existing user behaviors there, participants expressed a strong need for professional involvement. They were struck by the size of online communities (some up to half a million users) but with only a few moderators who are likely lay volunteers. Compared to what they typically encounter in clinical settings, many participants found the extent of anonymous self-disclosure surprising, and they especially valued how user-initiated inquiries in online communities might enhance individuals' sense of agency and their capacity for self-directed care. They reflected that this shift in care-initiation provides patients with greater flexibility in deciding when and what type of care to seek, creating a more comfortable space for open communication.

Moreover, chaplains suggested possibilities that spiritual care techniques could be adapted for online contexts. They acknowledged online spaces as new opportunities for spiritual care service. One participant used the term "Reddit ministry":

> Reddit would be the place where one is called to move into and offer a little. [Similar to] what's been known as street ministry, this could be a future opportunity in spiritual care—Reddit ministry, a chaplain assigned to Reddit, a Reddit chaplain.

Participants envisioned meaningful roles they can play there such as modelling supportive responses, training community moderators, and providing live support. However, they also raised concerns about *trust* in platform leadership, risks to vulnerable users, and the insufficiency of asynchronous platform-based care without pathways back to traditional institution-based care.

To address these concerns, we propose a Care Loop model (Figure 1)—a framework that enables the design of trustworthy OSCCs by integrating them into the broader healthcare ecosystem, establishing a bidirectional referral system complemented with institutionally-based formal care. Through this loop, clinicians can recommend trusted OSCCs as supplementary, continuous

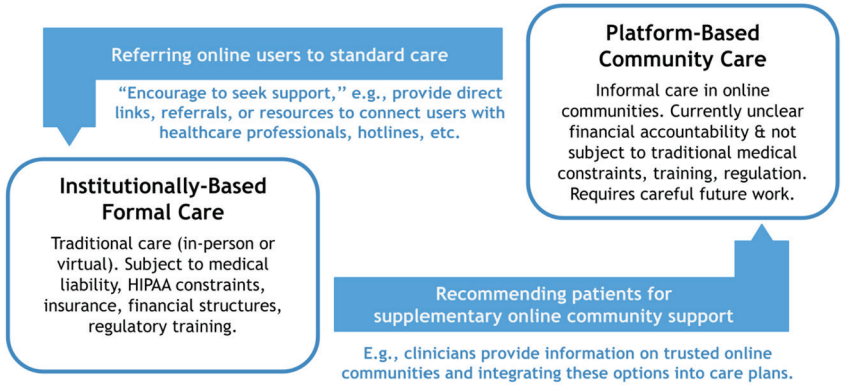


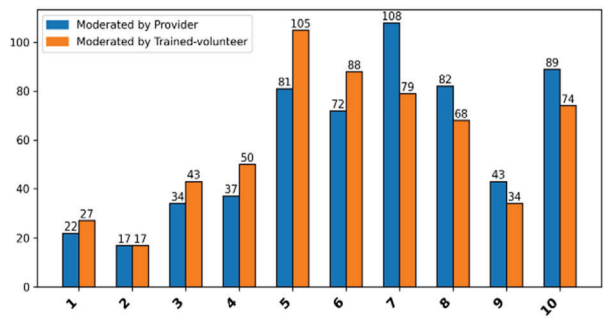
Figure 1: *The Care Loop model integrates formal and online platform-based community care, enabling trustworthy OSCCs and allowing patients two-way access for enhanced spiritual care (Bezabih et al., 2025).*

support, while online chaplains and community members can guide users back to formal care when needed, thus enhancing reach, responsiveness, and continuity of spiritual care. To design OSCCs effectively, we require input from a large group of stakeholders, especially to investigate feasibility challenges associated with community structures and affiliations. For example, healthcare organizations may be hesitant to allocate limited chaplain time to moderating a third-party social media platform, especially given the potential liability, regulatory, and HIPAA-related risks. Addressing such concerns led us to our second survey method.

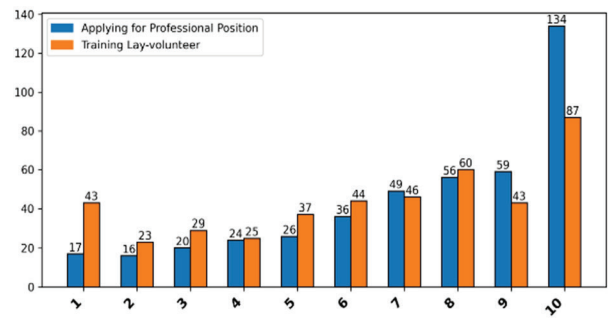
Survey Results

Our large-scale survey (N = 1010) revealed critical insights into stakeholder preferences for the design and governance of online spiritual care communities (OSCCs). Both users and providers expressed strong interest in such communities (echoing interview results), viewing them as serious and meaningful spaces rather than casual or superficial ones. Importantly, online communities can be configured in many ways. Since chaplains and users may not always think in terms of "design," our survey intentionally explored how different structural choices—such as anonymity, moderation, and institutional affiliation—might shape user trust, safety, and engagement. This design-focused approach is a key contribution, offering a roadmap for future OSCC implementation.

Users strongly preferred that communities be moderated by professional chaplains rather than trained non-professional volunteers (Figure 2a;



(a) Users' preference for moderator: Extremely uninterested (1) vs Extremely interested (10)



(b) Providers' preference for applying for the professional position vs providing training for lay volunteers: Extremely uninterested (1) vs Extremely interested (10)

Figure 2: *(a) The side-by-side comparison of users' interest in joining OSCCs to seek support and connection moderated by provider vs trained-volunteer. (b) The side-by-side comparison of providers' preference for applying for a professional position vs providing training to lay-volunteers (Ovi et al., 2026).*

$p < 0.001$). Professional spiritual care providers also showed a strong preference to assume this moderating role themselves rather than delegate it to lay volunteers (Figure 2b; $p < 0.001$). Moreover, we asked whether providers support the use of financial resources to create a formal spiritual care role on the platform. Responses were given on a 10-point Likert scale (1 = "extremely oppose," 10 = "extremely support") and showed overwhelming support with a median rating of 9.

The most frequent rating (mode) of 10 was given by 185 providers (42.3%). This level of support is significantly higher than the neutral midpoint of 5.5, offering additional evidence of strong provider endorsement for formalizing a professional chaplaincy presence on the platform. We also asked: (1) providers about their interest in applying to either a paid moderator role or a volunteer role to provide training to moderators; and (2) users about their interest in using an OSCC that was moderated by either a professional chaplain or a trained volunteer. The results in Figure 2 demonstrate strong interest in professional moderation by paid chaplains.

Our findings also indicated that both lay users and providers significantly favored building new OSCCs over supporting existing online support communities ($p < 0.01$). To explore stakeholder preferences on how to structure such communities, we presented a series of hierarchically ordered design choices: participants first chose between anonymous versus identified formats, then between public versus private configurations, and finally between synchronous versus asynchronous communication styles. Across all three levels, both groups preferred anonymous, public, and asynchronous designs—likely due to the perceived safety, accessibility, and flexibility of these settings ($p < 0.05$).

Although both users and providers agreed that institutional affiliation would increase trust and feasibility, their preferences diverged. Users were significantly more likely to trust local religious organizations, whereas providers were less inclined ($p < 0.01$). Instead, providers tended to view nonprofit organizations as more trustworthy. Finally, both groups strongly favoured open-ended communities not restricted by diagnosis or geography ($p < 0.001$). Together, these findings underscore the perceived value of OSCCs and offer guidance on how to design them to best meet stakeholder needs.

Discussion

Both our qualitative and quantitative results indicate that spiritual care and chaplaincy care will be open to adopting online spaces as an alternative form of care delivery. The major question is how its implementation can

be achieved in ways that ensure that the service is professionally managed and has adequate protections against unethical and harmful practices. This study is a major first step in that direction. It demonstrates that professional chaplains are willing to be central participants in both delivering the benefits and guarding against the harms.

This study also provides a way to envision how digital communities might look and feel as supplemental support. Both users and providers expressed wanting an anonymous online space without connections to a geographic region. Users' governance preference sided with an outside community, rather than a hospital system. If or when OSCCs became available in practice, these preferences suggest that it is important for an individual's in-person medical team to check in with patients and caregivers and discuss opportunities and barriers they might experience in attempting to access online spaces that offer spiritual comfort. For example, clinicians can assist by ascertaining whether they have access to an internet connection or by providing digital literacy on how to find and navigate a spiritual care platform.

Finally, we acknowledge that there may exist resistance toward online spiritual care. This is indeed a legitimate concern given the traditional in-person and "hands-on" nature of spiritual care provision. Nonetheless, our studies demonstrate a real and urgent need for spiritual care to adapt and meet patients where they are at online. Therefore, it is essential to strike an appropriate balance in determining to what extent spiritual care techniques can be translated into online community contexts.

The proposed Care Loop model suggests that OSCCs can complement and extend (rather than *replace*) traditional care to address gaps in access. Therefore, future research must carefully discern what aspects of spiritual care are suitable for online adaptation and what should remain within the clinical setting. Finally, future research must also continue to engage conscientiously with impacted stakeholders in the co-design, implementation, and deployment of these new models for collective spiritual care delivery; it is especially important to understand the needs and views of patients and caregivers regarding OSCCs so that the use of this technology can achieve the goal of serving those needs.

Acknowledgements

We are grateful for the generous support of the John Templeton Foundation which made this project possible (Grant ID 62930).

References

Baum, F., MacDougall, C., & Smith, D. (2006). Participatory action research. *Journal of Epidemiology & Community Health*, *60*(10), 854. https://doi.org/10.1136/jech.2004.028662

Bezabih, A., Nourriz, S., Snider, A. M., Rauenzahn, R., Handzo, G., & Smith, C. E. (2025). Meeting patients where they're at: Toward the expansion of chaplaincy care into online spiritual care communities. *Proceedings of the ACM on Human-Computer Interaction*, *9*(7), 1–38. https://doi.org/10.1145/3757492

Calder, S., Andreotta, M., Morris, T., & Atee, M. (2023). Improving quality in pastoral care using the Pastoral Care Activity Tracker (PCAT): A feasibility study of a digital tool within an Australian healthcare organization. *Journal of Health Care Chaplaincy*, *29*(4), 353–367. https://doi.org/10.1080/08854726.2022.2091837

Cornish, F., Breton, N., Moreno-Tabarez, U., Delgado, J., Rua, M., de-Graft Aikins, A., & Hodgetts, D. (2023). Participatory action research. *Nature Reviews Methods Primers*, *3*(1), 34. https://doi.org/10.1038/s43586-023-00214-1

Kelly, E. P., Klatt, M., Caputo, J., & Pawlik, T. M. (2024). A single-arm pilot of MyInspiration: A novel digital resource to support spiritual needs of patients undergoing cancer-directed surgery. *Supportive Care in Cancer*, *32*(5), 289. https://doi.org/10.1007/s00520-024-08496-1

Muller, M. (2014). Curiosity, creativity, and surprise as analytic tools: Grounded theory method. In J. S. Olson & W. A. Kellogg (Eds.), *Ways of knowing in HCI* (pp. 25–48). New York, NY: Springer New York. https://doi.org/10.1007/978-1-4939-0378-8_2

Ovi, J. A., Bezabih, A., Snider, A. M., Nourriz, S., McKenzie, D., & Smith, C. E. (2026). Toward the development of online spiritual care communities: Understanding stakeholder design preferences at scale. In submission to *Proceedings of the ACM on Human-Computer Interaction.* Doi: Not yet assigned.

Serrano, L. P., Maita, K. C., Avila, F. R., Torres-Guzman, R. A., Garcia, J. P., Eldaly, A. S., Haider, C. R., Felton, C. L., Paulson, M. R., Paulson, M. R., Maniaci, M. J., & Forte, A. J. (2023). Benefits and challenges of remote patient monitoring as perceived by health care practitioners: A systematic review. *The Permanente Journal*, *27*(4), 100. https://doi.org/10.7812/tpp/23.022

Smith, C. E. (2022). Sacred be thy tech: thoughts (and prayers) on integrating spirituality in technology for health and well-being. *ACM Interactions Magazine*, *29*(4), 68–72. https://doi.org/ 10.1145/3543893

Smith, C. E., Kaur, A., Gach, K. Z., Terveen, L., Kreitzer, M. J., & O'Conner-Von, S. (2021). What is spiritual support and how might it impact the design of online communities? *Proceedings of the ACM on Human-Computer Interaction*, *5*(CSCW1), 1–42. https://doi.org/10.1145/3449117

Smith, C. E., Levonian, Z., Ma, H., Giaquinto, R., Lein-Mcdonough, G., Li, Z., O'Conner-Von, S., & Yarosh, S. (2020). "I cannot do all of this alone": Exploring instrumental and prayer support in online health communities. *ACM Transactions on Computer-Human Interaction (TOCHI)*, *27*(5), 1–41. https://doi.org/10.1145/3402855

Tresp, V., Overhage, J. M., Bundschus, M., Rabizadeh, S., Fasching, P. A., & Yu, S. (2016). Going digital: A survey on digitalization and large-scale data analytics in healthcare. *Proceedings of the IEEE*, *104*(11), 2180–2206. https://doi.org/10.1109/jproc.2016.2615052

Wang, X., & Cohen, R. A. (2023). Health information technology use among adults: United States, July–December 2022. *US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics.* https://doi.org/10.15620/cdc:133700

Winiger, F. (2023). The changing face of spiritual care: current developments in telechaplaincy. *Journal of Health Care Chaplaincy*, *29*(1), 114–131. https://doi.org/10.1080/08854726.2022.2040895

Winiger, F., Schneider, J., & Peng-Keller, S. (2025). Acceptability of digital spiritual care: Results from a mixed-methods study in Switzerland. *Health and Social Care Chaplaincy*. https://doi.org/10.1558/hscc.33203

Winiger, F., & Sprik, P. (2024). Navigating challenges in telechaplaincy: A thematic analysis of an international conference. *Journal of Health Care Chaplaincy*, *30*(3), 186–201. https://doi.org/10.1080/08854726.2023.2294680