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Swiss **CO**hort of **H**ealthcare **P**rofessionals and **I**nformal **Ca**regivers

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PRESENTATION OF THE FIRST RESULTS

30.03.2023

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Background

Health professionals (HP) and **informal caregivers** (IC) play a central role in the healthcare system and health services

Problems with the health **workforce**:

- Current and projected **shortage** of HP, in Switzerland and European countries

- Increased expectations and ongoing adaptations required of HP and IC

- **Scarce data** on HP and IC (i.e., trajectories, well-being, quality of life, etc.)
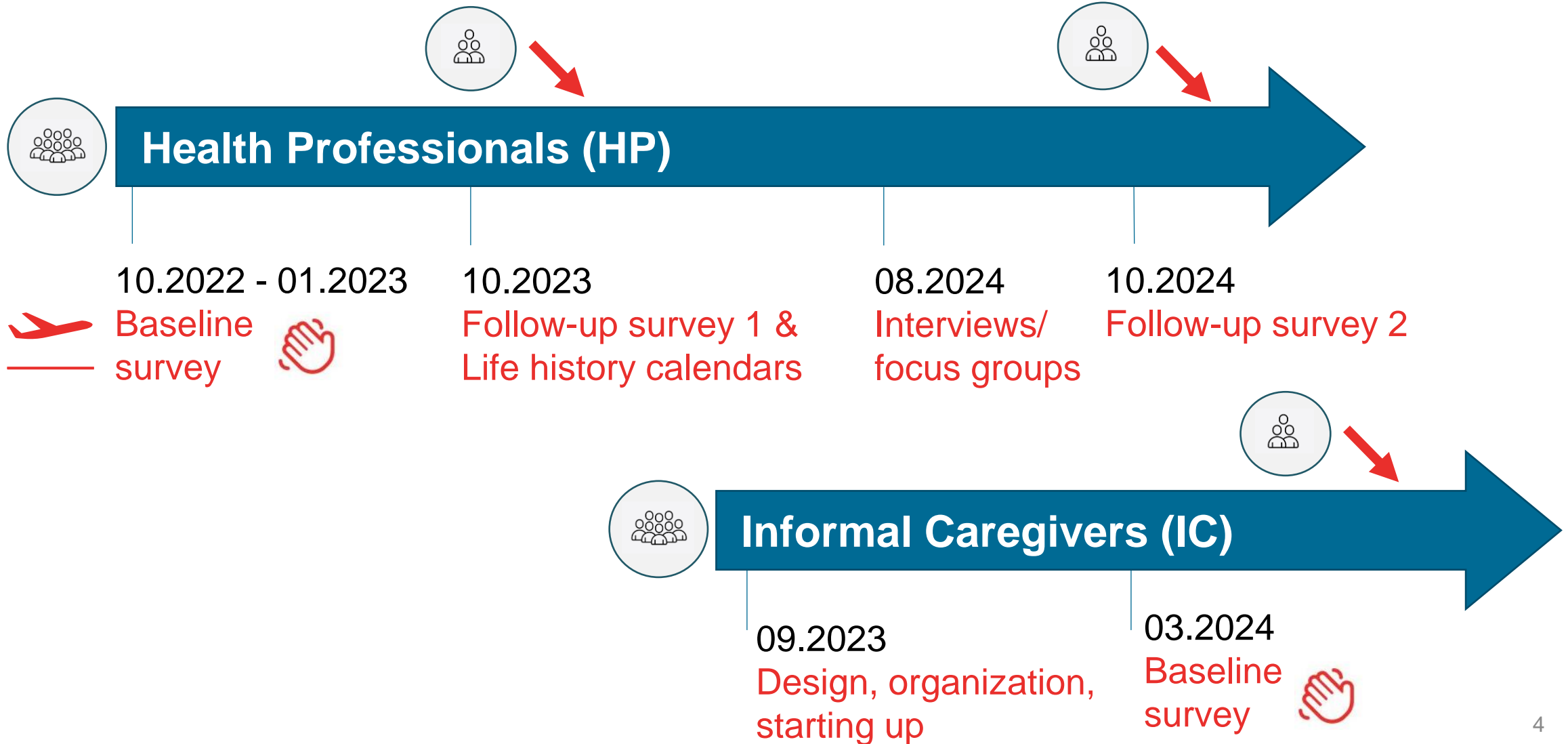
Longitudinal data on health professionals and informal caregivers is essential for **public policy planning and management** of the health workforce in Switzerland, and for **ensuring high-quality healthcare**

Global aim
of SCOHPICA

To describe and understand, over time, how specific professional trajectories and experiences facilitate or prevent **health professionals (HP)** / **informal caregivers (IC)** from embodying their role, and thus from staying in or leaving their job / role

Two prospective open cohorts

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Health Professionals (HP)

10.2022 - 01.2023
Baseline survey

10.2023
Follow-up survey 1 & Life history calendars

08.2024
Interviews/ focus groups

10.2024
Follow-up survey 2

Informal Caregivers (IC)

09.2023
Design, organization, starting up

03.2024
Baseline survey

Populations

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Health professionals
5-10'000 in the long term

Physicians, nurses, pharmacists, psychologists, physiotherapists, paramedics, dieticians, assistants (of physician, pharmacist, nurses, ...) and other health professionals.

... in direct contact with patients ...
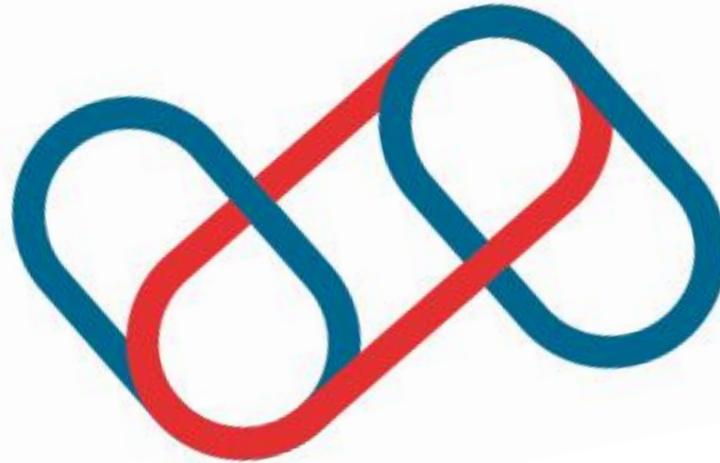
Switzerland: German-, French-, and Italian-speaking regions

Informal Caregivers
1-2'000 in the long term

"…persons who aid a relative or friend with **daily living activities** when s/he is no longer able to perform them. This dependence can be caused by a physical or psychological disease, disability, or fragility. ICs provide this support on **a long-term basis** and are involved to a large extent"
(adapted and translated from Promotion Santé Suisse, 2019)

Health Professionals – <u>Specific aims</u>

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To provide **quantitative** and **qualitative** data on HP in Switzerland **over time**: personal and professional characteristics, career trajectories, including working conditions and experiences.

➢ Understand **professional** **trajectories**, according to the types of HP and work contexts

➢ Identify the **determinants** which influence the **intention of HP to stay in or leave** their job / profession / health sector

➢ Assess the **well-being** of HP and its determinants

Health Professionals – Recruitment

Only indirect access to HP:

➢ Using multiple communication and recruitment strategies

➢ Contacting state and umbrella **associations** of all types of HP, as well as employers

- Providing communication package (in the three national languages)

- SCOHPICA website → **electronic questionnaire**

➢ Using social media

➢ Publications, conference presentation, kick-off meeting, press conference

Health Professionals – <u>Questionnaire</u>

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Baseline web questionnaire:

- 120 questions
- ~30 minutes

Follow-up (FU) questionnaires :

- Core questions + modules (2023 FU: life course calendar)

The content of the follow-up questionnaires will depend on:

- The socio-sanitary situation and needs of stakeholders
- Suggestions from researchers and members of new collaborations, etc.

The first health professionals' **baseline survey** was implemented from 01.10.2022 to 31.01.2023

Health Professionals – <u>Baseline</u>

Outcomes

- **Intention to leave the position / profession / health sector, within next <u>5 years</u>**
- **Intention to stay in the position / profession / health sector, within the <u>next few months</u>**
- **Well-being**

Professional situation

- Profession and work context
- Current situation (type of activity and rate, employment status, etc.)
- Specialization and training
- Changes of employers/sectors, interruptions due to illness/occupational injury

Socio-demographic characteristics

- Gender
- Age
- Nationality
- Marital/partnership status
- Income
- …

Determinants (dimensions)
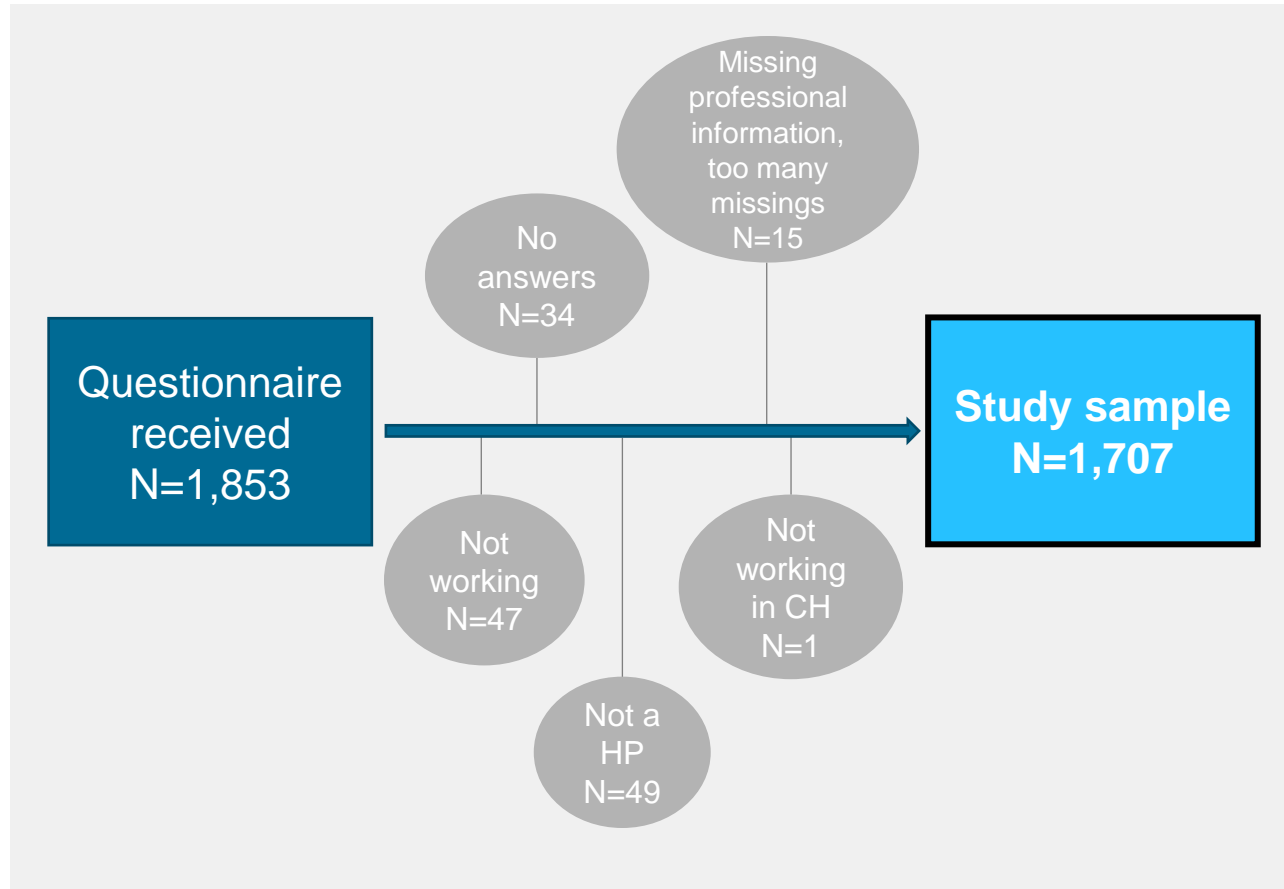
… next slides …

Health Professionals – <u>Baseline</u>

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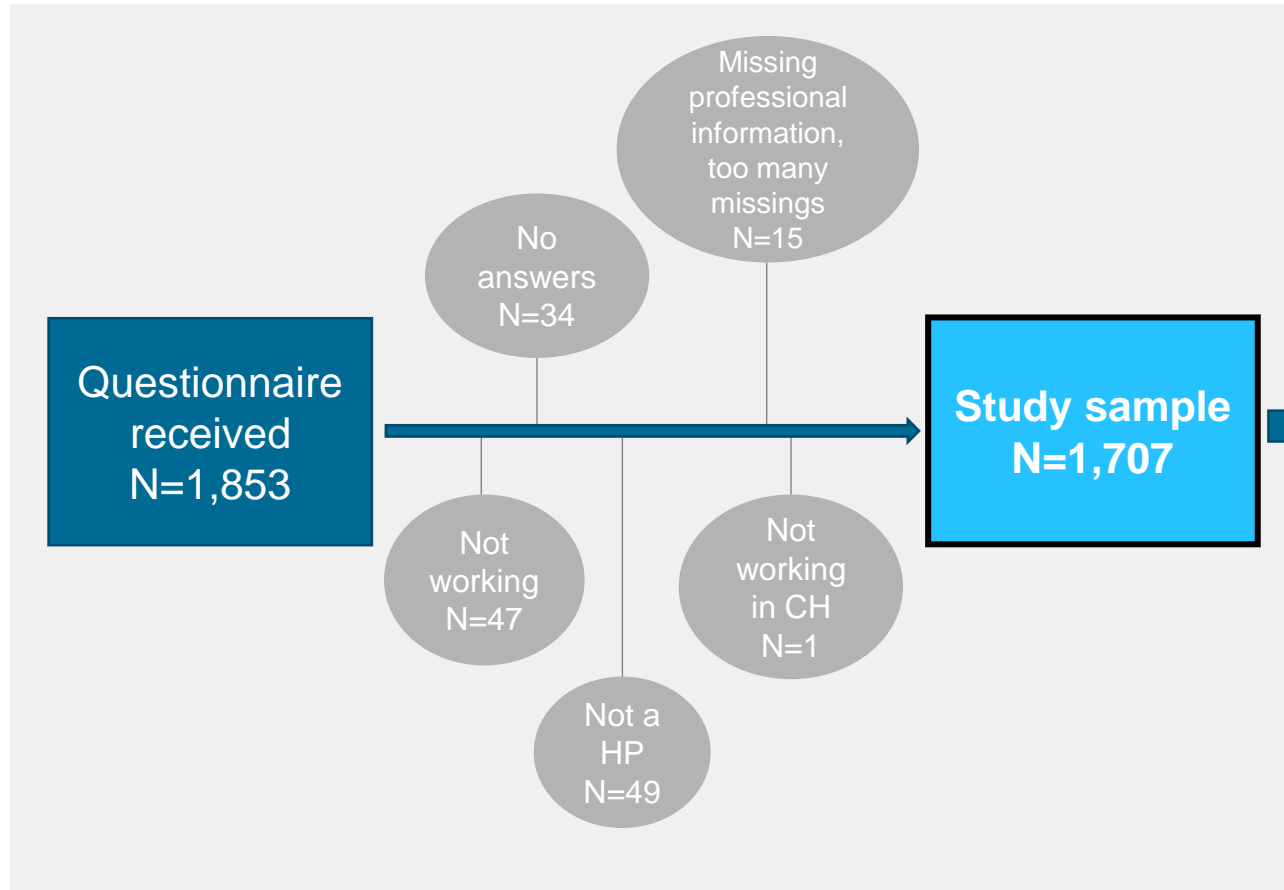## Determinants (dimensions)

Workload	Perceived amount of work in terms of pace and volume
Staffing & resources	Staffing and resource adequacy to work
Possibilities for development	Possibility to learn new things at work, to use skills/expertise, to develop competences
Work-life balance	Interference of work demands with private life, work drains energy and has negative effects on private life
Work readiness	Feeling prepared for professional activity by previous training
Recognition at work	Recognition by the company, colleagues and leaders
Meaning of work	Feeling that the work done is meaningful and important
Leadership	Leader's behaviors: providing a vision and an appropriate model, fostering the acceptance of group goals, performance expectations, providing individualized support to staff and intellectual stimulation
Control over working time	Ability to decide when to take holiday; control over work overtime
Influence at work	Degree of influence on the decisions at work
Sense of community at work	Atmosphere and co-operation with colleagues
Interprofessional collaboration	Collaboration between interprofessional team members
Moral resilience	The capacity to sustain/restore integrity in response to moral adversity
Intolerance to uncertainty	The tendency to consider a negative event occurring unacceptable, irrespective of the probability of occurrence

+ Burnout + self-rated health

First results – the sample
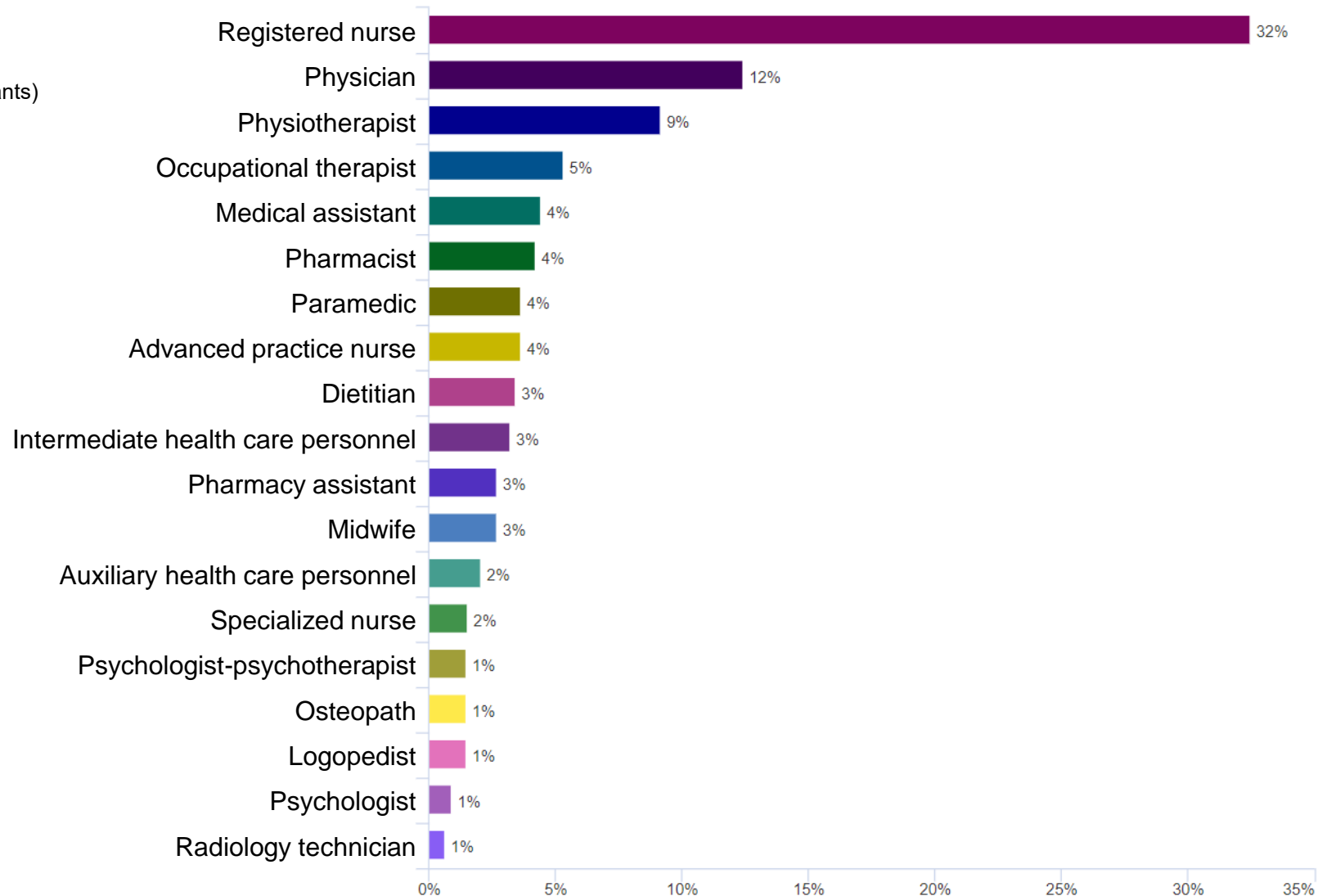
First results – the sample

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Questionnaire received N=1,853

No answers N=34

Missing professional information, too many missings N=15

Not working N=47

Not a HP N=49

Not working in CH N=1

Study sample N=1,707

Language of the questionnaire

- German 43%
- French 50%
- Italian 7%

First results:

Professions & sociodemographics

First results – professions & sociodemographics

Profession

N = 1651
(for professions with ≥10 participants)

Profession	Percentage
Registered nurse	32%
Physician	12%
Physiotherapist	9%
Occupational therapist	5%
Medical assistant	4%
Pharmacist	4%
Paramedic	4%
Advanced practice nurse	4%
Dietitian	3%
Intermediate health care personnel	3%
Pharmacy assistant	3%
Midwife	3%
Auxiliary health care personnel	2%
Specialized nurse	2%
Psychologist-psychotherapist	1%
Osteopath	1%
Logopedist	1%
Psychologist	1%
Radiology technician	1%

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First results – professions & sociodemographics

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Professional context (multiple answers)
N = 1699

Professional context	Percentage
Public hospital	34%
Group practice	15%
Solo/two-person practice	13%
Home care	12%
Nursing home	9%
Pharmacy	7%
Private hospital/clinic	6%
Other	6%
Emergency/ambulance	5%
Rehabilitation treatment center	4%
School environment	3%
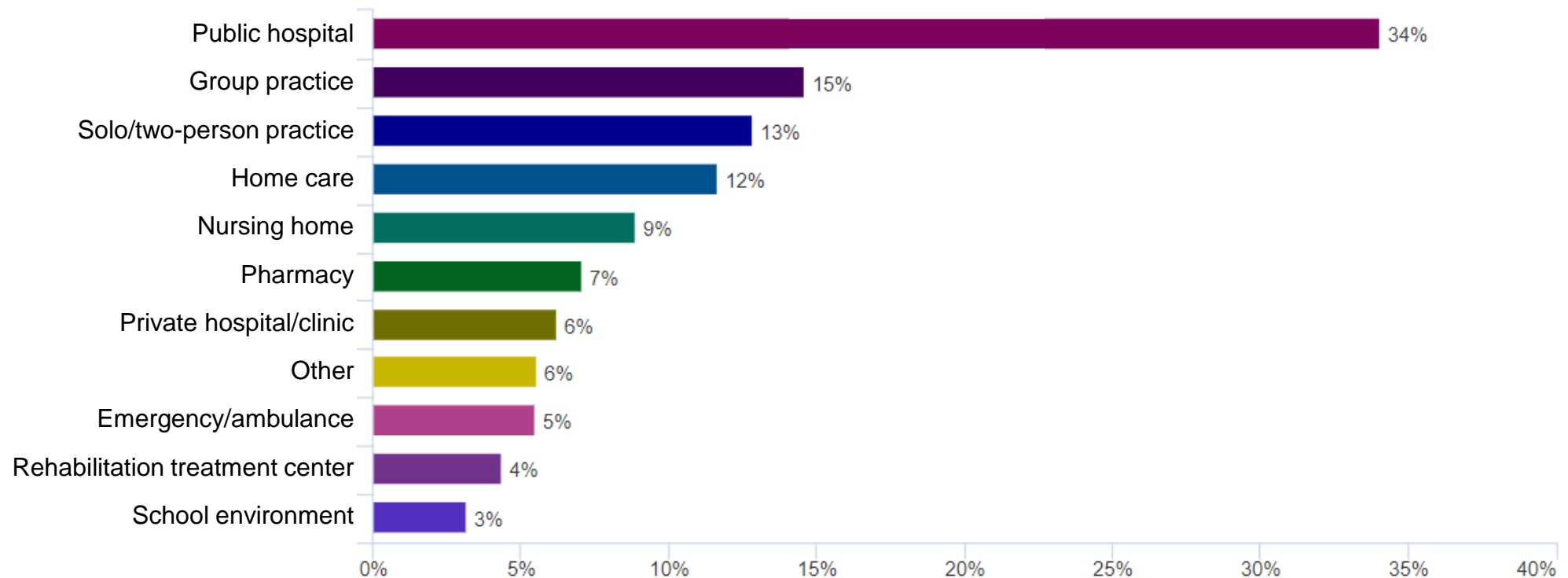
First results – professions & sociodemographics

Professional domain (multiple answers)
N = 1679

Somatic care	60%
Home care	20%
Mental health	19%
Rehabilitation	18%
Long-term care	18%
Other	12%
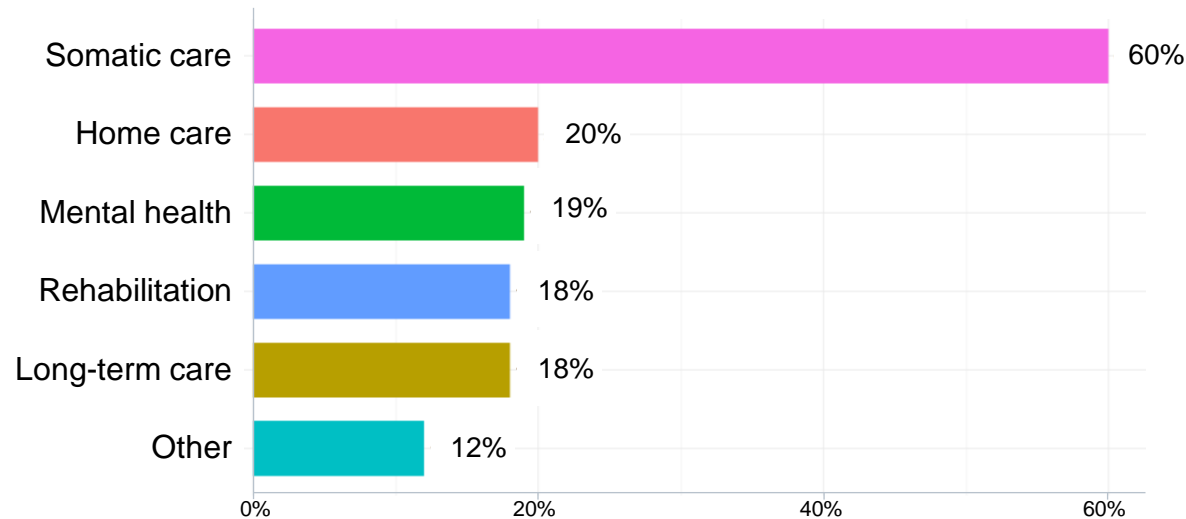
Main professional status
N = 1707

Manager/Administrator (4%)
Self-employed (15%)
Employee (81%)

First results – professions & sociodemographics

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Gender
N = 1701

Don't wish to answer (1%)

Men (21%)

Women (78%)

Age
N = 1658

Age	%
0-24	3%
25-34	28%
35-44	26%
45-54	23%
55-64	19%
≥ 65	1%

17
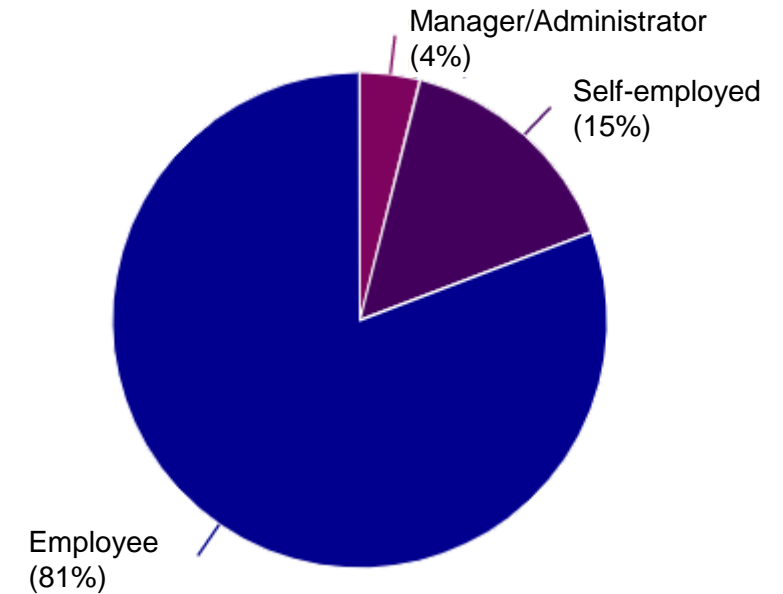
First results – professions & sociodemographics

Gender
N = 1701
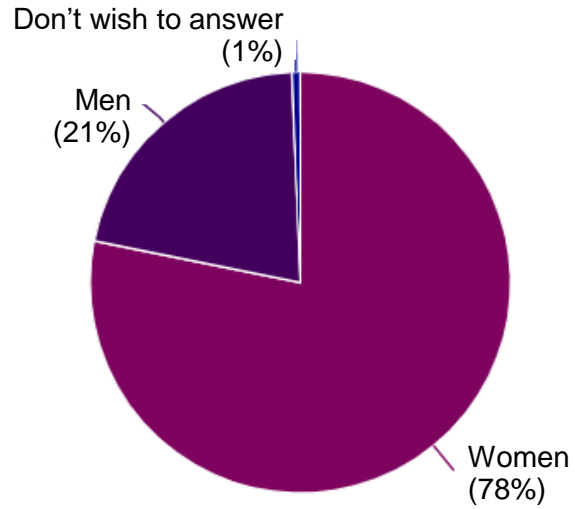
Don't wish to answer (1%)
Men (21%)
Women (78%)

Marital status
N = 1699

Separated, dissolved partnership, divorced (10%)
Widowed (1%)
Single (33%)
Cohabiting partner, registered partnership, married (56%)

Age
N = 1658

Age group	%
0-24	3%
25-34	28%
35-44	26%
45-54	23%
55-64	19%
≥ 65	1%

Children
N = 1698

Yes (54%)
No (46%)
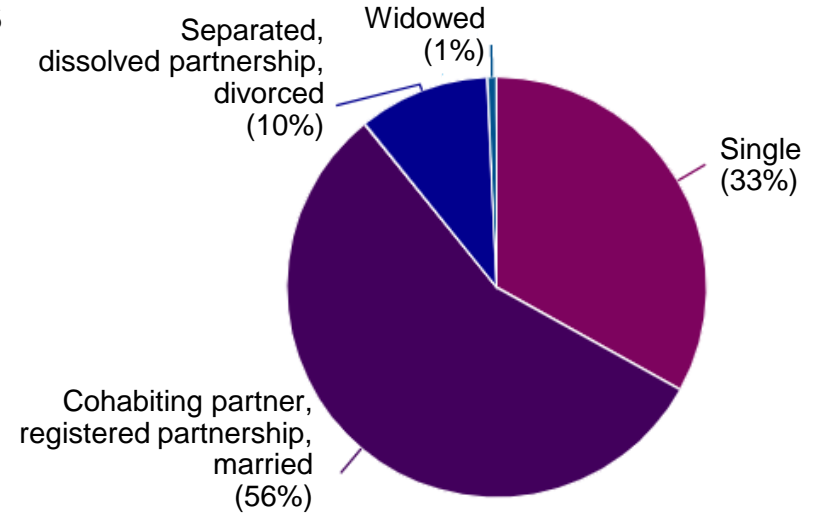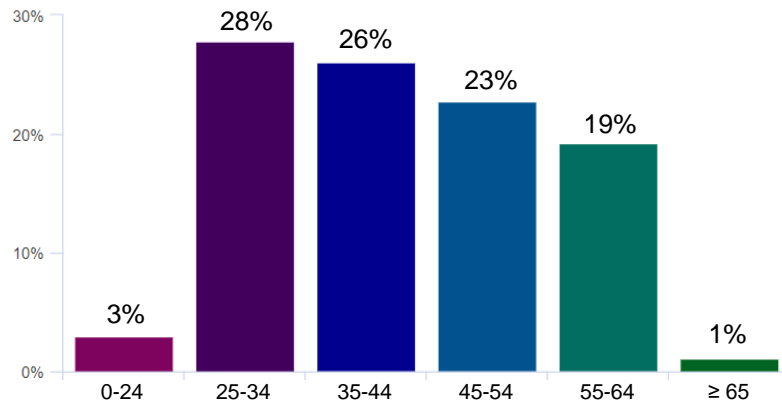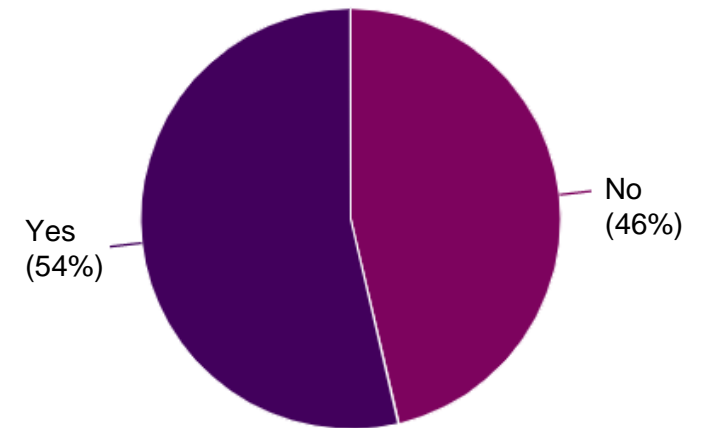
First results – professions & sociodemographics

Work place
N = 1653

Schaffhausen 1%
Basel-Stadt 3%
Thurgau 1%
Basel-Landschaft 2%
Aargau 5%
Zürich 10%
Appenzell Ausserrhoden 1%
Jura 1%
Solothurn 2%
Zug 1%
Sankt Gallen 3%
Lucerne 5%
Schwyz 0%
Neuchâtel 5%
Glarus 0%
Nidwalden 0%
Obwalden 0%
Bern 8%
Uri 1%
Graubünden 1%
Vaud 30%
Fribourg 3%
Ticino 6%
Genève 6%
Valais 6%
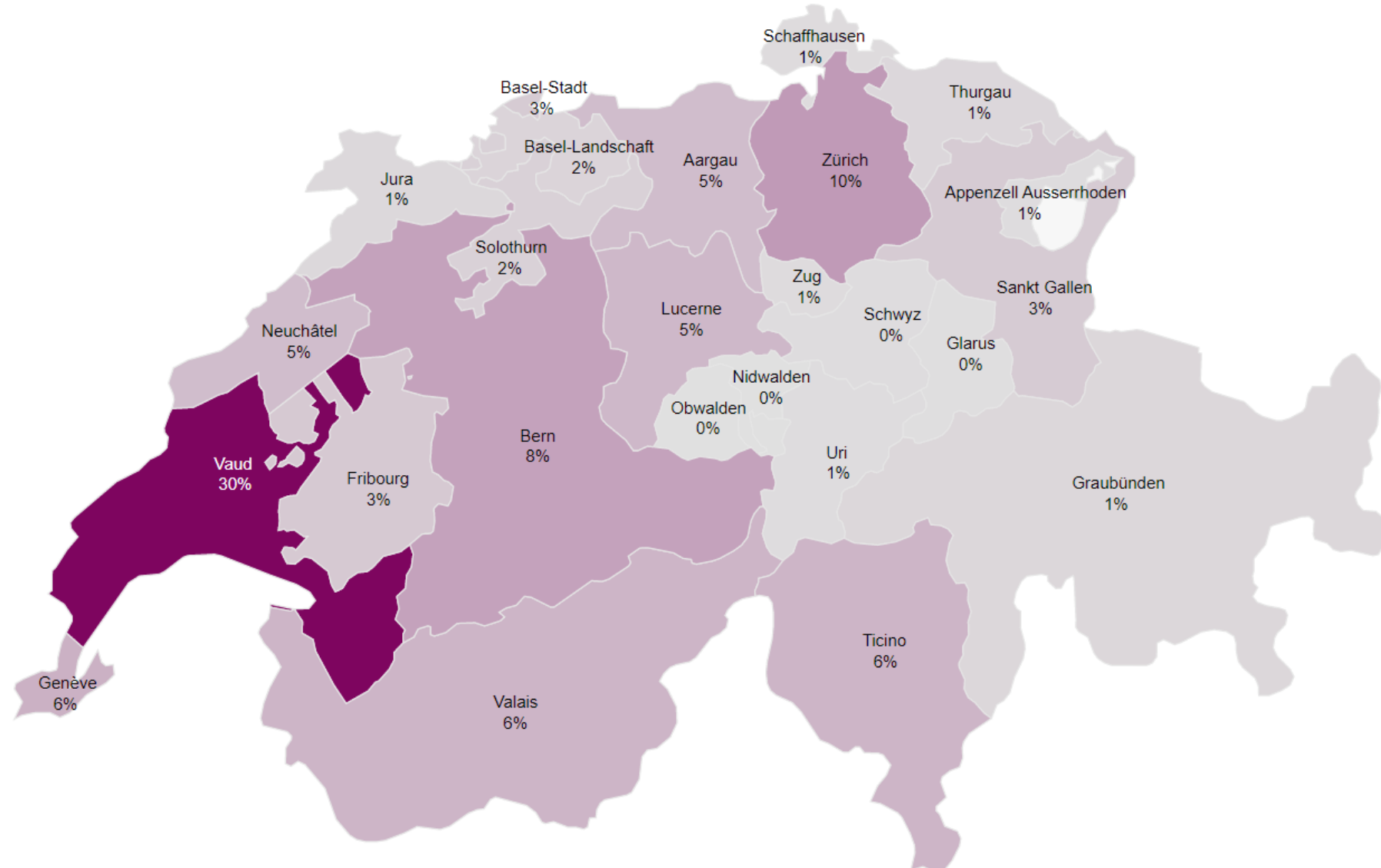
All named cantons have at least one participant; 0% means less than 1%.

First results – professions & sociodemographics

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Residency

N = 1658

Germany (1%)

Schaffhausen 1%

Basel-Stadt 2%

Thurgau 2%

Basel-Landschaft 3%

Aargau 5%

Zürich 9%

Jura 1%

Appenzell Ausserrhoden (1%)
Appenzell Innerrhoden 0%

Austria (0%)

Solothurn 2%

Zug 1%

Sankt Gallen 3%

Liechtenstein (0%)

Neuchâtel 4%

Lucerne 5%

Schwyz 1%

France (4%)

Glarus 0%

Nidwalden 0%

Bern 9%

Obwalden 0%

Uri 1%

Graubünden 2%

Vaud 26%

Fribourg 6%

Ticino 6%

Genève 5%

Valais 7%

Italy (1%)
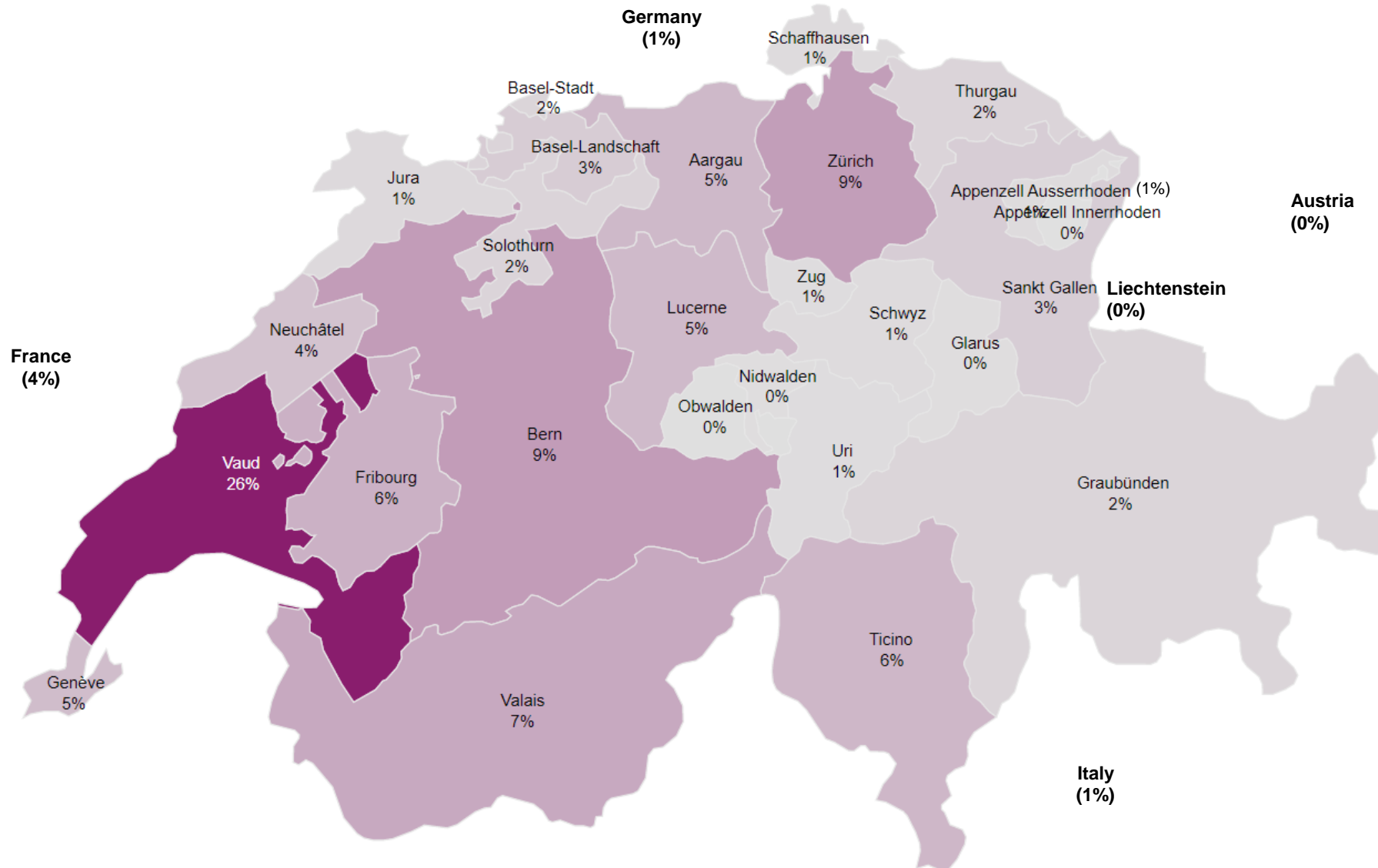
All named cantons and countries have at least one participant; 0% means less than 1%.

20

First results – professions & sociodemographics

Country of training

N = 1697
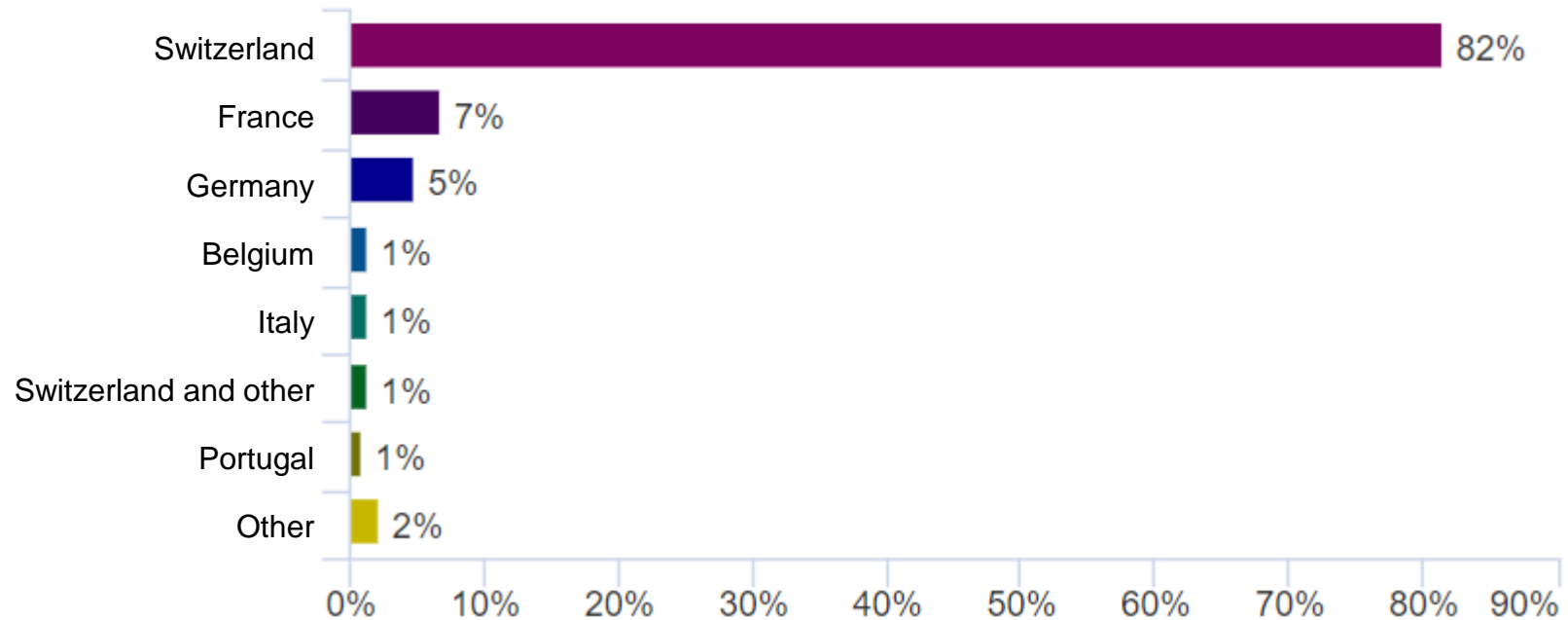
First results – professions & sociodemographics

Number of years in the profession
N = 1700
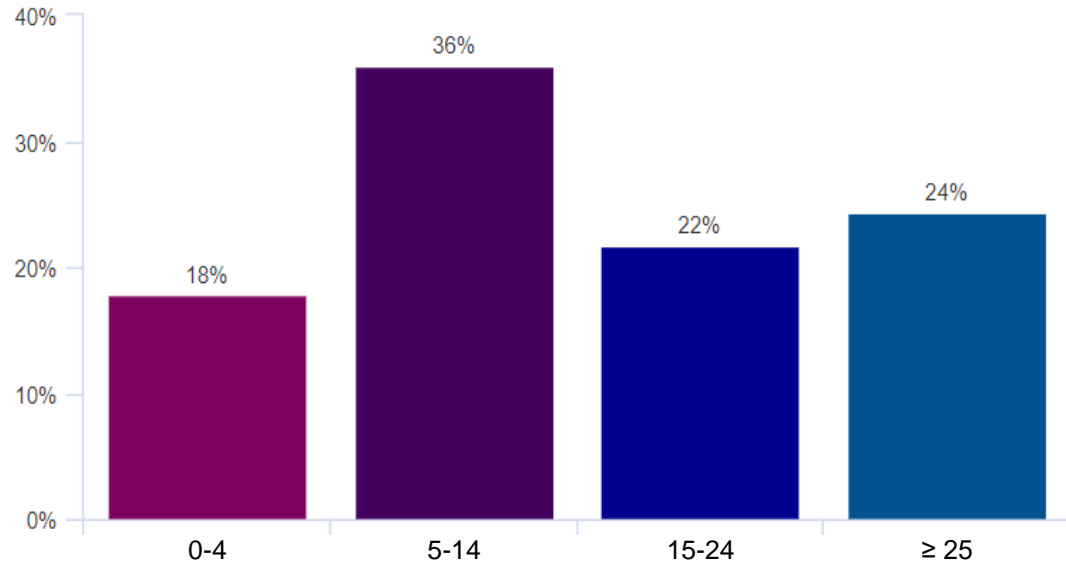
Working hours per week
N = 1696
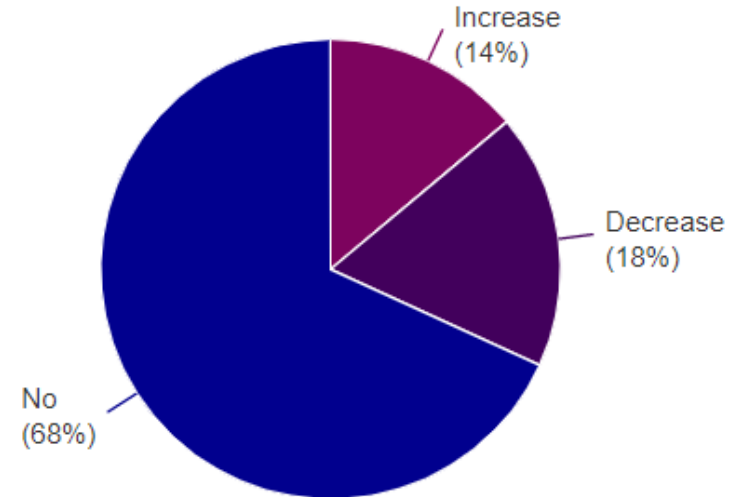
First results – professions & sociodemographics
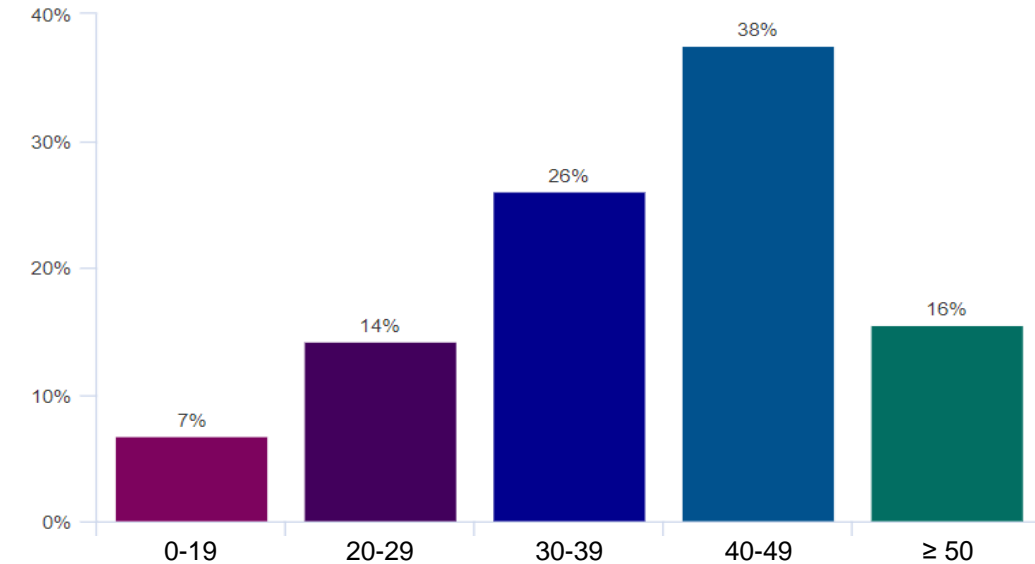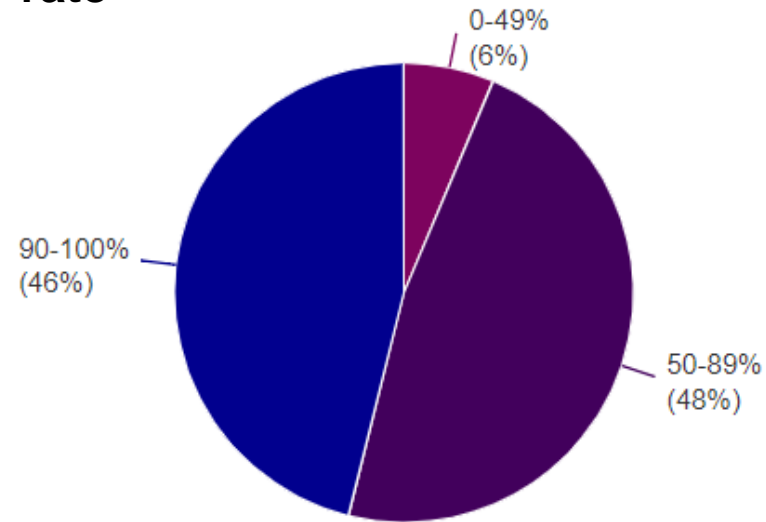
Activity rate
N = 1618

- 0-49% (6%)
- 90-100% (46%)
- 50-89% (48%)

Change of activity rate during past 12 m
N = 1706

- Increase (14%)
- Decrease (18%)
- No (68%)

First results – professions & sociodemographics

Activity rate
N = 1618

- 0-49% (6%)
- 50-89% (48%)
- 90-100% (46%)

Change of activity rate during past 12 m
N = 1706

- Increase (14%)
- Decrease (18%)
- No (68%)
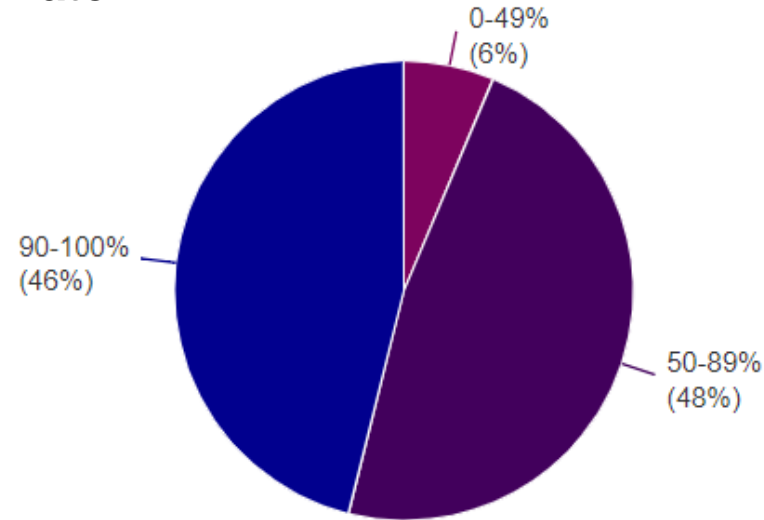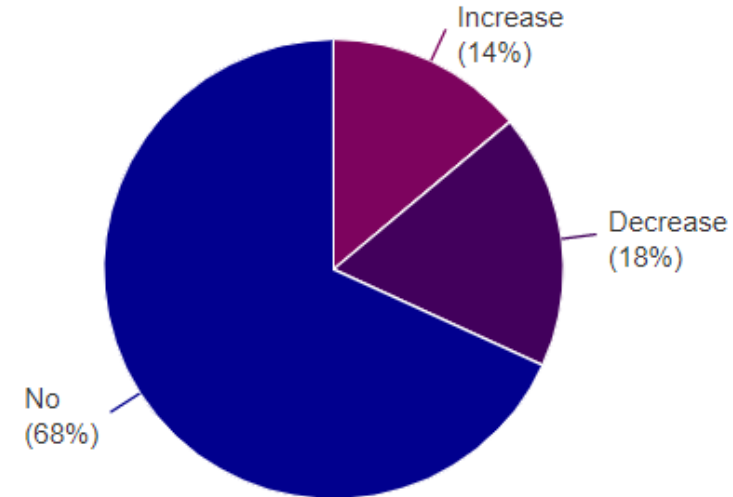
Reasons for activity rate change
N = 542

- Workload — 37%
- More time for oneself — 23%
- Family load — 21%
- To increase your salary — 20%
- Requested by your employer or required for the position — 12%
- To start a training in the health domain — 12%
- To start a training in another domain — 4%
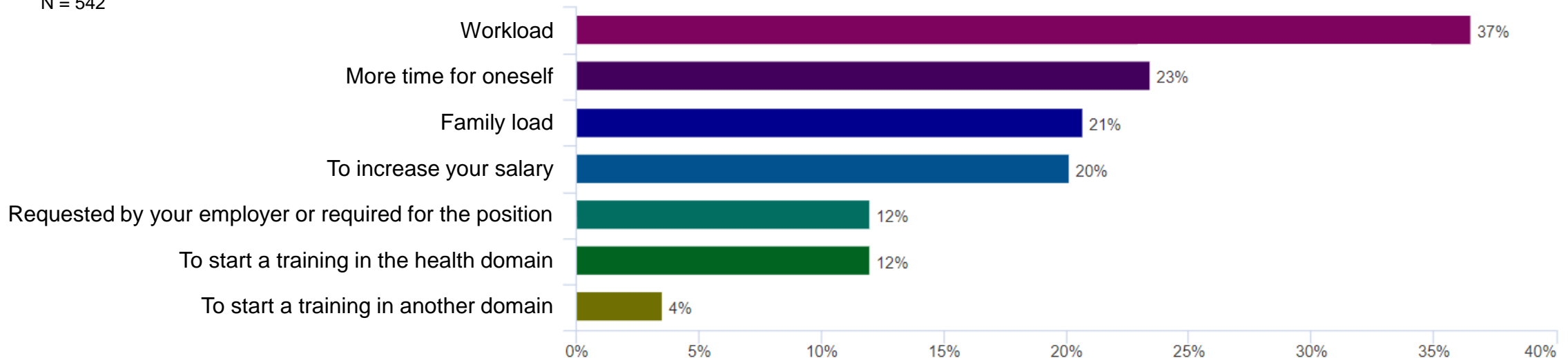
First results:

Study outcomes

First results – study outcomes

Intention to stay in the … within the <u>next few months</u>

	N
Position	N = 1701
Profession	N = 1702
Health sector	N = 1699

Legend:
- Not at all
- Not really
- It depends
- Yes, maybe
- Yes, definitely

First results – study outcomes

Intention to stay in the profession by profession

Legend: ● Not at all ● Not really ● It depends ● Yes, maybe ● Yes, definitely

N = 1702

Results are presented only for professional categories with ≥50 participants

First results – study outcomes

Intention to stay in the profession by professional context

Legend: Not at all · Not really · It depends · Yes, maybe · Yes, definitely

N = 1702

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Results are presented only for professional contexts with ≥50 participants

First results – study outcomes

Intention to stay in the profession by domain
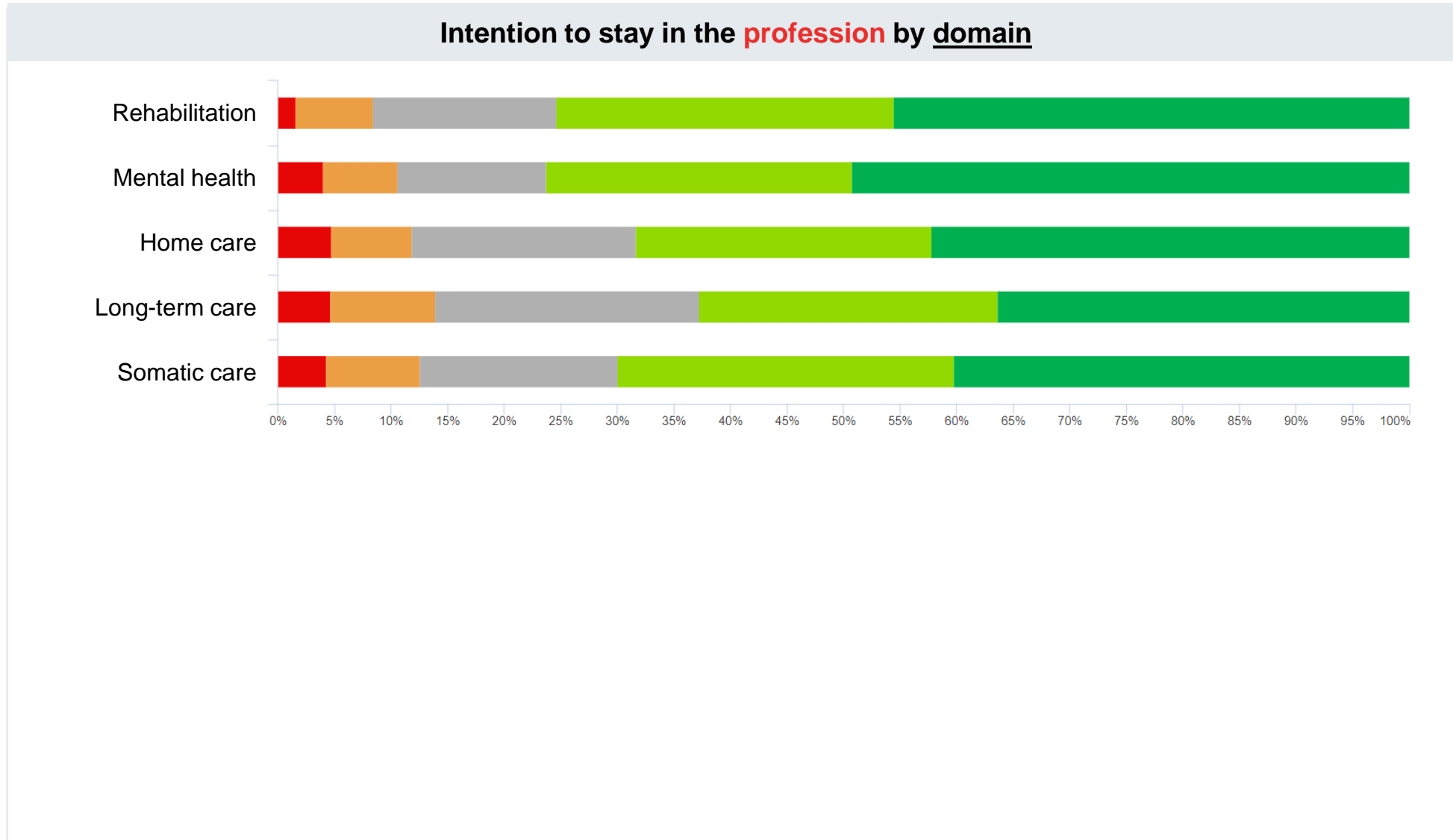
First results – study outcomes
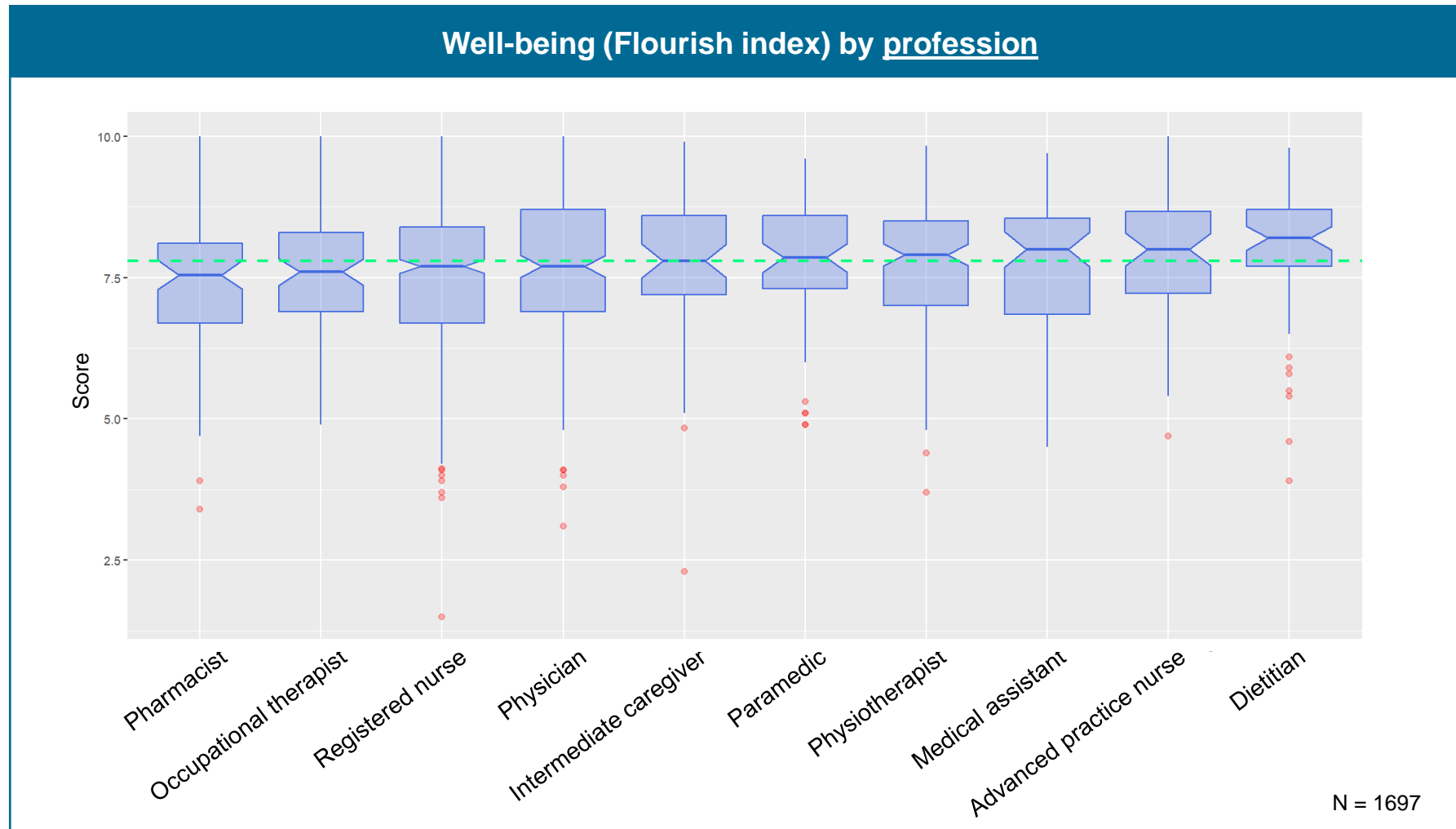
Intention to stay in the profession by domain

Intention to stay in the profession by linguistic region
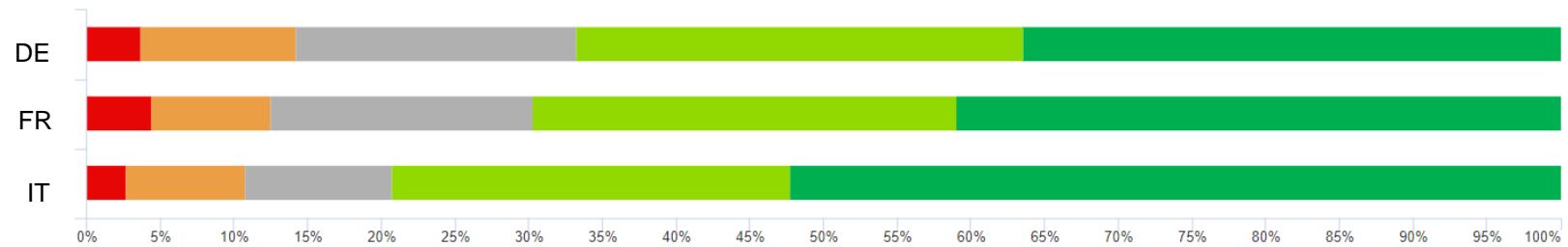
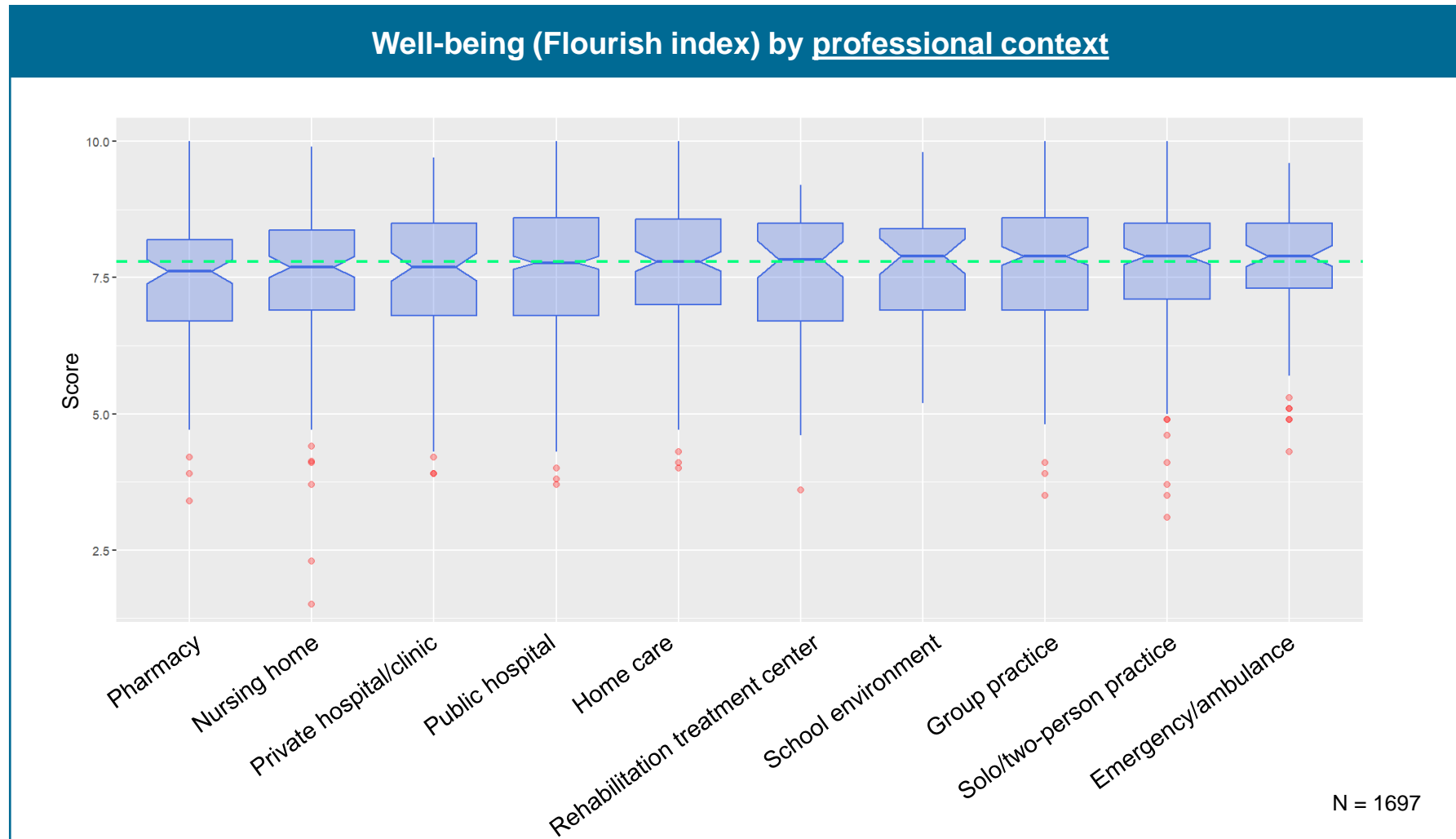Legend: ● Not at all ● Not really ● It depends ● Yes, maybe ● Yes, definitely

N = 1702

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First results – study outcomes

Well-being (Flourish index) by profession

N = 1697

Results are presented only for professional categories with ≥50 participants

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First results – study outcomes

Well-being (Flourish index) by professional context

N = 1697

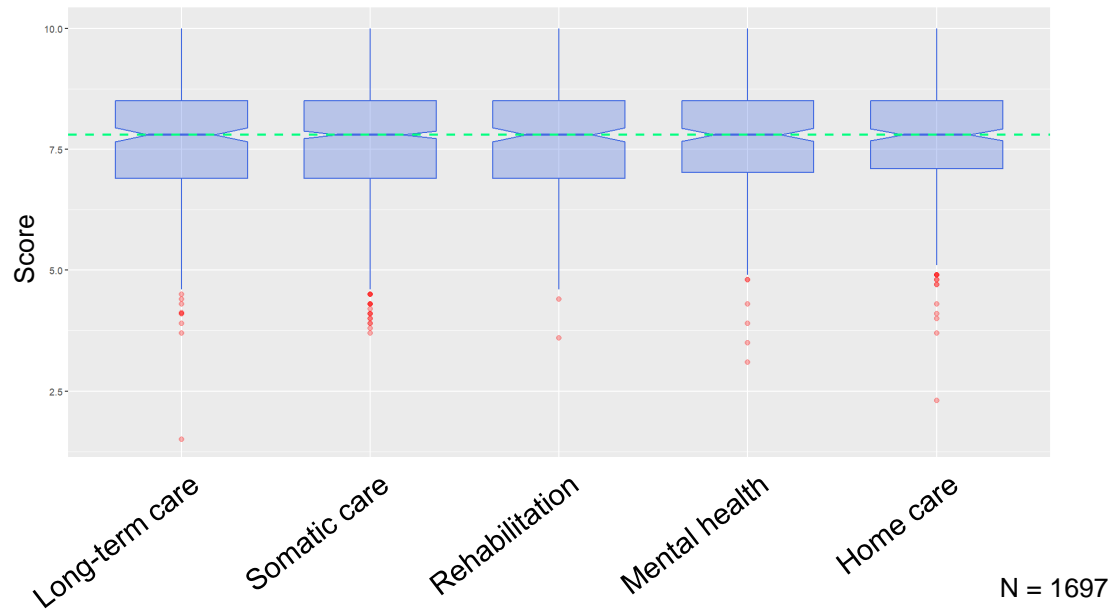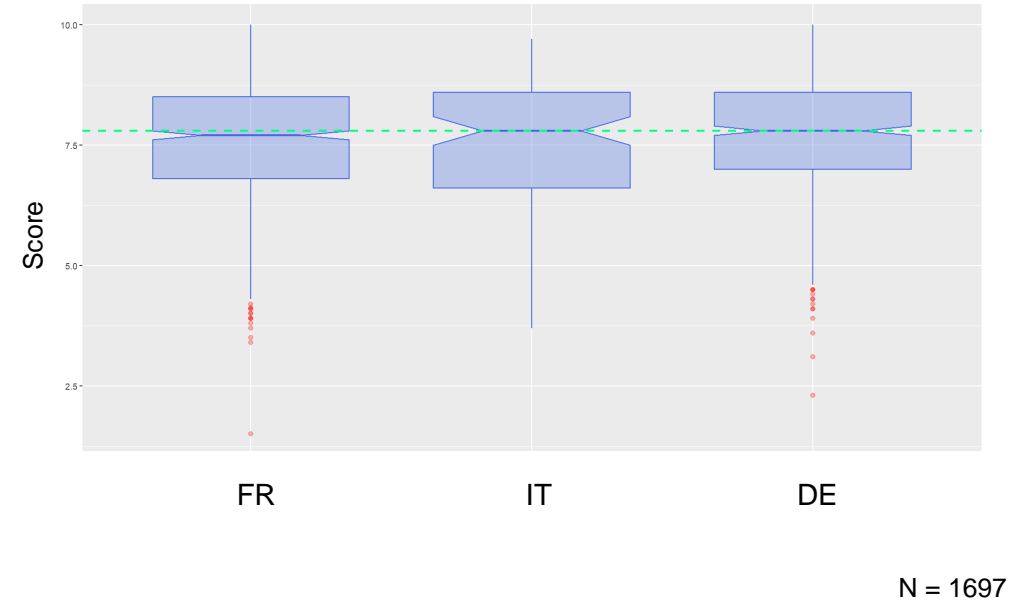*Results are presented only for professional contexts with ≥50 participants*

32

First results – study outcomes
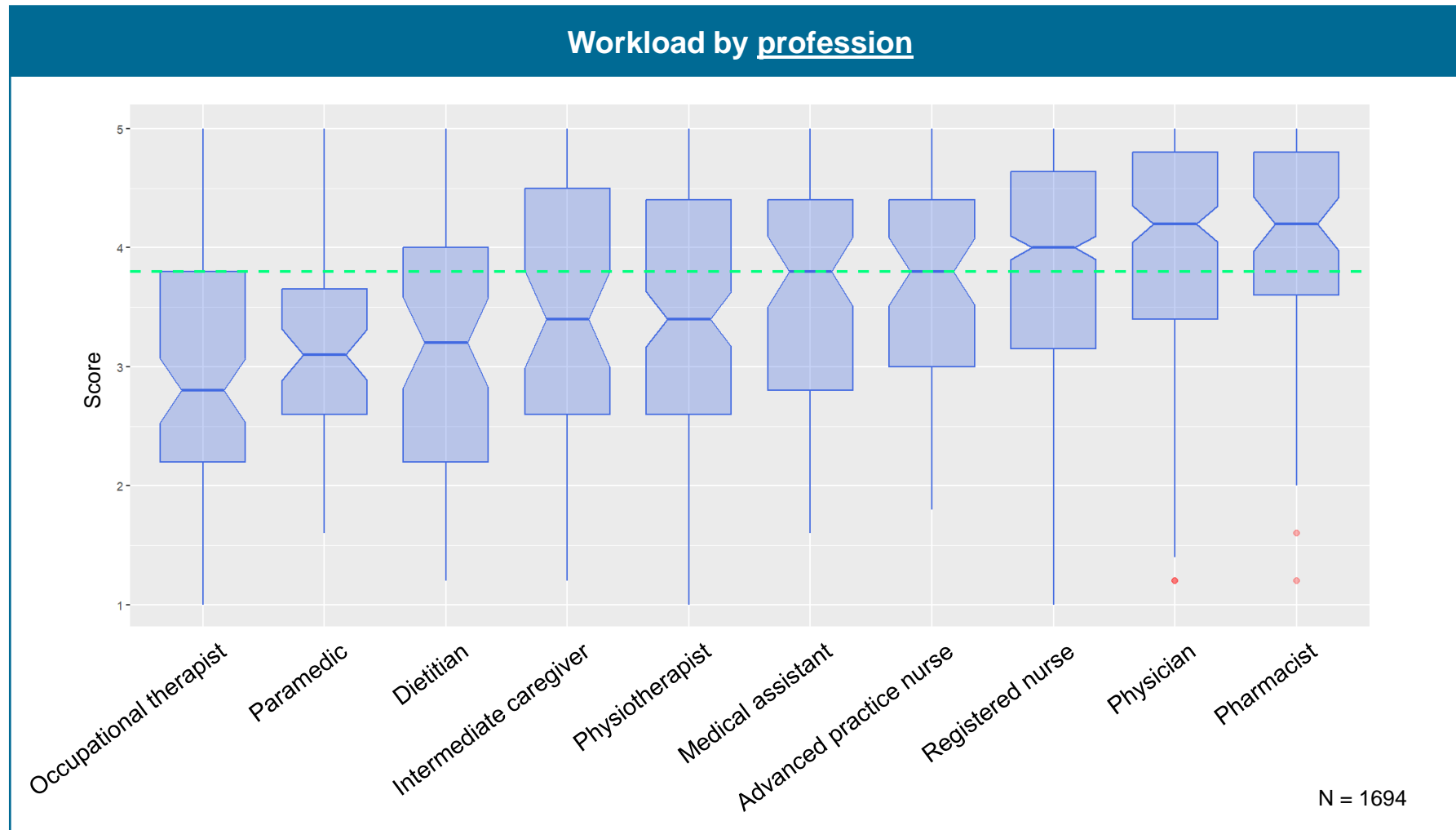
Well-being (Flourish index) by domain

Score

Long-term care | Somatic care | Rehabilitation | Mental health | Home care

N = 1697

Well-being (Flourish index) by linguistic region

Score

FR | IT | DE

N = 1697

First results:

Determinants

First results – determinants

Workload by profession

Score

Occupational therapist, Paramedic, Dietitian, Intermediate caregiver, Physiotherapist, Medical assistant, Advanced practice nurse, Registered nurse, Physician, Pharmacist

N = 1694

Results are presented only for professional categories with ≥50 participants

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First results – determinants

Work-life balance by profession

Score

Physician · Pharmacist · Registered nurse · Advanced practice nurse · Intermediate caregiver · Physiotherapist · Occupational therapist · Paramedic · Dietitian · Medical assistant

N = 1705

Results are presented only for professional categories with ≥50 participants

First results – determinants

Staffing & resource adequacy by <u>profession</u>

Score axis (vertical): 4, 3, 2, 1

Professions (horizontal axis): Advanced practice nurse, Intermediate caregiver, Registered nurse, Physician, Pharmacist, Physiotherapist, Occupational therapist, Medical assistant, Paramedic

Employee subsample
N = 1341

Results are presented only for professional categories with ≥50 participants

First results – determinants

Possibilities for development by profession

N = 1705

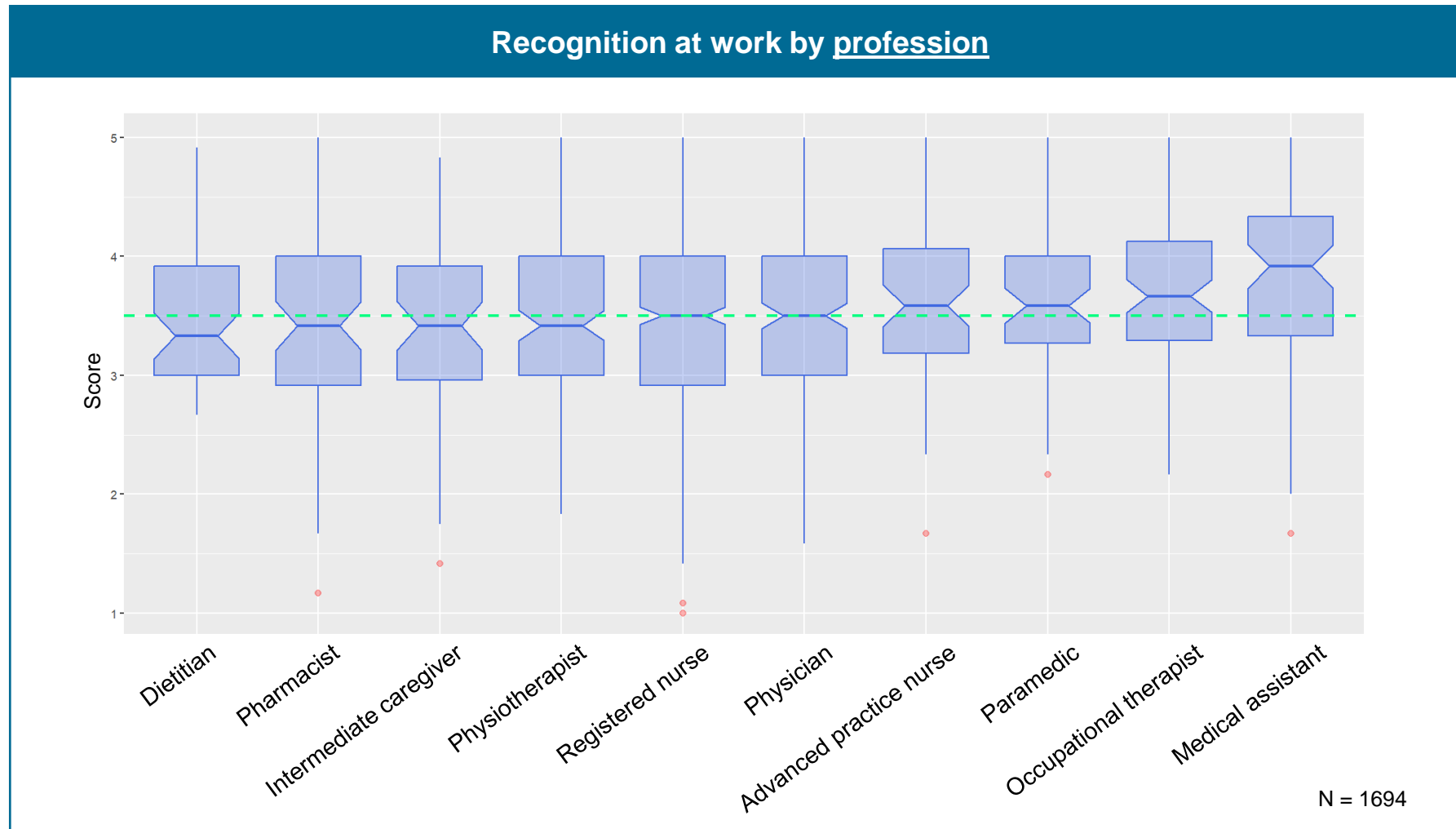*Results are presented only for professional categories with ≥50 participants*

First results – determinants

Meaning of work by profession

Score

100
75
50
25
0

Dietitian
Occupational therapist
Medical assistant
Registered nurse
Advanced practice nurse
Physician
Physiotherapist
Paramedic
Pharmacist
Intermediate caregiver

N = 1702

Results are presented only for professional categories with ≥50 participants

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First results – determinants

Recognition at work by <u>profession</u>
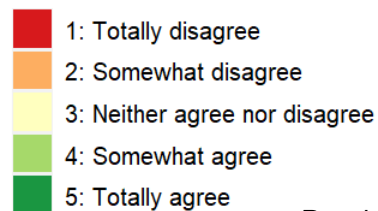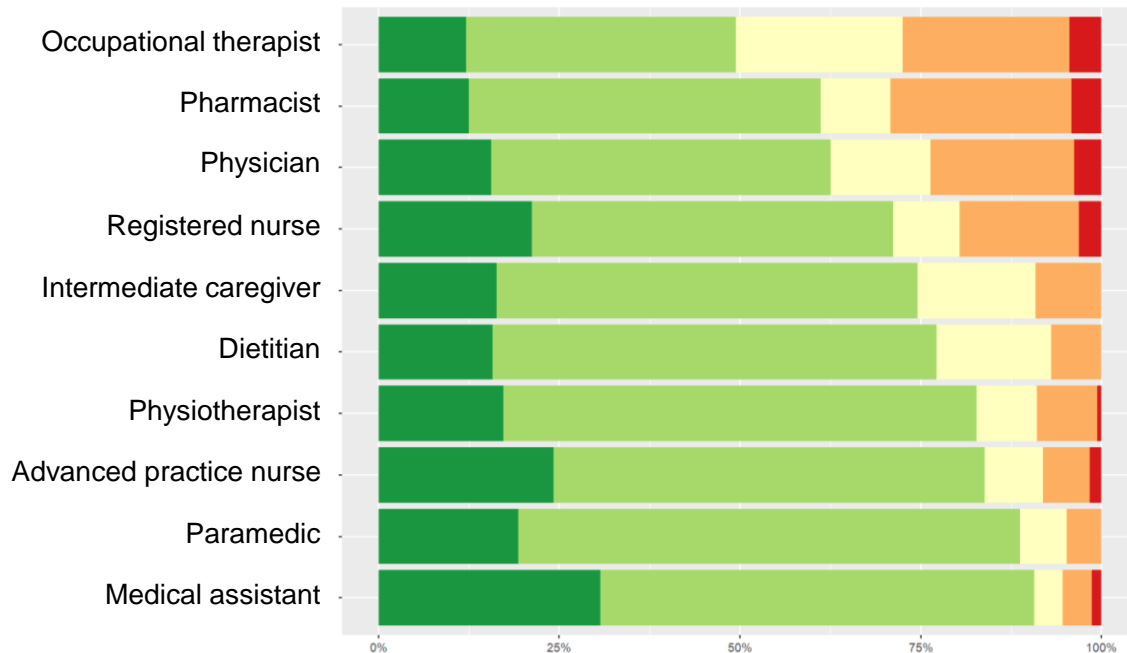
N = 1694

Results are presented only for professional categories with ≥50 participants

First results – determinants
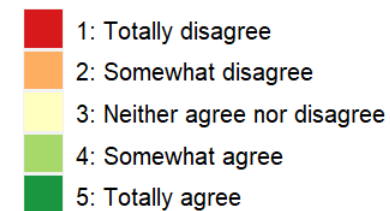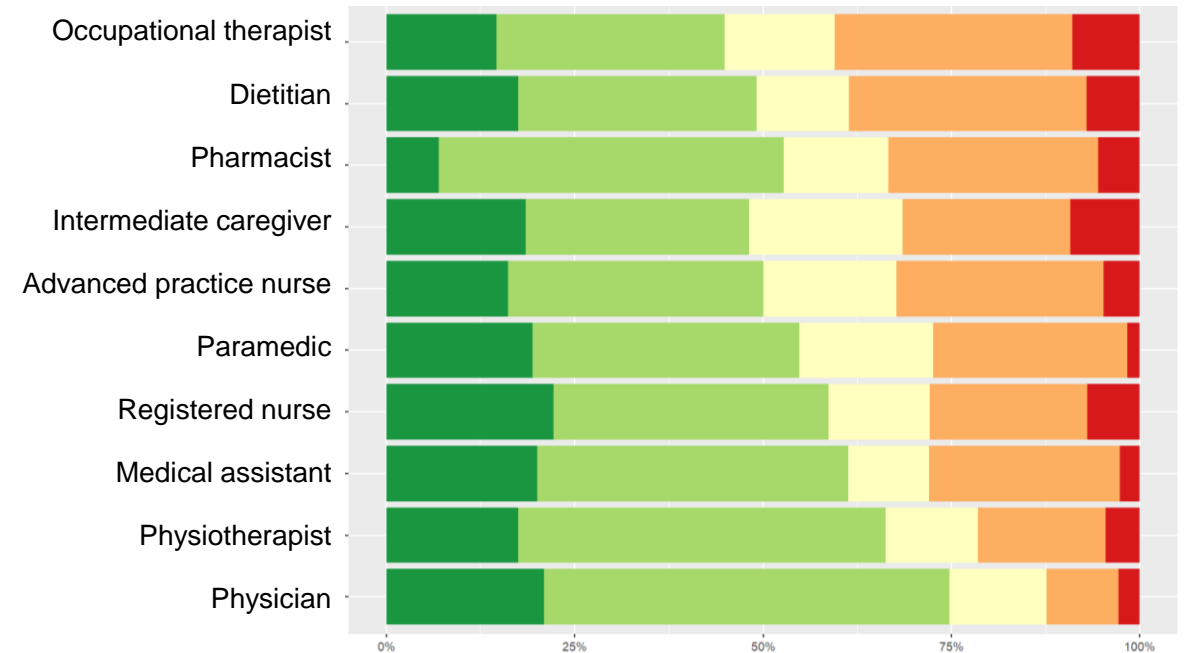
Work readiness…

My training prepared me for my professional activity
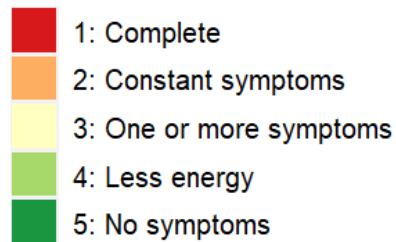N = 1694
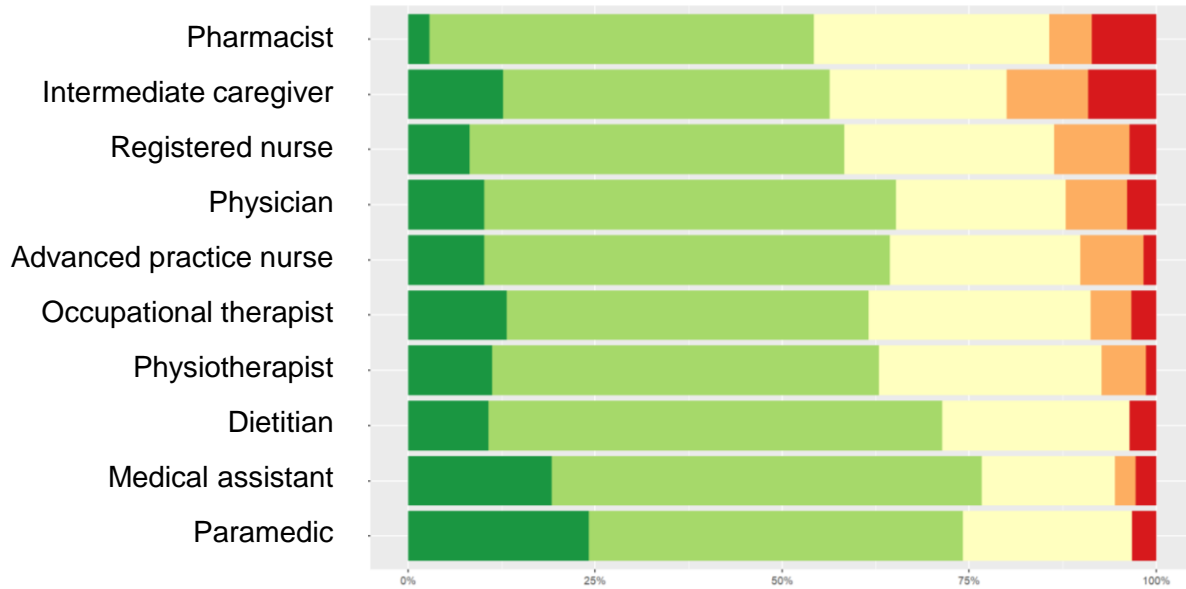
I use the full scope of my professional practice
N = 1692

Results are presented only for professional categories with ≥50 participants
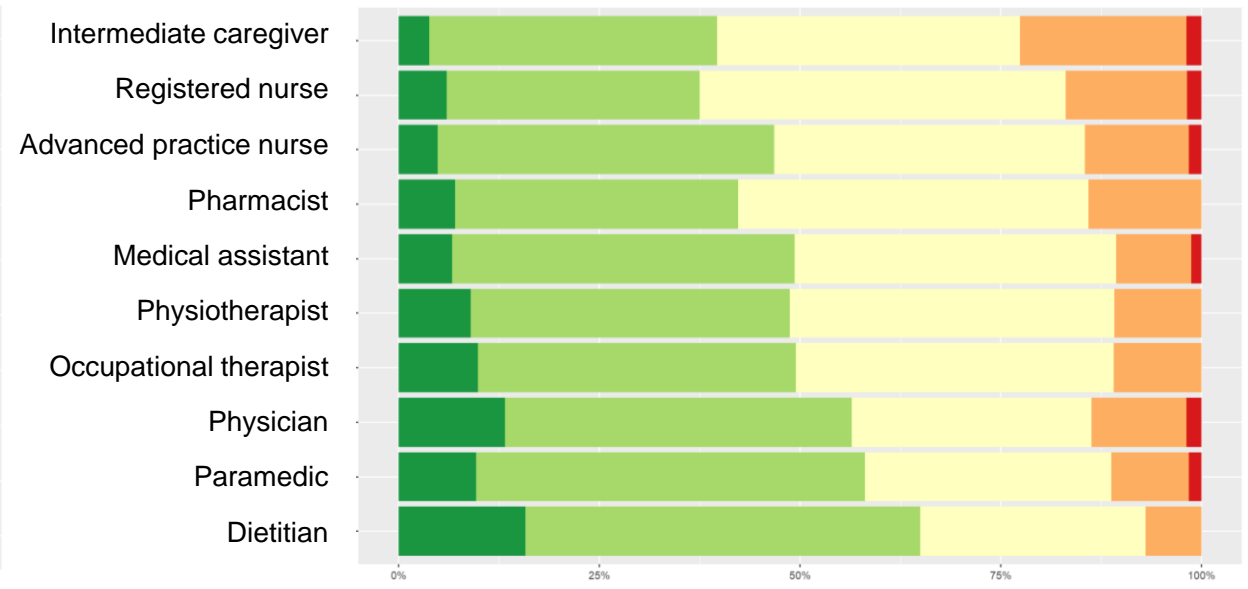
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First results – determinants

Burnout
N = 1663

Professional categories (top to bottom): Pharmacist, Intermediate caregiver, Registered nurse, Physician, Advanced practice nurse, Occupational therapist, Physiotherapist, Dietitian, Medical assistant, Paramedic

Legend:
- 1: Complete
- 2: Constant symptoms
- 3: One or more symptoms
- 4: Less energy
- 5: No symptoms

Self-rated health
N = 1693

Professional categories (top to bottom): Intermediate caregiver, Registered nurse, Advanced practice nurse, Pharmacist, Medical assistant, Physiotherapist, Occupational therapist, Physician, Paramedic, Dietitian

Legend:
- 1: Poor
- 2: Fair
- 3: Good
- 4: Very good
- 5: Excellent

Results are presented only for professional categories with ≥50 participants

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Strengths of SCOHPICA

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- ➤ Inclusion of **all types** of HP practicing **across** Switzerland

- ➤ **Longitudinal** design

- ➤ **Innovative** methodology

  - Use of mixed methods

  - Life history calendars (trajectory analysis)

- ➤ **Collaborative** and **interdisciplinary** nature of the project

Limitations

➢ Non-probability sampling

- No nationwide data available on the HP population

➢ Under-represented groups

- Limited sample size in some professional categories

- Linguistic regions less represented

➢ Self-selection bias

Future developments – next steps

➤ Further analysis

- Determinants of well-being, intentions to leave/ stay in the job

- Exploratory analysis of career trajectories

- Analysis of free-text comments

Conference on August 31, 2023: Presentation of advanced results

➤ Data collection

- **Follow-up survey 1** starting in October 2023 (Life history calendars)

- **Yearly recruitment** will increase the sample with new participants

- Informal caregivers cohort, recruitment starting in spring 2024

➤ Data and results dissemination

- Disseminate the results to the broader public on an interactive dashboard
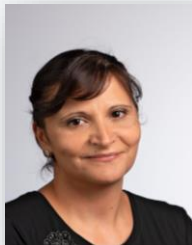- Provide open access to SCOHPICA data to researchers and policy makers

Project's team

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Unisanté, Center for Primary Care & Public Health

Prof Annie Oulevey Bachmann, co-PI
La Source Institute and School of Nursing,
HES-SO

Dr Ingrid Gilles, co-PI
Lausanne University Hospital

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National advisory panel: OFSP/BAG, OBSAN, ASI/SBK, CDS/GDK, CNHW, Unisanté, FMH, Social & Political Sciences Faculty - UNIL, MFE Suisse/Haus- und Kinderärzte Schweiz, ARTISET and PharmaSuisse

National and international scientific experts

MANY THANKS TO…

scohpica

All participants who responded to the baseline survey

Our institutions and their communication services

- Unisanté

- Institut et Haute Ecole de la Santé La Source, HES-SO

All entities who supported the recruitment of participants

The first funding bodies: ASSM / SAMW; OFSP / BAG; OBSAN
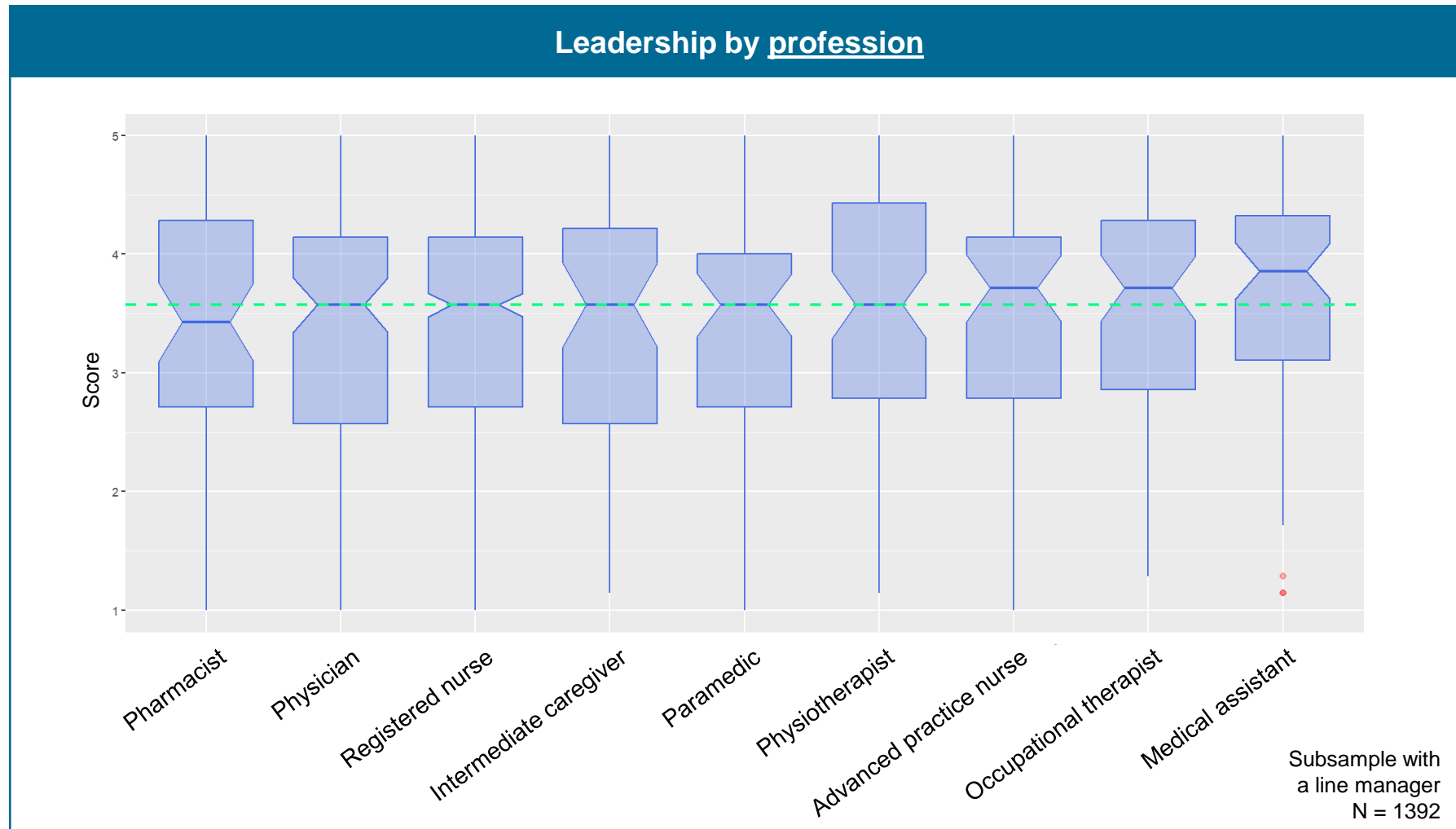
All collaborators who have contributed to SCOHPICA

Thank you for your attention
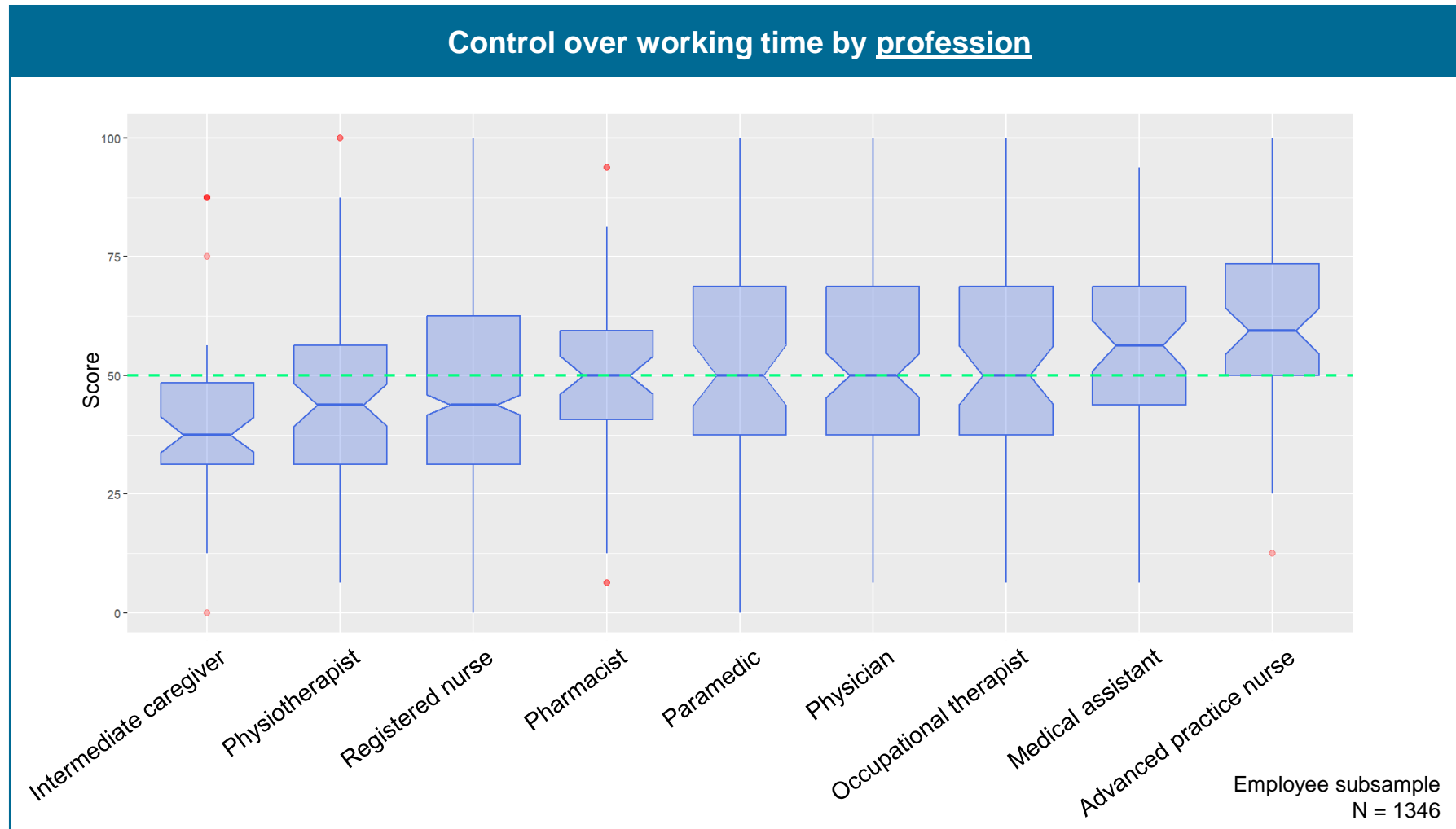

To contact us: scohpica@unisante.ch

Appendices

First results – determinants

Leadership by profession

Score

Pharmacist · Physician · Registered nurse · Intermediate caregiver · Paramedic · Physiotherapist · Advanced practice nurse · Occupational therapist · Medical assistant
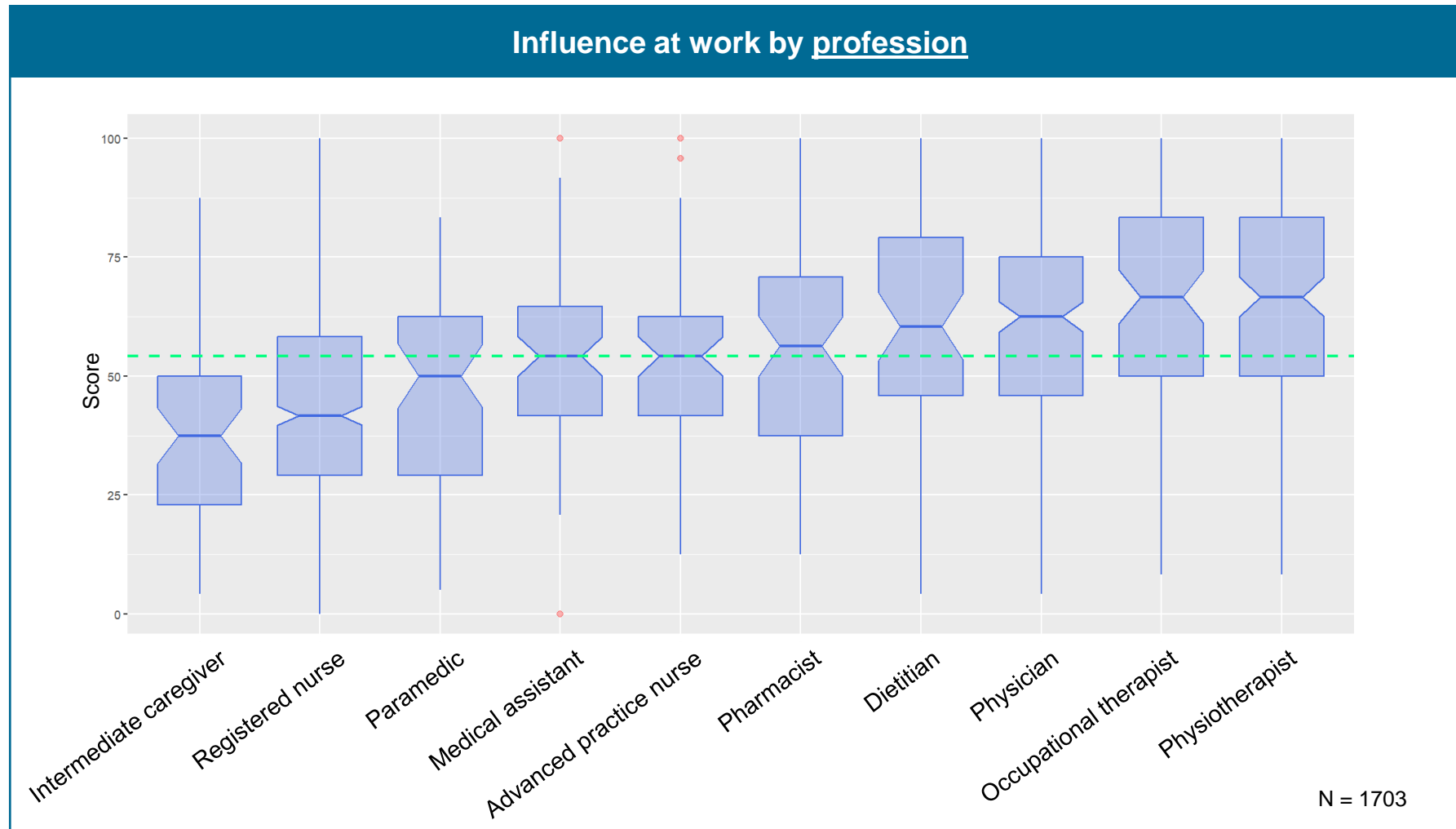
Subsample with
a line manager
N = 1392

Results are presented only for professional categories with ≥50 participants

First results – determinants

Control over working time by <u>profession</u>

Score (y-axis): 0, 25, 50, 75, 100

Professions (x-axis): Intermediate caregiver, Physiotherapist, Registered nurse, Pharmacist, Paramedic, Physician, Occupational therapist, Medical assistant, Advanced practice nurse

Employee subsample
N = 1346

51

Results are presented only for professional categories with ≥50 participants

First results – determinants

Influence at work by profession

N = 1703

Results are presented only for professional categories with ≥50 participants

First results – determinants

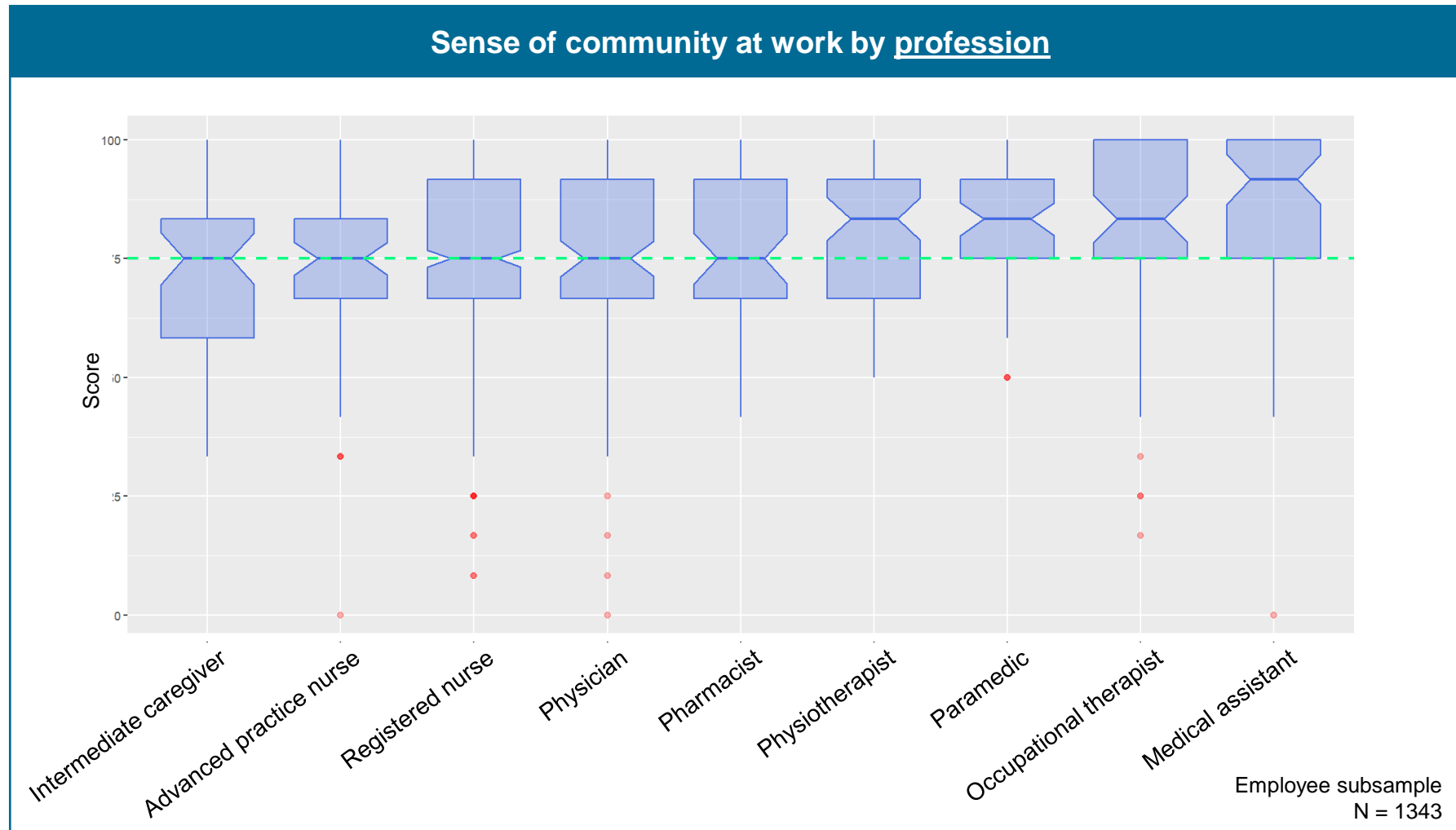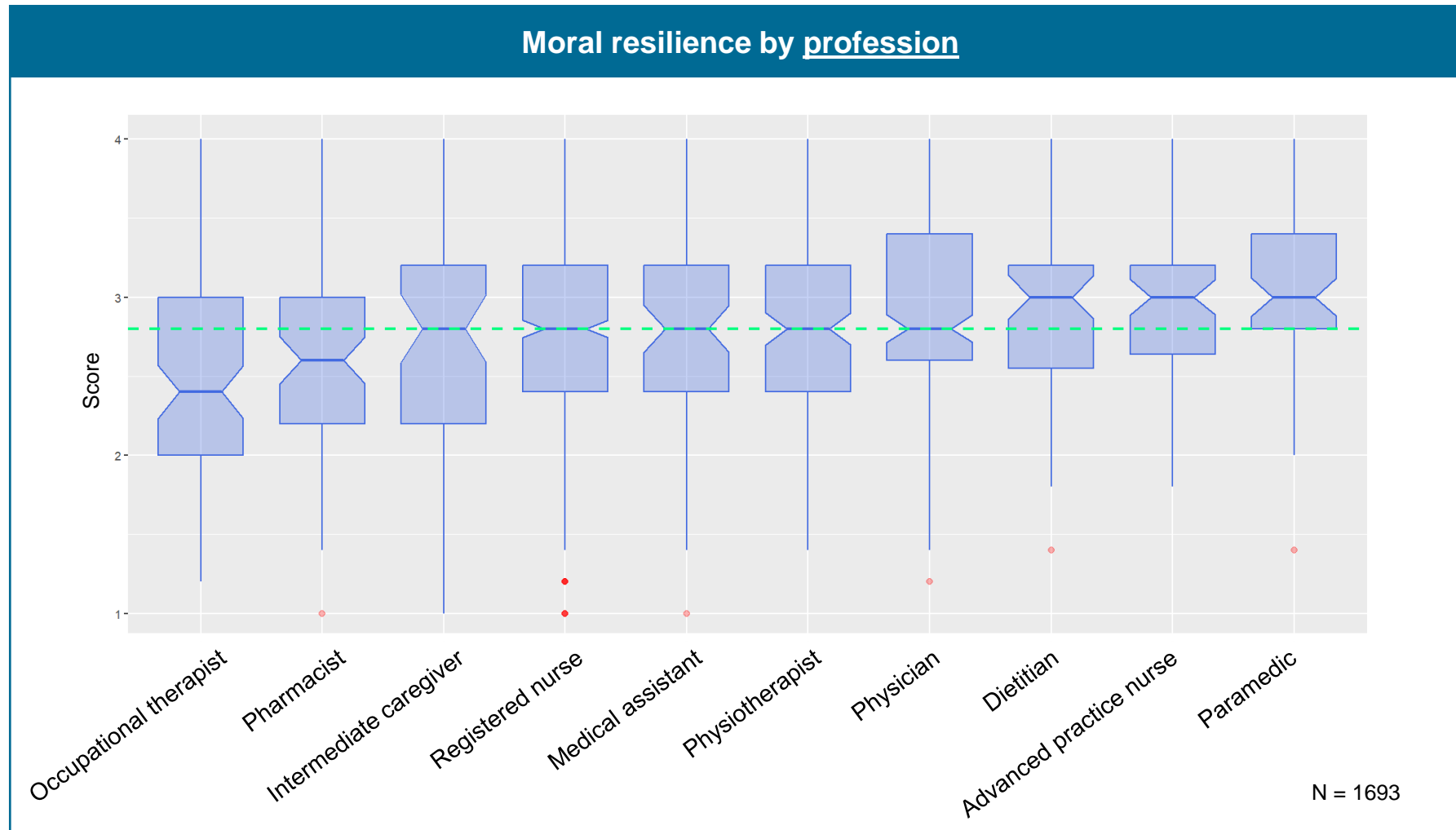Sense of community at work by profession

Employee subsample
N = 1343

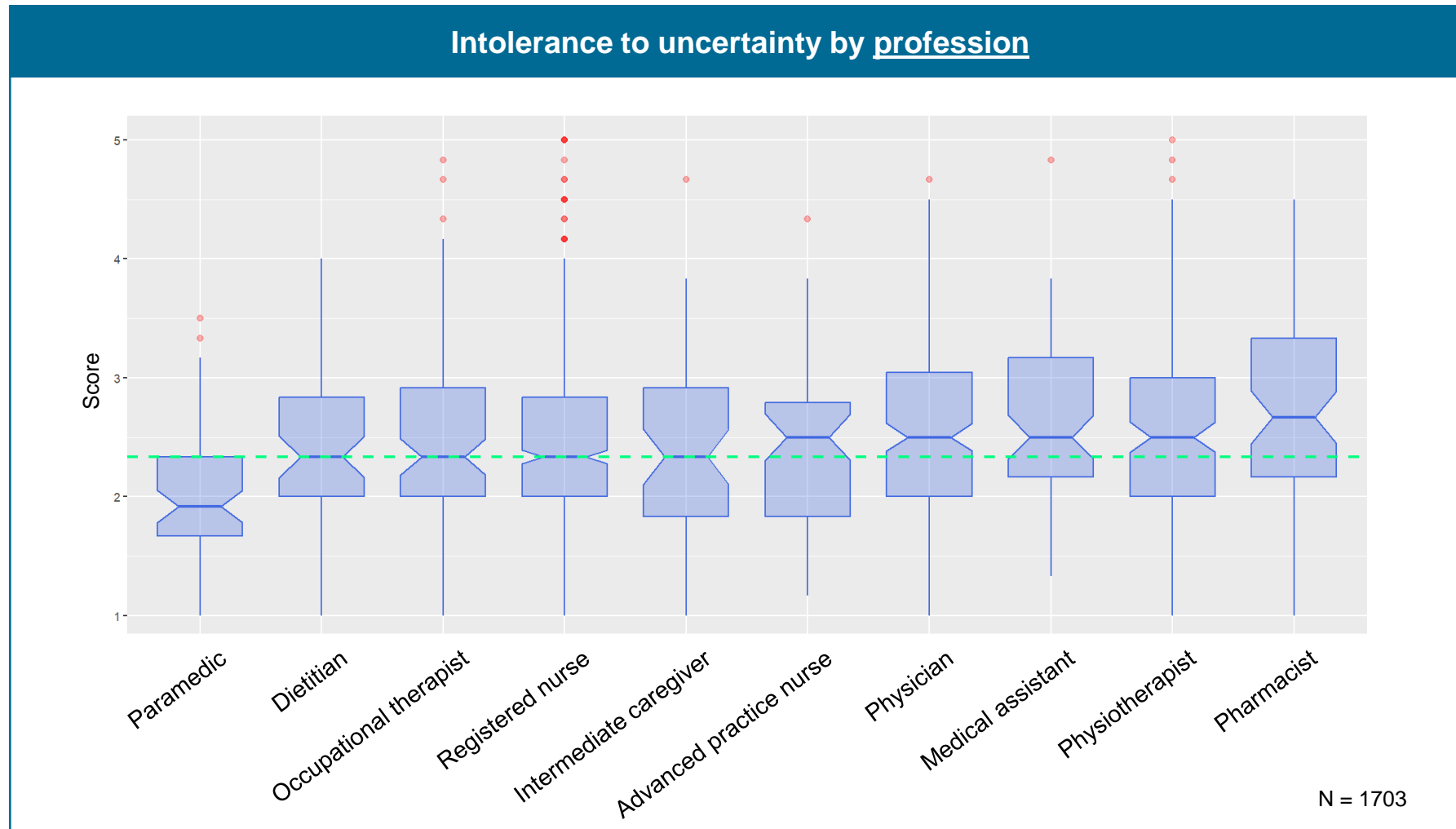*Results are presented only for professional categories with ≥50 participants*

53

First results – determinants

Moral resilience by profession

N = 1693

Results are presented only for professional categories with ≥50 participants

First results – determinants

Intolerance to uncertainty by profession

Score

Paramedic, Dietitian, Occupational therapist, Registered nurse, Intermediate caregiver, Advanced practice nurse, Physician, Medical assistant, Physiotherapist, Pharmacist

N = 1703

Results are presented only for professional categories with ≥50 participants

55

First results – study outcomes

Intention to stay in the position by profession

Legend: ● Not at all ● Not really ● It depends ● Yes, maybe ● Yes, definitely

N = 1702

Results are presented only for professional categories with ≥50 participants

56

First results – study outcomes

Intention to stay in the **health sector** <u>by</u> profession

- Not at all
- Not really
- It depends
- Yes, maybe
- Yes, definitely

N = 1702

Results are presented only for professional categories with ≥50 participants