



Swiss COhort of Healthcare Professionals and Informal CAregivers  
Schweizer Kohorte der Gesundheitsfachkräfte und pflegenden Angehörigen  
Cohorte Suisse des professionnel·le·s de santé et des proches aidant·e·s  
Coorte svizzera di professionisti della salute e familiari curanti

# Healthcare professionals in Switzerland: two years of the SCOHPICA project

Isabelle Peytremann Bridevaux, Leonard Roth & Emilie Antille,  
on behalf of SCOHPICA's team

*October 3, 2024*

**unisanté**

*Unil*  
UNIL | Université de Lausanne

  
**La Source.**  
Institut et Haute  
Ecole de la Santé

**Hes·SO**  
Haute Ecole Spécialisée  
de Suisse occidentale  
University of Applied Sciences  
Western Switzerland

 **Centre hospitalier  
universitaire vaudois**



# Plan of the presentation

- Brief reminder about SCOHPICA
- What is new?
- Results using 2022 and 2023 baseline data
- Conclusions on 2022-2023 results
- Further information

Today: focus on healthcare professionals (HPs)

## Global objectives

of SCOHPICA

- 1) To describe and understand, over time, how specific professional trajectories and experiences facilitate or prevent health professionals (HPs) / informal caregivers (ICs) from embodying their role, and thus from staying in or leaving their job / role
- 2) Provide data and results on HPs and ICs to various healthcare/system stakeholders

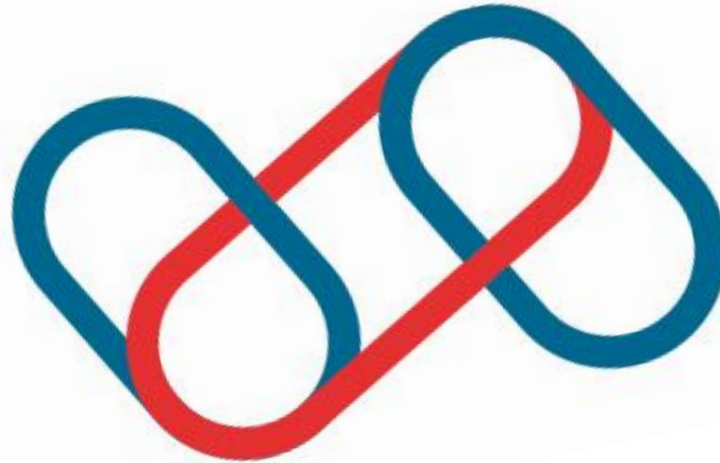
# Populations



## Healthcare 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 ...



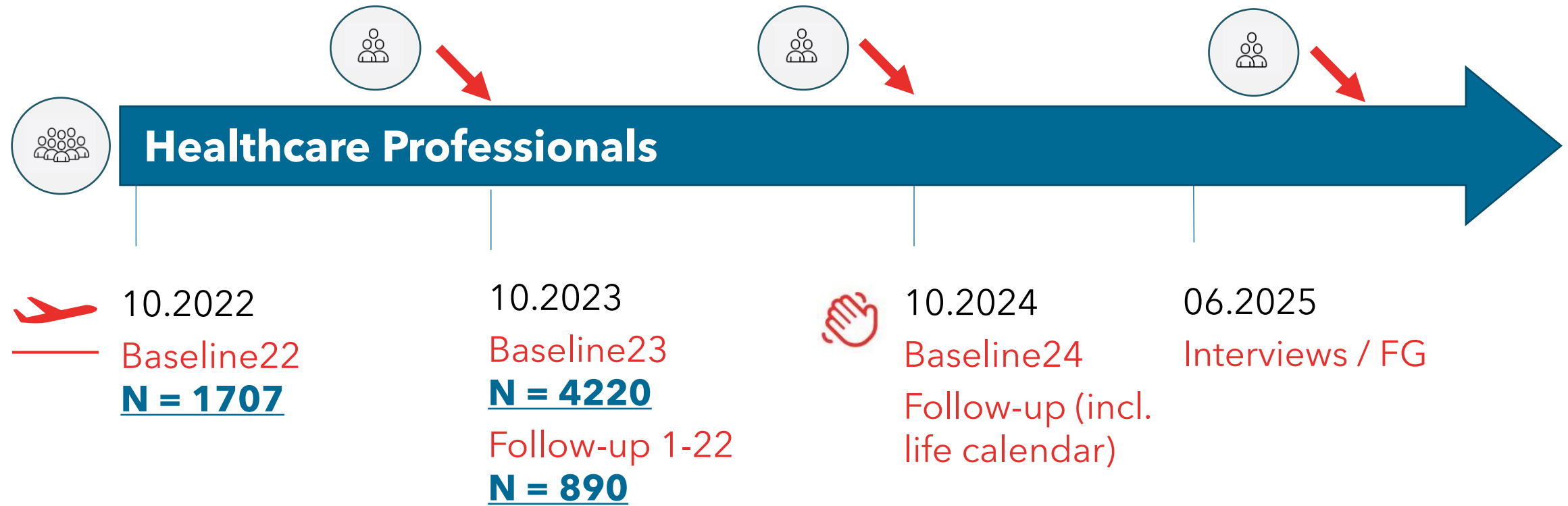
## Informal Caregivers 1-2'000 in the long term

“...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)

Switzerland:  
German-,  
French-, and  
Italian-speaking  
regions

# An open cohort



# Online survey

- **Intention to stay in job/profession/health domain**
- **Well-being**
- **Career trajectories**
- Socio-demographic & socio-professional characteristics
- **Determinants of intention to stay and well-being:**  
Work-life conflict, possibilities for professional development, staffing and resource adequacy, burnout, preparedness to work reality, perceived quality of care, & others (see next slide)





# Dimensions (determinants) - 1

Name	Nb	What is measured	References
Perceived workload	5	Time allotted and number of tasks to be completed	Quantitative workload inventory (adapted from Spector, 1998)
Control over working time	5	Flexibility in managing absences / breaks / vacations	COPSOQ (adapted from Burr, 2019)
Resource (adequacy)	5	Adequacy of human, logistical and material resources	PES-MWI (adapted from Lake, 2002)
Possibilities for professional development	3	Use and development of skills	COPSOQ (adapted from Burr, 2019)
Work-life conflict	5	Encroachment (psychological or emotional) of work on private life	COPSOQ (adapted from Burr, 2019)
Transformational leadership	7	Assessment of the transformational leadership of line managers : benevolent leadership, listening, questioning, inspiring, etc.	Transformational leadership scale (adapted from Carless, 2000)
Influence at work	7 in 2023 6 in 2022	Perceived level of influence on tasks (type, quantity, speed, means, etc.)	COPSOQ (adapted from Burr, 2019)
Sense of community at work	3	Perceived atmosphere among colleagues and sense of cohesion	COPSOQ (adapted from Burr", 2019)
Interprofessional collaboration	7 in 2023 14* in 2022	Evaluation of interprofessional collaboration practice regarding information or task sharing	Intensity of Interdisciplinary Collaboration, sub-dimensions sharing of activities (Sicotte, 2002) *SIPEI (Wagner 2019)
Recognition at work	18 in 2023 12 in 2022	Evaluation of the level of recognition received from colleagues, hierarchy and patients	Recognition at work scale (adapted from Fall, 2015)
Preparedness to work reality	2	Assessment of whether the training has prepared for the reality of the work and whether the full scope of practice is being used	Questions prepared by the project team and expert panel (2022)
Meaning of work	2	Evaluating the meaning and importance of work	COPSOQ (adapted from Burr, 2019)
Self-reported health	1	Global measurement of perceived health status	SF12's first question (adapted from McHorney, 1993)
Burnout	1	Measure enabling respondents to position themselves on a scale describing states of exhaustion	Single item to measure burnout in primary care staff (adapted from Dolan, 2015)
Job satisfaction	1	Overall measure of job satisfaction	COPSOQ (adapted from Burr and al., 2019)

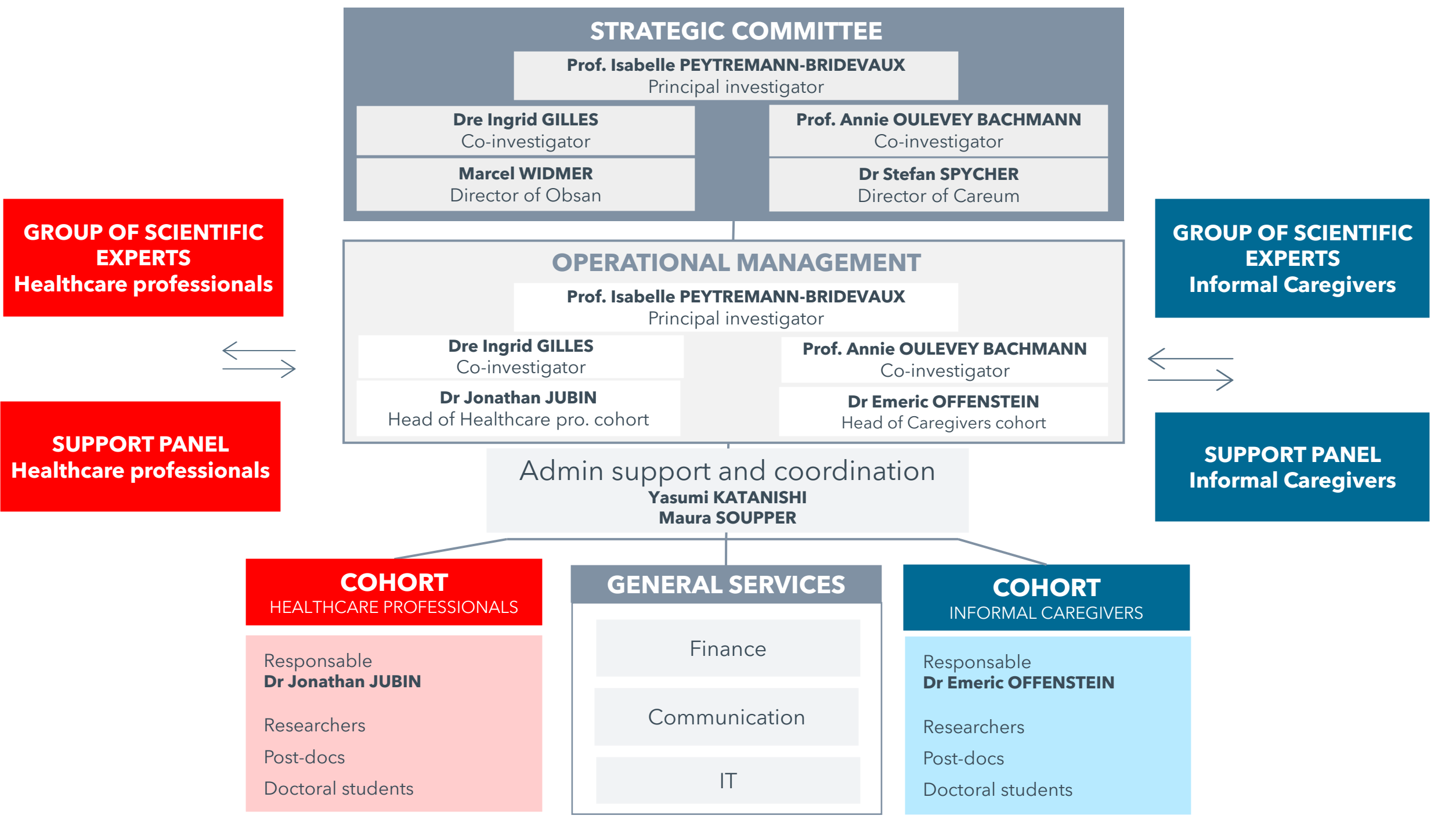
# Dimensions (determinants) - 2

Name	Nb	What is measured	References
<b>Perceived quality of care</b> (from 2023 on)	<b>14</b>	Assessment of whether work organization promotes quality of care + overall quality assessment Evaluation of non-compliance with procedures in terms of management / transmission of information and errors	NWI_R (adapted from Aiken, 2002 ; adapted from Shanafelt, 2002)
<b>Perceived stress</b> (from 2023 on)	<b>1</b>	Measure enabling respondents to assess their level of stress symptoms	Single item of Stress symptoms (adapted from Elo, 2003)
<b>Moral resilience</b> (only in 2022)	<b>9</b>		Rushton moral resilience scale (adapted from Heinze, 2021)
<b>Intolerance to uncertainty</b> (only in 2022)	<b>6</b>		IUS (adapted from Carleton, 2007)



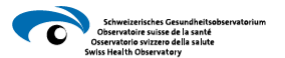
# What is new since summer 2023?

- Consolidation of SCOHPICA's structure



# What is new since summer 2023?

- Consolidation of SCOHPICA's structure
  - Obtention of a SNF funding (2024-2027, CHF 750'000)
  - Launch of the Informal caregivers' part
  - Inclusion of SCOHPICA data in the Nurses national monitoring
  - Conduct of mandates for few cantons
  - Publication of scientific articles and Obsan brief report
- 
- Preparation of the 2024 follow-up and recruitment, launched on October 2 2024



L'intention de rester  
dans la profession  
des professionnels  
de la santé en Suisse

SCOHPICA – Cohorte suisse des profession-  
nelles et professionnels de la santé et des  
proches aidantes et proches aidants



# PLOS ONE

## STUDY PROTOCOL

# Protocol for the Swiss COhort of Healthcare Professionals and Informal CAregivers (SCOHPICA): Professional trajectories, intention to stay in or leave the job and well-being of healthcare professionals

Isabelle Peytremann-Bridevaux<sup>1\*</sup>, Vladimir Jolidon<sup>1</sup>, Jonathan Jubin<sup>2</sup>, Emilie Zuercher<sup>1</sup>, Leonard Roth<sup>1</sup>, Lucie Escasain<sup>1</sup>, Tania Carron<sup>1</sup>, Nelly Courvoisier<sup>1</sup>, Annie Oulevey Bachmann<sup>2</sup>, Ingrid Gilles<sup>3</sup>

**1** Center for Primary Care and Public Health (Unisanté), Department of Epidemiology and Health Systems, University of Lausanne, Lausanne, Switzerland, **2** La Source School of Nursing, HES-SO University of Applied Sciences and Arts of Western Switzerland, Lausanne, Switzerland, **3** Lausanne University Hospital, Human Resources Direction, Lausanne, Switzerland

## Health Workforce Challenges: Key Findings From the Swiss Cohort of Healthcare Professionals and Informal Caregivers (SCOHPICA)

Vladimir Jolidon<sup>1</sup>, Jonathan Jubin<sup>1,2</sup>, Emilie Zuercher<sup>1</sup>, Leonard Roth<sup>1</sup>, Tania Carron<sup>1</sup>, Annie Oulevey Bachmann<sup>1,2</sup>, Ingrid Gilles<sup>1,3</sup> and Isabelle Peytremann-Bridevaux<sup>1\*</sup>

<sup>1</sup>Unisanté, University Center for Primary Care and Public Health, Department of Epidemiology and Health Systems, University of Lausanne, Lausanne, Switzerland, <sup>2</sup>La Source School of Nursing, HES-SO University of Applied Sciences and Arts Western Switzerland, Lausanne, Switzerland, <sup>3</sup>Lausanne University Hospital, Lausanne, Switzerland

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## Factors associated with intent to stay in the profession: an exploratory cluster analysis across healthcare professions in Switzerland

Leonard Roth<sup>1,\*</sup>, Ingrid Gilles<sup>2</sup>, Emilie Antille<sup>1</sup>, Jonathan Jubin<sup>1,3</sup>, Vladimir Jolidon<sup>1</sup>, Annie Oulevey-Bachmann<sup>1,3</sup>, Isabelle Peytremann-Bridevaux<sup>1</sup>

<sup>1</sup>Department of Epidemiology and Health Systems, Centre for Primary Care and Public Health (Unisanté), University of Lausanne, Lausanne, Switzerland

<sup>2</sup>Human Resources Direction, Lausanne University Hospital, Lausanne, Switzerland

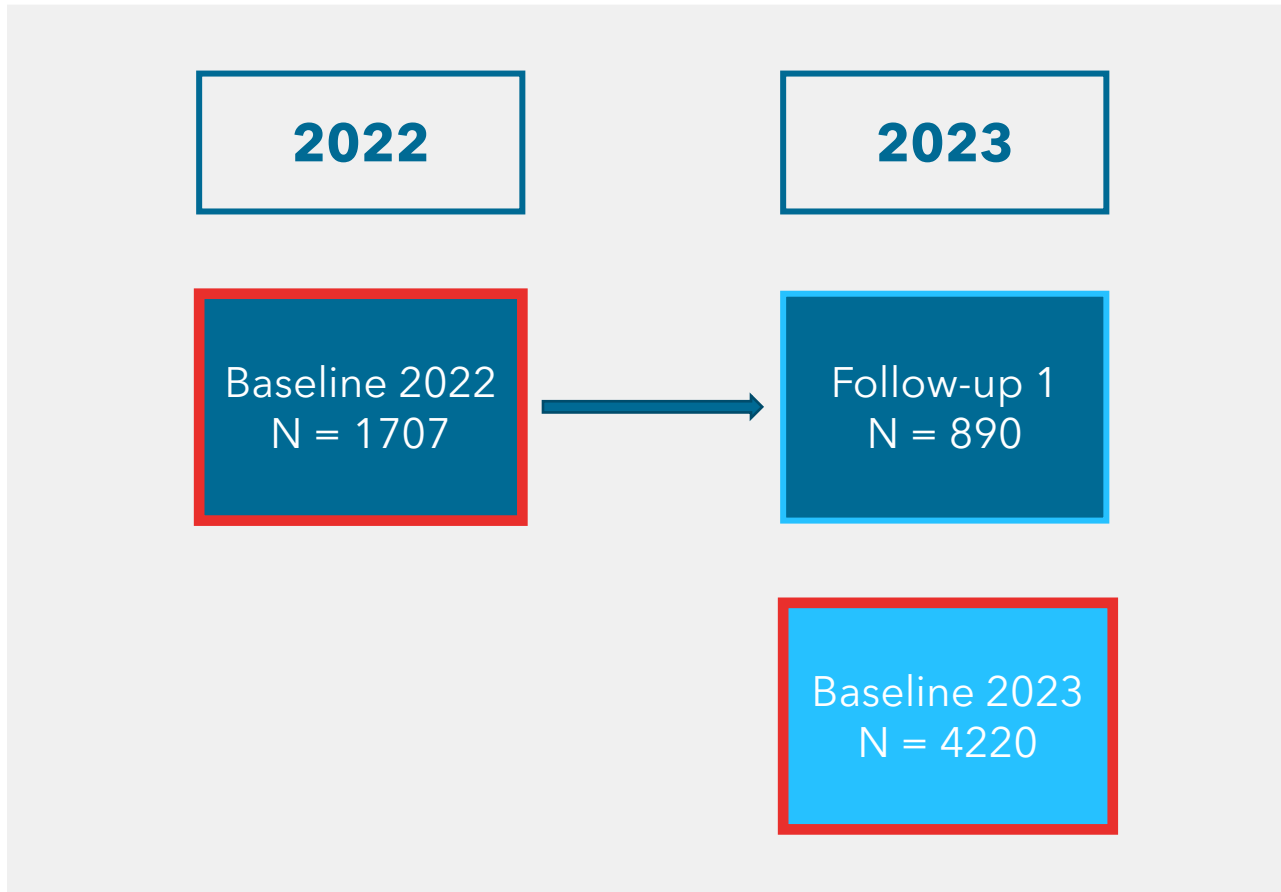
<sup>3</sup>La Source School of Nursing, HES-SO University of Applied Sciences and Arts Western Switzerland, Lausanne, Switzerland

\*Corresponding author. Department of Epidemiology and Health Systems, Centre for Primary Care and Public Health (Unisanté), University of Lausanne, 10 Route de la Corniche, Lausanne 1010, Switzerland. E-mail: [leonard.roth@unisanté.ch](mailto:leonard.roth@unisanté.ch)

## Abstract

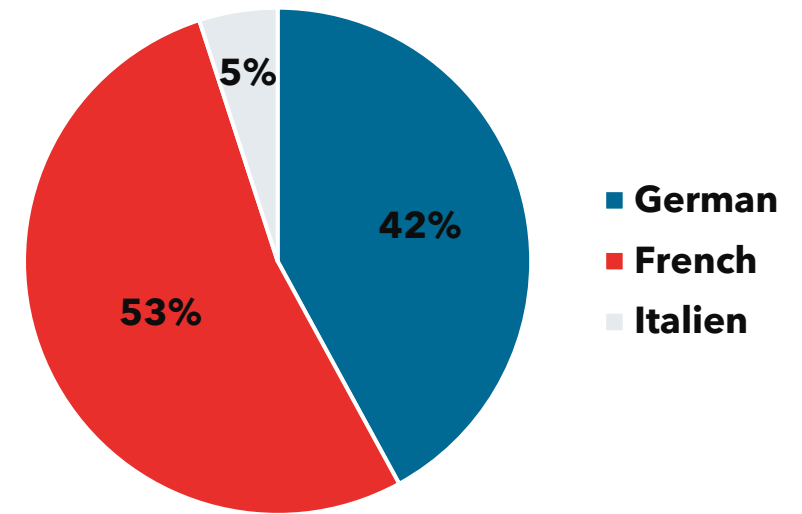
Retention issues are widespread within the health workforce. This cross-sectional study used data collected from 1707 healthcare professionals in 2022–23 to identify with *k*-means clustering groups of individuals sharing similar working experiences. These profiles were linked with varying levels of turnover intentions and a range of healthcare professions. While occupational therapists and paramedics reported in average better working conditions, registered nurses and intermediate caregivers reported the poorest experiences. In other clusters, salaries were high where work–life balance was low, and inversely. By learning from similarities and differences in the working conditions of diverse healthcare professionals, shared initiatives aimed at improving retention across professions can be facilitated.

# Participation

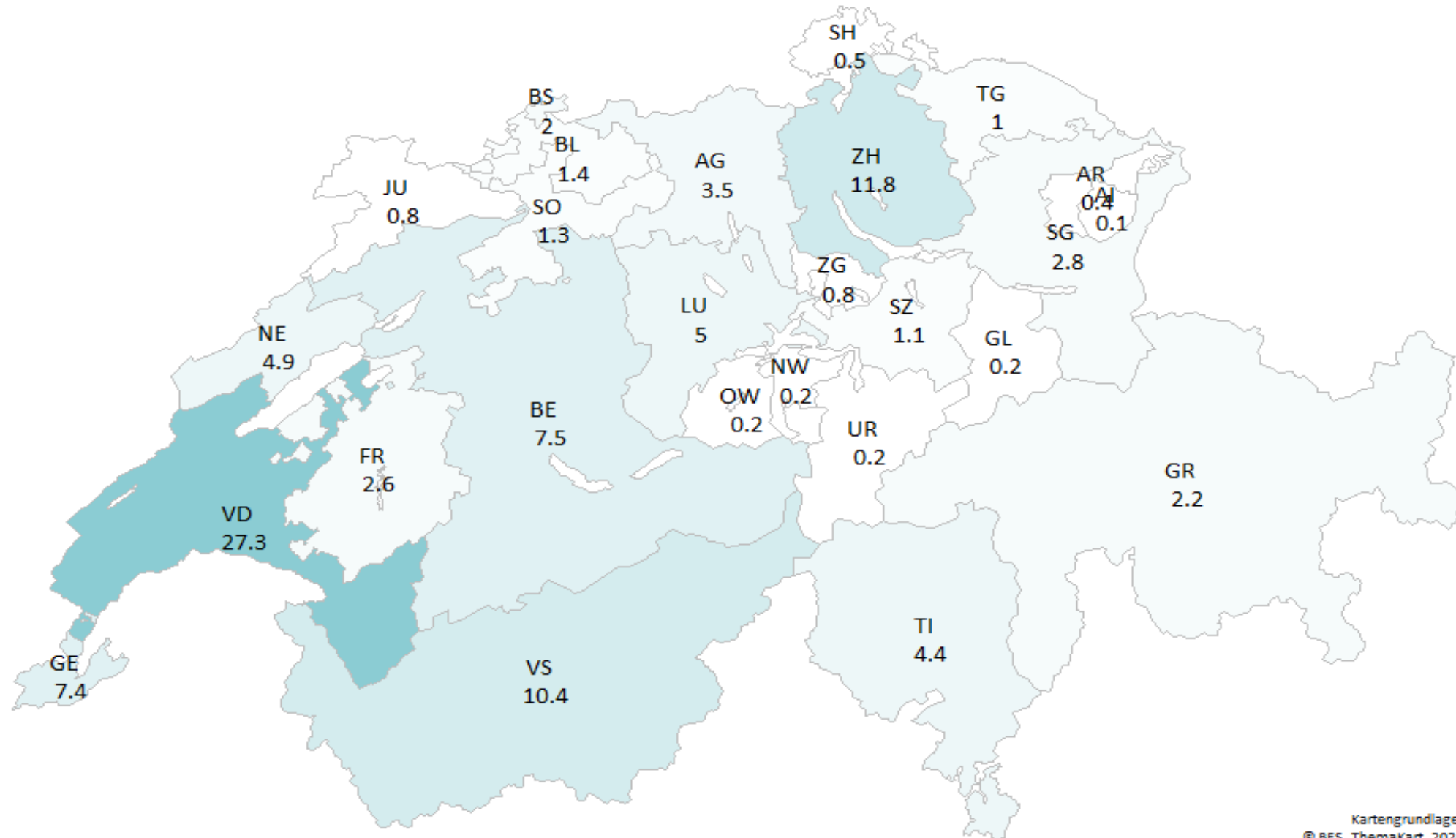


BL 2022 + BL 2023 → **N = 5927**

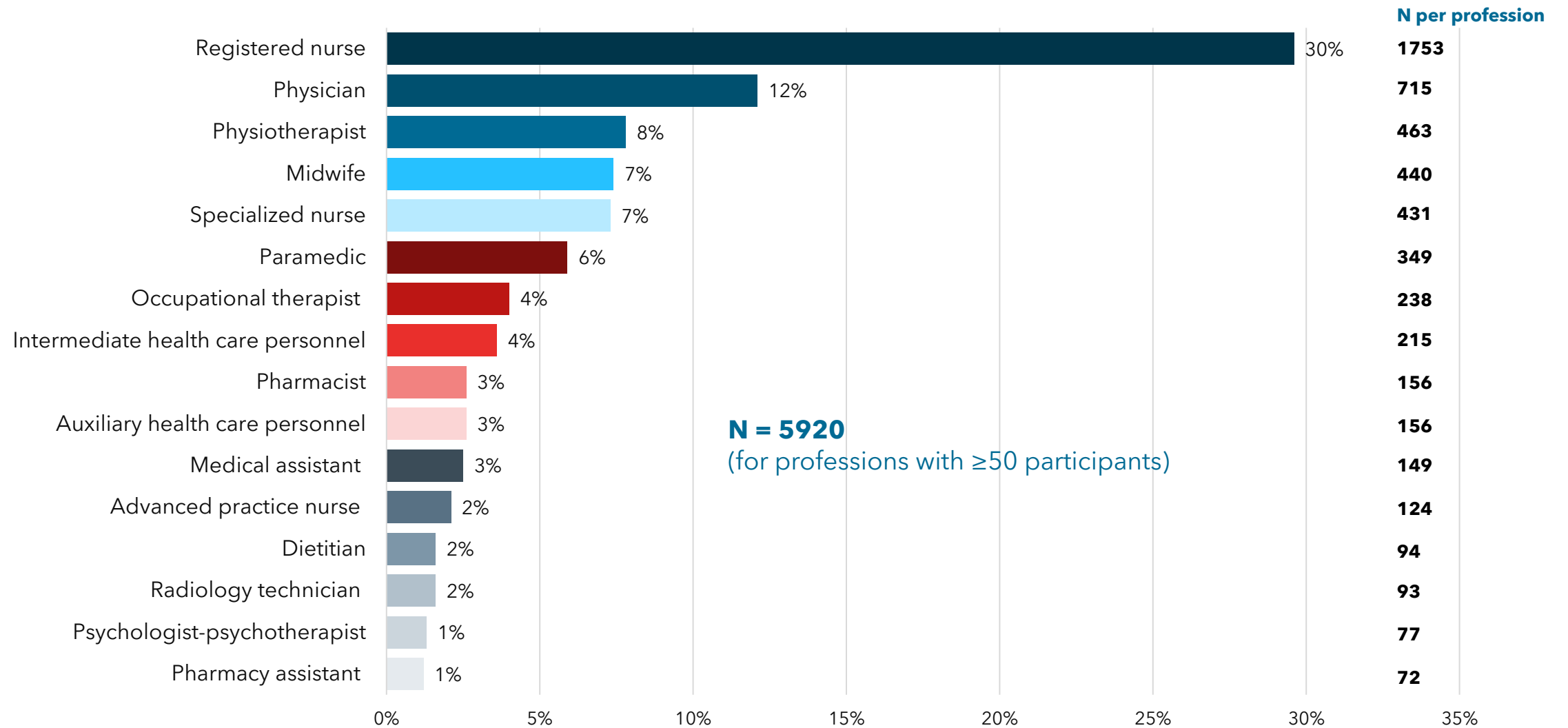
Language of the questionnaire:



# Participants' place of work, % per canton

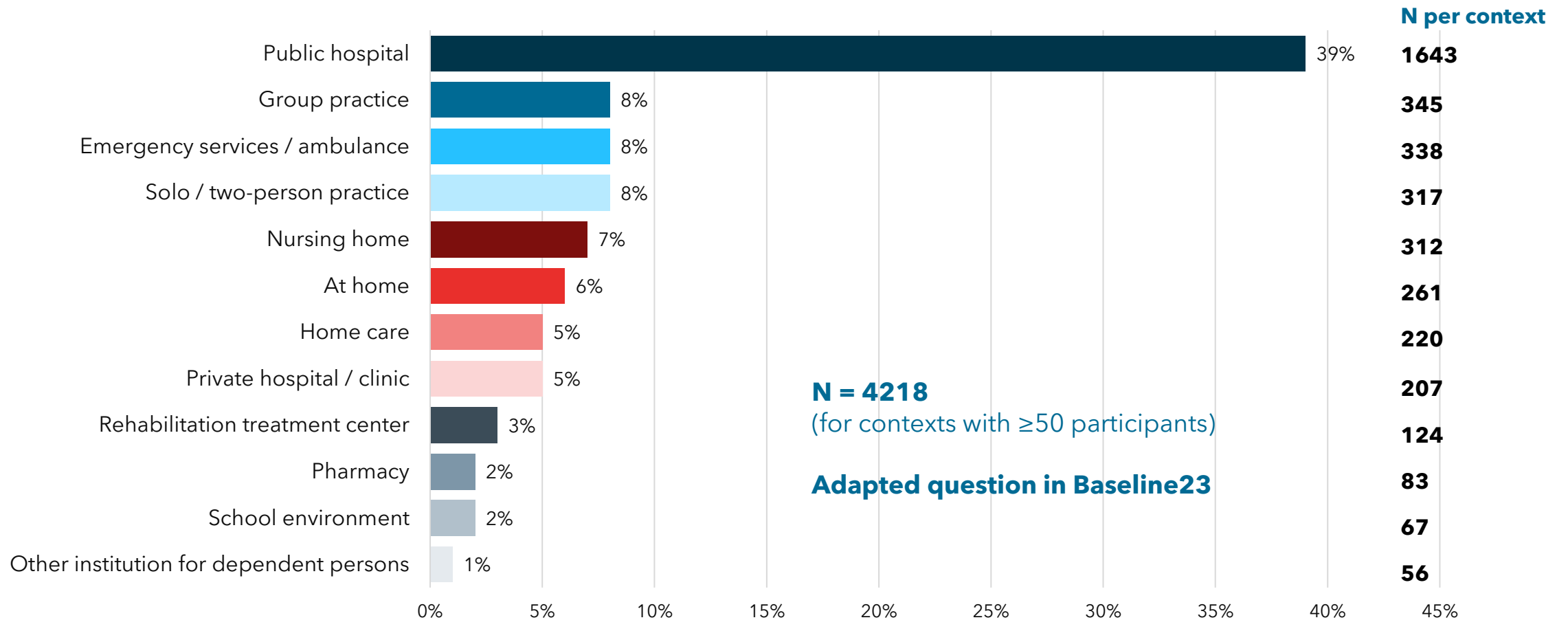


# Professions

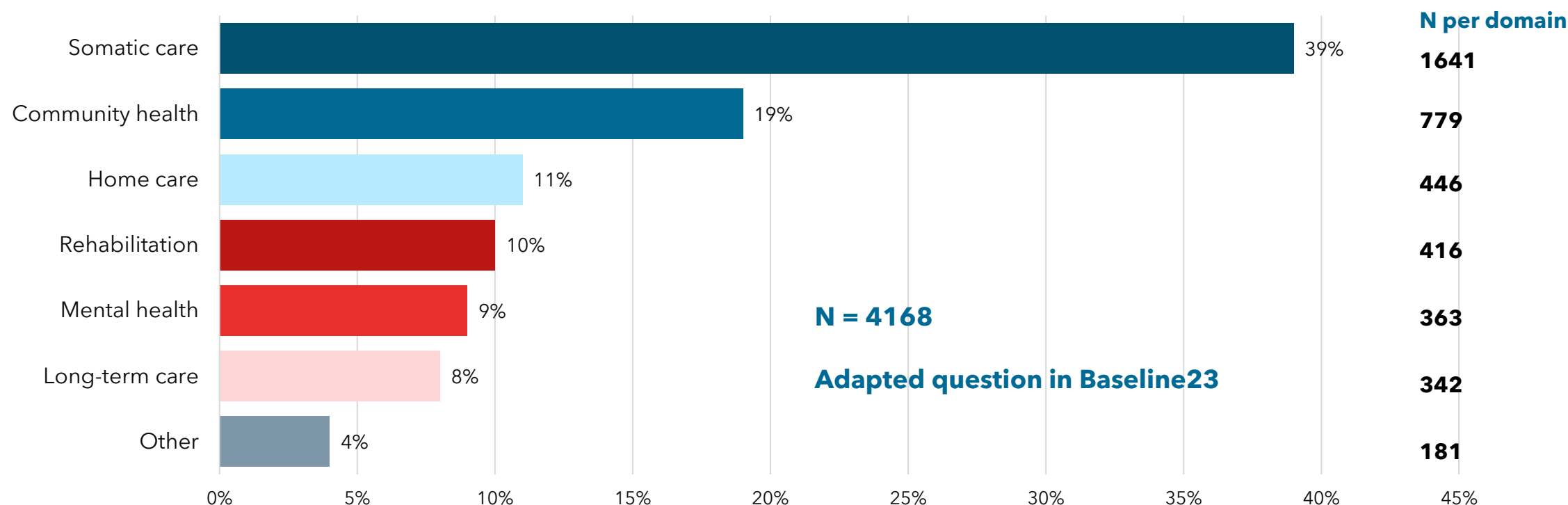




# Main professional context



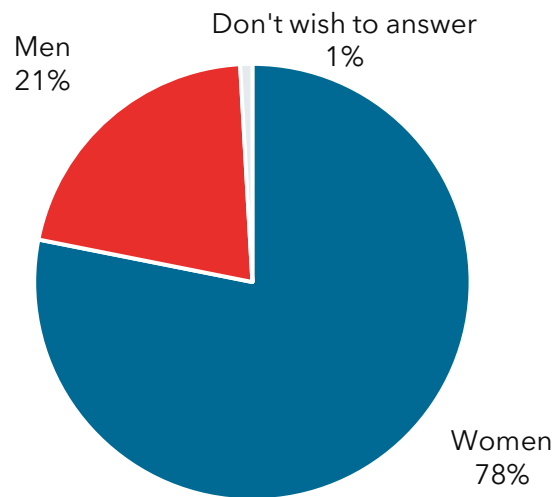
# Main professional domain



# Sociodemographics

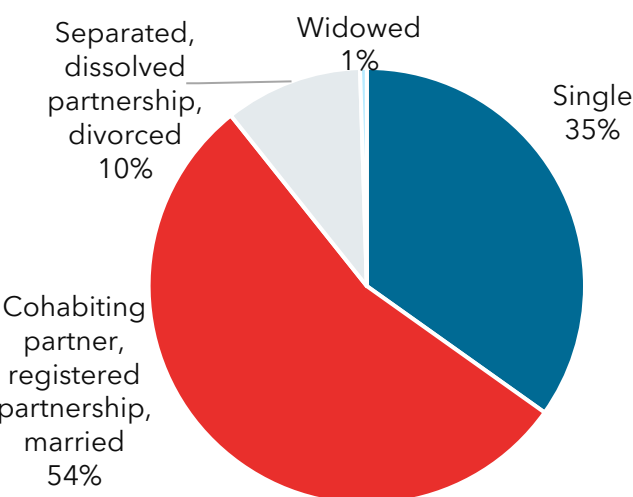
## Gender

N = 5900



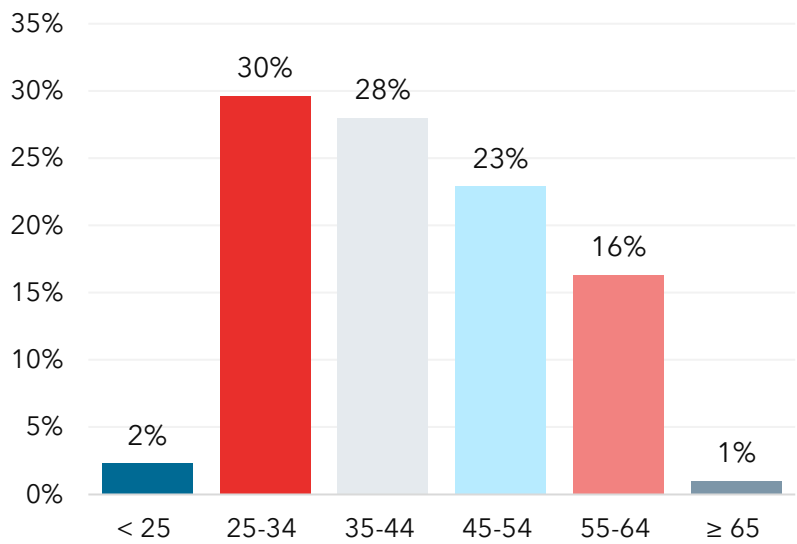
## Marital status

N = 5901



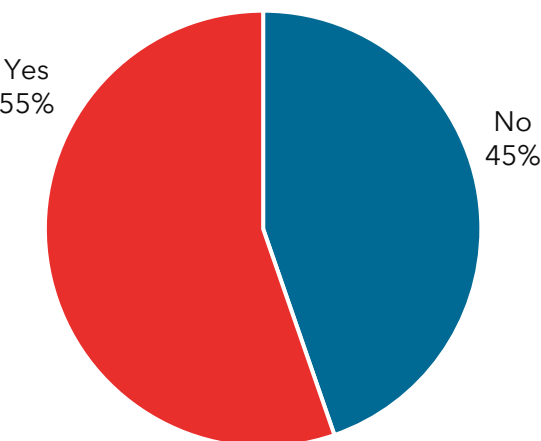
## Age

N = 5624



## Children

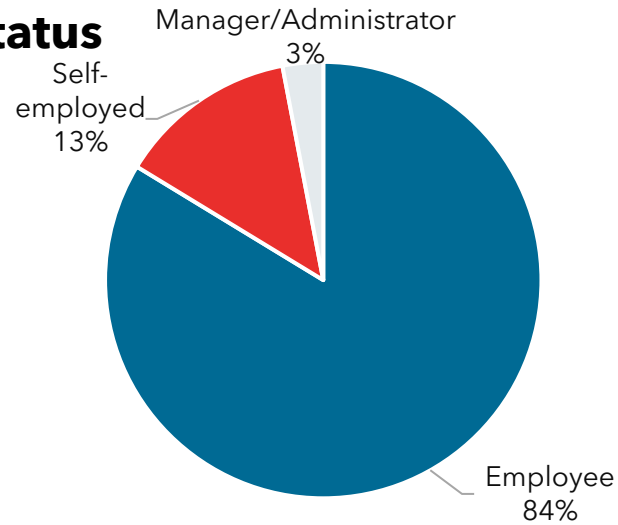
N = 5891



# Socio-professional characteristics - 1

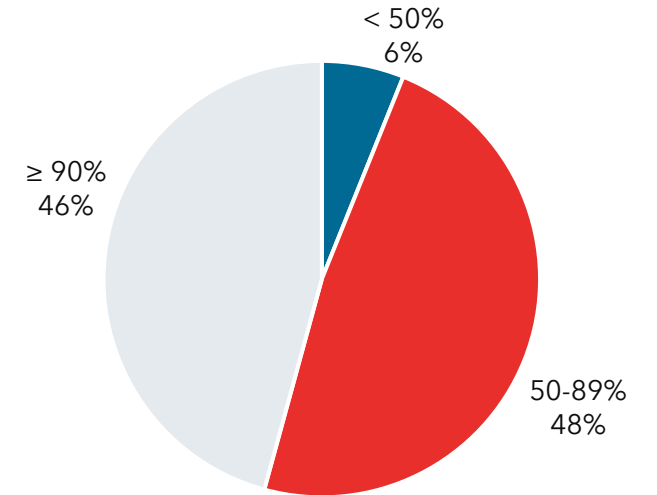
## Main professional status

N = 5927



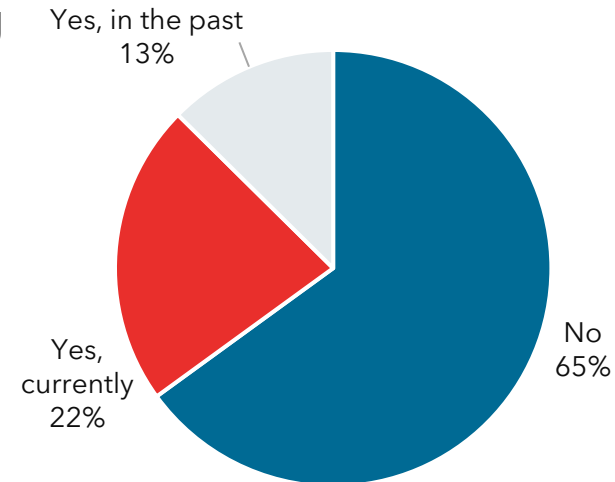
## Activity rate

N = 5627



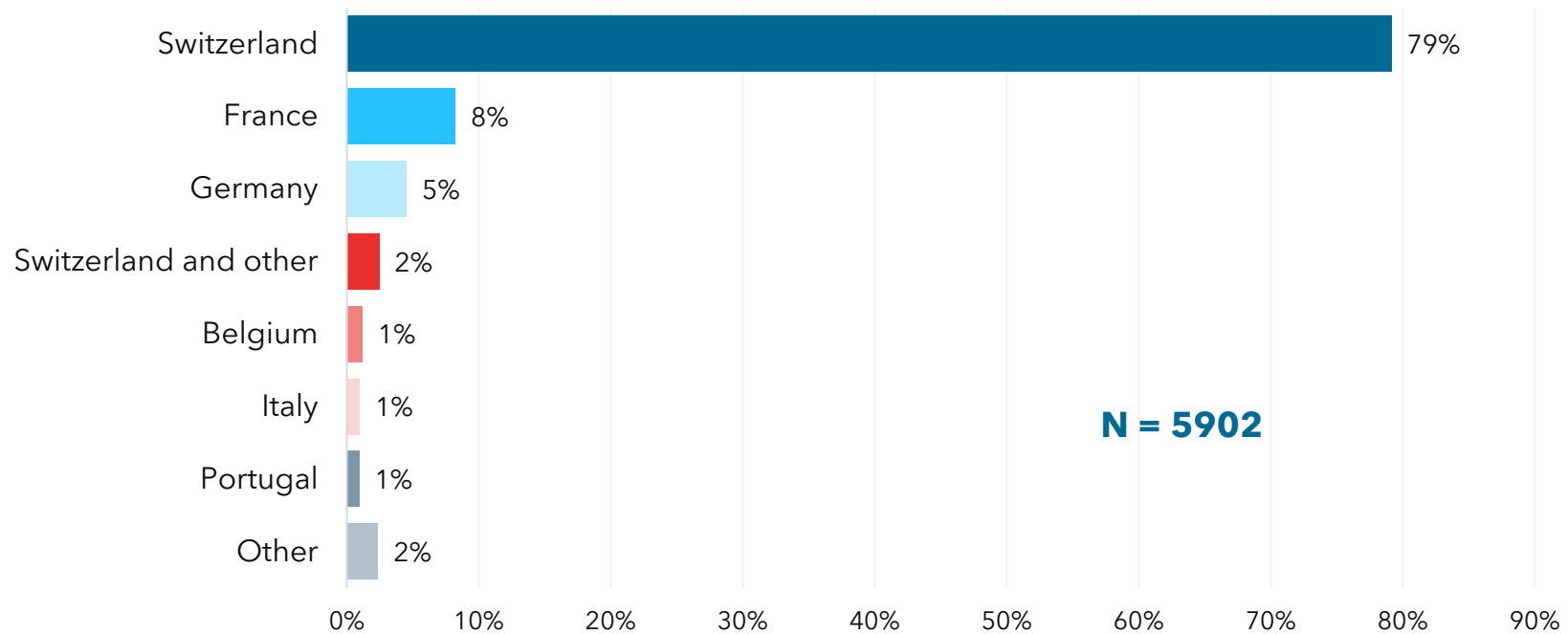
## Informal caregiving

N = 5835



# Socio-professional characteristics - 2

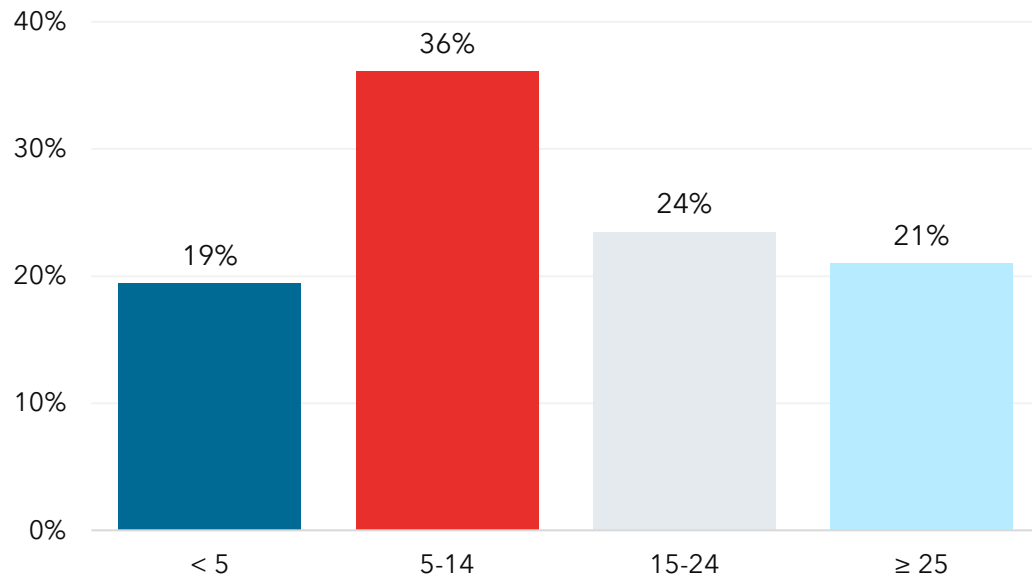
## Country of training



# Socio-professional characteristics - 3

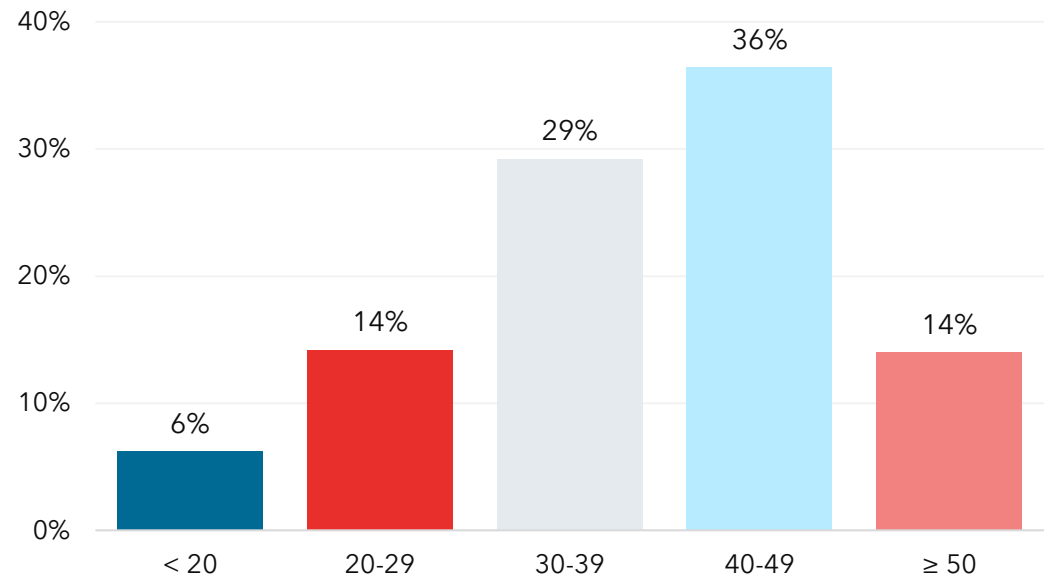
## Number of years in the profession

N = 5882



## Working hours per week

N = 5863



# Main outcomes

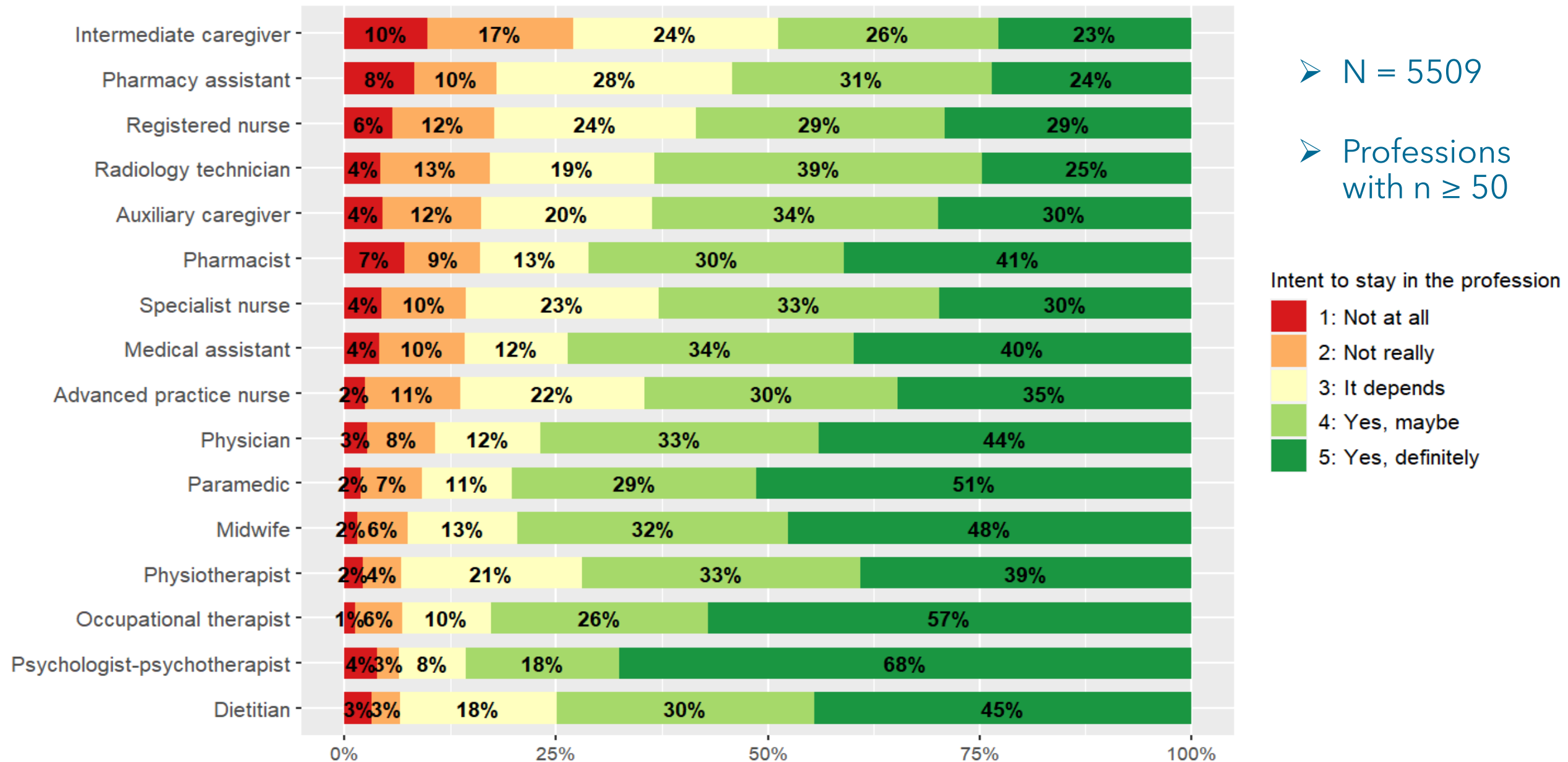
(Baseline22 and Baseline23 together)

Intention to stay in the profession  
&  
Well-being



➤ N = 5509

➤ Professions  
with  $n \geq 50$

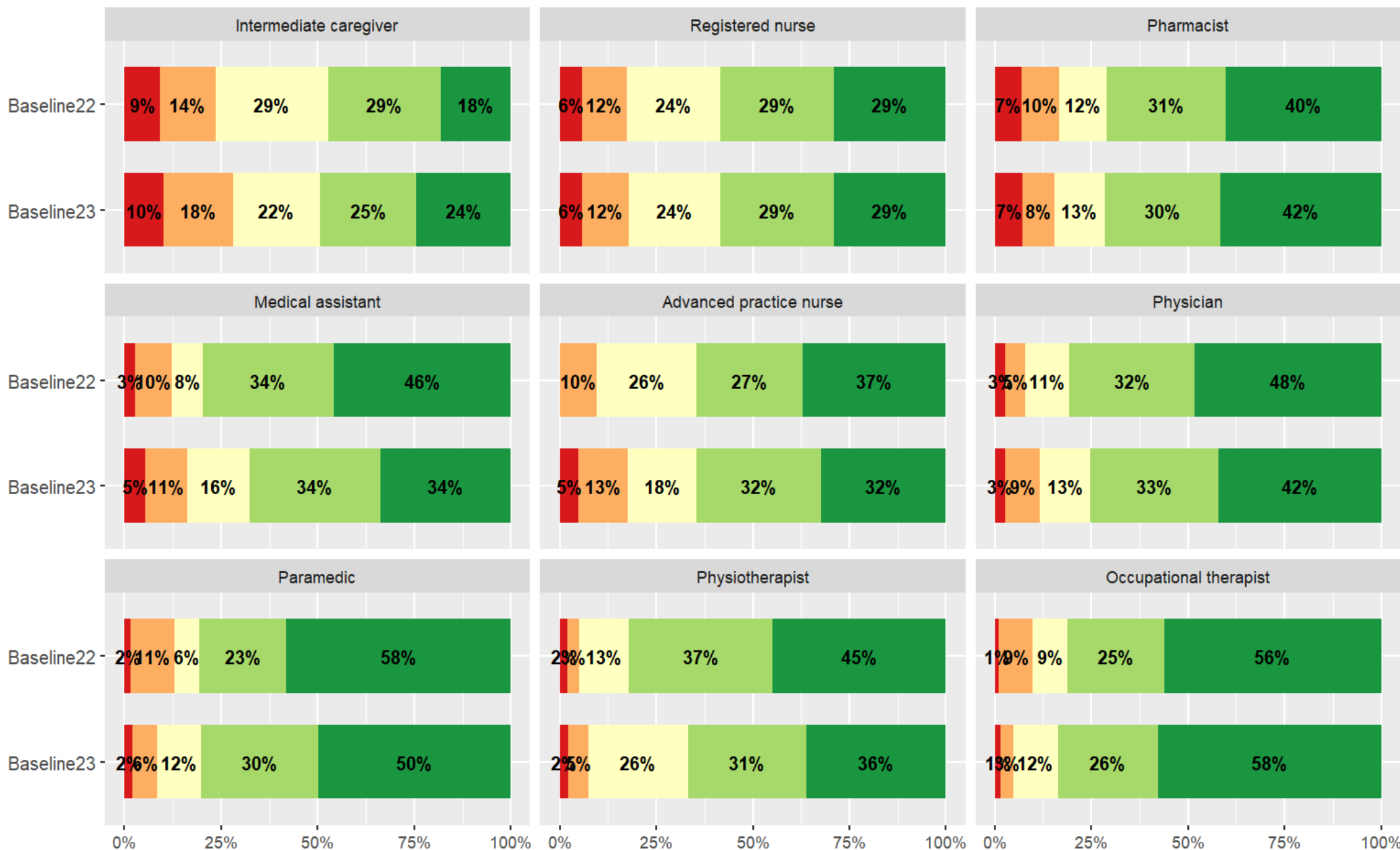


**Intent to stay in the profession in the next few months if the situation stays the same,  
by profession**

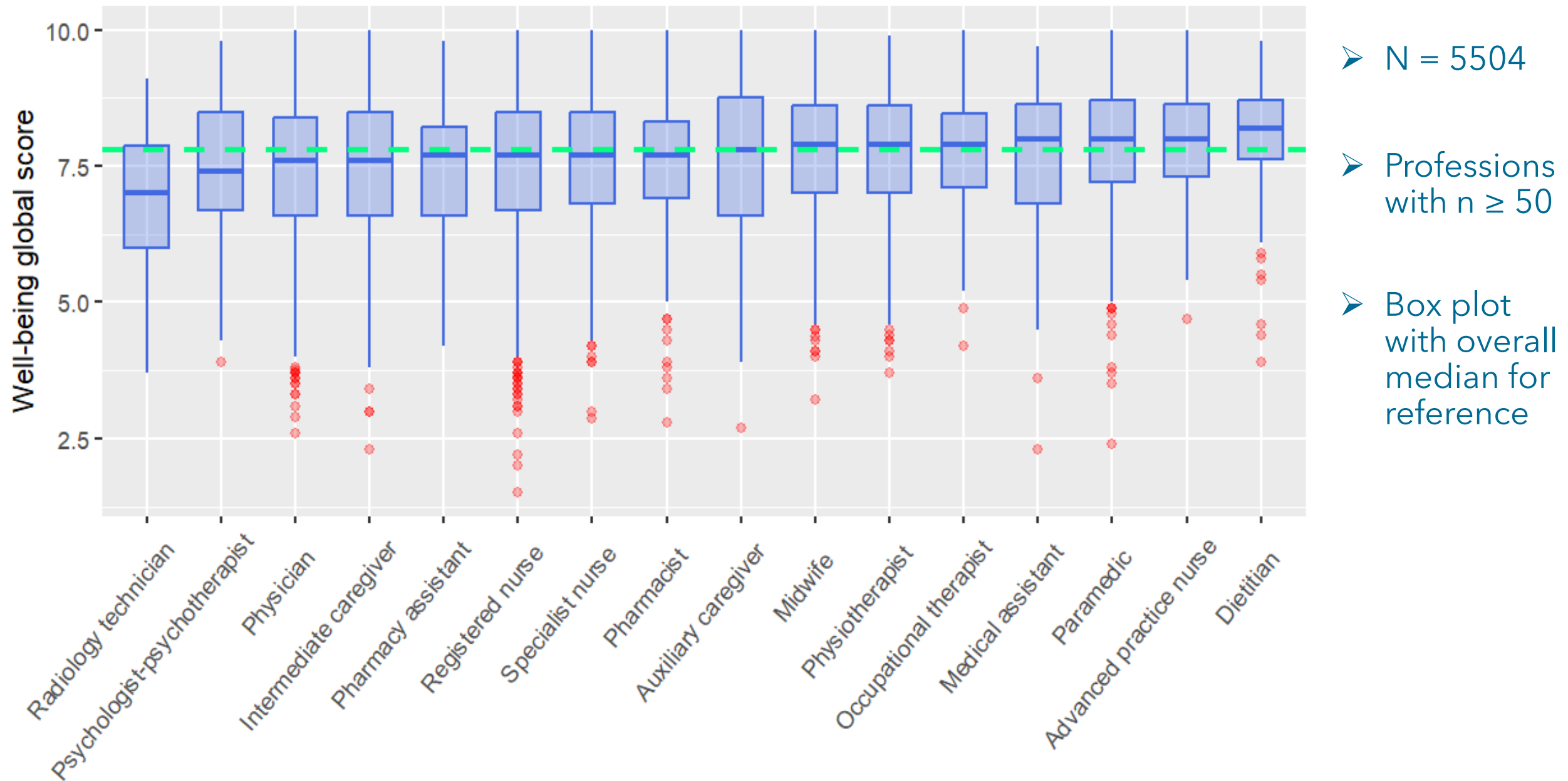
# Comparison between Baseline22 and Baseline23

Intent to stay in the profession

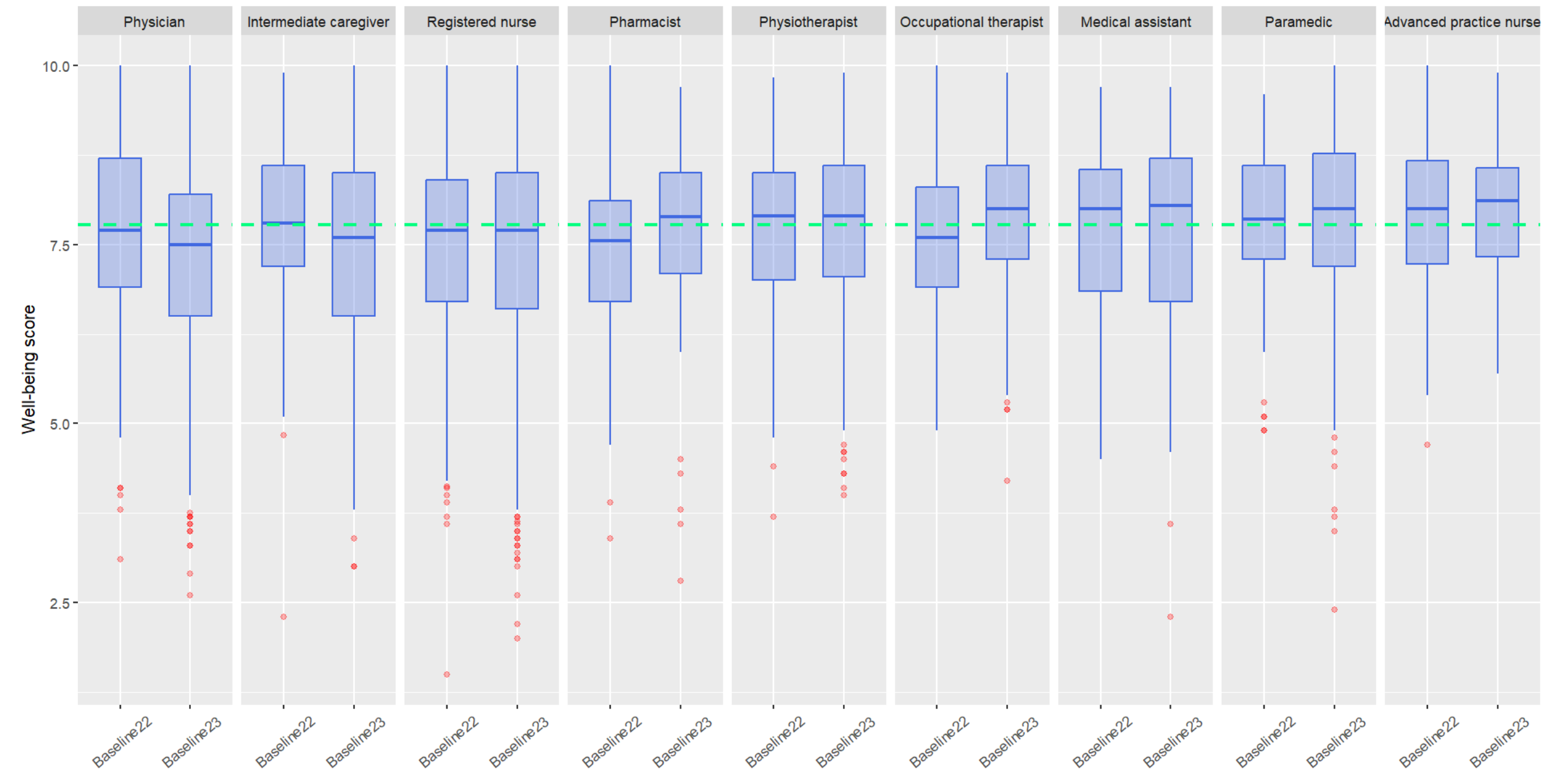
- 1: Not at all
- 2: Not really
- 3: It depends
- 4: Yes, maybe
- 5: Yes, definitely



Intent to stay in the profession stays stable between Baseline22 and Baseline23

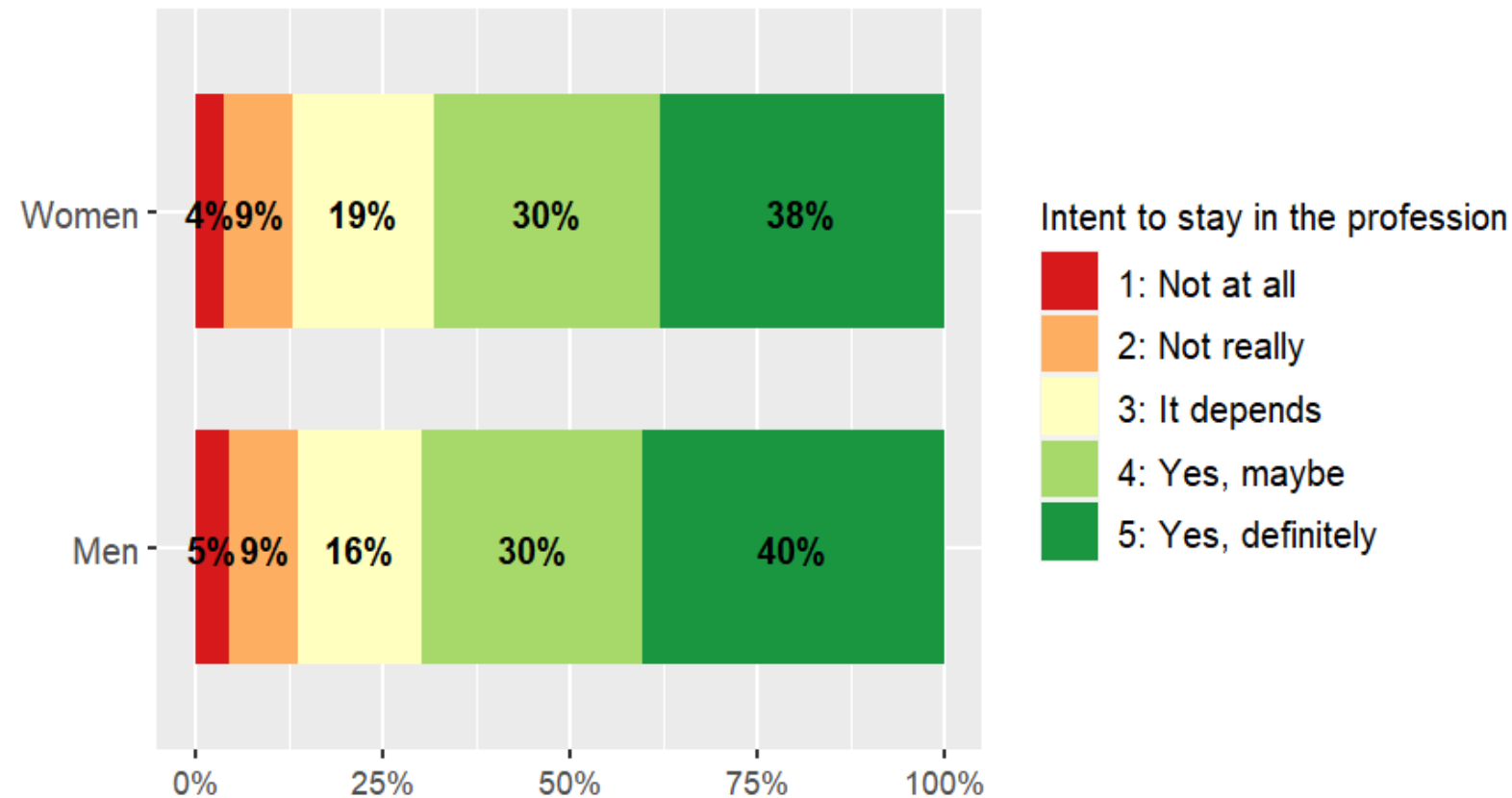


Well-being (overall Flourish index score), by profession



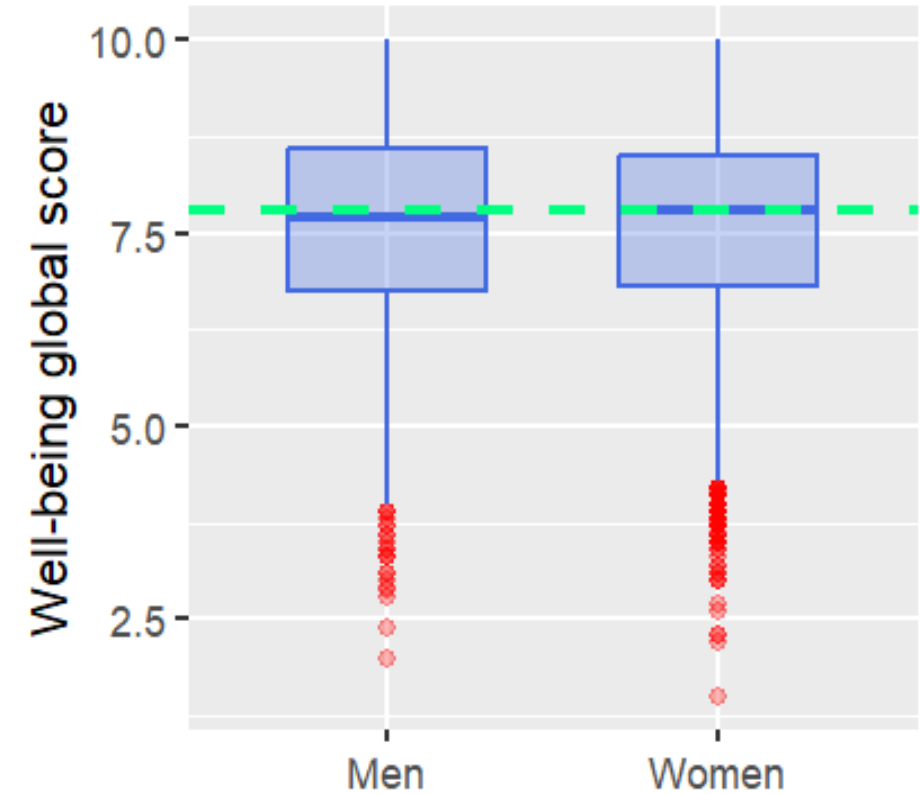
**Well-being stays stable between Baseline22 and Baseline23**

# No difference of intent to stay and well-being **by gender**



P-value = 0.23

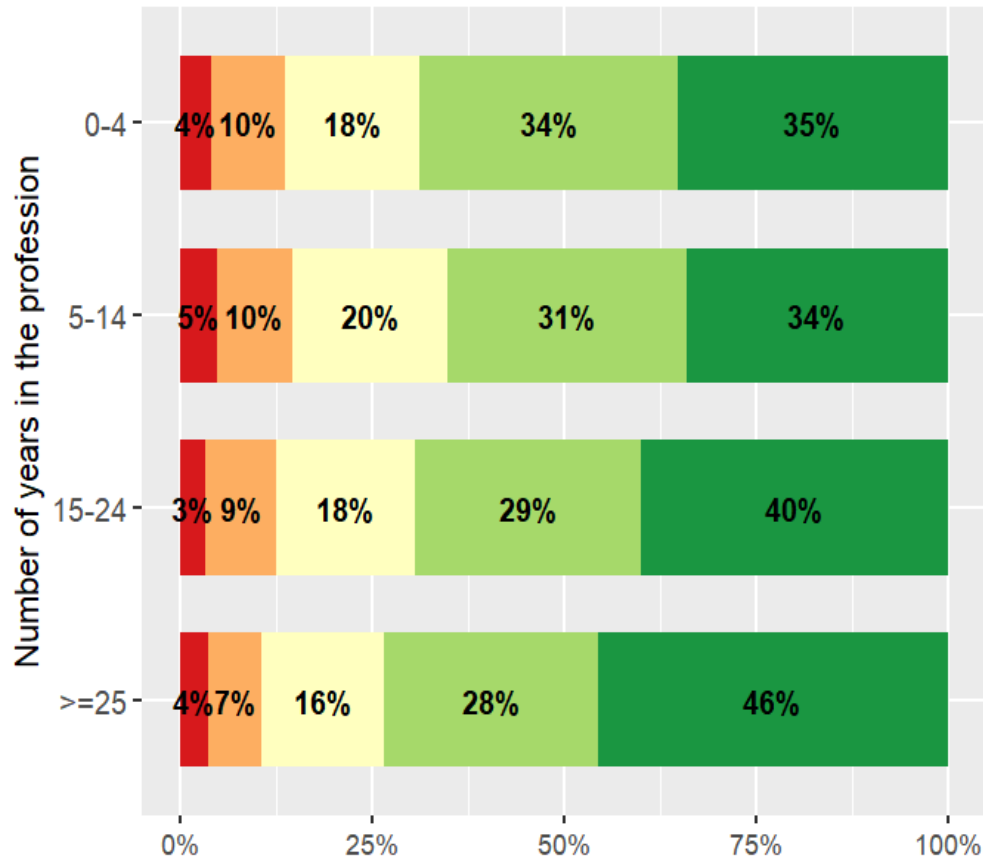
➤ N = 5839



P-value = 0.62

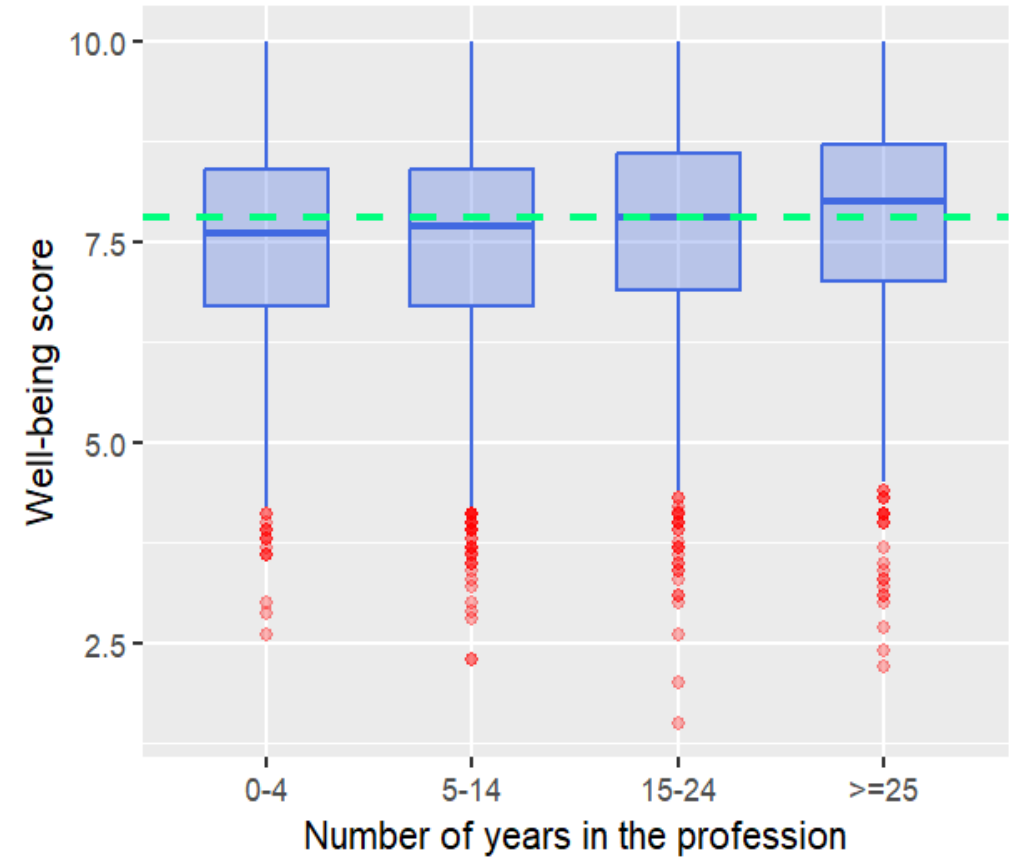
➤ N = 5828

# Intent to stay and well-being **vary according to seniority**



P-value < 0.01

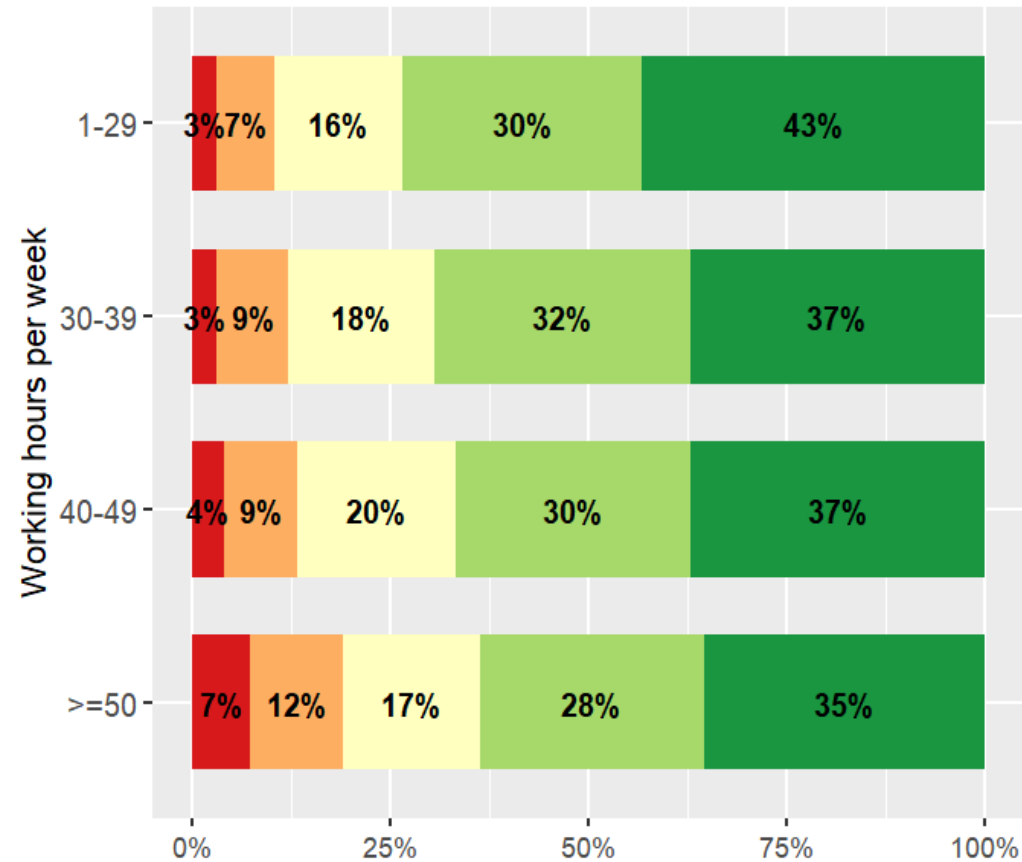
➤ N = 5864



P-value < 0.01

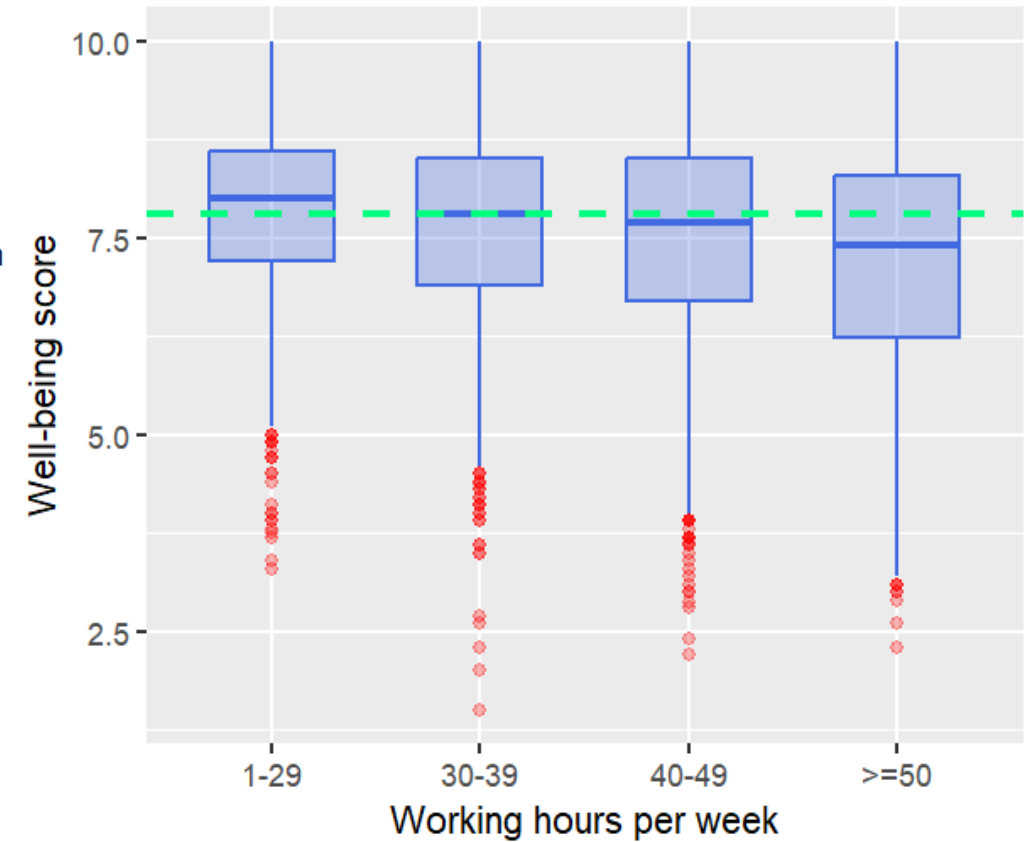
➤ N = 5854

# Intent to stay and well-being **decrease with increasing** number of **working hours**



P-value < 0.01

➤ N = 5847

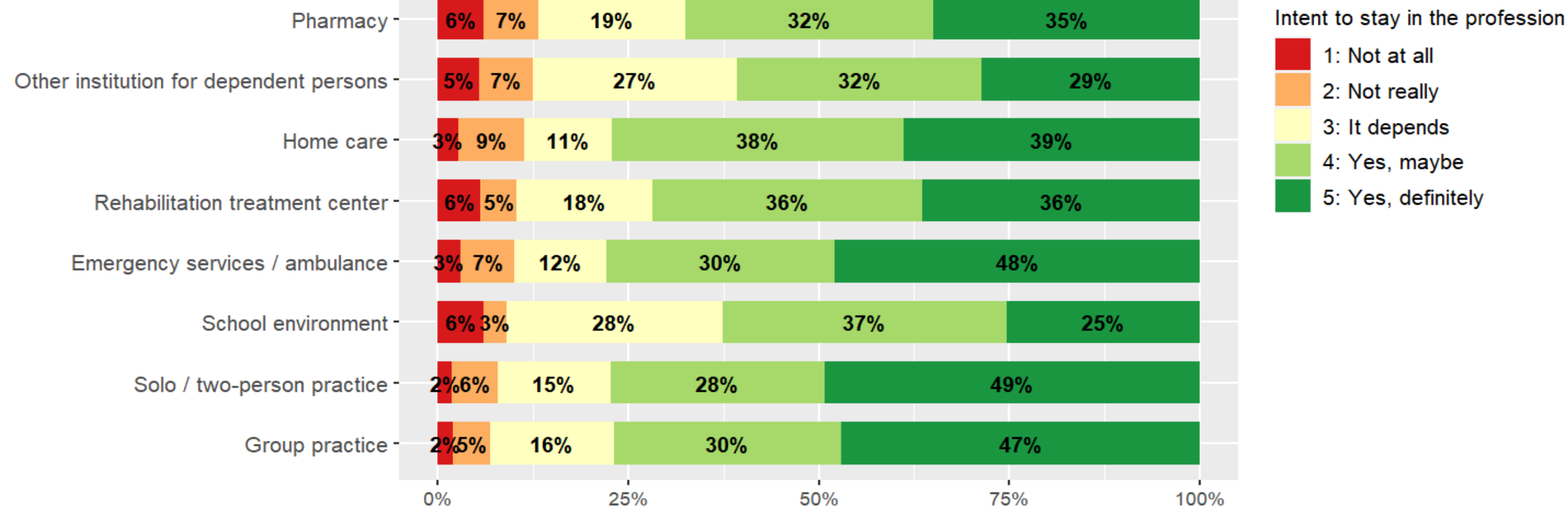


P-value < 0.01

➤ N = 5837



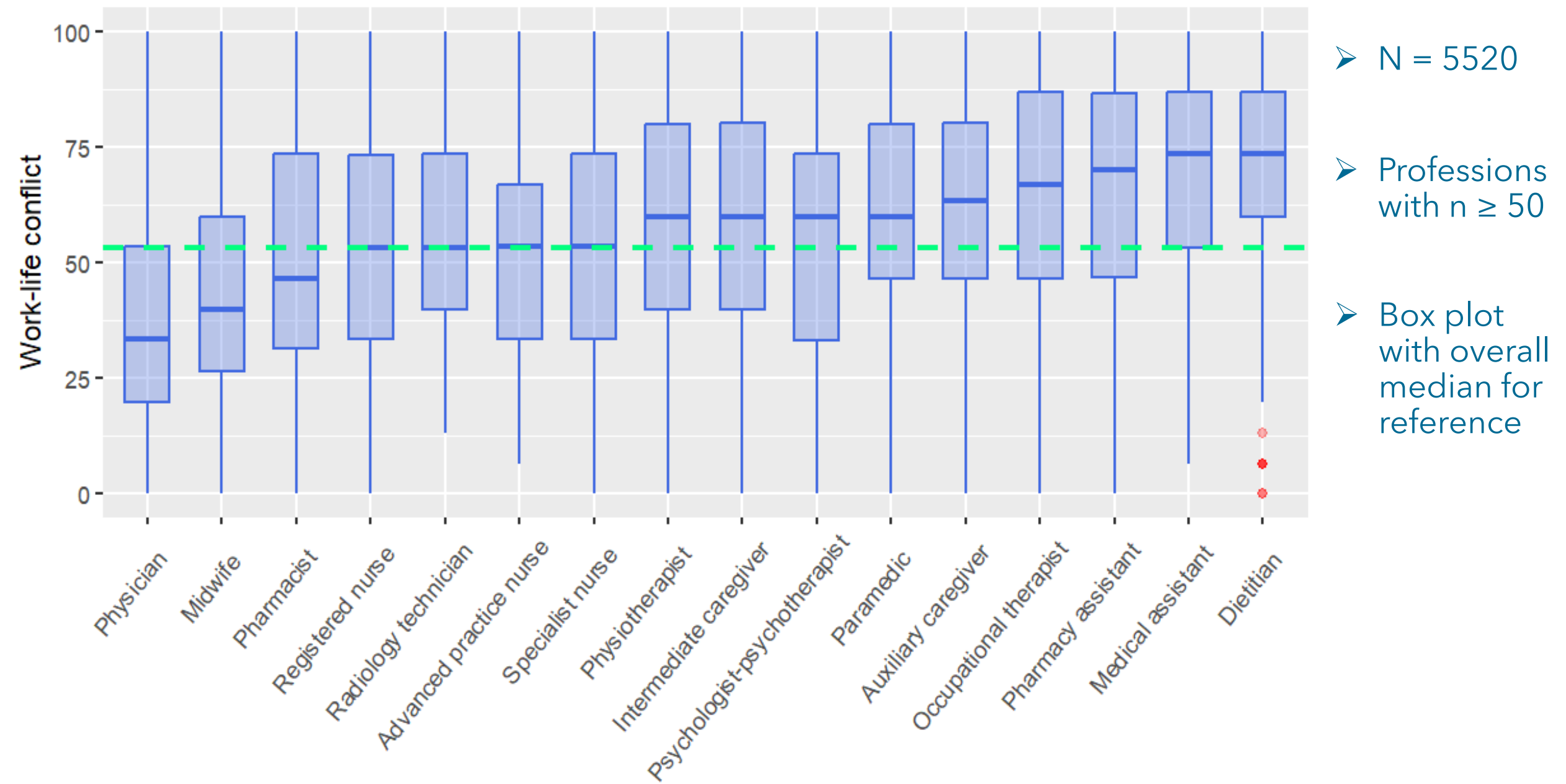
- 2023 data only
- N = 3910
- Context with n ≥ 50



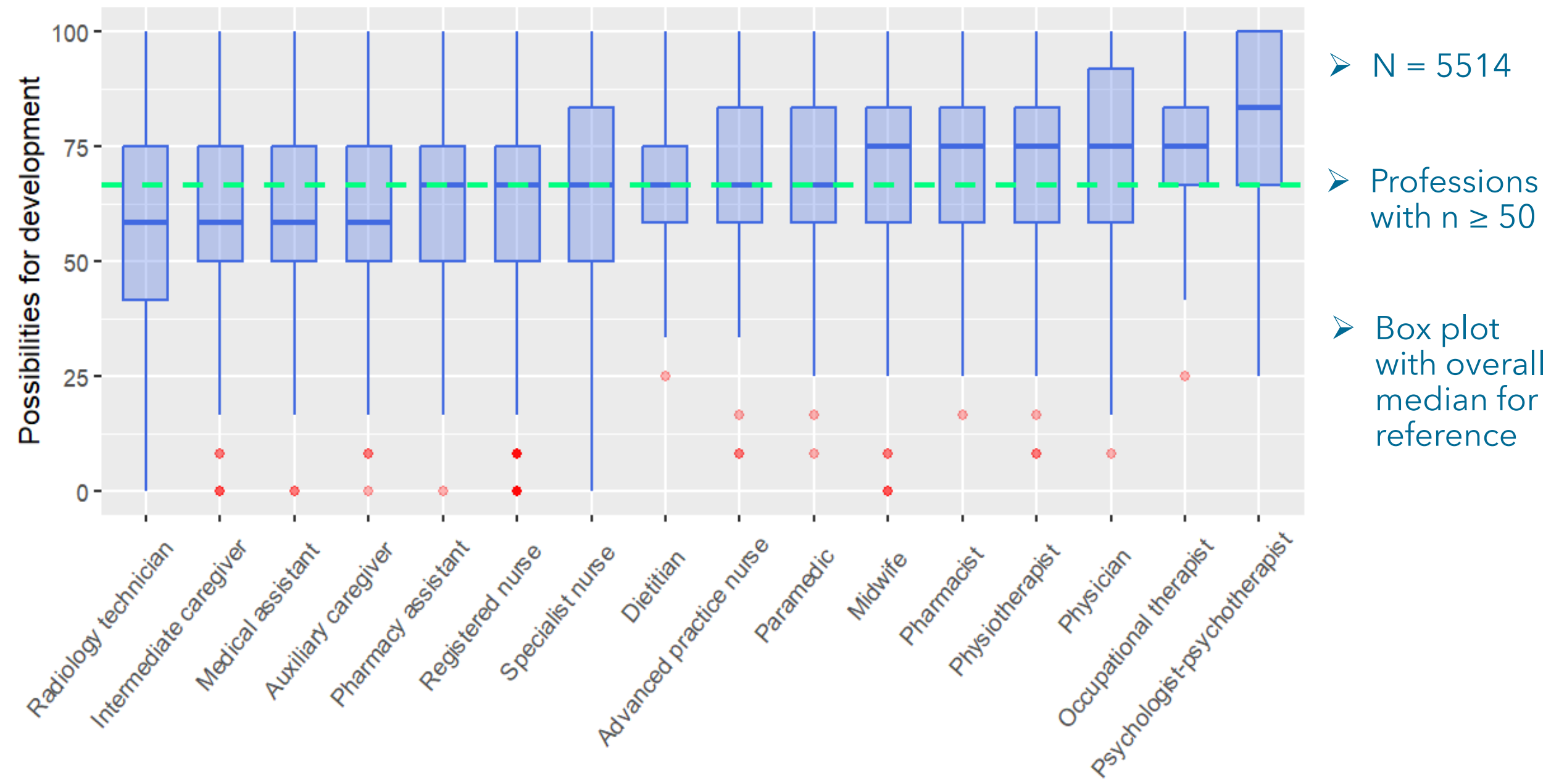
**Intent to stay in the profession in the next few months if the situation stays the same,  
by main professional context**

# Selected determinants

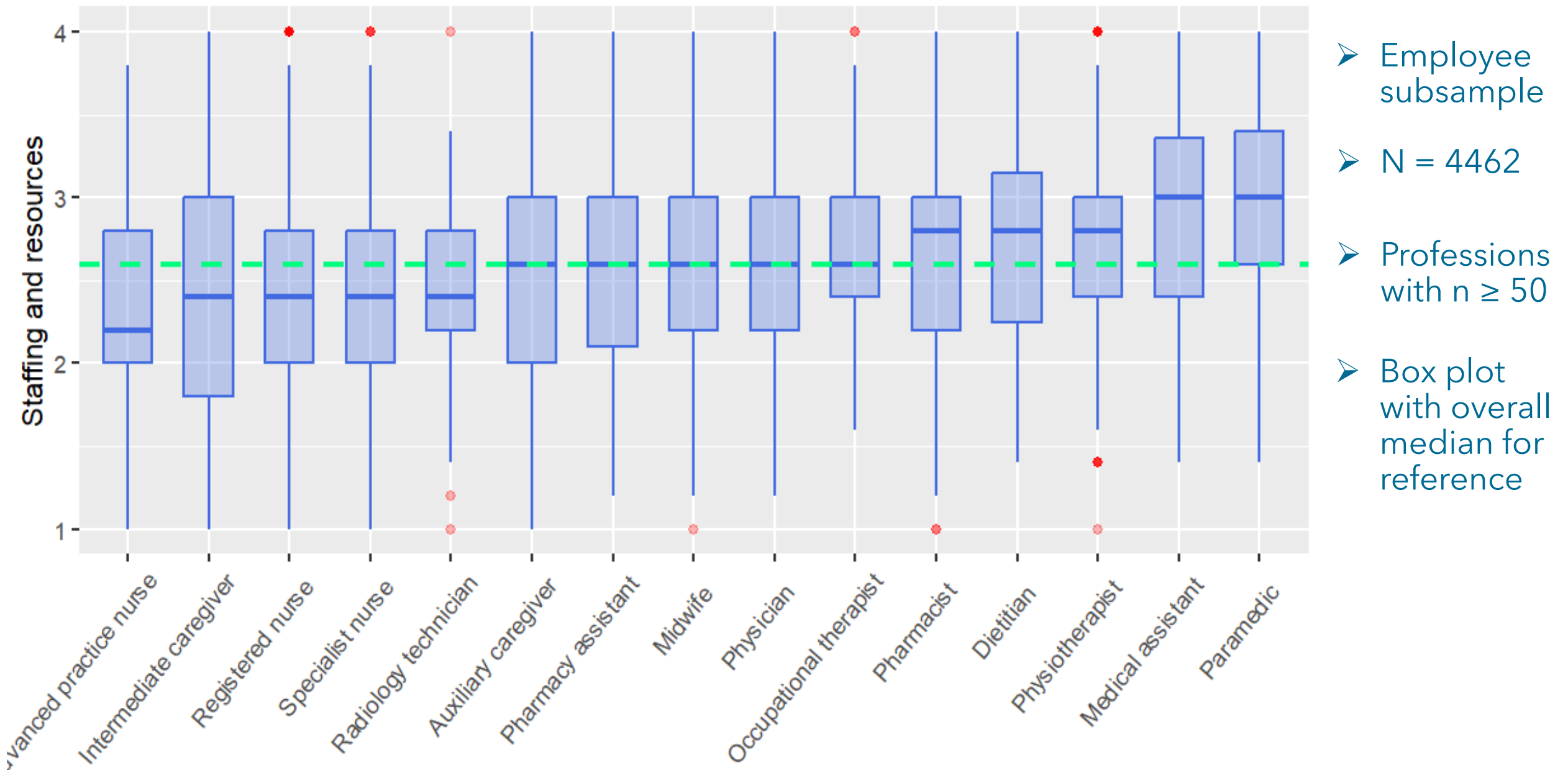
(Baseline22 and Baseline23 together)



**Work-life conflict score (COPSOQ), by profession**



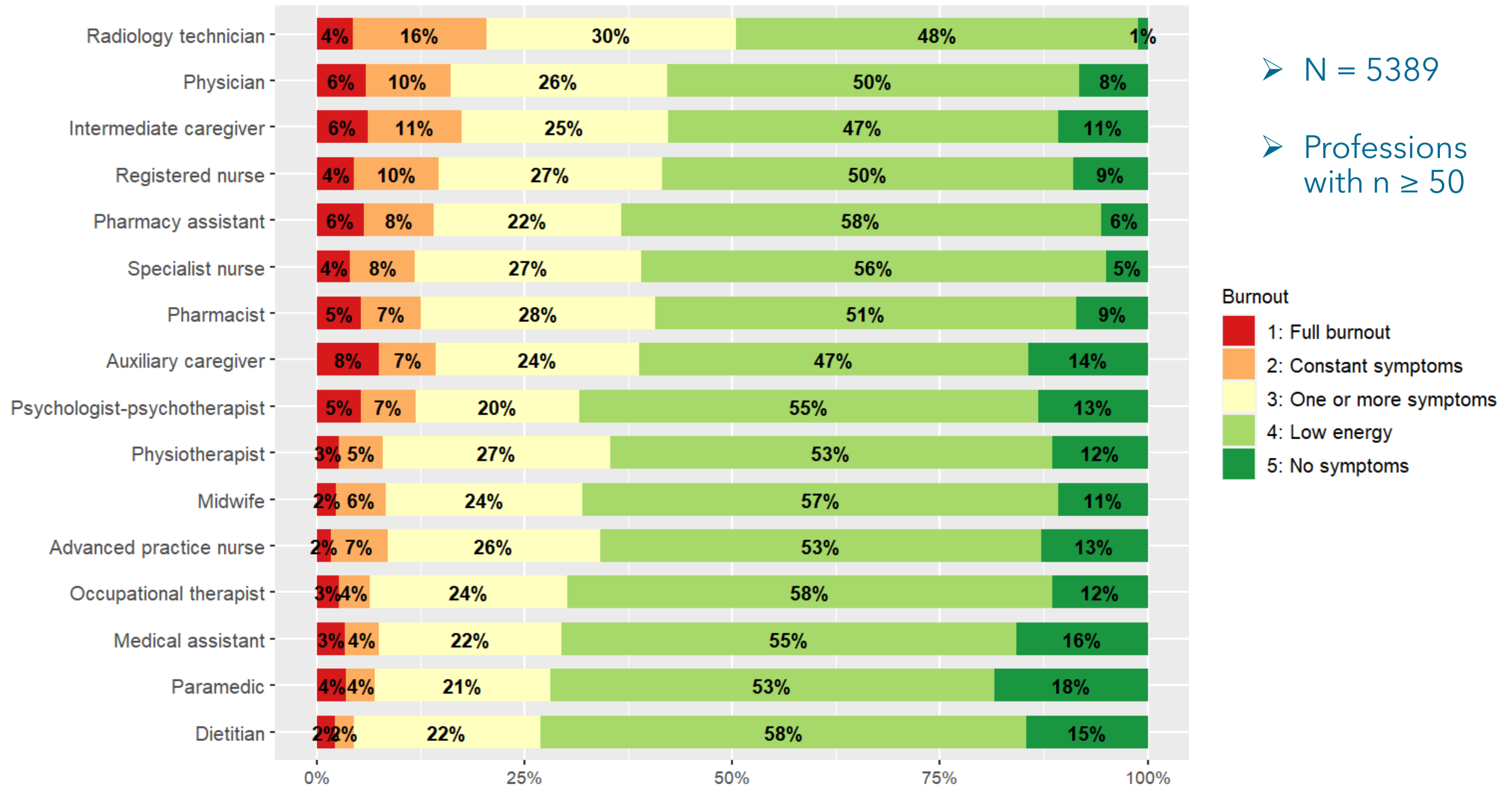
**Possibilities for professional development score (COPSOQ), by profession**



**Staffing & resource adequacy score (PES-MWI), by profession**

➤ N = 5389

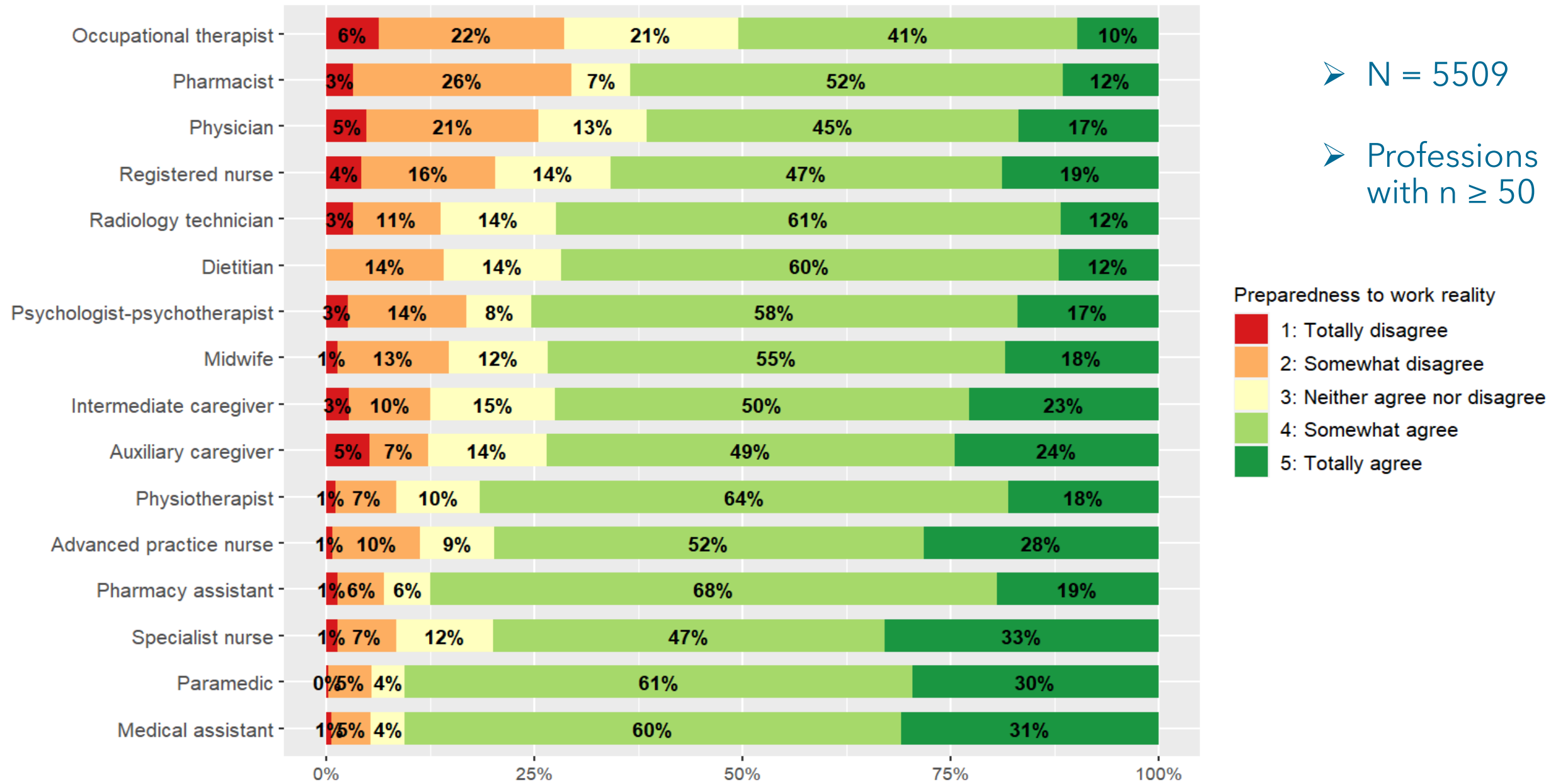
➤ Professions  
with  $n \geq 50$



**Burnout by profession**

➤ N = 5509

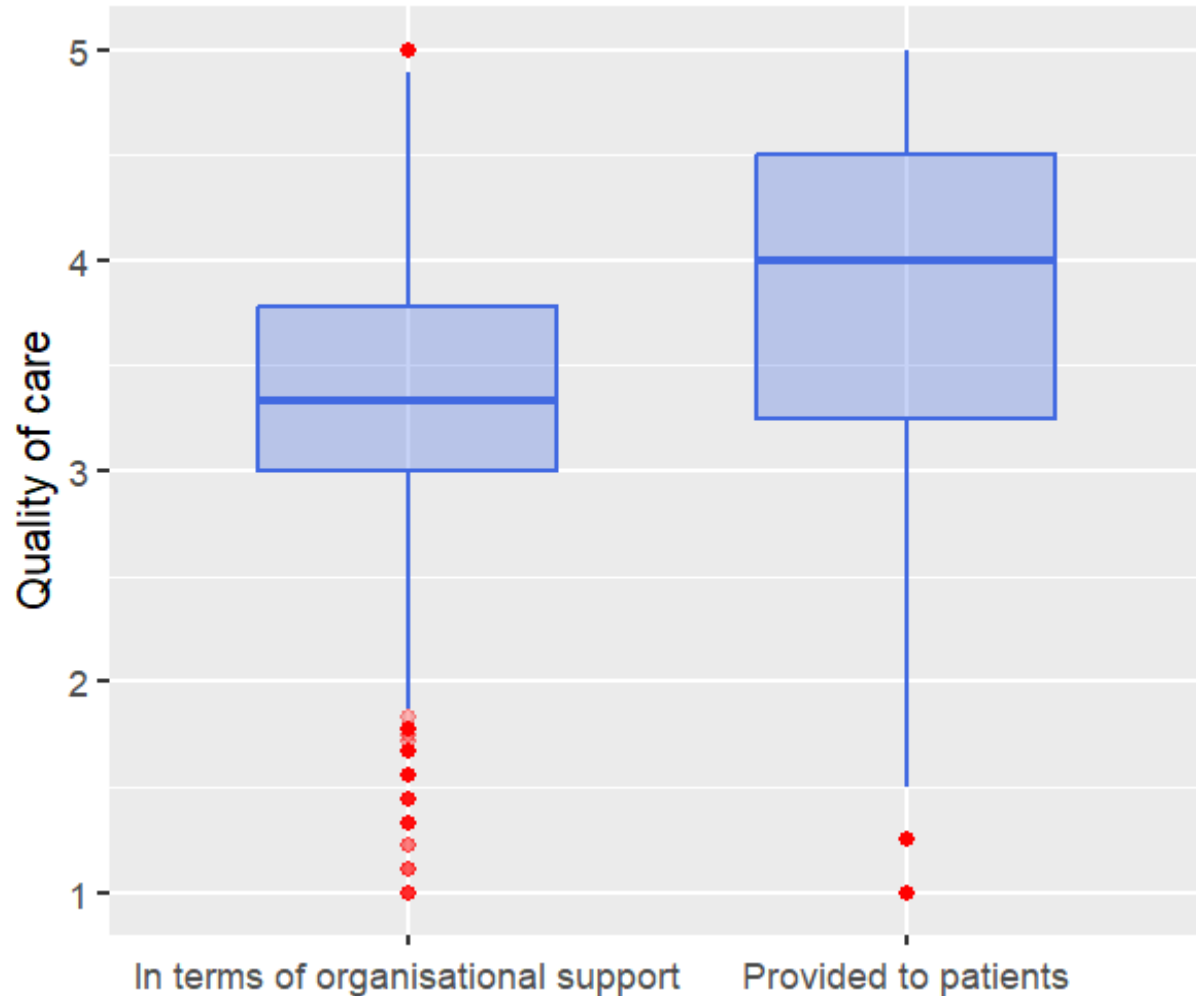
➤ Professions  
with  $n \geq 50$



Preparedness to work reality: **my training prepared me for my professional activity**  
(by profession)



# Quality of care as perceived by HPs (Baseline23 only)



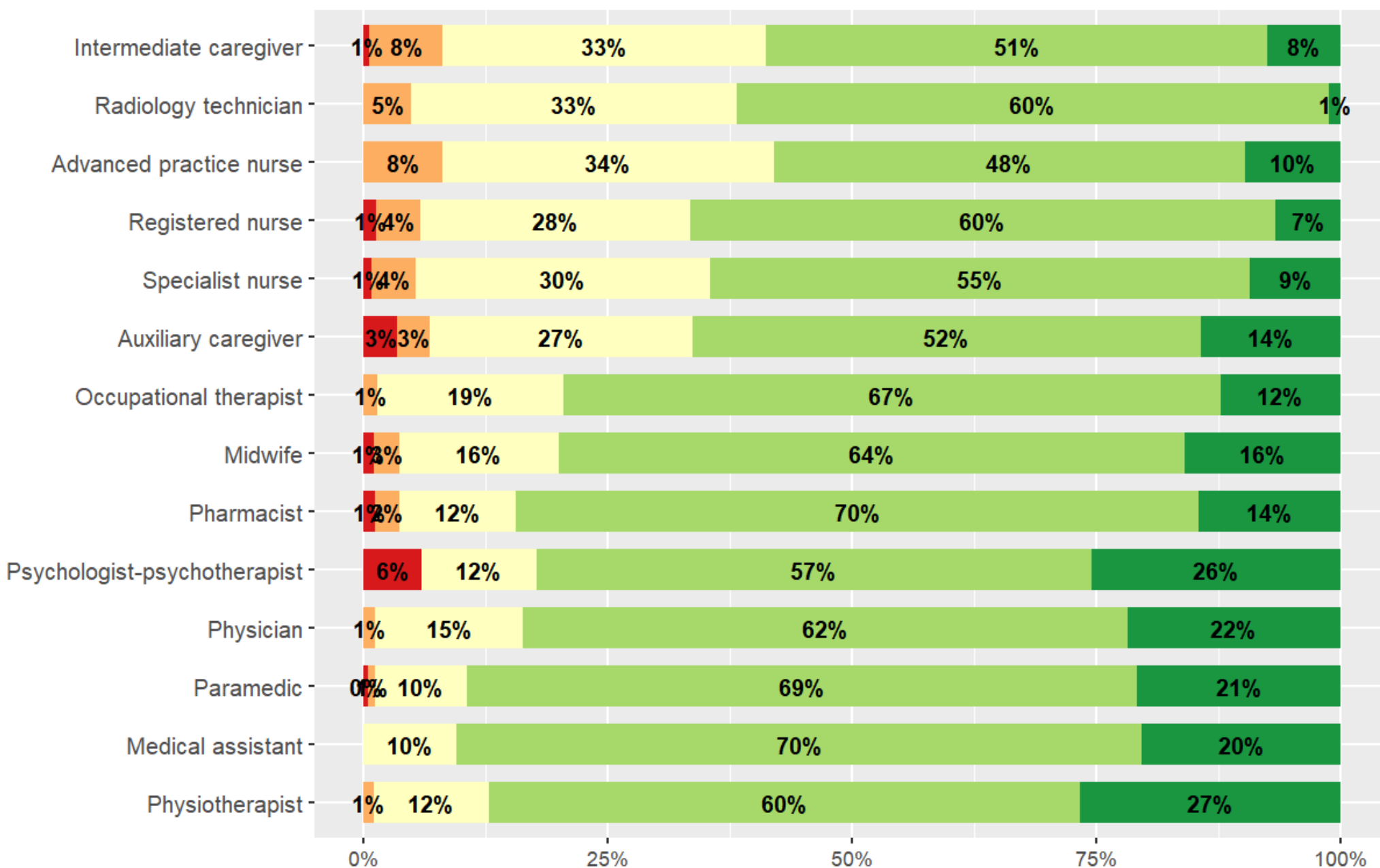
➤ N = 4053

➤ Not all HPs were content with the support they received from their organisation, but the quality of care provided remains generally high

➤ N = 3838

➤ Professions with n ≥ 50

Overall quality of care



Overall quality of care as perceived by HPs (Baseline23 only)

# Dashboard



Cohorte suisse des professionnel·le·s  
de santé et des proches aidant·e·s



JE SOUHAITE  
PARTICIPER



ACTUALITÉS



Update with 2023 data soon  
available

Dashboard

POUR ACCÉDER À LA  
PLATEFORME INTERACTIVE DE  
RÉSULTATS, CLIQUEZ ICI !



Ce dashboard a été conçu pour être consulté sur un grand écran, il se peut donc que la lecture sur tablette ou smartphone soit difficile. Si l'affichage sur votre écran est trop gros ou trop petit, jouez avec le zoom de votre navigateur pour adapter la taille des graphiques et des textes. Merci de privilégier les navigateurs Chrome et Microsoft Edge pour consulter le dashboard.



Retourner à l'accueil

Indicateurs de résultats : intention de rester et bien-être

Attention: les résultats ci-dessous ne concernent que les 1707 répondant·e·s actuelles de SCOHPICA et ne peuvent être généralisés à l'ensemble de professionnel·le·s exerçant en Suisse. Les résultats doivent donc être interprétés avec précaution.

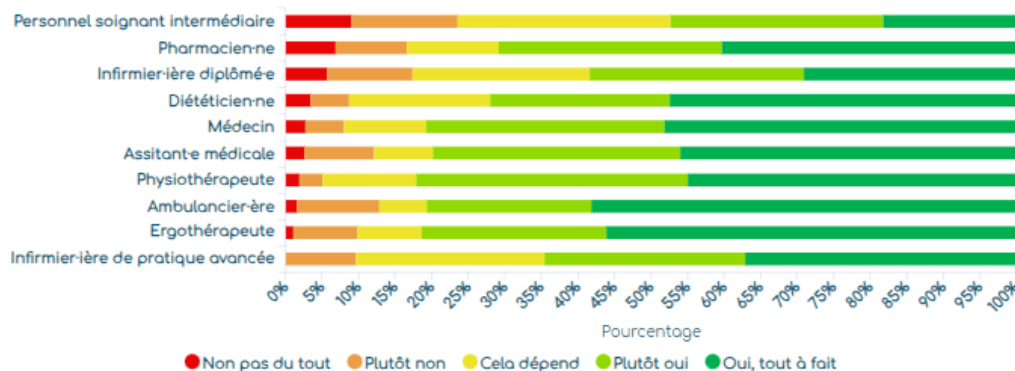
Les groupes de répondant·e·s de moins de 50 personnes ne sont pas représentés.

## L'intention de rester

Ci-dessous apparaissent les résultats pour l'intention de rester dans la profession dans le contexte restant les mêmes.

Si vos conditions/votre contexte de travail

Intention de rester dans la profession selon la profession



## Filtres

Pour sélectionner les résultats à afficher, sélectionnez les groupes de données ci-dessous. Les résultats sont présentés pour des groupes de données minimum.

Genre

Une femme ♀ 78,7%  
Pourcentage

Un homme ♂ 21,3%  
Pourcentage

Région linguistique

Allemand 43,0%  
Pourcentage

Français 50,5%  
Pourcentage

Italien 6,5%  
Pourcentage

Ancienneté dans la profession (en années)

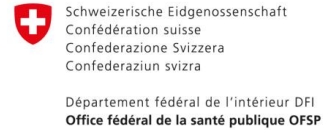
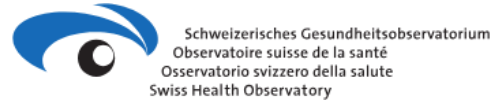
Moins de 5 De 5 à 10  
De 10 à 20 De 20 à 30  
30 et plus



# Conclusions

- The inclusion of over 4,000 new participants enables us to produce robust results for a greater number of professions.
- There are few differences between the Baseline22 and Baseline23 sample characteristics and measurements.
- While intermediate caregivers and nurses still reported among the lowest intent to stay in the profession, radiology technicians, pharmacy assistants and auxiliary caregivers also indicated difficult working conditions.
- Among professional contexts, results for nursing homes need special attention.

# They support us



## Current SNF partners



Faculté des sciences sociales et politiques



# They support us

unisa

Centre universitaire de médecine  
et santé publique • Lausanne

## De nombreux partenaires

Antenne des diététiciens genevois (ADiGe), Arsanté, ARTISET, ASDD Groupe d'intérêt romand des Médecins Hospitaliers (P),  
Groupe régional Vaud, Association Jurassienne de Physiothérapie, Association Neuchâteloise des Psychologues et Psychologues  
Psychothérapeutes (ANPP), Association des Assistantes Médicales (ARAM), Association Spitex privée Suisse (ASPS),  
Association vaudoise d'aide à la personne (AVASAD), Association vaudoise des médecins de famille (mfv), Assoziation Schweizer  
Psychotherapeutinnen und Psychotherapeuten (ASP), BENU Apotheken, Berner Fachhochschule (BFH), BGS, Bündner Ärzteverein, Careum,  
Centre hospitalier universitaires vaudois (CHUV), Der Schweizerische Verband der Apothekerinnen und Apotheker mit Schwerpunkt Uro-Gynäkologie und  
Pell (ASPUG-PP), ErgotherapeutInnen-Verband Schweiz (EVS), ErgotherapeutInnen-Verband Schweiz (EVS) - Sektion Wallis,  
Fakultät et de médecine de l'Université de Lausanne (FBM, UNIL), Faculté des sciences sociales et politiques de l'Université de  
Lausanne (UNIL), Fédération des hôpitaux vaudois (FHV), Fédération des prestataires de services de soins et d'aide à la personne (FEDEPS),  
Föderation der Schweizer Psychologinnen und Psychologen (FSP), Freiburger Apotheker Gesellschaft (FApG), H+, Haus- und Kinderärzte  
Schweiz (mfe), Haute école de travail social de Lausanne (HETSL) - Filière ergothérapie, Kantonale Osteopathenverbände Ost- und Nidwalden  
(KOG-VS), Kantonalverband der Zürcher Psychologinnen und Psychologen (ZüPP), Pharmacieplus, Physio Ticino, physioSwiss, physiovalais-wallis, physiovaud, Réseau Delta, Salveo - pharmacie,  
und Pflegefachmänner (SBK), Schweizer Forum für Integrierte Versorgung (SAMW), Schweizerische Gesellschaft für Gastroenterologie (SGG), Schweizerische Gesellschaft für Gynäkologie und Geburtshilfe (SGGG),  
Schweizerische Gesellschaft für Infektiologie (SGI), Schweizerische Gesellschaft für Neurologie (SGK), Schweizerische Gesellschaft für  
Medizin (SGM), Schweizerische Gesellschaft für Psychiatrie (SGP), Schweizerische Neurologische Gesellschaft (SNG), Schweizerischen  
Verband der Ergotherapeuten/innen (SVE), Schweizer Apothekerverband (pharmaSuisse), Schweizerischer Verband (SHV),  
Schweizerischer Osteopathieverband, Schweizerischer Verband der freiberuflichen Physiotherapeutinnen und Physiotherapeuten (SVFP), Scuola  
universitaria professionale della Svizzera italiana (SUPSI), senesuisse, Société médicale du canton du Jura, Société vaudoise de Médecine,  
Société Vaudoise de Physiothérapie (SVPh), SPITEX Region Schwyz, SPITEX Schweiz, SPITEX SG/AR/AI, SPITEX Verband Baselland (SVBL), SPITEX  
Verband Graubünden, SPITEX Verband Glarus, SPITEX Verband Ob- und Nidwalden, SPITEX Verband Region Bodensee, swissANP, Swiss Learning Health  
System (SLHS), Swiss Science Foundation (SSF), Swiss Society for Health Economics (SSHE), Swiss Society for Health Law (SSHL), Swiss Society for Health  
Verbindung der Schweizer Ärztinnen und Ärzte (FMH), Vereinigung der Sanitäter Schweiz (VDS), Vereinigung der Sanitäter Tessin und Moesano, Vereinigung  
Rettungssanitäter Wallis (VRW), VPOD, Walliser Ärztegesellschaft, Zürcher Hochschule für Angewandte Wissenschaften (ZHAW).

ASPS

Careum

ARTISET

BGS

mfe

FHV

H+

PharmaCH

SBK / ASI

senesuisse

swissANP

VPOD / SSP

SPITEX

Unia

# Upcoming SCOHPICA conferences

➤ *28 November 2024*

**Ingrid Gilles (CHUV)**

**Sustainable HR management in healthcare: input from the SCOHPICA open comments**

➤ *12 December 2024*

**Nicolas Pons-Vignon & Jason Schneck (SUPSI)**

**Putting Workers at the Heart of the Promotion of Quality Care**

*More on [www.scohpic.ch](http://www.scohpic.ch)*



**New recruitment and 2<sup>nd</sup> follow-up survey just started!**

**From 2<sup>nd</sup> of October 2024,  
participate on:**

**[www.scohpica.ch](http://www.scohpica.ch)**

**For past participants:**

*click on the link in the email that you have received*





**Thank you for your attention**

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Centre hospitalier  
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# SCOHPICA's team

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Hes·so

Haute Ecole Spécialisée  
de Suisse occidentale  
University of Applied Sciences  
Western Switzerland



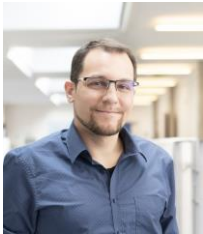
**Prof. Isabelle Peytremann  
Bridevaux**  
Principal investigator



**Prof. Annie Oulevey  
Bachmann**  
Co-investigator



**Dre Ingrid Gilles**  
Co-investigator



**Dr Jonathan Jubin**  
Head of the Healthcare  
professionals cohort (HC)



**Valérie Rezzonico**  
Researcher (HC)



**Sara Geiser**  
Researcher (HC)



**Figen Hatice Ulucan**  
Researcher (HC)



**Dr Emeric Offenstein**  
Head of the Informal  
Caregivers cohort (IC)



**Tiffany Martin**  
Researcher (IC)



**Lucie Escasain**  
Researcher (IC)



**Jessica Hess**  
Researcher (IC)



**Dr Emilie Antille**  
Data manager



**Léonard Roth**  
Statistician



**Maura Soupper**  
Administrative assistant



**Yasumi Katanishi**  
Project admin. coordinator