

Results of the co-creation sessions in the framework of the GLIDE-19 project

Introduction

SARS-CoV-2 was first identified in December 2019 in Wuhan and soon became a global public health issue [1, 2].

In Europe alone, there were 276 million confirmed cases and 2.24 million deaths during four pandemic waves between February 2020 till January 2022 [3]. Italy and Spain reported a higher number of deaths than Germany and the Netherlands. The European countries were impacted significantly in different ways and times. Various parameters and reporting structures were introduced at both national and international levels to quickly identify and minimize the impact of the virus [4]. Table 1 shows the impact of the pandemic in four European countries.

	ITALY	SPAIN	GERMAN Y	NETHERLAN DS	EU	WORLD
Population	59.030.133	47.432.893	83.237.124	17.590.672	447.700.000	7.900.000.000
Cases	25.870.833	13.890.555	38.429.922	8.610.372	276.585.359	767.750.853
Deaths	190.517	121.416	174.412	22.992	2.240.485	6.941.095

Table 1. COVID-19 in numbers. Data from the partner countries of GLIDE-19 project [3, 4, 5].

The COVID-19 pandemic has had a significant impact on health services, not only on the challenges of treating patients, but also on the psychological burden and general well-being of workers. Research continues to show high rates of burnout, psychological stress and suicide. Anxiety and stress increased significantly, which has had negative effects [6].

GLIDE-19 arises from this context, targeting health care professionals to support them in improving their awareness and knowledge on COVID-19 care, as well as preparedness to face other potential unexpected health crisis. GLIDE-19 project addresses the following priorities: Adapting vocational education and training (VET) to labour market needs. GLIDE-19 project aims at providing concrete results and solutions to increase healthcare workers' professional skills and competences for dealing with COVID-19 symptoms. GLIDE-19 has created a VET programme for healthcare workers that enable to better adapt the training offer to the current situation in the care systems, thus aligning to the evolving economic cycles, working methods and required key competences, at the benefit of COVID-19 patients.

Aims and objectives

This publication presents the main results of the co-creation sessions carried out in Germany, Italy, Spain and the Netherlands within the framework of the GLIDE-19 project.

Three co-creation sessions per country took place between October 2023 and May 2024.

The main objective of the sessions was to understand the training needs of health and social care professionals directly from them related to prevention, treatment, rehabilitation and mental health support in the context of the COVID-19 pandemic and possible future pandemics.

In general, the participants of the three sessions were the same, however there were situations of participants who missed some sessions and new participants who wanted to contribute with their feedback.

Co-creation

Co-creation is a collective work methodology that considers the users of a design as partners in the creation process. Co-creation believes in giving the public a more direct voice in the creation and design of innovative products, designed "with" and "by" people, rather than simply "for" them. Co-creation is active dialogue, mutual learning and participation.

One of the tools for co-creation is the Design Thinking. It can be defined as series of steps to guide the innovation process. The term was coined in 1969 by Herbert Simon, Nobel Prize in Economic Sciences, in his book "The Science of the Artificial" and picked up by Tim Brown in 2008. This method comprises five steps: Empathize, Define, Ideate, Prototype and Test [7]. Design thinking is a non-linear, iterative process that teams use to understand users, challenge assumptions, redefine problems and create innovative solutions to prototype and test. It helps a designing team to come up with practical, meaningful and creative ideas that solve real issues for a particular group of people. This methodology can help us to extract, teach, learn and systematically apply these human-centred techniques to solve problems in a creative and innovative way in all areas of our lives. The success of the design thinking lies in understanding what people want and need in their lives, in this case, what the socio-health professionals need to cope with crisis situations like COVID-19.

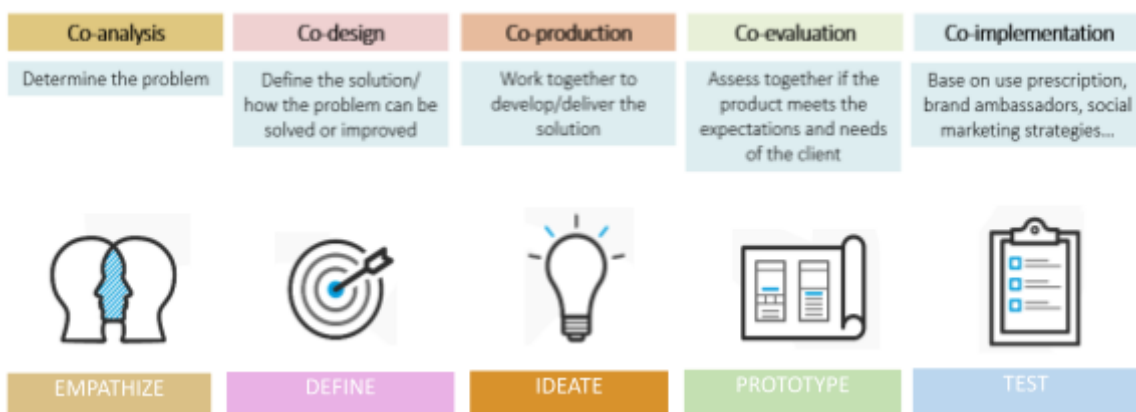


Figure 1: Design-thinking in GLIDE-19 co-creation (source for the graphics: <https://www.interaction-design.org/literature/topics/design-thinking>)

Results

First co-creation session

The first co-creation sessions of the GLIDE-19 training course took place between October and November. Italy, Spain and Germany conducting the session online and the Netherlands in person. A total of 17 people participated in this session, 14 women and 3 men between the ages of 24 and 69. The professional profiles of the participants were: psychologists, social workers, employment technicians, neuropsychologists, psychotherapists, psychiatrists, dermatologists, general practitioners, nurses, researchers and innovators.

The COVID-19 pandemic has affected the physical and, especially, the mental health of all of us, but particularly of those who worked on the front line, such as social and health professionals.

Thanks to a dynamic included in this first co-creation session, we were able to evoke all those emotions that the pandemic provoked and that are still present today. Some of these feelings were uncertainty, fear, helplessness, tiredness, stress, abandonment, the absence of a familiar working environment, etc.

On the other hand, the session also allowed us to learn about those skills and/or knowledge that the professionals felt were missing and that they would have liked to have in order to better manage the crisis, such as resilience, assertiveness, learning to manage time, better dealing with fear, psychological training/support, better (after)care for the employees...

After recalling these feelings and shortcomings, the participants were able to reflect and give their opinion on the proposed index for the GLIDE-19 training course. The topics/subtopics that the participants labelled as more needed were: pandemic preparedness and response planning, cross-country comparison (baseline resources), risk communication and public health messages, treatment and integrated treatment, psychological support, background information such as the sub-themes epidemiology and infection prevention.

Participants from the Netherlands also shared the importance of the practical nature of the course. For example, it should offer inspiring examples or good practices that others

can apply. The course should be modular (according to the participants) and therefore easy to follow with several inspiring examples.

With regards to the sub-sections on epidemiology, infection prevention, treatment diagnosis and control measures and surveillance, the Italian and Spanish participants consider that they will vary depending on the pandemic/crisis that occurs, so their usefulness is relative, as many of the measures included will not be applicable.

It would be interesting to have protocols or information that catalogue, depending on the type of crisis/pathogen, which basic guidelines to follow and which treatments are appropriate.

On the other hand, the German participants do not consider it as necessary to Pandemic preparedness and response planning (since nationwide specific) and strategies for a treatment policy (rather nice to have). Spanish participants considered it very important to be able to reference systems that have worked well during the pandemic and highlight the care of the mental health of social and health care workers, acting effectively against burnout, adapting/reorganising working time to the crisis situation, including flexible measures that act to a certain extent as an "emotional salary". Also suggest to create crisis teams able to assess the mood of the staff. It is very important to consider the human factor and to take care of the carer. The creation of "solution trees" (visual diagram to identify problems and its potential solutions) is proposed to facilitate decision-making by social and health care workers.

On the other hand, the German participants believe that it would be good to a modular structure so that additions can be made during a new pandemic (including germ-specific and country-specific content). Gamification elements would be helpful to increase attention. And they ask if the training will be voluntary, or is it mandatory (with exam/training points)? In terms of format, they considered infographics, dynamics, learning pills and role-playing activities to be the most useful.

Second co-creation session

The second co-creation session to design the GLIDE-19 training course, took place between December 2023 and January 2024. Italy, Spain and Germany conducting the session online and the Netherlands in hybrid format. A total of 16 people participated in this session, 14 women and 2 men between the ages of 24 and 69. The professional profiles of the participants were: Psychologists, social workers, employment technique, physician (general medicine and psychosomatics), head of nursing (anaesthesia), nurse/innovation lab, kata coach, lean design, nurse/innovation lab, psychotherapist, psychiatrist, dermatologist and general practitioner.

In the first co-creation session, the "GLIDE-19 Diary" was shared with the participants as a working tool for them to write down what they consider relevant after the first session. In this second session some of the things that participants shared in terms of their expectations were:

- Having internal preventive protocols to apply when there is an increase in incidence (not too restrictive).

- Having useful learning content for professionals who have not had previous experience working in this type of situation.
- Guidelines, (communication) tools, communication platform, before pandemics, during and after a pandemic (practical support and communication skills to deal with stress, aggression, etc.). "What must not happen again".
- Gain useful knowledge on what to do and what not to do during a pandemic.

During this session, participants from the four countries had the opportunity to test the first mock-up of the GLIDE-19 platform.

In general, they found the platform easy to use. The Spanish and German participants found it more difficult with registration and suggest improvement measures.

With regard to the games, there is a double opinion: half of the participants (Spain and Germany) consider this type of dynamics to be useful. However, the participants from Italy and the Netherlands do not consider them suitable for this type of course.

All the participants provided feedback on what they would like to see on the platform: podcasts, course content/features should always be visible on the left side for easy access, visual outlines, create groups (like LinkedIn) to share or work on guidelines, user journeys or discussion topics, pictures should be adjusted to a pandemic situation, open the course only to certain groups....

At the end of the session, the participants were asked about certain aspects of the modules to be developed, in which a wide variety of opinions were obtained.

Third co-creation session

The third co-creation session to design the GLIDE-19 training course, took place in May 2024. A total of 18 people participated in this session, between the ages of 24 and 69. The professional profiles of the participants were: Psychologists, social workers, employment technique, nurses, general practitioner, psychotherapist, psychiatrists, physicists, occupational therapist and head of an innovation lab.

The session was an opportunity for health and social care professionals to share experiences and learn from each other. In this session they were able to see the first training module ("mental health support") uploaded on the platform.

In terms of the look and feel of the platform, the Spanish, Italian and German participants consider it to be good, intuitive and clear.

On the other hand, the participants from the Netherlands think that it lacks attractiveness and that it is somewhat confusing; it should indicate where you are at any given moment.

In general, they consider the language to be appropriate.

As for the exercises, they are generally considered useful. However, as for the scales, they would put them in questionnaire mode and the page itself would give you the results (they would also keep the PDF format for those who want to do it privately), but all the scales would have both formats.

The German and Dutch participants consider this to be a lot of theory. On the contrary, Spanish and Italian participants think it is fine, but they would include audio format to the theoretical part.

The participants suggested to include a summary at the beginning and a summary at the end, to add a case study that invites further reading, to include a repository to download the themes, etc. and provided valuable feedback.

Conclusions

All the feedback gathered during the co-creation sessions has been used to develop the GLIDE-19 training course. In these sessions the different social professionals from the different countries were able to freely share their opinions, interests and needs. In June 2024 to September 2024 a pilot will be carried out to validate this training course.

During the do-creation sessions, participants were given the possibility to fill in satisfaction surveys to evaluate this co-creation process.

In them, the participants found it positive to share common experiences, to help others with their opinions in the future and to find it rewarding to contribute their experience to contribute to the process of co-creation.

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