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Healthcare Professionals in Switzerland: Intention to Stay and Career Trajectories

Jonathan Jubin, Leonard Roth, and Isabelle Peytremann Bridevaux
on behalf of SCOHPICA's team

October 2, 2025

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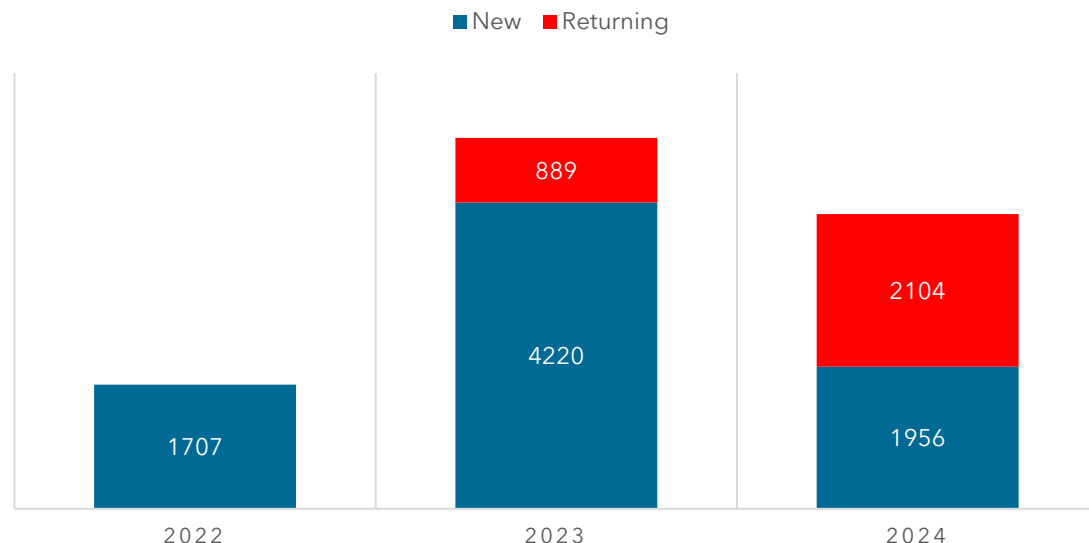
Plan of the presentation

- Brief SCOHPICA-HP update
- Results: Determinants of the intention to stay
- *Questions*
- Results: Healthcare professionals' career trajectories
- Discussion and conclusion
- *Questions*

SCOHPICA-HP Update



SCOHPICA-HP Participants



*Thanks to all participants,
and to the people and
organizations who helped us
promote the questionnaire !*

- The 2025 questionnaire is online !
 - Accessible for **new participants** on scohpica.ch
 - **Participants from previous years** will receive a personal e-mail invitation
- For more information about the project:
 - scohpica.ch (website is being updated, we apologize for any inconvenience)
 - [SCOHPICA-HP Dashboard](#) presents results from 2022 and 2023
 - Contact us on: scohpica@unisante.ch

Brief reminder



Global objective of SCOHPICA-HP

To describe and understand, over time, how **working conditions and professional trajectories** facilitate or prevent healthcare professionals (HPs) from embodying their role, and thus from **staying in their profession**

Part I

HPs' intention to stay in the profession

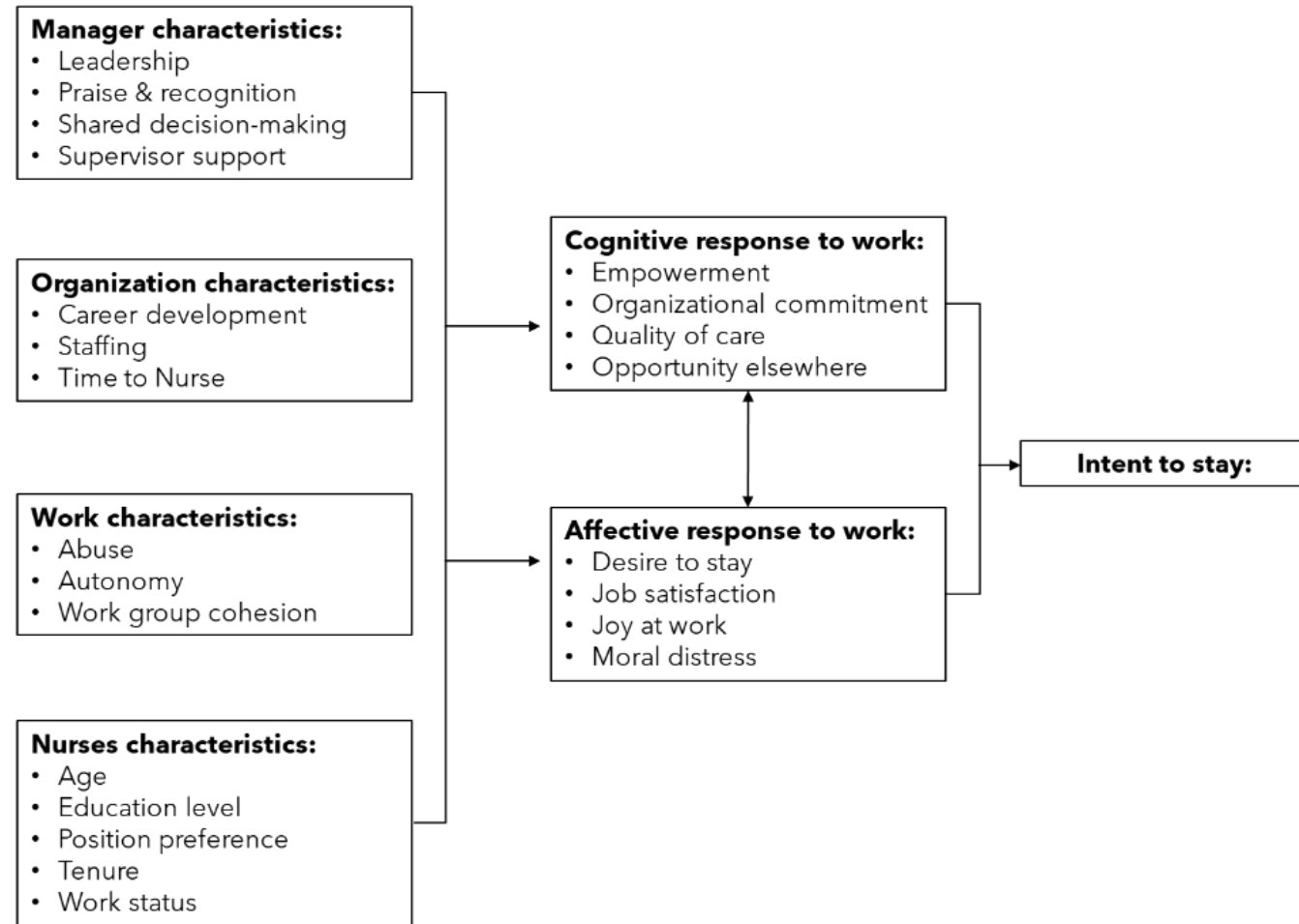
Specific objective

To identify the underlying mechanisms leading HPs to stay in their profession, following the Theoretical Model of Clinical Nurses' Intention to Stay (Cowden & Cummings, 2012)

- 3-steps process
 - Today: Assess and adapt model on SCOHPICA salaried nurses' data
 - Next: Assess model on SCOHPICA salaried participants in other professions
 - Next: Adapt model for SCOHPICA independent participants

Cowden & Cummings' theoretical model of clinical nurses' intent to stay in the profession

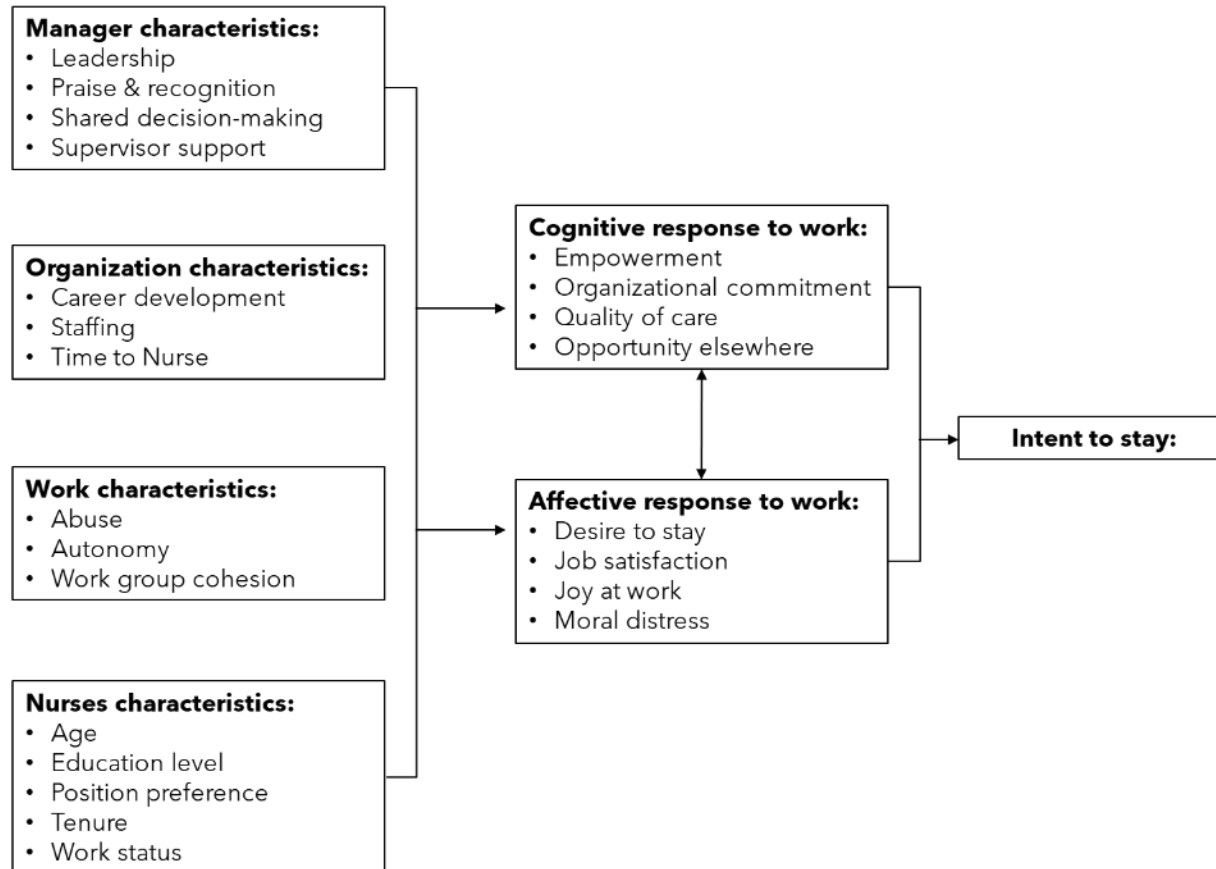
- Model based on literature reviews, but not tested on data
- Objective: assessment and adaptation of the model to SCOHPICA data
- Cognitive response: one's cognitive assessment of their work environment and their alternatives; what one knows/says about their work.
- Affective response: how one feels about their work



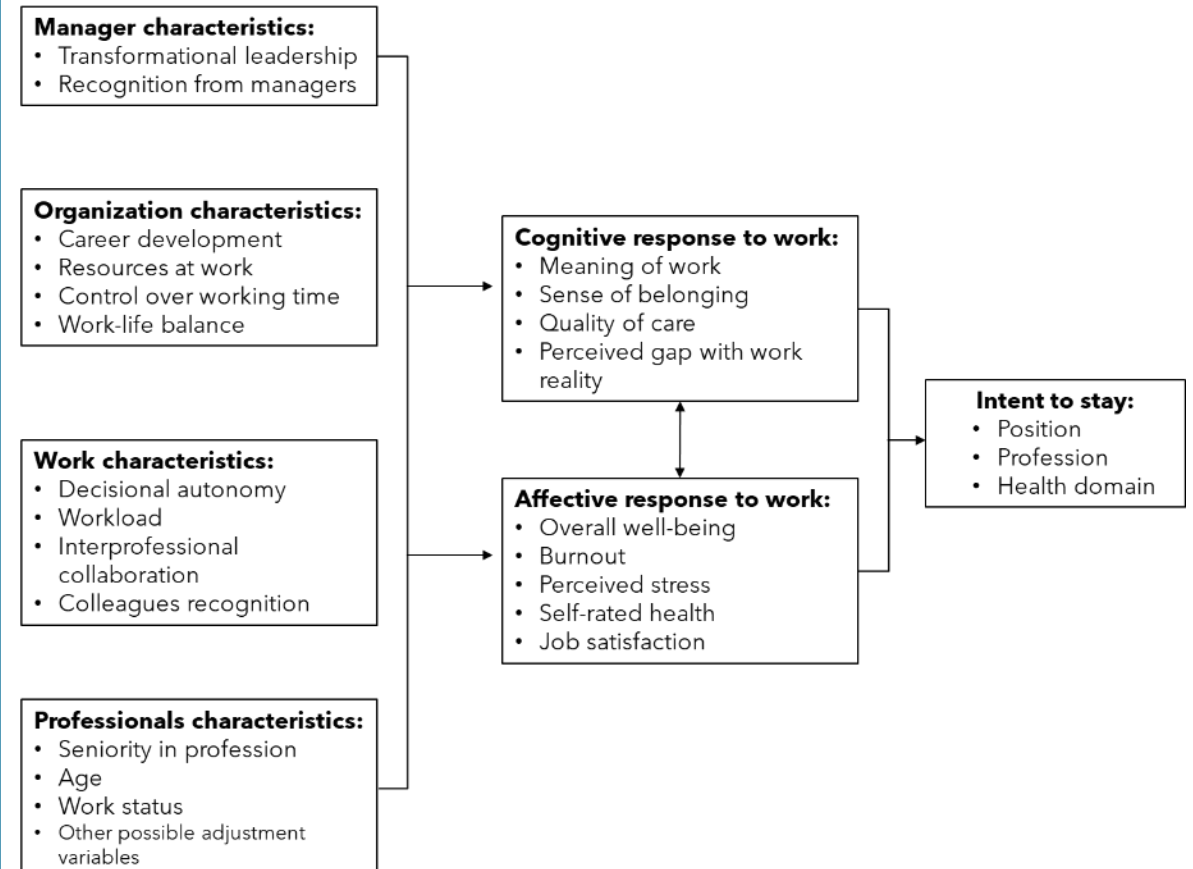
Cowden, T. L., & Cummings, G. G. (2012). Nursing theory and concept development: a theoretical model of clinical nurses' intentions to stay in their current positions. *Journal of advanced nursing*, 68(7), 1646-1657.

Adapted Model

Cowden & Cummings' Theoretical Model of Clinical Nurses' Intention to Stay



Adaptation of the model with determinants measured in SCOHPICA



- Path analysis performed with **R package lavaan**
- All **salaried nurses with complete data in 2023** were included to minimize the uncertainty that incomplete data could generate
- Many **adjustment variables** were assessed
 - Only these with **coefficient $\beta > 0.1$ were retained**

Number of employer/context/canton changes since in activity;

Number of dependent children;

Work domain;

Rate change in last 12 months;

Having had a former profession;

Absences due to work-related illness or injuries;

Gender;

Nationality;

Civil status;

Being an informal caregiver;

Having had an interruption of work of at least 1 year during the last 5 years;

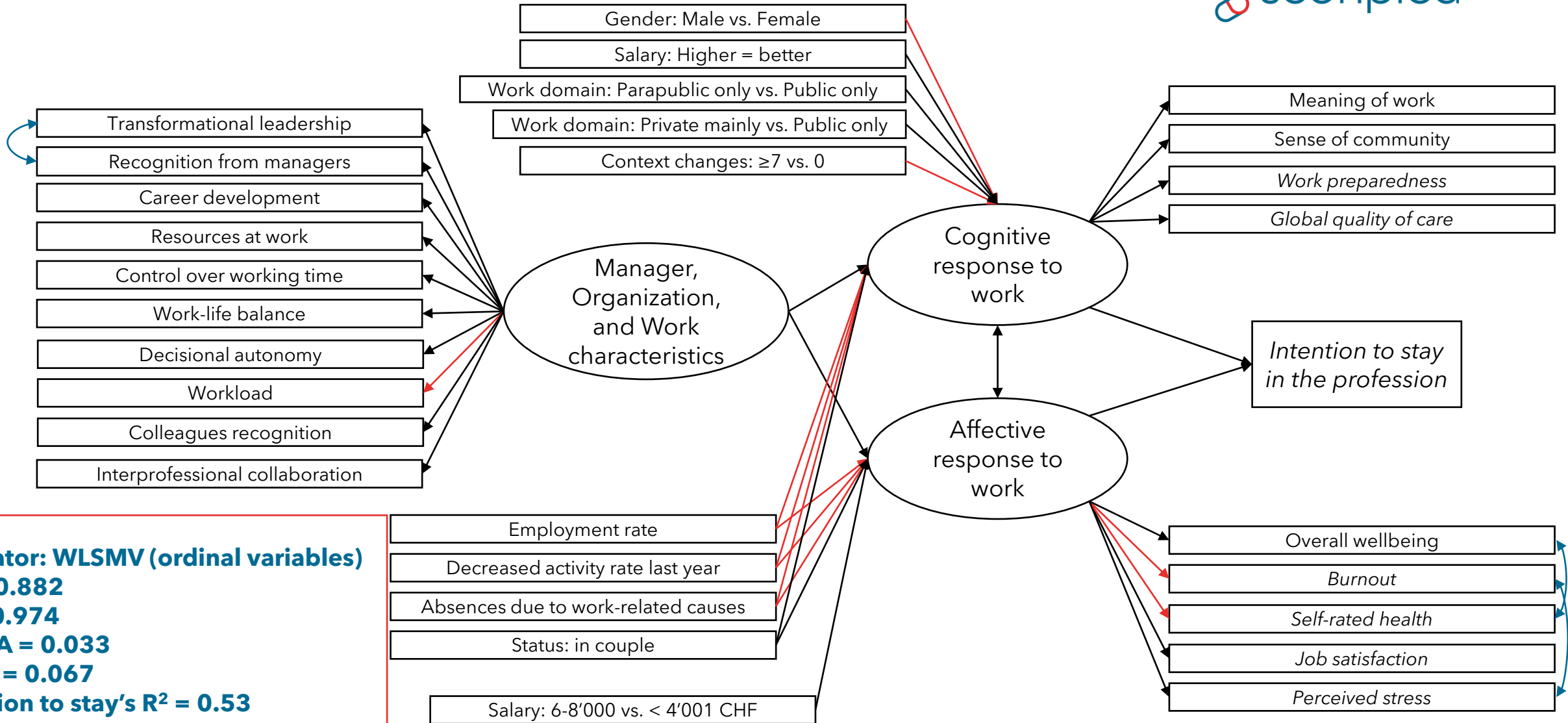
Salary

Sample

- Testing on a specific sample to ease models comparisons
- Baseline 2023 **salariated nurses** with **no missing values** on starting model's variables
- **1037 salariated nurses** from **baseline 2023** included

Variables	Modality	N	Percentage
Gender	Female	862	83.1%
	Male	165	15.9%
	Other or No	10	1.0%
Age	<35	347	33.5%
	Mean: 40.98 35-44	299	28.8%
	SD: 10.41 45-54	242	23.3%
	≥55	149	14.4%
Context (multiple choice)	Public hospital	461	59.9%
	Home care	129	12.4%
	CMS	91	8.8%
	Private hospital	84	8.1%
Language	DE	393	37.9%
	FR	605	58.3%
	IT	39	3.8%
Profession	Advance practice nurse	37	3.6%
	Diplomed nurse	750	72.3%
	Specialized nurse	250	24.1%

SCOHPICA Model



Italics: 1-item variables considered as ordered by the model. Removed adjustment variables with a coefficient < 0.1. Red arrows indicate negative links.

New model's parameters



Indicators	Std.all
Manager, organization, and work's characteristics	
Hierarchy support	0.559
Hierarchy recognition	0.624
Development	0.510
Resources	0.684
Control	0.489
Work-life balance	0.580
Influence	0.564
Workload	-0.447
Colleagues recognition	0.394
Interprofessional collaboration	0.394
Cognitive response	
Meaning	0.406
Community	0.528
Work preparedness	0.281
Global quality of care	0.705
Affective response	
Flourish	0.645
Burnout	-0.787
Stress	-0.674
Health	0.519
Satisfaction	0.857

Regression coefficients	Std.all
Cognitive response	
Manger, organization and work's Characteristics	0.858
Personal characteristics:	
Employment rate	-0.134
Work domain: only parapublic	0.124
Work domain: mainly private	0.137
Decreased rate	-0.128
Absences due to work causes	-0.135
Male	-0.103
Status: In couple (married, etc.)	0.110
Salary: 4-6'000 CHF	0.162
Salary: 6-8'000 CHF	0.231
Salary: > 8'000 CHF	0.242
Context changes: 7 or more	-0.108

Regression coefficients	Std.all
Affective response	
Manger, organization and work's Characteristics	0.700
Personal characteristics:	
Employment rate	-0.184
Decreased rate	-0.148
Absences due to work causes	-0.224
Status: In couple (married, etc.)	0.134
Salary: 6-8'000 CHF	0.140

Regression coefficients	Std.all
Intention to stay	
Cognitive response	0.301
Affective response	0.479

Covariance	Std.all
Cognitive response	
Affective response	0.105

- All latent variables were well represented by indicators
- Cognitive and affective responses are mostly predicted by Manager, organization and work's characteristics
- Intention to stay is well predicted by both responses

For dummy variables, modalities with a coefficient <0.1 are included in the model, but are not shown here for the sake of parcimony.

Big picture

- **All the Managers, organization, and work's characteristics** are important to increase cognitive and affective responses to work, which in turn affect intention to stay in the profession
 - **Recognition from superior, Resources, and Work-life balance** are the most influential
 - Workers' characteristics are comparatively of little importance, except for **salary** and **past absences due to work causes**
- **Quality of care** is an important indicator of what nurses think of their work
- **Satisfaction** and **burnout symptoms** are important indicators of how their work affects nurses

Discussion

- The healthcare system has **many levers** at its disposal to support nurses' intention to stay in the profession
- **Priorities** might be given to
 - Establishing a positive **relationship with superiors**;
 - Providing sufficient **resources** (time, staffing, material);
 - And adopting when possible work organizations that foster **work-life balance**
- **Quality of care** should be closely monitored with additional consideration for how nurses and other HPs perceive it
- **Limitations** will be discussed at the end of the presentation

Next steps

- Validating this model on 2024 SCOHPICA nurses data
- Extending it to all healthcare professions
- Qualitative phase of SCOHPICA to begin this fall/winter
 - Its results will then be integrated with quantitative results so each can enlighten the other



Thank you !

**Questions about
this part?**

Part II

HP's career trajectories

Specific objective

To fully characterize the career trajectories of healthcare professionals from their training to their present situation

Today: introduction and preliminary results

Life history calendar

Five life domains:

- Living place
- Education
- Employment
- Personal relationships
- Health

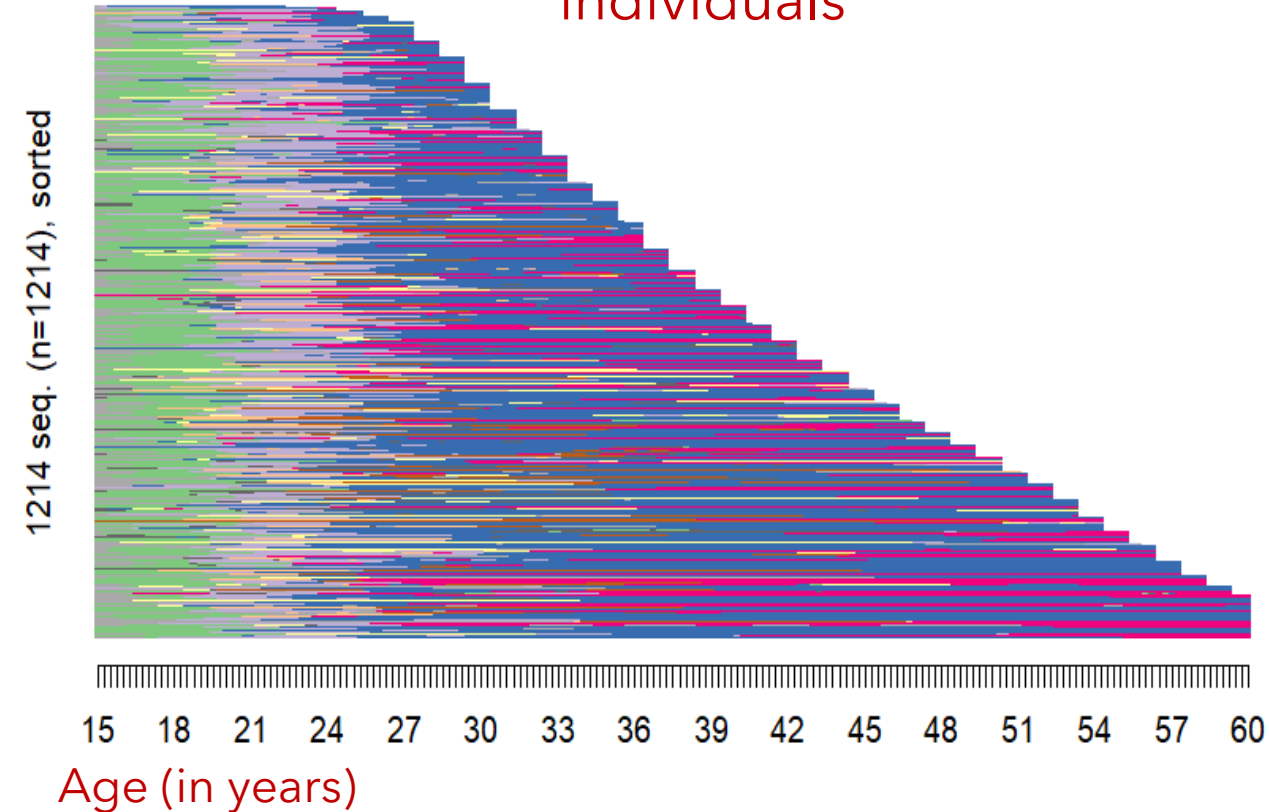
	Année ▾	Trimestre	Âge	Lieu de vie	Formation	Activité principale	Activité secondaire	Relations perso...	Santé
	2013	Jan. à Mars	15	VD	Master	En formation			
		Avril à Juin							
		Juil. à Sept.							
		Oct. à Déc.							
	2014	Jan. à Mars	16						
		Avril à Juin							
		Juil. à Sept.				En recherche d'emploi			
		Oct. à Déc.							
	2015	Jan. à Mars	17	Allemagne					
		Avril à Juin							
		Juil. à Sept.							
		Oct. à Déc.							
	2016	Jan. à Mars	18			En activité	En formation		
		Avril à Juin							
		Juil. à Sept.			MBA				
		Oct. à Déc.							

Data collection

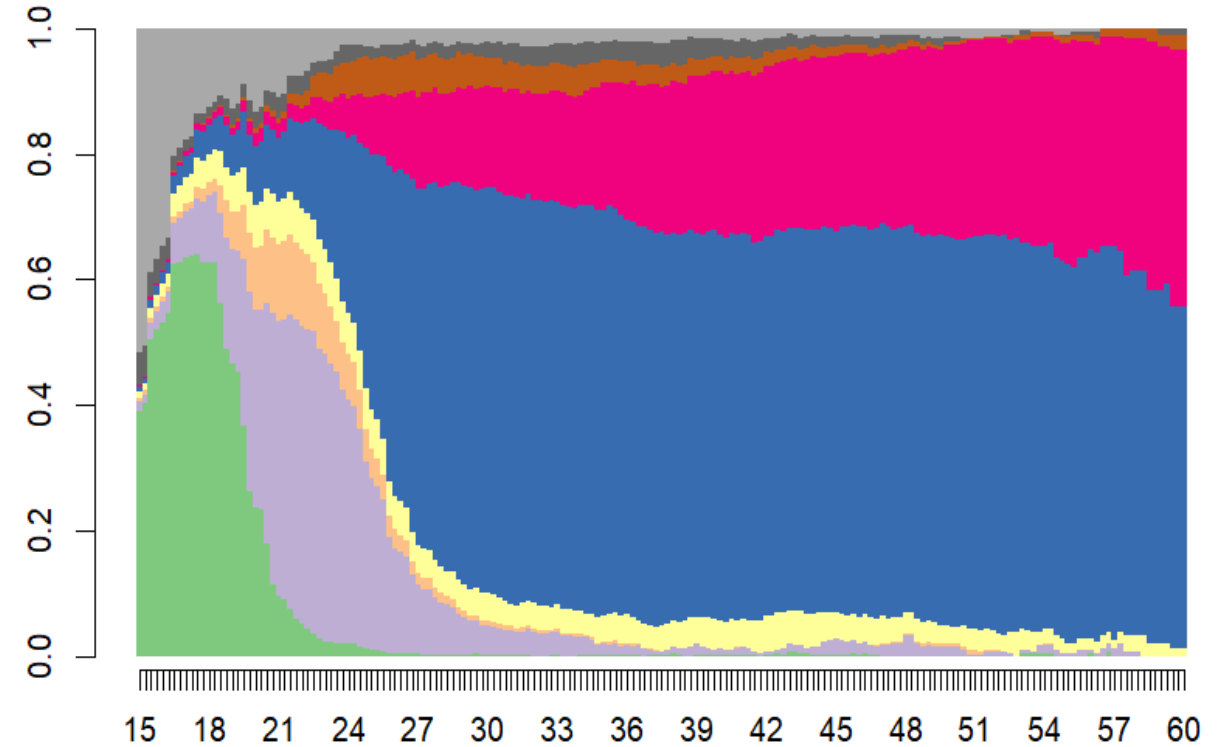
- Life history calendar data was collected for 1576 participants in 2024 (some incomplete).
- This corresponds to 22'995 periods/events registered across five life domains.
- New data collection (2025) starting next week.

Visualize trajectories

Sample of 1'214
individuals



Proportion of
participants at each
time point

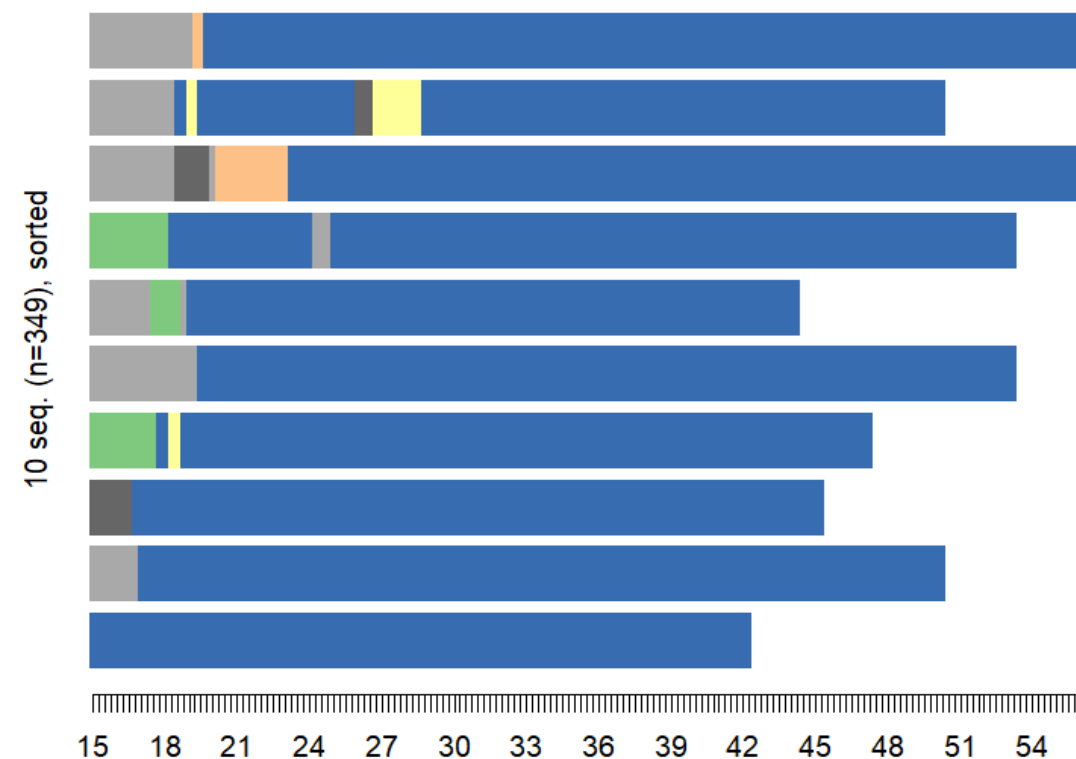
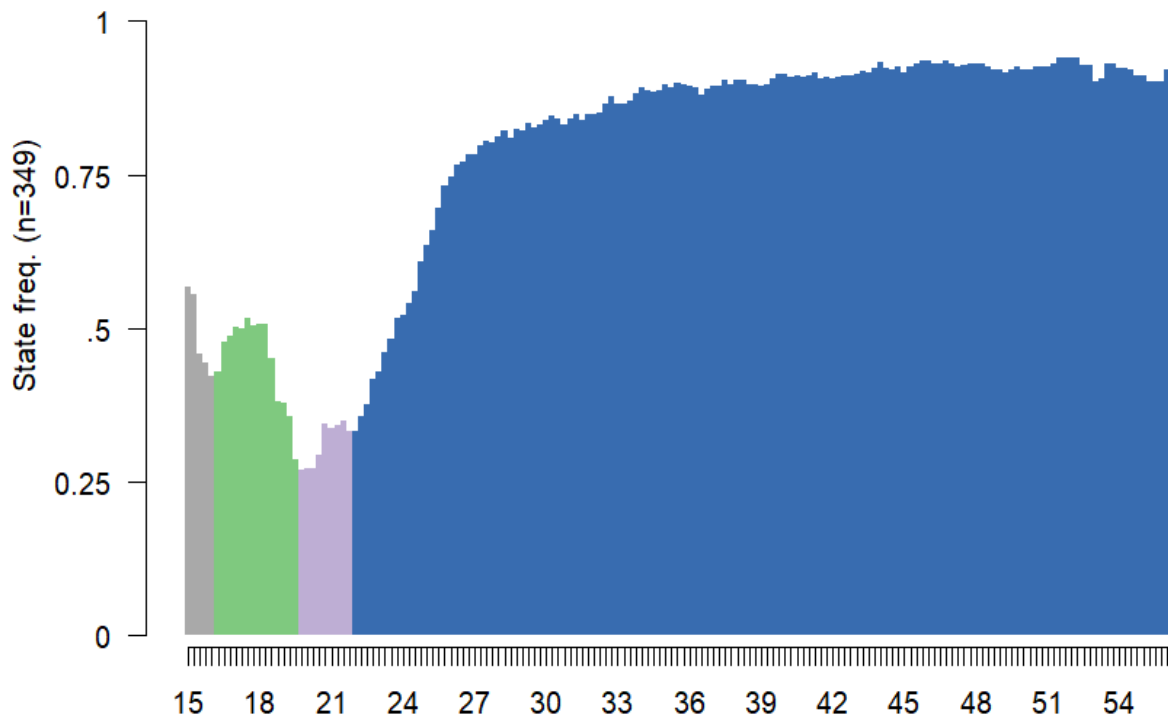


- | | | |
|-------------------------|---------------------------|-------------------------|
| Non health education | Non health work | Foreign health work |
| Swiss health training | Public Swiss health work | Not economically active |
| Foreign health training | Private Swiss health work | missing |

Typology: first cluster

Early and stable careers in Swiss public institutions (n=349)

Modal state sequence (0 occurrences, freq=0%)

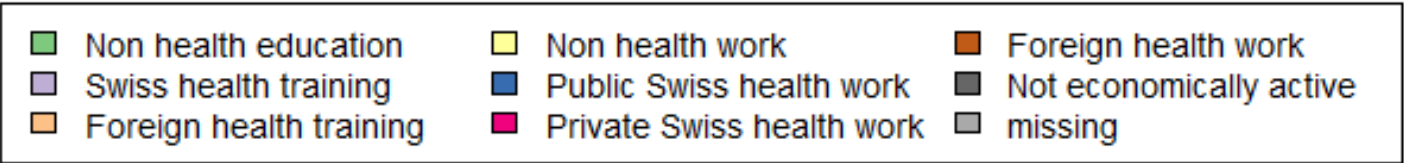
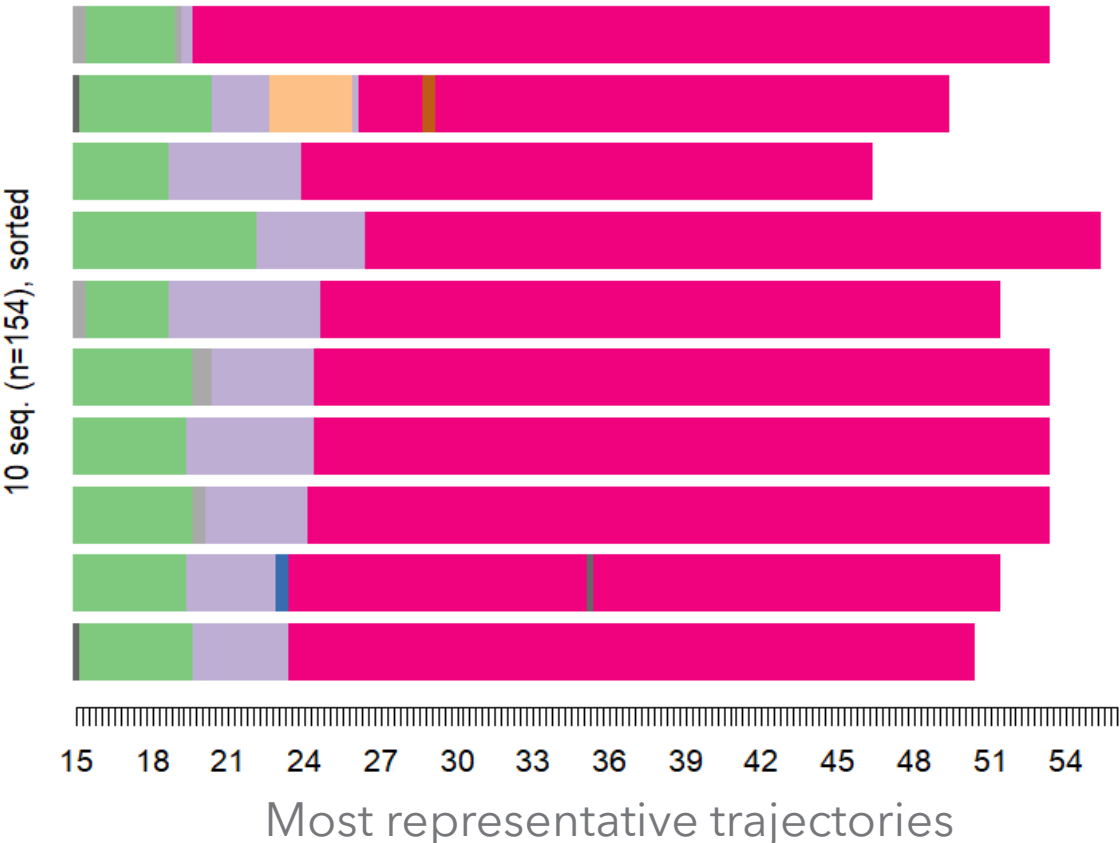
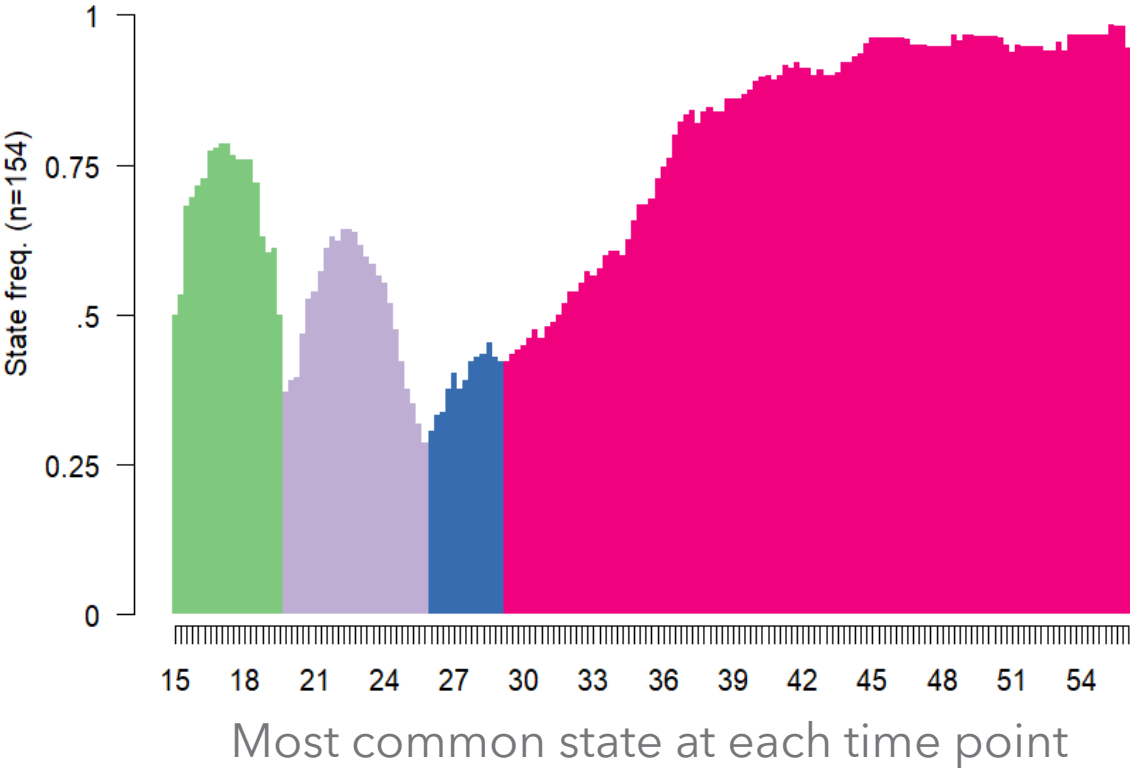


- | | | |
|-------------------------|---------------------------|-------------------------|
| Non health education | Non health work | Foreign health work |
| Swiss health training | Public Swiss health work | Not economically active |
| Foreign health training | Private Swiss health work | missing |

Typology: second cluster

Long careers in Swiss private institutions (n=154)

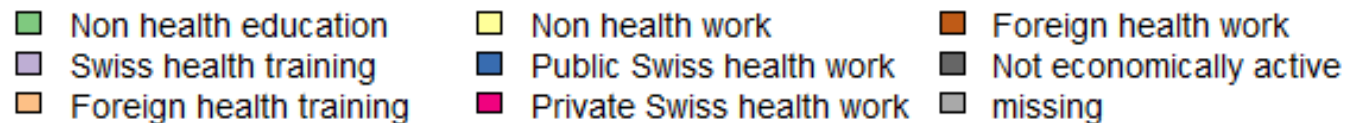
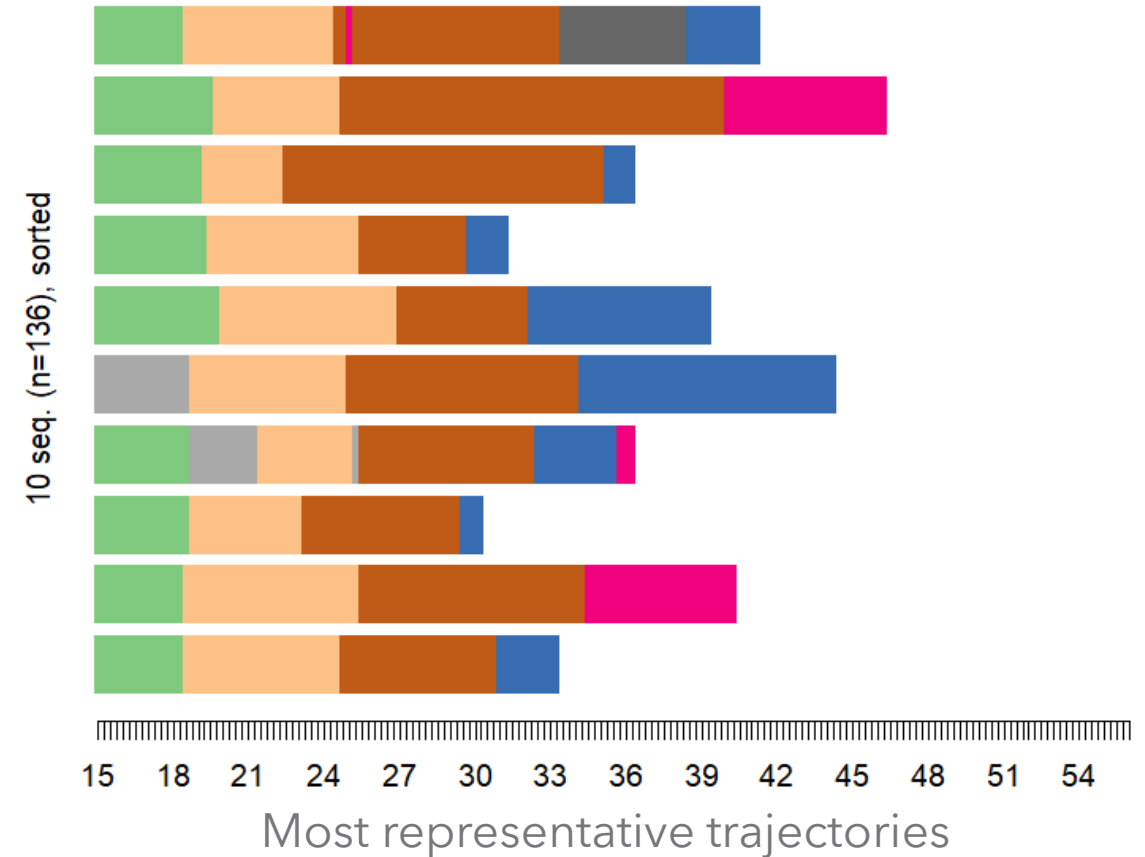
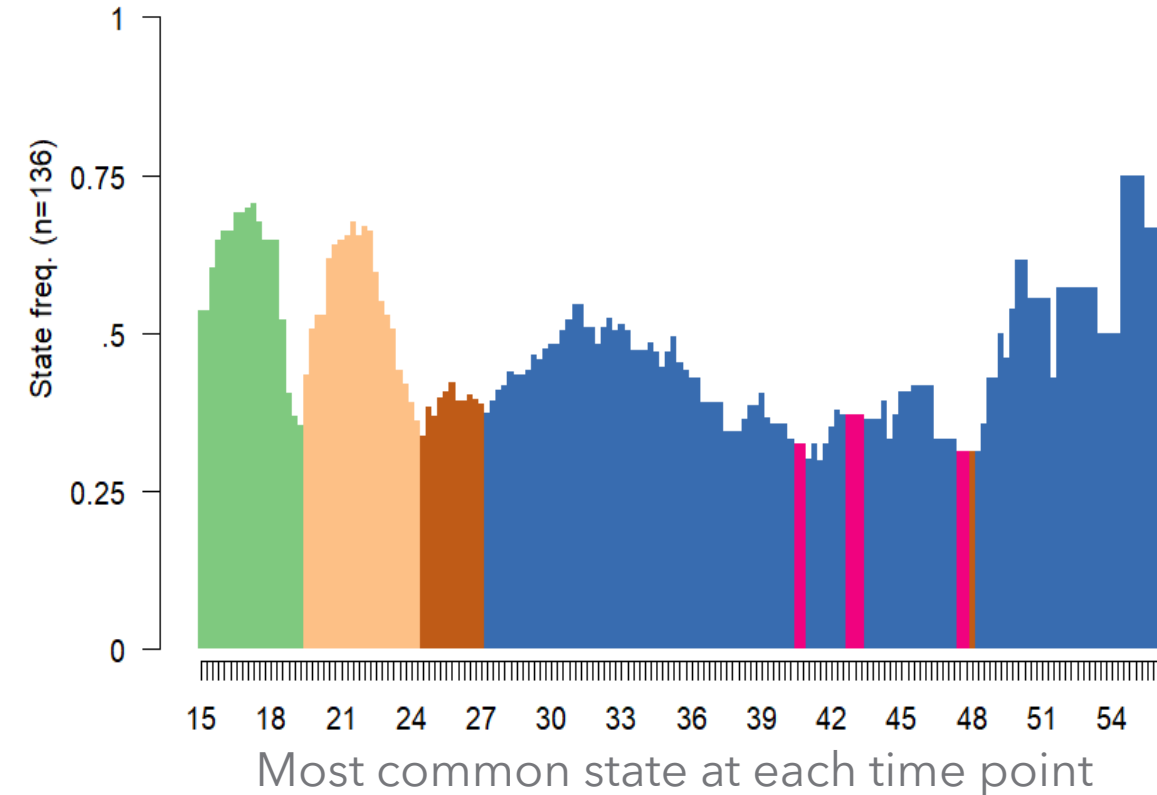
Modal state sequence (0 occurrences, freq=0%)



Typology: third cluster

Foreign training and foreign work (n=136)

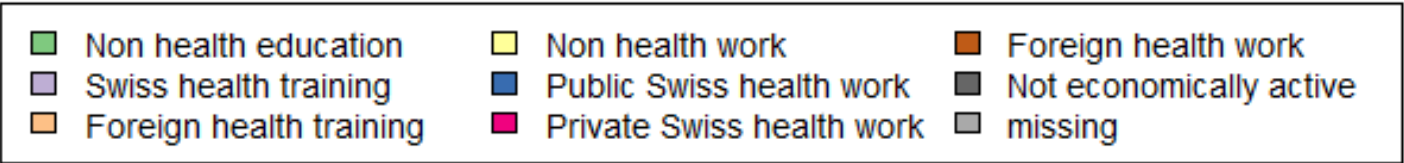
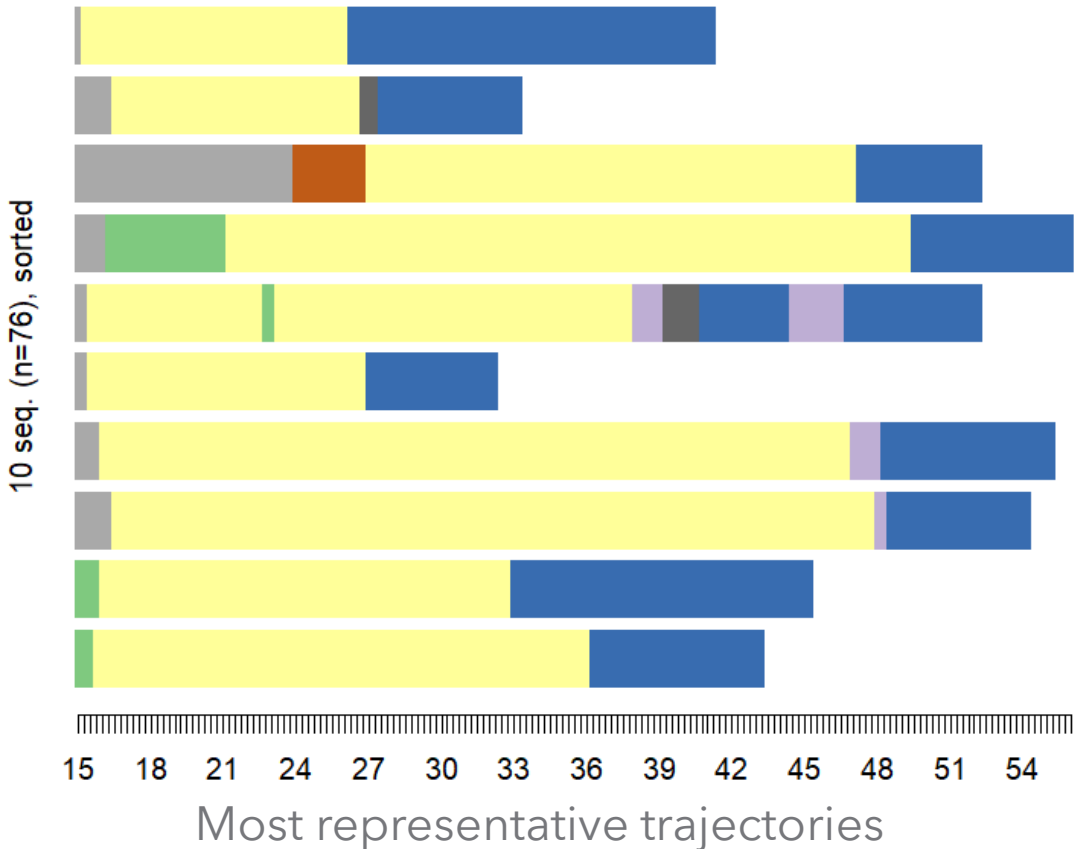
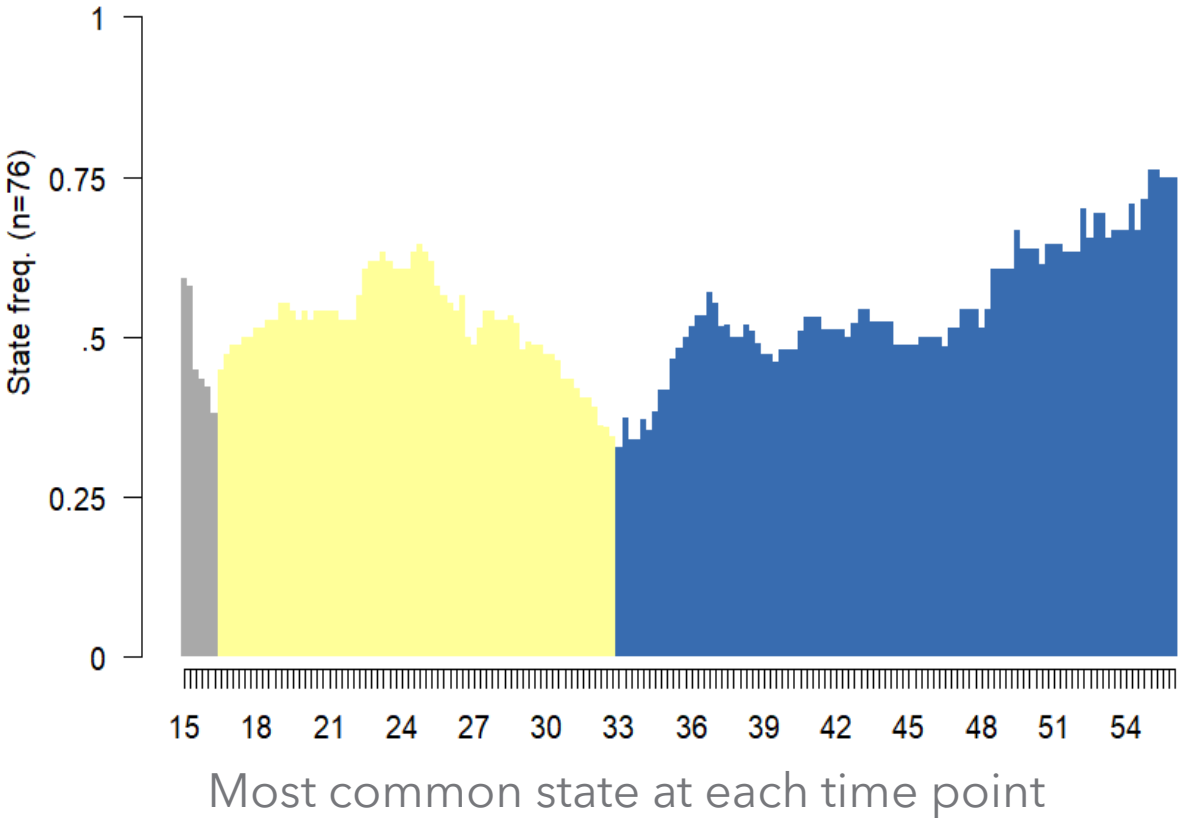
Modal state sequence (0 occurrences, freq=0%)



Typology: fourth cluster

Non-health work before entry in the health workforce (n=76)

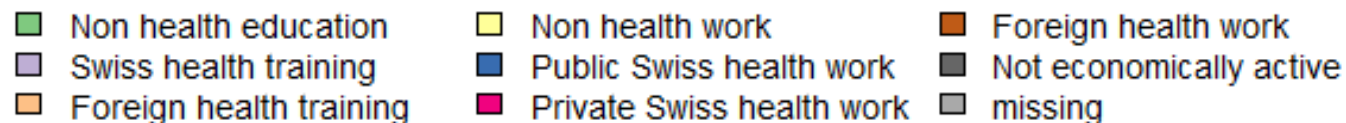
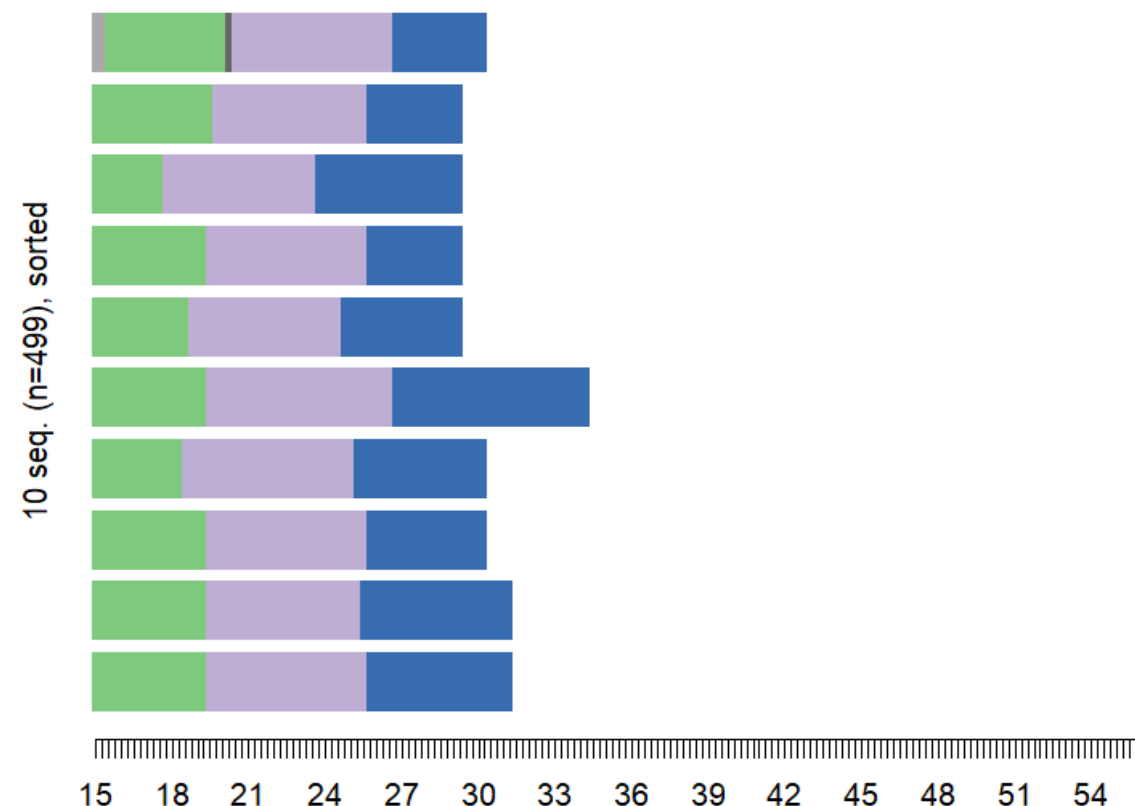
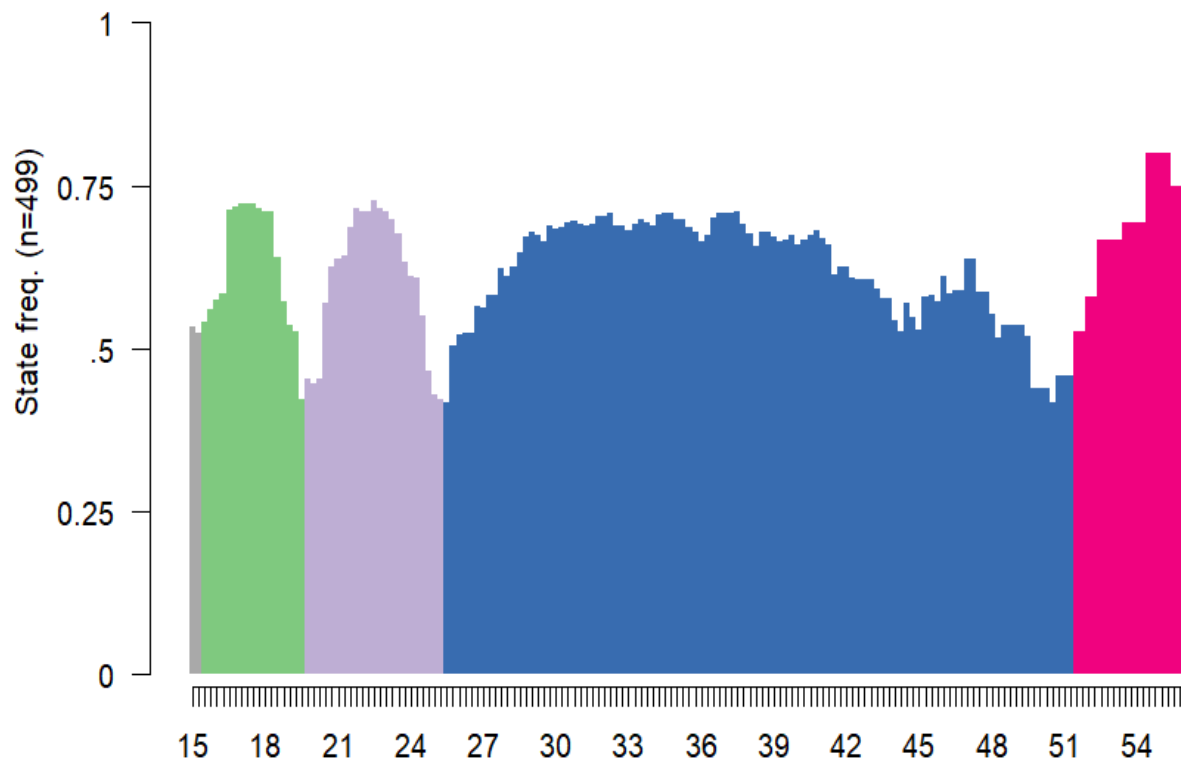
Modal state sequence (0 occurrences, freq=0%)



Typology: fifth cluster

More time in education before work in Swiss public institutions (n=499)

Modal state sequence (0 occurrences, freq=0%)



Cluster characterization

Cluster 1 Early and stable careers in Swiss public institutions	+ women, German speakers, registered and specialized nurses
Cluster 2 Long careers in Swiss private institutions	+ managerial responsibilities, salary, intent to stay, physicians, physiotherapists - employees, night shifts
Cluster 3 Foreign training and foreign work	+ foreigners, registered nurses, physicians - German speakers, well-being, intent to stay
Cluster 4 Non-health work before entry into the health workforce	+ night shifts, paramedics - women
Cluster 5 More time in education before work in Swiss public institutions	+ women, physicians, young professionals - foreigners, managerial responsibilities

Research plan

How are different types of recent employment histories related with the intent to stay in the profession?

Which are the characteristics of career trajectories most strongly associated with turnover intentions in the health workforce?

Research plan



How are different types of recent employment histories related with the intent to stay in the profession?

Which are the characteristics of career trajectories most strongly associated with turnover intentions in the health workforce?

What are the typical early career trajectories after training to be a registered nurse?

What are the typical career paths taken by physicians in SCOHPICA up to a certain age?

Research plan

How are different types of recent employment histories related with the intent to stay in the profession?

Which are the characteristics of career trajectories most strongly associated with turnover intentions in the health workforce?

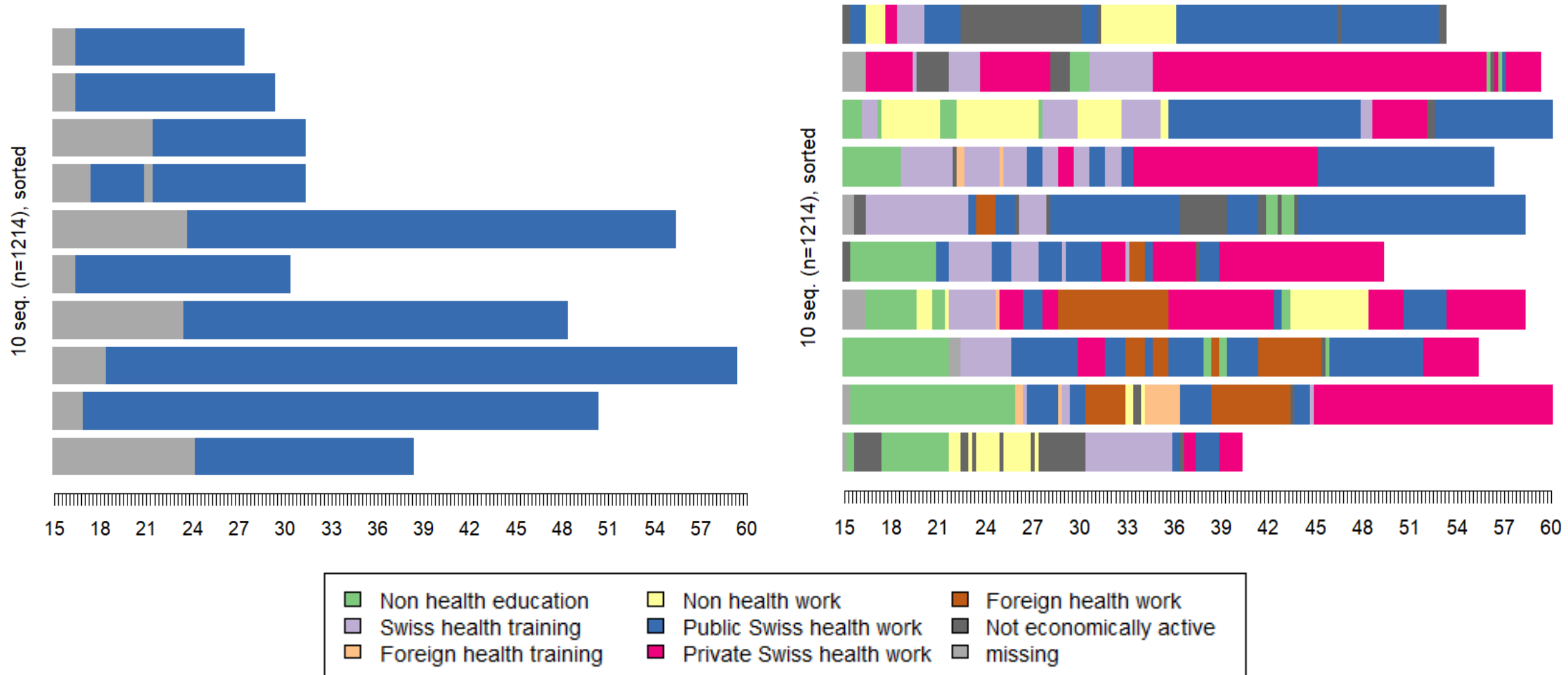
What are the typical early career trajectories after training to be a registered nurse?

What are the typical career paths taken by physicians in SCOHPICA up to a certain age?

Involves:

- Stratifying by profession or professional group.
- Selecting a time period.
- Considering relocations, initial and further training, job changes, evolution of context and professional status, periods of inactivity, changes in activity rate, burnout, etc. (all information available in our data).

Trajectories' stability





**Questions or
suggestions on these
results and the
direction of research?**

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
 - Risk that people answering the questionnaire differ from those not-answering
- Self-reported data
 - Risk of recall and social desirability bias, which may lead to measurability bias

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A word cloud of various Swiss medical and healthcare associations. The background is a dense collection of names in different sizes and orientations. Overlaid on this are several blue callout boxes, each containing the name of a specific association in white capital letters. The associations highlighted are: Careum, ARTISET, mfe, BGS, FHV, H+, PharmaCH, senesuisse, SBK / ASI, swissANP, VPOD / SSP, SPITEX, and Unia.

Highlighted Associations:

- Careum
- ARTISET
- mfe
- BGS
- FHV
- H+
- PharmaCH
- senesuisse
- SBK / ASI
- swissANP
- VPOD / SSP
- SPITEX
- Unia

Upcoming SCOHPICA conferences

➤ *6 November 2025*

Nicola Cianferoni (SECO)

Working conditions in the health sector compared to the general working population (temporary title)

➤ *27 November 2025*

On informal caregivers!

More information and 2026 program soon available on www.scohpic.ch



New recruitment and 3rd follow-up survey just started!

**From 1st of October 2025,
participate on:**

www.scohpica.ch

For past participants:

use the link in the email that you will soon receive from us