EUROPEAN PATIENT SAFETY FOUNDATION

#FightFatigue in Europe

Collaborative campaign 2022 – 2025 (27)

BACKGROUND

CONTEXT

- Healthcare systems and workers across Europe are under extraordinary pressure due to the Covid-19 pandemic, and pre-existing shortages.
- Inflation linked to the situation in Ukraine and the energy crisis is affecting the budgets of European states. This will not improve the situation in the short and medium term.
- With higher intensity and on a larger scale than ever, fatigue and sleep deprivation will predictably continue to affect the wellbeing and safety of healthcare workers.

IMPACT

- Beyond the concern for the healthcare staff, fatigue also represents a risk in terms of patient safety and quality of care.
- From a broader perspective, it can also undermine the resilience of healthcare systems.

REACTION FROM THE FIELD

- Individuals have little power, they can only choose between coping with the situation or leaving.
- Proactive European or local organisations wish to raise awareness about the impacts fatigue has on patient and worker safety but need support and coordination to act efficiently and achieve higher impact.
- Teams can produce knowledge or awareness-raising materials on a national scale (e.g., Association of Anaesthesists).



INSPIRATIONAL CASE

FIGHT FATIGUE CAMPAIGN by Association of Anaesthetists





HOW DID IT ALL START?

This national Fight Fatigue campaign:

- was launched in 2018 in UK, in response to the tragic death of a trainee anaesthetist who died whilst driving home tired after a night shift
- aimed to raise awareness of how fatigue and shift work impact the NHS workforce
- received support from the public authorities and achieved encouraging results
- was and still is a joint initiative of the Association of Anaesthetists, the Royal College of Anaesthetists and the Faculty of Intensive Care Medicine
- EUPSF became a campaign backer in 2021

Pictures used for illustration have been taken from the presentation "Fatigue and shift work" developed Produced by the Association of Anaesthetists, RCoA and FICM Fatigue Working Group and inspired by Dr Mike Farquhar



Exhausted doctor killed driving home from night shift when he 'fell asleep at the wheel'

Dr Ronak Patel, 33, tried to stay awake by singing to his wife Helen, 33, on his hands-free mobile phone when he ploughed into a lorry



BY SAM WEBB 11:20, 12 JUL 2016 UPDATED 12:51, 12 JUL 2016



FIGHT FATIGUE CAMPAIGN ACROSS EUROPE

GENERAL GOAL



FROM A NATIONAL TO A EUROPEAN CAMPAIGN

In this context, the idea emerged to launch a European campaign and was tested by EUPSF with several national actors; the feedback was very positive.

Association of Anaesthesists also answered positively to EUPSF's request to use and adapt its raise-awareness material to other national contexts, and benefit from its experience. Recently, the Board of Association of Anaesthesists approved the official participation of the Association in the European Campaign.

The general goal of the Fight Fatigue in Europe Campaign (FFEC) could be set as follows :

Reduce, across Europe, the negative impacts of fatigue of the healthcare staff on:

- the well-being and safety of the healthcare staff;
- patient safety and quality of care;
- the resilience of healthcare systems.

MAJOR CHALLENGES



WHAT WE NEED TO SUCCEED IN :

- 1) Reaching a target audience in a variety of national/local contexts;
- 2) Calling to action a tired target audience, which is not able to impact on fatigue factors of the healthcare system on an individual basis;
- 3) Overcoming cultural representations of fatigue in health care institutions and a predictably strong resistance to change;
- 4) Trivialisation of the healthcare worker fatigue by the media and society;
- 5) Taking into account the complexity and variety of HC staff work environments (staff category/working conditions/stakeholders).

VARIETY OF LOCAL/NATIONAL **CONTEXTS**



CHALLENGE

Local/national contexts vary in several ways:

- spoken language
- work culture
- fatigue factors

target audience across Europe without taking this variety into account.

- **DRIVERS FOR THE CAMPAIGN**
- \checkmark Involve national partners in the campaign who can play an active role in adapting the campaign to their context and ensuring dissemination to the target audience
- ✓ Conceive the European campaign as a tool to support and strengthen national/local campaigns
- ✓ Build the European campaign in a bottom-up logic, in order to integrate the needs of national/local partners

It will not be possible to reach the

FATIGUE AND POWERLESSNESS OF THE HC WORKER



CHALLENGE

HC worker must be considered as being:

- already tired
- unable, on an individual basis, to impact the factors that generate his own fatigue (shortages, pandemics, pressure of results, administrative heaviness, faulty IT, psychological unsafety, poor teamwork...).

Inviting him to act is a risky strategy, which can cause:

- an increase in fatigue
- an increase in responsibility towards the patient
- discouragement, frustration, guilt or exhaustion if nothing changes.
- FF Campaign must imperatively avoid making the situation worse

DRIVERS FOR THE CAMPAIGN

- Messages to the HCW should primarily be directed towards shortterm self-protection :
 - mitigation of own fatigue
 - mitigation of impact on own wellbeing and safety
- Advocacy strategies should be deployed in parallel to control the factors that cause fatigue or mitigate their impact (monitoring of incidents, rest facilities, organisation of work,..) -
- \checkmark HCW should be made aware of ;
 - the existence of these strategies
 - what he can do to help, on a voluntary basis

CULTURAL REPRESENTATIONS OF FATIGUE



CHALLENGE

Some of the cultural representations that are widespread in the health work environments:

- *"To look after others is to forget oneself."*
- "It's normal to be tired, it's part of the job."
- "You have to prove yourself when you are young."

It is all the more complicated because HCWs have generally integrated these cultural representations and can hardly distance themselves from them without feeling out of step with their peers.

A high level of denial/resistance must be anticipated

- **DRIVERS FOR THE CAMPAIGN**
- Communication strategy towards the HCW must be carefully thought out and integrate this cultural dimension
- Methodological principles and lessons learned from large-scale public communication campaigns on road safety or anti-smoking could help:
 - "Do not try to change people, help people to change"
 - "Do not create new motivations, work with pre-existing motivations", etc.

TRIVIALISATION OF THE HEALTHCARE STAFF FATIGUE IN THE SOCIETY



CHALLENGE

Not a week goes by without national or local surveys, relayed by the media, announcing alarming statistics on the level of fatigue or weariness of healthcare workers with regard to their work.

Somehow, this contributes to a trivialisation of the phenomenon, as if the society itself is getting tired of fatigue, believing that the sense of dedication of the HCW will allow them to get through it all.

There is therefore a high risk for the FF in Europe Campaign to go unnoticed by the media and society, at large.

DRIVERS FOR THE CAMPAIGN

- ✓ FF in Europe Campaign must include the need to renew public and media interest in the issue.
- A buzz, a fresh news, would help to establish the need for the FF in Europe Campaign, and to make it visible.
- We note in this respect that there is not yet a pan-European survey on HCW fatigue, showing that :
 - the trend is widespread
 - the European healthcare system, as a whole, is at risk
 - the causes and solutions, with some nuances, are broadly the same.

VARIETY AND COMPLEXITY OF WORK ENVIRONMENTS



CHALLENGE

Beyond cultural variation, work environments also vary according to :

- categories of HCWs (doctors, nurses, care assistants, support staff)
- working conditions (day/night work, large/small team,..)
- type of care facility
- ..

HCW also operates in a complex ecosystem of relationships : other HCWs, patients and their relatives, hospital management,...

The FF European campaign cannot isolate HCW from its environment and deploy a "one fits all" strategy

- Multiply the viewpoints with multidisciplinary participation in the development and implementation of the campaign :
 - HCW coming from various work
 environments
 - Not only HCW, but also representative of patients, hospital management, researchers, etc.
- ✓ Ensure balance of interests, e.g. between patients and HCW, to avoid HCWs feeling guilty or overburdened
- Make sure the campaign covers different realities of HCW (staff categories, working conditions, type of care facility, etc).

DRIVERS FOR THE CAMPAIGN

SPECIFIC GOALS



WHAT WILL THE CAMPAIGN DO

1. Mobilise national organisations concerned with HCW fatigue and those who want to change behaviour and policies

We need to suceed in taking into account the complexity and variety of HC staff work environments (staff category/working conditions/stakeholders).

2. Support national organisations in the deployment of their national FF campaign

We need to suceed in reaching a target audience in a variety of national/local contexts.

3. Launch communication actions on European level to which the national and European organisations can link and have more impact

We need to suceed in giving weight to their communication and advocacy work and appear as a coordinated European dynamic.

HOW IT WILL WORK

YEAR 1

<u>Target audience:</u>	Healthcare workers. "To care for the patient, let's start by caring for the medical staff."
<u>Objective:</u>	Adopt appropriate behaviour to prevent/manage own fatigue
<u>Pilot:</u>	EUPSF
FF Network:	individuals, European and national organisations, sponsors
<u>Contributors:</u>	 Communication experts Healthcare professionals

<u>Steering Committee:</u> National FF platform representatives + EUPSF Board



HOW IT WILL WORK

YEAR 1 – Target audience: Healthcare workers

To care for the patient, let's start by caring for the medical staff.

Phase 2:

(4 months)

Phase 1: pre-campaign (4 months)

Definition of common campaign guidelines Development of the "ready-to-use" communication campaign

development and testing

Phase 3 upscaling and visibility (4 months)

Dissemination of tools in other countries

Organisation of a highlevel event (Brussels)

EUROPEAN PATIENT SAFETY FOUNDATION Improvement of the campaign

Testing in 4 different

countries

YEAR 1

To care for the patient, let's start by caring for the medical staff.

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Phase 1: pre-campaign (4 months)

ACTION PLAN:

- 1) Create landing website campaign history, fact and figures, aims, planning, logos (backers and sponsors)
- 2) Definition of common guidelines for all national campaigns:
 - key messages to be passed on to HCW (e.g. eat healthily, sleep x hours per night, avoid driving after a night shift, etc.)
 - tools to be favoured (videos, posters, social networks, survey, etc.)
 - common communication charter: logo, slogan, layout, etc.
- 3) Official communication to FF network members of the launch of the pre-campaign (email)
- 4) Validation of common guidelines by FF Network
- 5) Launch of a call to join the campaign to national organisations:
 - through social networks
 - landing website
 - expected relay by European scientific associations members of the FF network and industrial partners
- 6) Establishment and validation of a budget for phase 2 by EUPSF Board
- 7) Search for financial support for phase 2 & 3 (campaign partners + campaign sponsors)

YEAR 1

To care for the patient, let's start by caring for the medical staff.

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Phase 2: development and testing (4 months)

ACTION PLAN:

- 1) Development of the "ready-to-use" communication campaign:
 - communication tools in English (video, poster,..)
 - frame for an online campaign (website, social networks); timeline, drafted posts,...
 - available via the website
- 2) Selection of four national FF platforms (national organisations ready to cooperate with each other)
- 3) Coaching workshops and follow-up of four national FF platforms to organise their campaign:
 - translation and adaptation of communication tools
 - organisation of the online campaign
 - local funding
 - planning of events or EUPSF participation in events
 - promote exchange of practices between national FF platforms
- 4) Evaluation of phase 2
- 5) Adaptation of phase 3 (action plan and budget) based on the evaluation
- 6) Validation of phase 3 and budget by the EUPSF Board

YEAR 1

To care for the patient, let's start by caring for the medical staff.



Phase 3: upscaling and visibility (4 months)

ACTION PLAN:

- 1) Adaptation to the "ready-to-use" communication campaign based on the evaluation of phase 2
- 1) Dissemination of communication tools to other national FF platforms
- 2) Coaching and monitoring of national FF platforms
- 3) Organisation of a high-level event (Brussels):
 - <u>Audience:</u> EU & national MPs, EU Commission representatives, hospital networks...
 - <u>Objective</u>: change society's view of HCW's working conditions, influence policies towards HCW's Well-Being
 - <u>Angle:</u> the HCW also has the right to :
 - ✓ be tired
 - ✓ be able to rest
 - ✓ receive psychological support,
 - \checkmark to share and learn from their mistakes in a safe environment
 - Interventions by: philosophers, health historians, sociologists, work psychologists
 - <u>Testimonies</u>: of HCW (personal stories)

HOW IT WILL WORK

YEAR 2 <u>Target audience:</u> Healthcare workers (campaign continues) Head of departments (new)

YEAR 3

Target audience:Healthcare workers (campaign continues)Head of departments (continues)Hospitals and other health facilities (new)

YEAR 4-5

Target audience:Healthcare workers (campaign continues)Head of departments (continues)Hospitals and other health facilities (continues)

Action plan (y2-5): Roughly the same process, eased by the experience of existing FF national platforms. Punctuated by a new high-level event.





THANK YOU FOR YOUR ATTENTION

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