

# PRESENCING GROUPS REPORT

THE LATIN AMERICAN AND CARIBBEAN PROVINCE OF  
SAINT JOHN OF GOD



31 MAY 2024

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## REPORT

### FOCUS GROUPS

#### ***THE LATIN AMERICAN AND CARIBBEAN PROVINCE OF ST JOHN OF GOD OF THE HOSPITALLER ORDER OF SAINT JOHN OF GOD***

### 1. INTRODUCTION

A "presencing group" is a group of people working together applying Theory U methodology. These groups jointly explore issues of relevance to the present and future of our institution, involving different stakeholders: volunteers, patients, co-workers, Brothers, and national and regional health, environmental and business representatives.

In this case, in preparation for the 70<sup>th</sup> General Chapter, the Latin America and Caribbean Province of St. John of God convened a Regional Assembly. At the Assembly, presencing groups were set up to broaden an awareness of the issues relating to our internal and external world, to enable us to play a part in shaping the future of the Order, as they emerge.

### 2. INFORMATION GATHERING

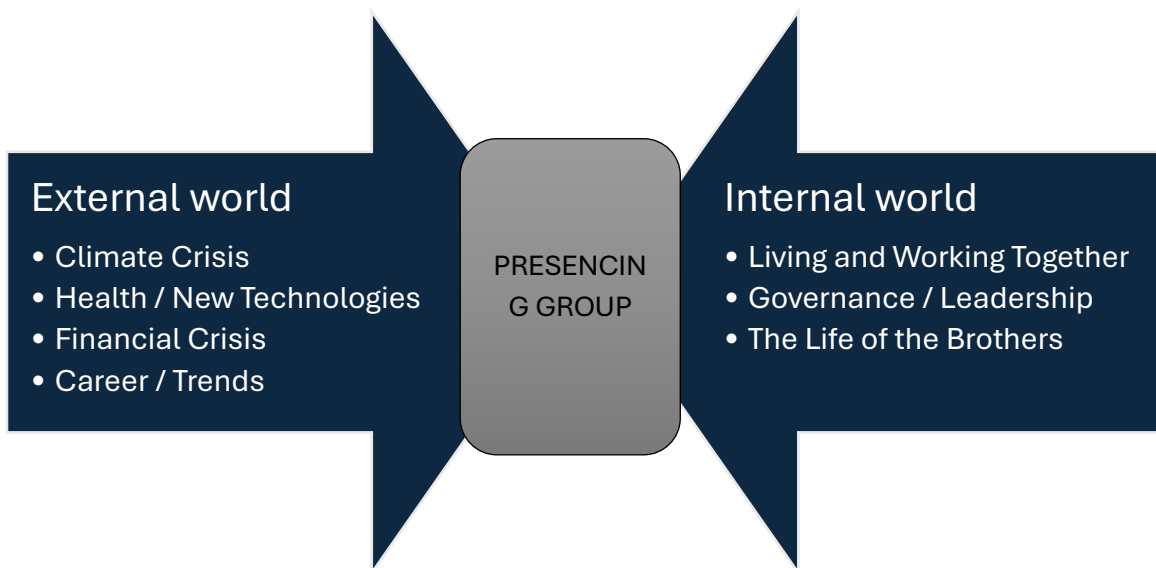
For this purpose, 7 representative presencing groups for the Latin American and Caribbean Region were set up, assigned tasked with addressing the following topics:

#### **1 – The presencing groups**

1. Climate crisis/ethics
2. Health/new technologies
3. Financial crisis
4. Careers/demographic trends
5. Living and working together
6. Governance/leadership
7. Life of the Brothers

The presencing groups were formed to broaden the store of knowledge in the Latin American and Caribbean region. And, Figure 1 lists the topics, which the region wanted to interpret, in order to make a contribution to the reflection at the next General Chapter.

Figure N°2 - Topics



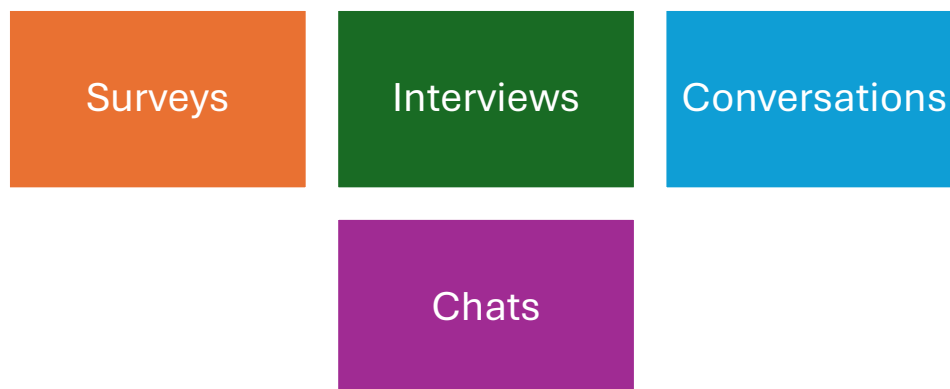
Source: Inhouse

Each topic assigned to each presencing group's research and in-depth investigation refers to the world around us and our internal world.

### 3. METHODOLOGY

A range of tools and/or resources have been used as part of methodologies used to gather collection the information and criteria from the presencing groups:

Diagram 3 Methodological tools



Source: Inhouse

However, depending on the focus of each group, each one selected the most appropriate Stakeholders according to the information to be gathered:

**Diagram 4 Methods used by the stakeholders**



*Source: Inhouse*

According to the focus of the research that each group carried out, each group chose the most appropriate stakeholders based on the information they were gathering.

## 4. TOPICS EXPLORED IN DEPTH BY THE PRESENCING GROUPS

### External World

- 1. Climate Crisis / Ethics**
  - a. Environmental ethics
  - b. Bioethics
- 2. Health / New Technologies**
  - a. Mental Health
  - b. Cardiometabolic diseases
  - c. Public health systems
  - d. New technologies
- 3. The Financial Crisis**
  - a. Impact of the financial crisis
  - b. Perception of contingency measures
  - c. Incomes diversification
  - d. Customer attraction
- 4. Career / Trends**
  - a. Career trends in the region and the Order
  - b. Trends to consider in recruitment
  - c. Attracting and retaining human talent
  - d. Employee profiles

### Internal World

- 5. Brothers and Co-workers Living and Working Together / Meaningful Spirituality**
  - a. Brothers and Co-workers living and working together
  - b. Aspects that weaken relationships
  - c. Needs to be strengthened in relationships
  - d. Spirituality and spiritual needs
- 6. Governance / Leadership**
  - a. Governance, according to the philosophy of the Order
  - b. Leadership in the style of St. John of God
- 7. The life of the Brothers**
  - a. Experience as a Brother of St. John of God
  - b. Welcoming and acceptance
  - c. Adapting to changes - unification

## 5. EXPERTS CONSULTED

The presencing groups identified and contacted professionals and/or specialised entities to deepen their knowledge of the topic they were addressing in the region. The following specialists were consulted and provided input to the presencing groups:

- **Carlos López Jaramillo:** MD, MSc, PhD. Physician, Psychiatrist, Master in Behavioural Therapy and PhD in Bioethics. Professor of the Faculty of Medicine and Coordinator of the Psychiatry Research Group GIPSI of the University of Antioquia.
- Dr. **Luis Areiza:** Hospital Méderi- Cardiologist.
- Dr. **Rubén Torres:** President of the Latin American Hospital Federation.
- **Adolfo Quinteros Hernández:** Academic physician and expert consultant in medical education.
- **Salvador González García:** Master in Law with specialisation in Labour Law.
- **Fr Ignacio Madera:** Consulted in relation to his experience in Theology and Consecrated Life in Latin America and the Caribbean.

## 6. MEMBERS OF THE PRESENCING GROUPS

### Group 1: The climate Crisis and Ethics

- Brother Felix Acuña, OH
- Brother Daniel González, OH
- Brother Merced Ulloa, OH
- Brother Nivaldo Hernández, OH
- Brother Clemente Cruz, OH
- Brother Edilberto Castillo, OH
- Silvia Oger
- Juan Ignacio Gentile
- Coordinator: Yamile Devila De la Hoz

### Group 2: Health / New Technologies

- Julian Medina
- Hugo Castellanos
- Alicia Pimentel
- Alexander Kalbermatter
- Yolany Paredes
- César González
- Hugo Sandoval
- Guilherme Morellin
- Diego Porto
- Brother Daniel González
- Coordinator: Andrés Pinto

### Group 3: The Financial Crisis

- Brother Isidro Vásquez, OH
- Brother Alfonso Loera, OH
- Brother Jaime Gutiérrez, OH
- Glenda Garcia

- Elizabeth Moreno
- Julia Morán
- Coordinator: Juana Calvillo

#### **Group 4: Career / Demographic Trends**

- Brother Fabián Insuasty
- Brother Rubén Robayo
- Bertha Rosales
- Yovana López
- Jhon Lozano
- Efraín Villa
- Cristian Donoso - Josué Bellot
- Coordinator: Mario Pineda

#### **Group 5: Living and Working Together - Spirituality and a thirst for meaning**

- Javier Molina
- Janine Perozo
- Enrique García
- Marianella Huamán
- Brother Juan Carlos Tovar, OH
- Coordinator: Brother Juan Pablo Salas, OH

#### **Group 6: Governance / Leadership**

- Brother Gudiel Sánchez, OH
- Brother Luis Sánchez, OH
- Brother Daniel González, OH
- Svetlana Soria
- Mónica Cicconi
- Mauricio Roa
- Coordinator: Gonzalo A. Vílchez

#### **Group 7: The Life of the Brothers**

- Brother Carlos Tirado, OH
- Brother Yovanny Narváez, OH
- Brother Yimer Rodríguez, OH
- Brother Luis Huarachi, OH
- Brother Diego Rivera, OH
- Brother Luis Alberto Mojica, OH
- Adriana de Souza
- Coordinator: Brother Daniel Márquez, OH



## GENERAL REMARKS

The initial considerations given to the 7 presencing groups:

- The groups comprise members from different countries.
- Both Brothers and Co-workers
- Fortnightly meetings with the coordinators of each group.

## 7. THE FOCUS

### Group 1: Climate Crisis and Ethics

#### Environmental ethics

#### **Main conclusions:**

It was gratifying that many of the participants, both Lay and Brothers, were interested in the climate crisis and valuable contributions were made on how the Latin American and Caribbean region could contribute to mitigate it. This led to a genuine interest in consolidating *initiatives to work on prevention and mitigation*.

- We found that health care institutions, shelters and educational centres in the province as a whole have had environmental strategies in varying degrees of development.
- Of the 33 centres in the province, 28 – or 84.8% - participated in the survey. Only 5 of them – 17% - have environmental professionals. In the other centres, environmental tasks are carried out by administrative or logistical staff.
- Only 3 centres in the province carry out carbon footprint measurements: the Hospitals de la Ceja, San Rafael Pasto and Méderi.

#### **What assumptions or prejudices have you had to abandon?**

- Climate change mitigation requires costly investments and high-tech measures.
- It is a remote scenario that is alien to the reality of the Province.

#### **What key questions has it raised for your Province in the future, and for the Order as a whole?**

- How will the Hospitaller Order's centres contribute to reducing the world's carbon footprint?
- Is there a need for an environmental care policy?

- What measures can I implement in stages to contribute to environmental care and to mitigate the climate crisis?
- Which measures are the most cost-efficient for our centres?

## **Bioethics**

### **Main conclusions:**

- It is gratifying to see how the Hospitaller Order is acutely aware of and committed to Bioethics, in order to adequately reflect on and face up to the ethical dilemmas of its apostolic works, in social and health care as well as in management, and social and biomedical research.
- Bioethics Committees (care and research) have been established in the Order for several years, some of which have already accumulated significant experience.
- In the next 30 years, due to the rapid advances made in science and technology, the region may be facing bioethical dilemmas regarding eugenics, legally imposed euthanasia, transhumanism, neurobioethics, bioethics in human research, social bioethics and environmental bioethics.
- Moreover, regulatory requirements in different countries make it necessary to work on management ethics to ensure ethical and transparent business practices.
- In mental health, human research, the use of new psychotropic drugs, addictions to new substances and behavioural addictions, such as those relating to social networking, and eating disorders, pose major challenges to bioethical management by OH centres.

### **What assumptions or prejudices have you had to abandon?**

- Bioethics works to engage in a well-founded, critical and reasoned reflection focusing on each specific situation. This makes it necessary to be aware of preconceived ideas in order to prevent bias and the impact on the decisions to be considered, as well as the position of the Hospitaller Order and its Catholic character. In this case, bioethics becomes the channel of communication to reconcile recommendations and decisions with other players and with social, legislative and cultural positions.

### **What key questions has it raised for your Province in the future, and for the Order as a whole?**

- How to carry out a sustained exercise of awareness-raising, education and formation in ethics and bioethics among the Hospitaller Order's stakeholders?
- How to make progress debating emerging issues in bioethics when confronted by players holding positions in conflict with the philosophy, values and principles of the Hospitaller Order?

- How to increase trust, management transparency and generate shared values between the Hospitaller Order's works and its stakeholders through management ethics?
- How can bioethics strengthen the Hospitaller Order's exercise of social and environmental responsibility in the region?

## Group 2: Health / New Technologies

### Mental Health

#### **Main conclusions:**

- Today's stress factors have increased mental illnesses.
- Mental health is a sector neglected by governments.
- Stigmatisation of people with mental illnesses of which they are not fully aware, that is to say, there is a lack of a culture to care for mental health conditions.
- The impact of the COVID pandemic has changed lifestyles and habits in the population. This has damaged emotional stability and, in more severe cases, given rise to mental disorders.
- The positive impact of mental health programmes on the affected population and the changes that we, as a Hospitaller Order, have brought about in the mental health of those affected.
- The opportunity to expand the Hospitaller Order's work and fulfil its mission, generating effective solutions to these changing trends, improving procedures and meeting stakeholders' needs more comprehensively.

#### **What assumptions or prejudices have you had to abandon?**

- Assuming that all the people in a mental health institution are sensitised when also requires this aspect needs be worked on.
- That mental health stigma is not as prevalent in countries with better and more advanced mental health programmes.

#### **What key questions has it raised for your Province in the future?**

- How to address preventive aspects of mental health?
- How to educate patients and their families on risk factors?
- How to sensitise all the coworkers to become involved in the care of the mentally ill patient?
- How can we partner other organisations to work together for mental health?

#### **What key questions has it raised for the Order in the future?**

- How does the mission contribute to changing environmental needs?
- What actions should be taken to achieve this objective?

## **Cardio-metabolic diseases**

### **Main conclusions:**

- Interviews revealed that the most prevalent pathologies are myocardial infarction and stroke, although they are all caused by other behaviours such as smoking, sedentary lifestyles, bad habits, inter alia.
- In general, so-called "bad habits" emerge over a long period of time, triggering cardio-metabolic diseases as a consequence.
- To this must be added the concomitant negative impact on people's mental health, which is an additional adverse effect of the underlying pathologies.
- Similarly, in our province-wide survey, participants' perceptions focused on "self-care habits" as the main way of preventing high-prevalence diseases. The general survey revealed that people consider "poor diet" and "sedentary lifestyle" as the main risk factors for high-prevalence diseases.

### **What assumptions or prejudices have you had to abandon?**

- One of the most interesting assumptions in this connection is that, given the increase in cardio-metabolic diseases in the population, concern for all the issues is left exclusive to the responsibility of health care systems. Since their preventive aspects are so closely linked, other national public policy makers and civil society organisations in general have a part to play.

### **What key questions has it raised for your Province in the future?**

- The need to take timely action: for example, what are we, as a province, doing in our early prevention services or programmes to address high-prevalence diseases?

### **What key questions has it raised for the Order in the future?**

- Given the large dimensions of the Hospitaller Order, the experts' opinion is that we must create Alliances between Centres. This poses the question: what are the options to proposed to create alliances that take greater advantage of opportunities for greater specialisation, capacity, exchange of knowhow, referencing and economic synergies?

## **Public Health Systems**

### **Main conclusions:**

- The ability to finance health care systems has been threatened in most countries by changes in the demographic profile (ageing populations combined with declining birth rates), the rising incidence of chronic diseases that consume many resources over long periods, increasing life expectancy, and the constant introduction of new technologies and drugs. In some more specific cases, the cost associated with violence and death from external causes.

### **What has been found?**

- Funding health care systems is the greatest challenge in our region today, mainly due to demographic change and the emergence of new and very expensive technologies.
- A strategic approach is needed both to change the care model and to establish international agreements to make technology accessible to all.

#### **What assumptions or prejudices have you had to abandon?**

- That the private health care system is not influenced by the public system.
- That current technologies will remain the same in 2030.
- That the Order's model of care does not need to change.
- The need to abandon traditional care models and adapt to the advances and changes in the new care models.

#### **New technologies**

##### **Main conclusions:**

- They optimise time and reduce risks.
- Benefits versus the financial cost.
- Real-time information, indicators, for decision-making.
- They increase productivity and build new bridges to communicate with users.
- They improve information quality and security.
- They foster synergies and networking.

##### **What was found?**

- Organisational goals involving process innovation and implementation of technology and artificial intelligence are required.
- The need for investment in therapeutic spaces for health promotion and prevention.

##### **What key questions has it raised for your Province in the future?**

- Is the model of care provided today compatible with the changes envisaged for health, financing and technologies?
- Is the Order prepared to provide compatible services in the future?
- Will we need to focus on and prepare for new emerging pathologies?
- Will we be able to work together as a dynamic, joined-up system of care that encompasses all the care needs of the community?
- Is strategic thought being given to which medical specialties will be of greatest importance by 2030?

##### **What key questions has it raised for the Order in the future?**

- Have technological and health improvements been incorporated with a view to maintaining the charism, funding and activities of the Order's centres?

- Will the Order have to rethink whether structural changes are necessary in order not to lose its presence in the health care field and in society?

### Group 3: Ther Financial Crisis

#### Main conclusions:

- Investment in health: the countries in our region do not meet the 7% coverage recommended by the WHO.
- Governments require support from private, for-profit and not-for-profit organisations.
- The Order has a great potential to be a model for medical and social care.
- There is a need to promote quality and service standards that enhance our image as a single body.
- The installed capacity to open new services and provide primary care.
- Political instability.
- Hidden inflation.
- Poor quality public health system.
- Recession.
- Reforms.
- Drug trafficking.
- Corruption
- Violence
- Migration
- High dependence on the state
- Possible dollarisation
- High placement interest rates

#### What key questions has it raised for your Province in the future?

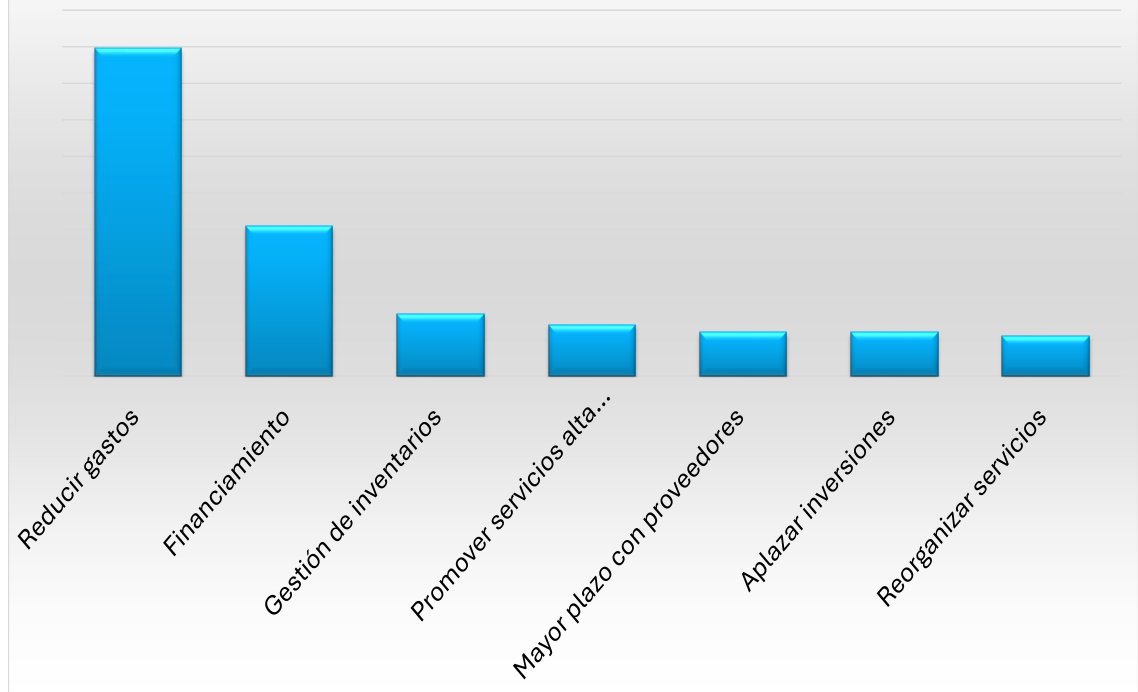
- What therapeutic model will the Province promote in its Centres?
- What hospital and administrative IT system will the Province implement?
- How will we influence the health system in Latin America and the Caribbean?
- How do you get the public to make you their first choice for any of their treatments?

#### What key questions has it raised for the Order in the future?

- What innovative alternatives can we offer in the field of health care that allow us to establish new relationships with society, private companies and local governments in order to cover prevention and promotion needs in our existing centres?

**Graph N°5 Perception of Contingency Measures**

¿Qué medidas de contingencia podrían adoptar los centros de la Orden para afrontar la pérdida repentina de una fuente importante de ingresos externos?



Source: OHSJD



According to the information processed, they consider "Spending Reduction" and then "Financing" as two essential factors to cope with the financial crisis, given the threat of a sudden loss of external revenues.

**Graph N°6 Strategies to diversify income sources**



Fuente: OHSJD

Service offering and "telemedicine" are perceived as two of the most important strategies to implement revenue streams and reduce dependency on external clients.

**Graph N°7 Attracting income/ Clients**



Source: OHSJD

The perception on this point highlights that "Strategic Partnerships" is the main source of attracting new customers, followed by appropriate "Marketing".



## Group 4: Career / Demographic Trends

### Main conclusions:

Career trends with high demand in the region and in the Order's centres:

- Medicine
- Child psychiatry
- Nursing
- Information technology
- Programming
- Engineering
- Robotics
- Equipment maintenance
- Hospital kitchen
- Mechanics
- Pastoral
- Bioethics
- Addictions

### What was discovered?

Current trends to be assessed in the recruitment processes of the centres in the region:

- Technical careers
- Easy employability
- Barriers to first employment
- Informal employment
- Home-office trend

### What surprised us?

On attracting and retaining Human Talent:

"High turnover" is highlighted/noted here, as turnover is considered to be at 40%. A 40% turnover is an important indicator of organisational health and suggests the need to evaluate and possibly restructure various aspects of human resource management and the corporate culture to improve employee retention. This leads to a second indicator where 65% of staff have less than 5 years seniority. In this regard, the group highlighted the following expression: "Generational changes, and the life expectations that each group brings, the ageing of the population, migration, the lack of qualified personnel, are a huge challenge for the development of the Centres in the Latin American region".

Based on the aforementioned indicators, "attraction and retention of human talent in the Centres" is seen as a crucial challenge, where Quality and Personal Commitment directly influence the delivery of high quality health services in the Order's humanitarian mission. Furthermore, there is a significant impact on the Centres' finances, as human talent not only entails direct costs in terms of salaries and benefits, but also influences operational efficiency, productivity and institutional reputation.

### Annex on perceptions of human talent:

It is important to listen, to be flexible and to have holistic wellness programmes, Recruitment is as much about the search technology being used as it is about communicating who we are, what we do, what we want, and what we are looking for in the people who work for the Order. To address this challenge, there is a great need to implement effective talent retention strategies, career development programmes, competitive salary incentives, a healthy work environment and opportunities for personal and professional growth.

#### Most successful profile

#### Graph N°8 - Profile



#### What key questions has it raised for your province in the future?

- What is the profile of current and future human talent that is most likely to succeed in companies or would be most likely to succeed within the region?
- What does the younger generation expect from companies/trends?
- What strategies can be implemented in the centres to attract and retain human talent?

#### What key questions has it raised for the Order in the future?

- How do you align multiple cultures around a single goal?
- How to pass on the charisma not only as a partner, but also as a volunteer in your country/centre or elsewhere?
- How can we continue to transmit the OH culture and make it the horizon for the construction of a strategic plan for all?
- How to manage people so that their role is oriented towards achieving the institution's objectives, mitigating the risks of a financial crisis and allowing the centres to project long-term visions?

## Group 5 - Living and Working Together / Meaningfulness Spirituality

### Living and working together as Brothers and co-workers

#### Main conclusions:

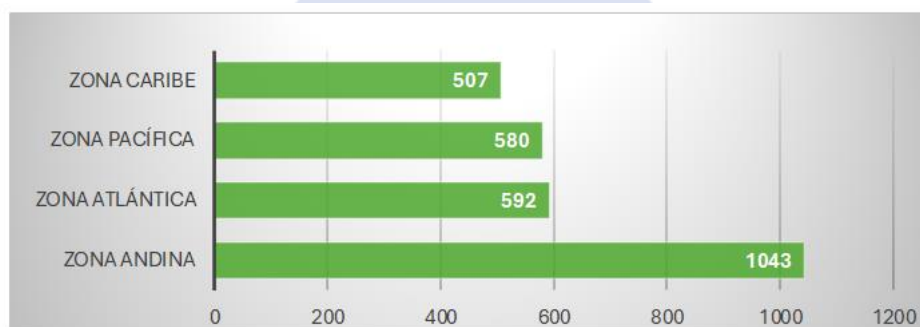
At the provincial level, 2,722 online surveys were conducted and 300 interviews were held with the participation of Brothers, coworkers, volunteers, our guests, family members and others.

The indicators were: **1 - POOR, 2 - AVERAGE, 3 - SUFFICIENT, 4 - GOOD and 5 - EXCELLENT.**

An average rating was obtained for the integration of Brothers and co-workers:

At **(3.79)** the relationship, shared mission **(3.76)** and accompaniment **(3.72)** are being maintained.

Graph N°9 - Living and working together



#### What surprised us?

Most say they feel very well, satisfied and grateful. Teamwork is rewarding, there is a perception of a good working atmosphere and companionship; they live their vocation with enthusiasm, empathy and commitment.

#### What was discovered?

As a region, there is a perceived need to further strengthen:

Communication: assertive, empathetic and effective

- A closer rapprochement between the Brothers in the apostolate, the guests and their families, the co-workers and volunteers, by improving dialogue, listening, coexistence and integration.

Teamwork: motivation, testimony and partnership

- Collaborative work oriented towards the common good to exchange knowledge, experiences and promote growth activities such as meetings, gatherings and spiritual retreats.

Continuing formation: charism, values and spirituality

- Ethical, religious and spiritual formation for human development and for deepening the faith, a sense of transcendence, care for interpersonal relationships and the environment.

Accompaniment in the management of employees

- This requires training, taking care of the employees and their well-being, fostering closeness, respect and ensuring good treatment; promoting the participation of all and joint decision-making.

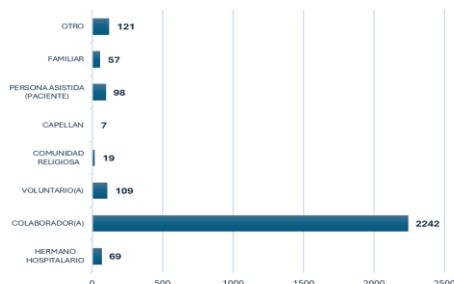
### **What was confirmed?**

The following aspects were confirmed as having the potential to weaken the relationship between the Brothers and co-workers:

- A lack of a sense of belonging and motivation;
- Little proximity for engaging in conversation and participating in joint activities;
- Role confusion;
- Difficulties in accompaniment;
- Lack of recognition;
- Communication shortcomings;
- Power-seeking, protagonism;
- Authoritarianism and imposition;
- Unilateral decisions;
- Work overload;
- High turnover;
- Favouritism;
- Cultural and generational differences.

### **Spirituality, thirst for meaning**

#### **Graph N°10 Spirituality**



Fuente: OHSJD

### Main conclusions:

On the indicators: **1- POOR, 2- AVERAGE, 3- ADEQUATE, 4- GOOD and 5- EXCELLENT.**

The average rating was **(3.86)** for the way in which the Brothers transmit the charism, mission and spirituality. At **(3.79)** for the way values, sacraments, spiritual retreats and other practices are experienced and **(3.77)** for how the institution responds to these spiritual needs of co-workers and guests..

To know, love and live spirituality, as a region there is a perceived need to foster:

**The Charism:** To live one's vocation with enthusiasm, empathy and commitment, developing a culture of hospitality that allows for positive growth and adherence to the charism.

**Values:** To promote a culture of presence, participation, recognition and care for others in need, with empathy, welcome, listening, dialogue, compassion and solidarity.

**Accompaniment:** To develop humanisation by means of comprehensive and professional accompaniment oriented towards forgiveness and reconciliation, encouraging continuous feedback.

**Pastoral care of the Sick:** To promote this differential factor of the centres and as a primary means of formation, prayer, conviviality, liturgical celebrations, spiritual exercises, etc.

### What key questions has it raised for your Province in the future?

How can the art of transparent, sincere and hospitable conversation and communication between Brothers and Co-workers be advanced in the region?

How can we further develop skills in the region to deepen the reporting culture in a transparent way, in order to work together and continuously improve?

How can we continue to move forward in interpreting the life of the centres in the region in terms of the philosophy of the Order?

### What key questions has it raised for the future of the Order?

How can the Order advance in the art of transparent, sincere and hospitable conversation and communication between Brothers and Co-workers?

How can we further develop skills in the Order to deepen the culture of reporting in a transparent way, in order to work together and continuously improve?

How can we continue to move forward in interpreting the life of the Order's centres in terms of our the institutional philosophy?

### **Annexes on the perception of living and working together as Brothers and Co-workers:**

- To foster vocations in a humane way, free of prejudices and stereotypes.
- Charismatic Management and Culture of the Order: charism, values and social projects.
- Humanisation Plan for comprehensive care and improvement of services.
- Training, formation. induction and participation plans (School of Hospitality).
- Greater appreciation and concern for employees and volunteers.
- Adapting to new cultures and generational differences.
- To make the Health and Social Pastoral Care a differential factor.
- Incorporating more advanced health care technologies.
- Designing an improvement plan for the institution.
- Climate change prevention and management.

### **Group 6: Governance / Leadership**

#### **Main conclusions:**

Considering governance and leadership as actions and agreements between governors and governed, which brings opportunities, defining rules and/or policies to maintain coexistence and build institutions according to rules for organising and generating changes that add value.

#### **What surprised you about the experience?**

After the interviewees heard the definition of governance and leadership within the framework of our Order, the following intuitions are considered to be part of governance:

*Interpreting the Gospel inspired service to man and the sick person.*

*Add the value of service (hospitality), transparency (in everything, not just processes) and the value of fairness.*

#### **What was confirmed?**

To implement governance and leadership, living structures, tools and policies must be developed to clearly define the rules of coexistence and to act in most situations.

The structures, tools and policies defined in our region are:

- The Provincial Definitory (highest provincial authority).
- The organisational structure (provincial organisation chart).
- Policies (29).
- Boards of Directors (highest authority in each centre).
- Centre Management Committees.

### **What was discovered?**

While we have governance and leadership in place, and the tools are in place, the risks have been identified:

- Resistance to organisational change (theory versus practice).
- Lack of understanding and/or denial of governance and leadership.
- Disinterest in adhering to structures, tools and policies.
- Lack of understanding of the tools of governance.
- Making decisions other than those set out in policies, which put the sustainability of the centres at risk.

Perception of actions to address identified risks:

- Generate information and ensure it flows to the Brothers and Co-workers.
- Strengthen the communication strategies on the Boards of Directors and Management Committees of the centres.
- In the case of managerial staff, reinforce retention strategies to avoid turnover.
- Train the Brothers and Co-workers in essential governance issues for decision-taking.
- Ensure freedom of opinion for Board members.
- Share experiences to avoid making redundant mistakes.

### **What key questions has it raised for your Province in the future?**

How can we continue to work on linking the concept of governance of any company with the exercise of governance in the region incorporating the Order's philosophy?

How to consolidate St John of God-style leadership in the region in the 21st century?

### **What key questions has it raised for the future of the Order?**

How can we continue to work on linking the concept of governance of any company with the exercise of governance in the Order?

How to consolidate the Order's leadership in the manner of St John of God in the 21st century?

## Annexes on perceptions of governance and leadership in the region:

### Communication and information management

- Listening, understanding and *directive* feedback should be paramount.
- Banks with information for decision-making and lessons learned.
- Campaigns to promote and generate interest in the province's events.
- Future vision of the centres (master plan).

### Training and education

- Clear responsibility of the legal representative of the centres.
- Training of board members.
- Knowledge of transcendental aspects of the charism by co-workers.
- Sharing success stories from other centres of the Order in other latitudes that have already gone through our process.
- Continuing to allocate budgets for leadership training.

### Infusing or implementing governance and leadership in practice

- "Infusing governance and leadership": a strategy for organisational evolution.
- Practical exercises with Brothers and Co-workers.
- Being pragmatic and avoiding bureaucracy in decision-making.
- Openness and discussion of new ideas in board meetings, critical analysis.
- Implementation of new ways of managing; same formulas = same results.
- Board management to report results and exclusively for strategic decision taking.
- Ongoing evaluation of the performance of board members.
- Search for, or transforming others into democratic, participatory, collaborative, charismatic and transformational leaders.
- Constantly evaluating vote casting by direct mandate rather than personal opinion and conscience.

### Group 7- The Life of the Brothers

#### What surprised you about the experience and what did it generate for you?

One issue that continues to question us is the activism, the apathy about certain topics, the mediocrity that we live in our lives as consecrated men, the difficulty of finding time to meet, to coordinate agendas, to participate in previously convened conversations. We urgently need to know how to stop, to look and discover the priorities of our life as consecrated men, and we urgently need to trust in the One who sustains us and sends us forth: Our Lord.

#### What have you discovered and what have been your main findings on this topic?

We are called to be communities of life, rich in personal relationships of welcome, dialogue, discernment, responsible freedom, concern for others, welcoming differences, valuing personal and community life projects.

The challenges we are facing in our Province with the unification should lead us to the original idea of reorganising and simplifying structures and not getting bogged down in



their implementation, in order to make the process authentic animation, lived in newness and hope, which is the way to be confident on our future.

### **What was confirmed?**

We are ageing and declining in numbers. This situation, however, can become an opportunity, an experience of grace, the birth of something new: a consecrated life that is perhaps weaker and more fragile, less visible, but more prophetic; focused on the essential thing, which is to represent God, not on surviving and defending our works. A consecrated hospitaller life that is more Gospel-based, lighter and closer to the people, more capable of reading the needs of the sick and needy of our time.

The greatest challenge that consecrated life has to face is itself (feeling of resignation, pessimism, harking back to the past or stubbornly sticking to structures, etc.), starting with total trust in Our Lord, which means adopting a mystical, contemplative gaze, which knows how to see God in all things and to look at everything through God's eyes, experiencing God.

The importance of hospitality does not depend on quantity, but on quality. Hence the need to return to the essentials, to Christ, to the Gospel, to John of God, as the supreme rule of life.

### **What key questions has it raised for the future of the Province and the Order?**

How do you reflect your experience of God in your daily life as a Brother of St John of God?

Regarding restructuring, what do we want to place at the heart of restructuring? renewing people or saving the institutions as they are?

In what ways should we live our sexuality/affectivity today?

How must we integrate solitude, individualism, community and dedication to Hospitality, so that our sexuality/affectivity is an important factor for a fulfilling vocation?

Are we shy to talk about sexuality/affectivity to our Brothers in initial formation in our communities? Why?

How to teach affectivity that "looks inwards, with a spiritual perception of the whole", to people who come from the hubbub of the senses?

How can we, as Brothers, contribute to strengthening and creating safe spaces for children, adolescents and vulnerable people?