



SUMMARY OF SENSING ACTIVITIES CONDUCTED IN THE 10 FACILITIES IN THE LOMBARDY-VENETO PROVINCE

Theme 1: SOCIAL CARE MODELS IN THE MANNER OF SAINT JOHN OF GOD

Sensing groups activated: 1 for each facility in the Province, totalling 10 groups

Composition of the individual groups teams and working methodology: 2 lay co-workers, assisted by ARE participants from Marseille, carried out the sensing activities in all the teams, submitting a final summary report representing each facility.

The model of care for psychiatric and socio-geriatric patients in the FDP comprises seven stages (first contact, acceptance, admission, acute events, personal events, terminal state/discharge, death) which were investigated in all the facilities in terms of the organisational side of care, with precise identification of roles/duties/responsibilities, and in relation to the charismatic character of the work of the professionals. More specifically, with regard to the *question focusing on the typical features of care in the manner of St John of God* in each stage in hosting **psychiatric patients**, the welcome given and relations with their families emerged as a priority. Equally important were sharing and involvement, associated with readiness and receptiveness and the whole holistic dimension of hosting the patient.

With regard to the *typical features of our care in the manner of St John of God* in the various stages of hosting **socio-geriatric patients**, empathy, welcome and availability emerged as priorities. Equally important were safeguarding/respect/protection of our guests and relations with their families.

It is interesting to note that in the language used by the co-workers for both types of guests, the word "hospitality" is not frequently used as a declared starting point, but rather as the manner of care in terms of the features and behaviour deemed to be attributable to and an expression, consciously or unconsciously, of the Hospitality dimension.

With regard to the model of hosting the **patient from the social point of view** (*Locanda di San Giovanni di Dio*) the theme of welcome was powerfully emphasised as a typical activity and manner of hosting vulnerable and marginalised people, which is also able to include health care and treatment. Lastly, the manner with which we host tourist guests at our **hotel** in Varazze is done with kindness and a climate of familiarity.

Following this complex sensing process conducted on all the PLV facilities, it will be interesting in future for the same survey to be conducted on our guests, the people who use our services, in order to match what the co-workers and Brothers declare, experience and perceive, against the perception of our guests, also to be able to see what improvements may be needed.



Theme 2: DISCOVERING THE VOCATION TO HOSPITALITY

Sensing groups activated: 1 for each facility in the Province, totalling 10 groups

Composition of the individual groups and working methodology: 1 pastoral care group leader, 1 Brother, 1 Sister, 1 mission-oriented lay person, 1 mission-oriented manager. Each group activated in the facility returned a summary of what had emerged from the sensing activities in their facility.

The topic was investigated by *asking 8 questions, constructed from the reading of Don N. Galante's book, 'Welcoming because it is welcomed'*, in the FDP facilities, and the replies of about 290 co-workers were not always uniform. In relation to *what links your name to that of SJG (question 1)*, empathy was mentioned, the dimension of care and hosting the guest, 'doing everything lovingly', the facility as a place of safety and protection and, lastly, familiarity with SJG and the importance of the sense of belonging, which are differently rooted in the facilities and in the workers, according to the length of service and the significant turnover rate that has been seen over time, which had also shown cases where the relationship between the workers and the institution is merely professional. With regard to the question *on how we demonstrate that we are at the service of the sick (question 2)*, the journey in the institution is for the needy and sick, with in an attitude of closeness, listening and relating, through a process of humanised care that is sustainable and continuing over time without ignoring the contingencies of the moment (lack of personnel) which make the journey more difficult. With regard to the *principles and motives that guide the behaviour of our workers when choosing to care for the sick (question 3)*, the focus is on making our work meaningful, driven by the Order's values but but also by individual motivations which can be traced back to universal values which place the person and hospitality at the centre, realising that the workers might one day find themselves in the place of their patients, and not ignoring the fact that the best we would like or be able to do is, at all events, conditioned by compliance with regulations, bureaucracy, technical and organisational contingencies of various kinds, not least by the sense of loneliness we sometimes feel and the organisational contingencies of the moment. In regard to the question as to *whether or not a change and improvement in the care of the patients is actually under way (question 4)*, the answers varied considerably between confirming that changes are taking place as a result of third parties outside the facility or by the gratitude shown by the guests, and conversely that change is non-existent and that we are merely trying to survive at present, and yet again, where any attempt at change is perceived as taking place, it is being undermined by constraints with regard to the personnel, ultimately posing the risk of departing from the dimension of SJG values. Hence the important need for dialogue with the lay and institutional leadership of the organisation.

Trying to explore *how the Brothers and Co-workers are growing together (question 5)*, the replies show that it is crucial to talk every day, through communication, dialogue, sharing intentions and listening, not ignoring the difficulties that may exist, and in the knowledge that the responsibility for the facilities over time will always be entrusted more and more to our co-workers, with sense of regret that about the absence of the prior where he is not present. In particular, in any facility, growing together means walking forward, side by side. With regard to *how we feel that hospitality is taking shape and becoming visible in our facilities (theme 6)*, taking in people, listening, closeness to the families, flexibility, welcoming, openness also towards colleagues, team work, the application of a model of holistic care were all mentioned. These elements are acted out and experienced in a family atmosphere and as a service, ignoring the fact emergency working can often undermine the conditions for this to happen. As for the question aimed at verifying *whether relations are considered to be an important element in the profession and, if so, how it is built up and nurtured on a daily basis (question 7)*, the replies confirm that relationships are a fundamental and distinctive feature of the Fatebenefratelli manner of care and is guaranteed by listening, dialogue, communication, courtesy, kindness, patience, the



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dimension of service to the point of being identified as a resource and therapeutic tool. Present contingencies remain crucial. Lastly, in relation to the question on survey *offering a spiritual dimension (question 8)*, the answers refer to the religious and spiritual are service, the Brothers, the chaplain, the Sisters, liturgical moments, and the pastoral events proposed by the facilities, all of which are considered meaningful and important as part of holistic care.

For both topics, the fact taking part in activities proposed by Co-workers and Brothers at times when work is going through difficulties with personal and for other contingent reasons, restores the sense of presence with and responsibility for the sick, while remaining mindful of the critical issues mentioned above. There still remains the challenge of constantly upholding professional and individual motivation and strengthening the sense of belonging in relation to staff turnover, to the generational shift and to the process of interculturality taking place in care and conditioned by the contingencies of the times.

Depending on the seniority of the co-workers, it will be interesting to be able to define in a subsequent survey whether they experience memory of the past or, alternatively, nostalgia for the past, while there remains an absolute realisation of the changing times in management and in the roles of management and acknowledgement of the great value of the presence of the Brothers, wherever this is possible.

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