

REPORT ON THE 'SENSING PHASE' IN THE AUSTRIAN PROVINCE

Preparation for the 2024 General Chapter

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1 Structure used to develop the topics

General Coordinator: Romana Gabriel

Each of the five topics was discussed out under the guidance of a **professional in the field**, who moderated the groups and collected the outputs, and selecting the most suitable people to work on the topic for which they were responsible.

If the person responsible of the topic had not attended the regional conference in Marseille, a **supervisor** who had attended the regional conference in Marseille was present in the topic area concerned. This supervisor ensured that the topics were dealt with in the form prescribed by the General Curia.

Topic: PERSONNEL (human resources)

Question: How will the labour market and attitudes towards work develop and what impact do we expect this to have on our service offer?	
Person responsible	Romana Gabriel, Personalleitung der Österr. Ordensprovinz
Supervisor	Not necessary
Participants	Brothers General Manager Bratislava Hospital General Manager Budapest Hospital General Manager Vizovice Hospital Head of foreign centres area Assistant Manager of the foreign centres area Provincial Central Directorate for Healthcare Professions Director of the Hungarian Retirement Home Provincial Central Health Directorate Hungarian Healthcare Director Provincial Central Financial Directorate Finance Director of the Bratislava Hospital Finance Director of the Budapest Hospital 2 students from the School of Nursing
Method	Several workshops in Austria, Slovakia, Czech Republic, Hungary Interviews with students via Teams Literature and Internet searches

Topic: VOLUNTEERING

Question: How do we assess people's willingness to volunteer in the future? What conditions do we have to create to make this possible in our organisation? What are our strengths and weaknesses and are we attractive to volunteers?	
Person Responsible	Ruth Nadbath, Director of the Kritzensdorf Retirement Home
Supervisor	Prior Thomas Pham
Participants	Management of the Franciscan Sisters' Retirement Home Secretariat of the Provincial Central Administration Lebenswelt Kainbach Quality Management Coordinator of the Cardiology Department, Vienna Hospital Coordinator of the Palliative Medicine Department, Eisenstadt Hospital Concierge/reception Kritzensdorf Retirement Home
Method	Teams-Meeting Workshops in Austria

Topic: ALTERNATIVE TREATMENT OPTIONS

Question: What alternative treatment options exist compared with the treatments offered in our facilities, both to use fewer resources and to achieve greater benefits and efficiency for our patients?	
Person Responsible	Arno Buchacher, General Manager Salzburg Hospital
Supervisors	Prior Thomas Pham Father Daniel Katzenschläger
Participants	Several Brothers Deputy Medical Director Vienna Hospital Director Strategic Projects Area Vienna Hospital Finance Director Vienna Hospital Quality Management Vienna Hospital Director Provincial Bioethics Area Discharge Management Salzburg Hospital Head of Radiology and Nuclear Medicine Department Vienna Hospital Medical Directorate Secretariat Salzburg Hospital Nurse from Salzburg Hospital
Method	Workshops in Austria Several meetings Teams Several interviews with experts Literature and Internet searches

Topic: GOVERNANCE

Question: What are the current strengths, weaknesses, opportunities and risks of the governance structure in our province and centres?	
Person Responsible	Peter Ausweger, Director General of the Province
Supervisor	Provincial Father Saji Mullankuzhy
Participants	Provincial Members of the Provincial Council Managing Director of the Bavarian Provincial Hospital Holding Financial Director Eisenstadt Hospital Director of foreign centres All the General Managers of the Provincial centres Provincial Legal Counsel Provincial auditors and tax consultants
Method	Several workshops in Austria Additional actions to address specific needs of the different countries

Topic: TECHNOLOGY

Question: What are the technological advances we could use for our patients/clients/employees? And how can we ensure that we keep up with technological developments?	
Person Responsible	Bertram Gangl, Provincial Finance Director
Supervisor	Adolf Inzinger
Participants	Department co-ordinator Graz Hospital IT Nursing Hospital Graz Administrative assistant Lebenswelt Steiermark Accounting assistant Lebenswelt Steiermark Deputy Director sheltered day workshop Lebenswelt Steiermark Oliver Philippsen, Lebenswelt Steiermark sheltered day care worker Education Director Lebenswelt Steiermark External expert for machine learning Technical University Vienna External expert for Logic Learning Machines Technical University Vienna Business Management, Provincial IT Services Department Chief Consultant of Radiology Vienna Hospital
Method	Several workshops in Austria Several interviews with experts Literature and Internet searches

2 Main conclusions

2.1 Topic: Personnel (human resources)

Question: How will the labour market and attitudes towards work develop and what impact do we expect this to have on our service offer?

Key points raised and insights

1. The shortage of qualified personnel and workplace needs will continue to increase.

Due to the demographic trends in the European countries, the shortage of qualified personnel on the one hand and the demand for health and social services on the other will continue to rise. An increase is also expected in the number of lonely people, especially in large urban centres, which will increase the need for care. There will continue to be shorter working hours, a greater proportion of part-time work and a clear distinction between work and private life; employees will no longer consider it necessary to 'do more than is required'. Immigration from non-EU countries will remain a permanent factor that will have to be part of any future plan to cover the need for services to be provided.

2. Health and social care professions meet the younger generation's need for security, a regular income, to be useful and to give meaning to their lives. The image of the health and social care profession is currently not full understood by the general public in all its breadth and richness.

It was striking to see that the health and social care profession responds very well to the expectations of the younger generation: 1. security, 2. regular income, 3. being useful, 4. giving meaning to one's life. However, the health and social care profession is not presented to the public in all its breadth and richness. The public has a restricted idea of what care is about (washing and feeding), which discourages young people from choosing this profession and also causes health and social care professionals to lose pride in their work. Young people want to stay healthy in their future profession and maintain a healthy work-life balance. This does not mean working as comfortably as possible, but maintaining one's health (sport, nutrition, hobbies) is important to them, because only then will they be able to pursue their profession in the long term and grow old healthy.

3. Artificial intelligence (AI) will not replace human labour in the health and social care sectors but will be able to provide important and valuable support.

Examples: AI-supported documentation, AI-supported interpretation services.

4. One possibility is lower expectations of service delivery.

Patients' expectations of service provision in the health and social care sector have steadily increased in recent years. Some sociologists speculate that this expectation will fall because the scarcity of resources is making people aware that not everything will be available all the time and in abundance because the demand of the baby boomer generation (in our case in the field of health and social care) will increase significantly, leading to a further shortage of services for the individual.



Key Issues for the Austrian Province

How can we succeed in communicating the benefits of the health and social care professions appropriately and according to need?

How can we actively fashion the public image of health and social care in all its breadth and richness?

How can we make our managers capable of understanding the needs of the new generation and allocate the necessary time for adequate management work accordingly?

How can we adequately respond to the increasing social isolation of the urban population in particular and the growing number of dementia patients?

How can we open our health and social institutions to alternative care services and make them fit for the future (e.g. participation in PHC = Primary Health Care Systems)?

How can we use AI so that it actually provides support in everyday life?

Key issues for the Order as a whole

What forms of cooperation are possible in our organisation worldwide to compensate for the shortage of qualified personnel in some countries and the surplus of qualified personnel in others?

How can the Order adequately respond to the growing social isolation experienced in European countries, particularly among the urban population?

2.2 Theme: Volunteering

Question: How do we assess people's willingness to volunteer in the future? What conditions do we have to create to make this possible in our organisation? What are our strengths and weaknesses and are we attractive to volunteers?

Key points and insights

1. Yes, people are still willing to volunteer, albeit in a different form.

Whereas volunteering in our institutions used to be seen as a service that was limited to visiting patients in hospital at least once a week to talk to patients and/or users, today we are faced with people who want to be very free and independent. They no longer want to be involved in regular services and they also want to be able to choose for themselves what kind of volunteering to do - or at least to be able to choose between different options. We are facing a change in the way people see themselves. The "I" is becoming more and more important, and this has become even more evident in the coronavirus pandemic; community and the collective good are taking a back seat, and even for the volunteer the question "what's in it for me" is becoming more and more important. At the same time, there is a search for meaning in life and the realisation that 'giving of oneself' can provide that meaning in an increasingly uncertain world.



2. The professional coordination of volunteers is of central importance.

As a rule, volunteers do not come to us of their own initiative, we have to take action. Therefore, it is important to coordinate the volunteer work, but the accompanying of volunteers must not be done in an improvised or marginal way. It is important to find a suitable, motivated person with leadership skills. Groups of volunteers may become large and, in addition, many needs must be covered in our centres. It is also important to consider the fears of professional staff: volunteers might prove to be a nuisance for professional staff, because they require a lot of attention. Some staff may also fear that volunteers will "take away" their work. From the point of view of the sensing group, however, one thing is clear: volunteers cannot replace professionals or solve the shortage of qualified staff, but can only play a complementary function to professionals.

3. Volunteers today are in great demand. New approaches and appropriate additional benefits for volunteers will be needed in order to win them for our organisation.

There are many institutions today that are looking for volunteers. We need to draw attention to ourselves and be able to "offer something substantial" to the people interested. We have the great advantage that our activities derive their meaning from the mission of St. John of God. We do not have to "invent a story" with common roots. It is the story of charity that gives us meaning. However, we must be aware that volunteers today could also aspire to other types of benefit. Something that is worth more to them than money, such as attention, a sense of fellowship, bonds, appreciation, prestige etc. Each individual must discover this for themselves. For people to put their skills at the service of our cause, we must be open to new ideas about volunteering.

Key questions for the Austrian Province

- Are we ready to take up the challenge of promoting volunteering more strongly in our province?
- Are we willing to invest the necessary initial financial resources to 'generate' a multiplier effect in the field of volunteering?
- Are we ready to be flexible and adapt to the changing 'rules of the game' in the field of volunteering?

Key questions for the Order as a whole

- We want to try to reach people interested in volunteering with our values, so how can we do this?

2.3 Topic: Alternative treatment options

Question: What alternative treatment options exist compared to the treatments offered in our facilities, both to use fewer resources and to achieve greater benefit and efficiency for our patients?

Key points and insights

1. When considering alternative treatment options, it is crucial to assess the benefits and costs.

In order to be able to compare alternative treatment methods as objectively as possible, the assessment of benefits on the one hand and costs on the other is of paramount importance. In this respect, the introduction and above all the continuous development of qualitative and quantitative indicators are of prime importance. In this context, it is essential to consider the ethical dimension, especially for the healthcare facilities of a Religious Order.

2. The demographic development among patients, guests and co-workers will have a huge organisational, technical and structural impact on the forms of care required in the future.

Our current vision is all about using resources for the benefit of the patient. The patients are still considered too little or not at all as a resource. The elderly patient with multi-morbidities, in particular, 'consumes' resources disproportionately. It is therefore necessary to critically examine what contribution and what services can be expected from the patients themselves in order to make their hospital treatment more resource-efficient. Moreover, we do not have any models to date for keeping 'elderly and/or pensionable co-workers' in the system.

3. Alternative services that save resources or are more effective are becoming increasingly important. This has an impact on the chain of care (intramural versus extramural, intersectoral and interdepartmental) and on our modes of intervention.

Alternative therapies that save resources or offer greater benefits and efficiency for patients are becoming increasingly important in modern healthcare. They lead to changes in supply chain processes, have an impact on the course of treatment and encompass various intra- and extramural, cross-sector and cross-divisional areas. It is important to define which processes are within our sphere of influence and are therefore easier to change.



Key questions for the Austrian Province

- How can we ensure that in the future the demographic aspect is better addressed and reflected in the strategy of the province and the respective strategies of the centres?
- How can we grasp and anticipate the 'new world of work' (human and AI synergies, etc.)?
- How can we consider the patient/family member as a resource in our thinking?
- How can we continue to use the co-worker who is entitled to a pension as a resource?
- What forms of regional cooperation with health service providers might be of interest to us?

Key questions for the Order as a whole

'Think global, act local': We consider the three fundamental aspects of our thinking (benefit assessment, demographic evolution and the care chain) as global issues that are of crucial importance to every Province of the Order. However, since the framework conditions in the different parts of the world differ significantly, it is necessary to design appropriate strategies and measures at the regional level in the Provinces.

2.4 Topic: Governance

Question: What are the current strengths, weaknesses, opportunities and risks of the governance structure in our province and centres?

Key points and insights

1. Competent management of our facilities is essential to ensure future success.

Our future success depends on competent management (health policy, economic, financial, legal) of our facilities (hospitals, facilities for the disabled, nursing homes). Decisions to be made for our facilities must be made in a timely manner and in a way that our staff can understand. Levels of managerial responsibility must be consistent with skill.

2. The corporate structure of our facilities has an impact on the role of managerial staff.

According to legal corporate form of our centres (public law body or limited liability company) there are different levels of placement in key management positions. The use of a holding company-type structure can facilitate management. However, the management of the holding company must still be the responsibility of competent members of the Order or persons delegated by them.

If the structures in Hungary were to be transformed into or incorporated into a limited liability company, they would lose their church status. This would entail a number of disadvantages, including the loss of financial benefits.

3. The strategic role of the St John of God Brothers is important. There is currently a dual structure for representing the Centres.

Regardless of the legal form, in a province with more than 8,000 employees and a turnover of several hundred million euro present in four countries, the decisions to be taken by the province's supreme governance body (Provincial Definitory) should be limited to those that are strategically important.

A governance structure from the provincial government, through a possible intermediate holding company, to the management of the works could be advantageous.

The priors are the legal representatives of the houses and therefore represent the ownership of the works if they belong to the religious house. So we are in the presence of a dual structure.

4. In the Delegations (Slovakia, Czech Republic and Hungary), the interdependence of canon law and civil law must be taken into account when making changes to company law.

By abolishing the Delegations, the direct integration of the religious houses and associated centres of Slovakia, the Czech Republic and Hungary into the Austrian Province would be possible, which would certainly facilitate cooperation. However, the abolition of the Delegations would lead to a canon law problem: the legal foundation of the Order in Hungary, the Czech Republic and Slovakia are the Delegations. This status is also enshrined, in accordance with canon law, in the provisions of the Order's General Statutes. In view of the various unification processes underway worldwide, the General Statutes should provide for the possibility that the Order may continue to exist in these countries in accordance with the current provisions of canon and civil law. In Hungary, for example, canonical legitimation and recognition of the Order by the Catholic Church are the basis for state recognition of the Order. If this recognition is lacking, the Order no longer exists in the eyes of the Hungarian authorities.

Key Issues for the Austrian Province

- How can the Province guarantee that in future there will be the necessary professional and personal skills to manage its centres?
- Who and with which skills should be employed in government or sit on decision-making bodies??

Key issues for the Order as a whole

- Ensuring decision-making capacity is an absolute necessity for the maintenance of the centres in each province, especially considering the dwindling number of religious who feel able to take on financial responsibility.
- What changes need to be made to the General Statutes so that the Order can continue to exist in countries such as Slovakia, the Czech Republic and Hungary even without the structure of Delegations, taking into account the provisions of canon and civil law in force in these countries?

2.5 Topic: Technology

Question: What are the developments in technology that we could use for our patients/clients/employees? And how can we ensure that we keep up with technological developments?

Key points and insights

1. The use of artificial intelligence will bring huge changes in all areas (medicine, care, administration).

It emerged from the discussions that the use of digital technologies will not be limited to specific areas. In the care sector, much is expected with regard to documentation (speech recognition, voice control), in administration, important support is envisaged for record keeping, translations, etc., and in medicine, image recognition has already been in use for several years. In addition, cross-sectoral support is envisaged in the formulation of diagnoses, in the processing of medical certificates and in medical treatment in general.

2. It will be necessary to focus on specific application areas of digital technology.

The wide range of applications that digital technologies offer makes it difficult to maintain an overview on the one hand, and on the other hand, the use of many applications will be very expensive. It will therefore be necessary to focus on applications that bring targeted benefits from a financial and controllability point of view. For example, artificial intelligence for prostate cancers is only able to recognise these cancers but not the diseases in the surrounding area: to recognise these, it would be necessary to buy a second artificial intelligence device.

3. The use of digital technology in healthcare will always be merely a support and will never replace humans.

For many years, digital technologies have been helping us in various areas. Mobile telephony, video on demand and smart home control are just a few of the examples already in place. The use of artificial intelligence in particular shows very promising results, but there is also a margin of error. Therefore, it is absolutely necessary to critically examine the responses of ChatGPT or the automatically generated results in radiology. Doctors, nurses and administrative staff will in any case continue to bear the ultimate responsibility for the use of digital technology and its results.



Key questions for the Austrian Province

Digital technologies in the healthcare sector have increased significantly in recent years. They are being used not only in traditional areas of diagnostic imaging, for example, but in all areas of a hospital. The key questions of the future will not be "will I use digital technologies in the future?" but rather "when (how quickly) will I use digital technologies?" and "Which specific applications do I want to support with digital technology?".

One basic question that currently needs to be asked for all technologies is the question of financing. Due to the current hype, huge prices are being charged paid for products, some of which are not fully developed, without any investment security..

Key questions for the Order as a whole

Digital technologies are gaining ground in the healthcare sector worldwide. The current pioneers come from Asia and Canada. This matter therefore not only concerns the Austrian Province of the Order, but all the provinces. The key questions mentioned above regarding the specific application and the associated financing therefore also apply to the Order as a whole.

When (how quickly) will we use digital technologies?

Which specific applications do we want to support with digital technologies?

Are these digital technologies mature enough to provide investment security for a reasonable period of time?