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Coorte svizzera di professionisti della salute e familiari curanti

Quality of Care, Work Environments and Advanced Nursing Practice:

New Findings from the SCOHPICA Project

Isabelle Peytremann-Bridevaux, Arthur Escher, Figen Ulucan, Patrick Teixeira Machado & the SCOHPICA team

8 October 2026

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The SCOHPICA project

by

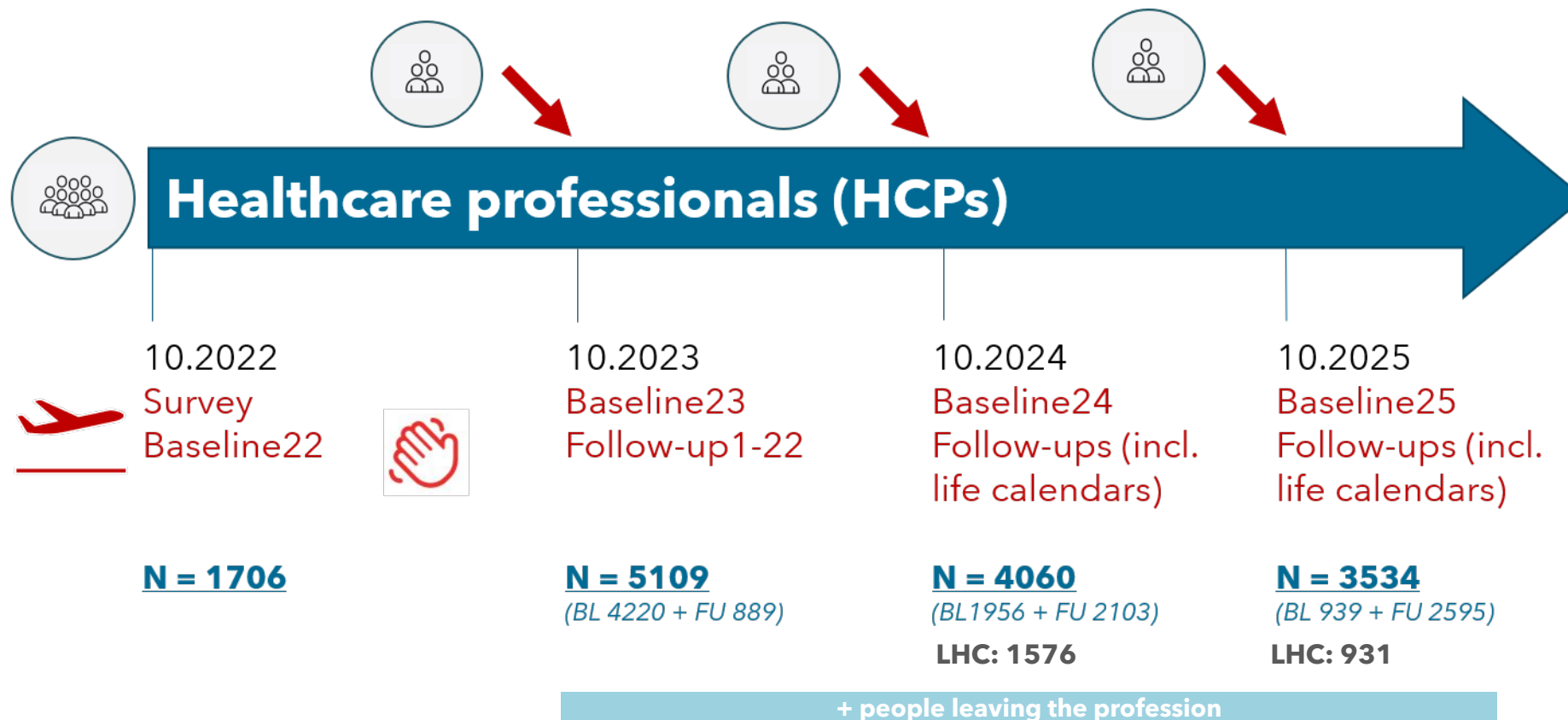
Isabelle Peytremann-
Bridevaux

Global objectives



- 1) To describe and understand, over time, how specific professional trajectories and experiences facilitate or prevent health professionals from embodying their role, and thus from staying in/leaving their job.
- 2) To provide rich and up-to-date data and results on health professionals, to various health and healthcare stakeholders, at the national, regional or cantonal level

Electronic questionnaires (incl. life history calendars)
Semi-structured interviews & focus groups



Next recruitment and follow-up:

October 1 2026

January 31 2027

Baseline sample sizes

Baseline 2022: **1'706**

Baseline 2022-23: **5'926**

Baseline 2022-23-24: **7'882**

Baseline 2022-23-24-25: **8'821**

Online surveys

- **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, perceived workload, possibilities for professional development, staffing and resource adequacy, influence at work, recognition at work, meaning of work, interprofessional collaboration, burnout, preparedness to work reality, perceived quality of care, & others

The participants ;



are women

78%



are informal caregivers

35%



have Swiss nationality

80%



are under 35 years old

31%



work in public hospitals

36%



are cohabiting, in a
registered partnership, or
married.

55%



participated in SCOHPICA

for the first time
in 2022, 2023, or 2024

7883



have children

56%



The average number of
working hours per week
is 38,6.

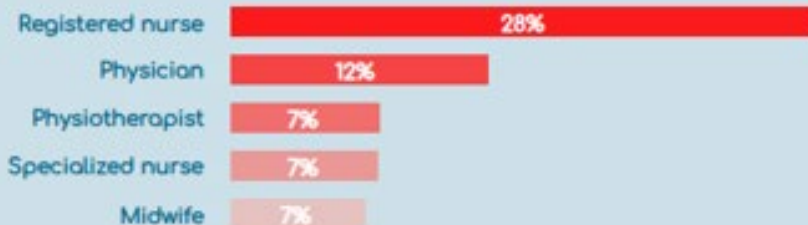
38,6



have been working in the
profession for 20 years or
more

34%

The 5 most represented professions in SCOHPICA



work daytime shifts only

63%

1. Quality of care as perceived by healthcare professionals

by
Arthur Escher

Objectives

- 1) to assess **quality of care** throughout Switzerland as perceived by a variety of healthcare professionals, according to their **profession** and **care setting**
- 2) to identify the **factors associated** with perceived quality of care, **first by profession and then by care setting**

Methods

Main outcome:

Healthcare professionals' perception of the overall quality of care provided in their workplace

	Poor	Rather poor	Average	Good	Excellent
"How would you generally describe the quality of care provided to patients in your institution/practice/health center?"	Unsatisfactory			Satisfactory	

Baseline 2023 + 2024

Methods

Variables

- Professions (11 categories)
- Care Settings (11)
- Sociodemographic and socioprofessional factors (7)
 - Age, gender, language, employment rate...
- Factors associated with quality of care (13)
 - Score for workload, resources, work-life balance, control over working time, collaboration...

Analysis

- Descriptive
- Logistic regression to isolate the effect of variables

Results – Sample characteristics

 Total participants = 5887

 63% Swiss nationality

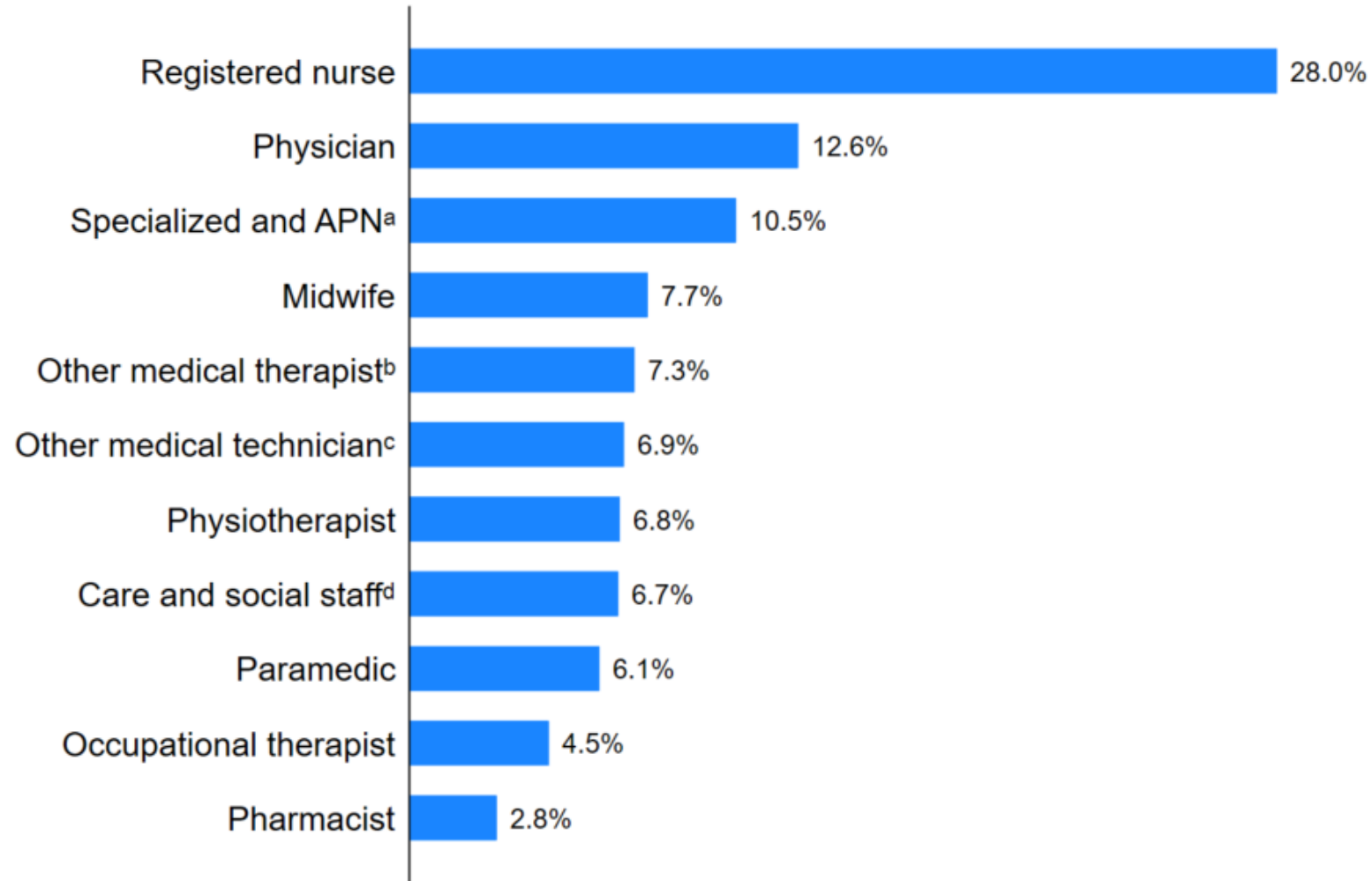
 Mean age: 42 years
(range : 18-74)

 33% Working full-time (100%)

 78% Women

 53% responded in French
42% in German
5% in Italian

Healthcare professions (N= 5887)



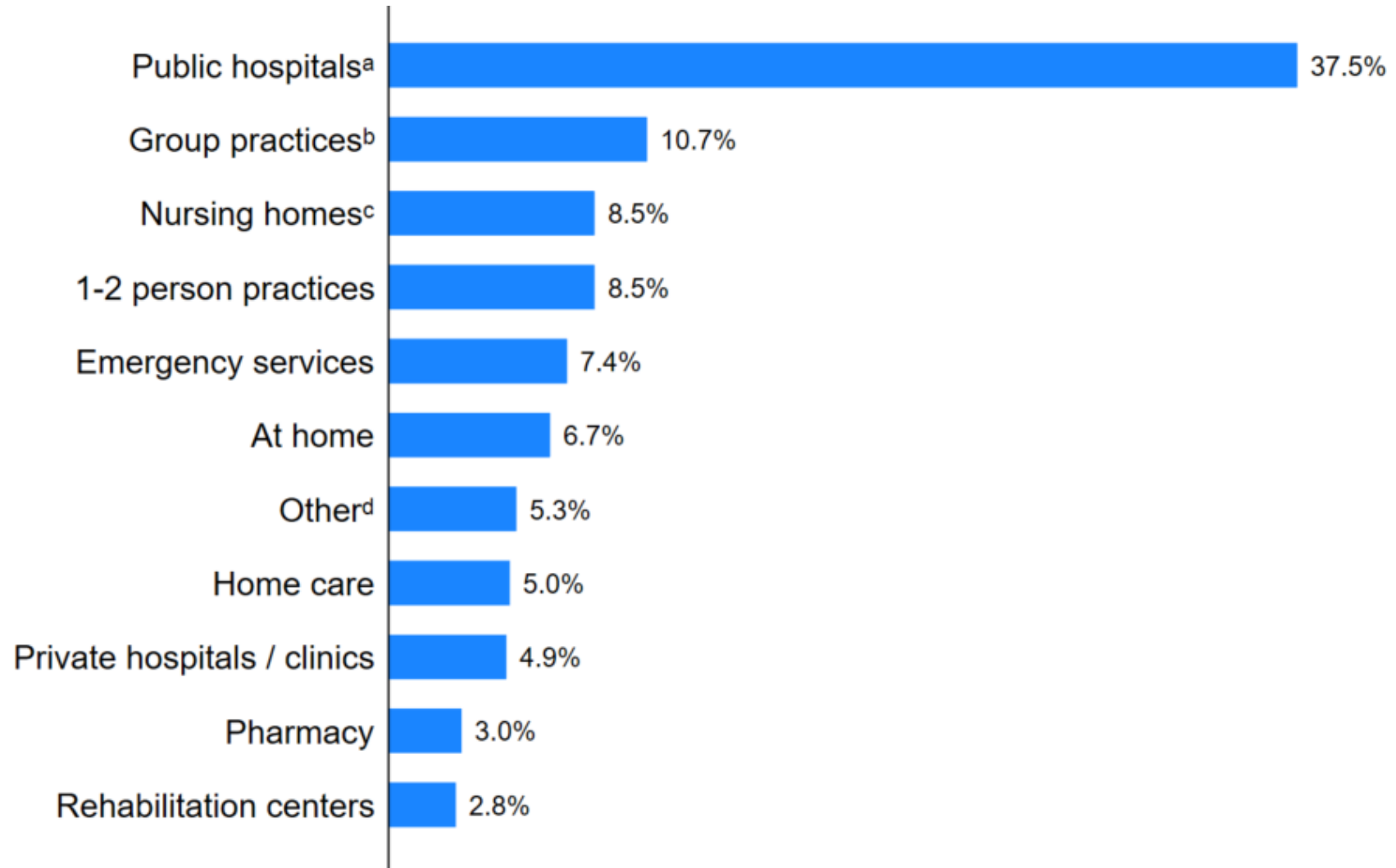
^a APN = advanced practice nurse

^b Chiropractors + Dietitians + Speech therapists + Osteopaths + Podiatrists + Psychologists + Psychologist-psychotherapists

^c Pharmacy assistants + Medical assistants/secretaries + laboratory technicians + Radiologic technicians + Operating room technicians

^d Social care assistants + Auxiliary and Intermediate nursing staff

Care settings (N = 5887)



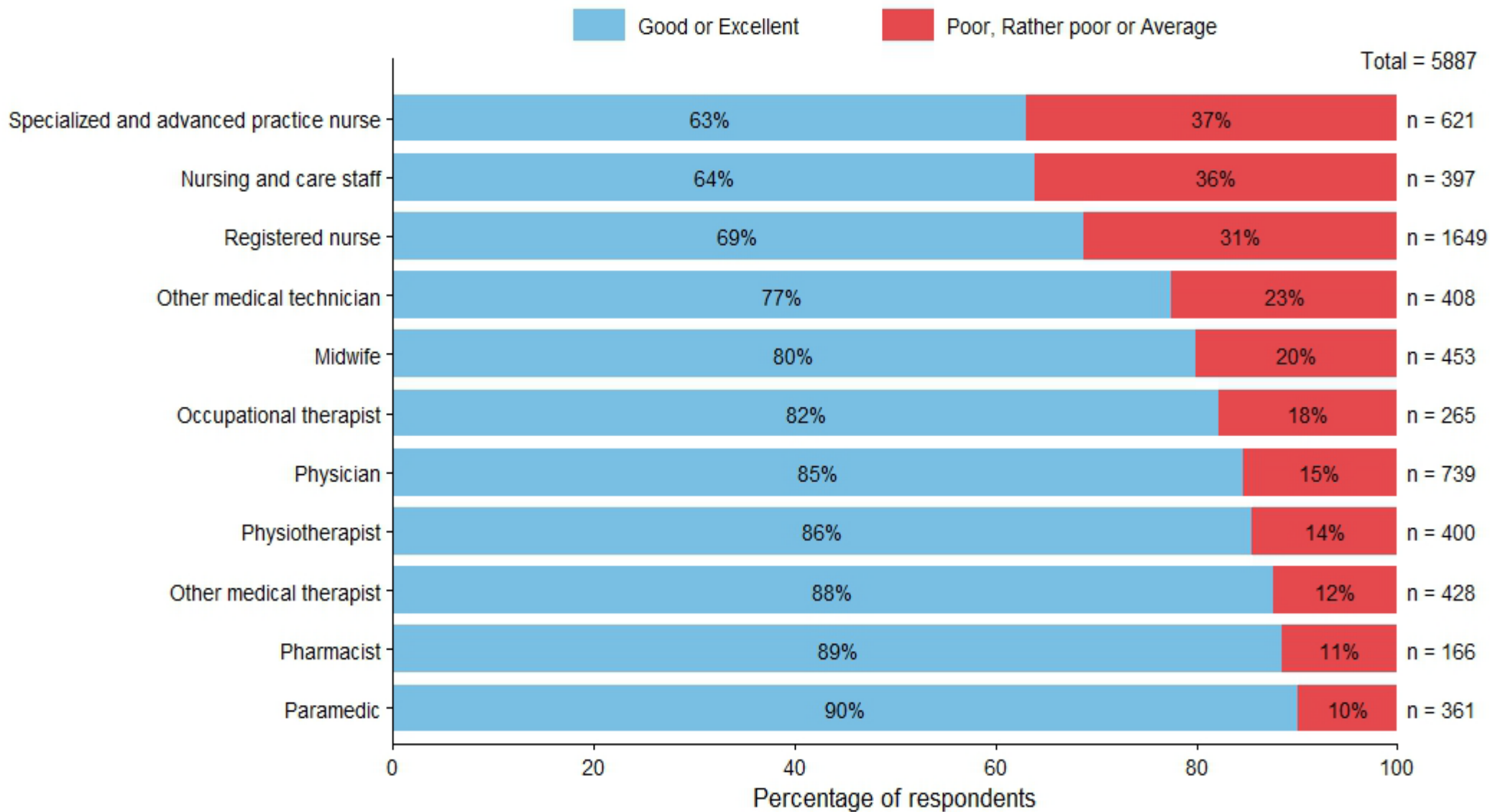
^a Including 39 birth centers

^b Including 58 health centers

^c Including 67 institutions for dependent people

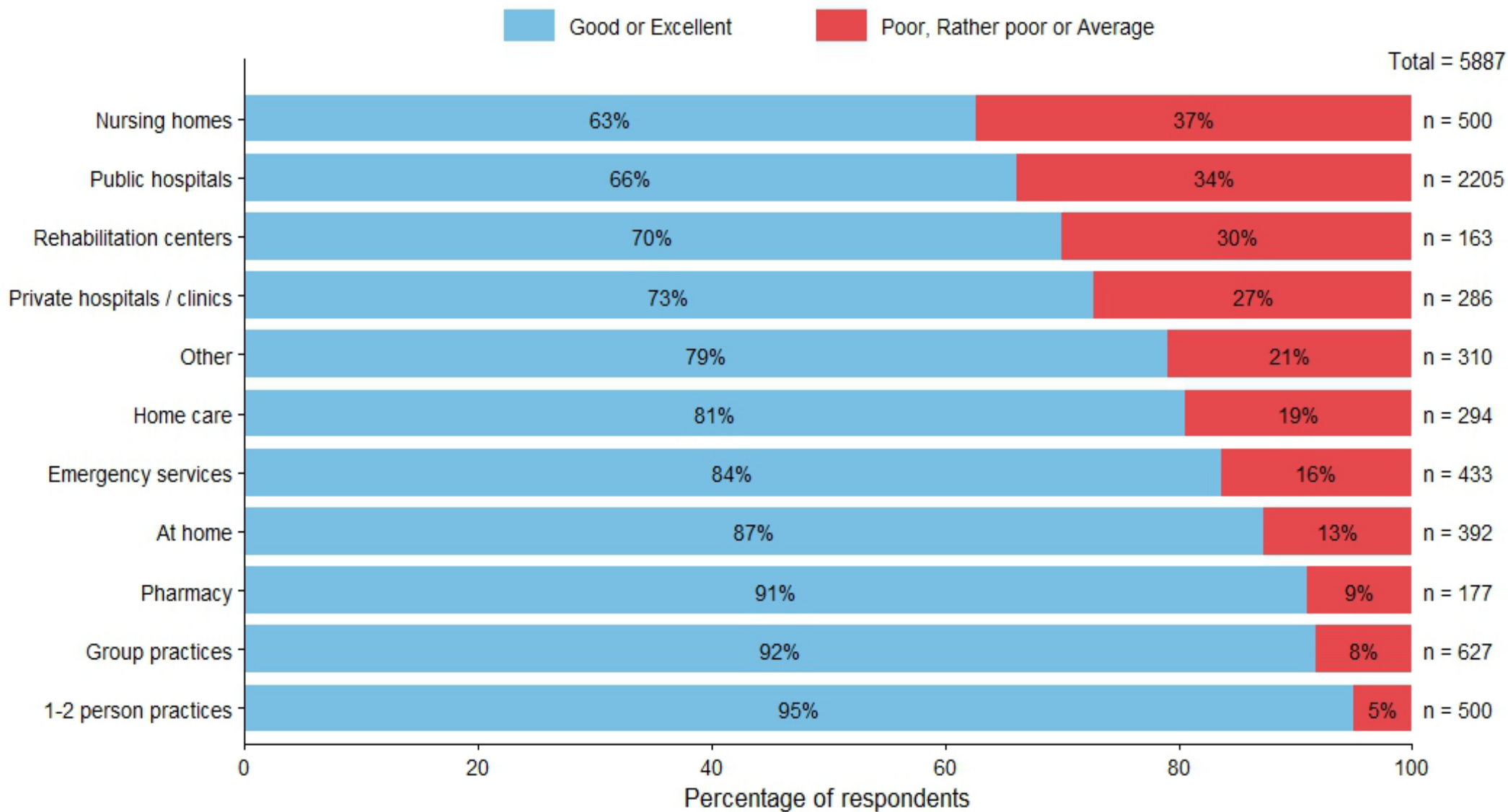
^d Private company + Medical laboratory + School setting + NGO/Foundation + Correctional facility + Asylum setting + Insurance + Public health services + ... (11 in total)

Perceived quality of care provided to patients, by profession



Overall, perceived quality of care is relatively high with substantial differences across groups
Lower perceived quality of care among nursing professions

Perceived quality of care provided to patients, by care setting



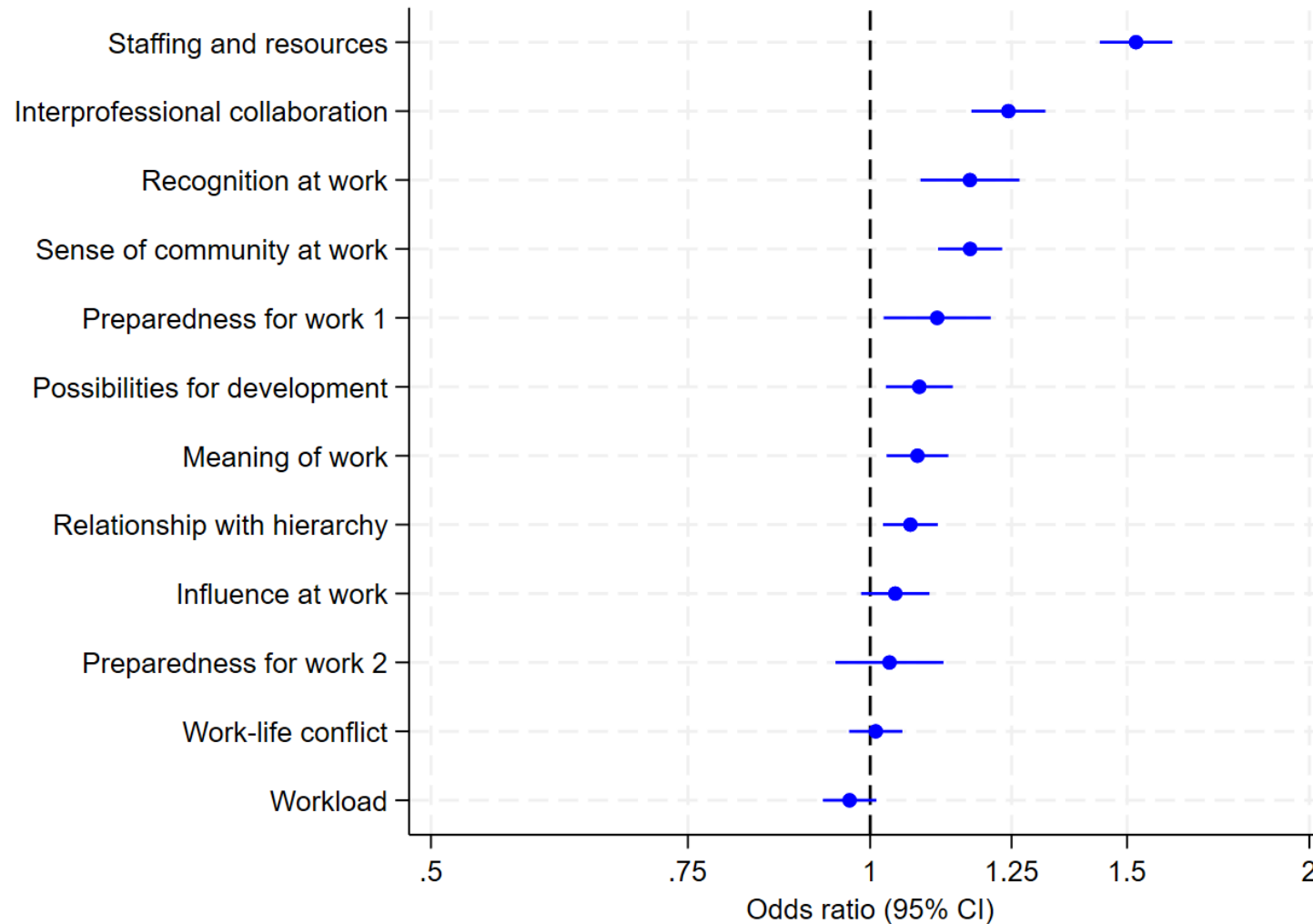
Marked variation across care settings

Lower ratings in institutional settings, highest in smaller care settings

Logistic regression

- Examines the association of a factor to the outcome, while accounting for other factors
- Outcome = odds of perceiving the quality of care as **satisfactory**
- Results for employee only, $N = 4075$

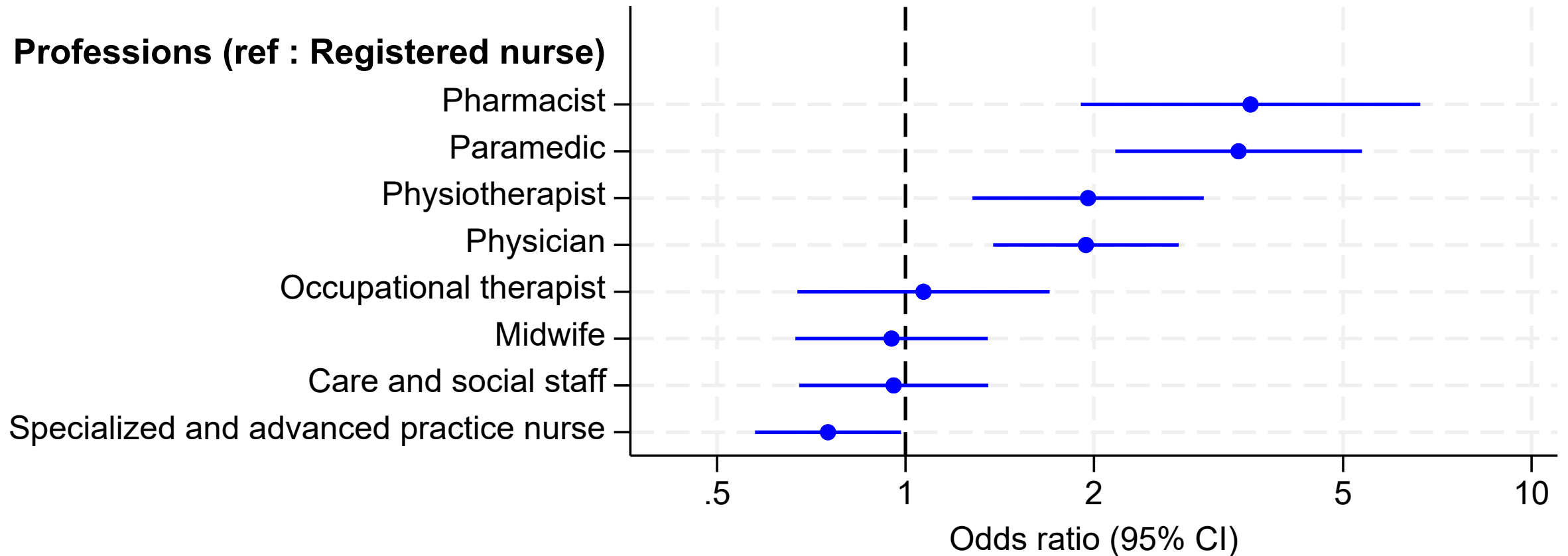
Working factors associated with quality of care (adj. ORs)



Preparedness for work
1) For the realities of practice
2) Use full extension for practice

Logistic regression model adjusted for gender, age, marital status, children, employment rate, managerial responsibility, language

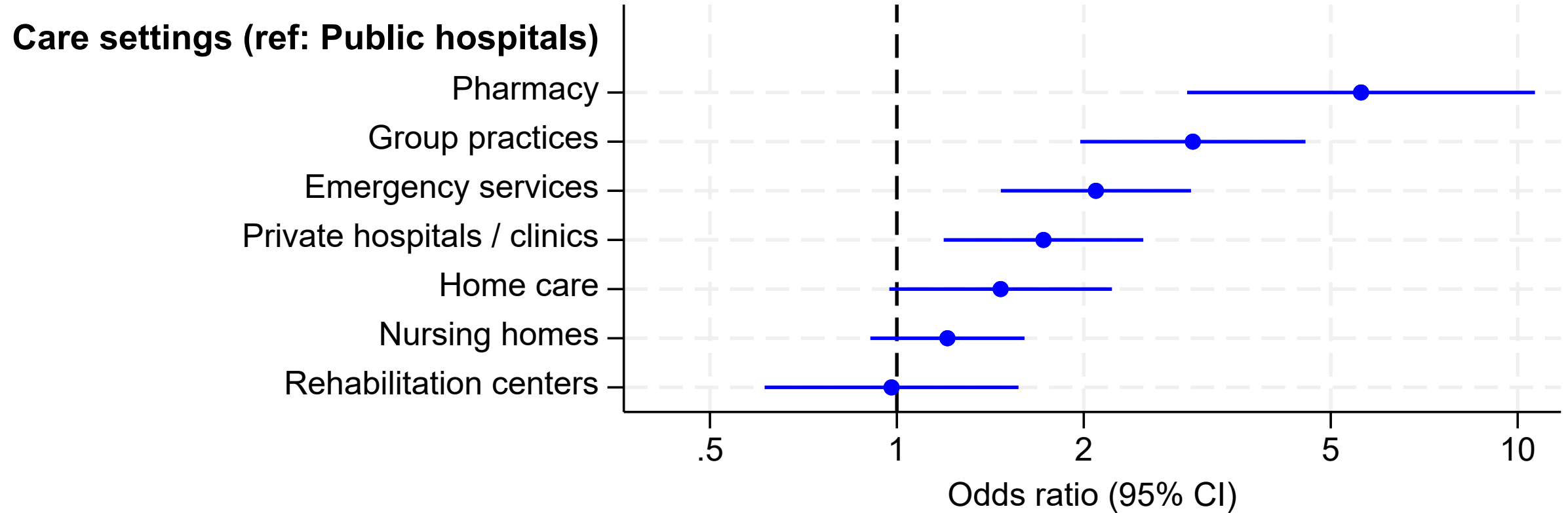
Resources and interprofessional collaboration showed the strongest associations with better perceived quality of care.



Logistic regression model adjusted for gender, age, marital status, children, employment rate, managerial responsibility, language, main determinant (score), professions

Pharmacists and paramedics show the largest differences compared with registered nurses

Care setting and association with quality of care (adj. ORs)



Logistic regression model adjusted for gender, age, marital status, children, employment rate, managerial responsibility, language, main determinant (score), care settings

Pharmacy and group practices show the largest differences compared with public hospitals

Discussion



Important association between adequate resources and effective interprofessional collaboration and perceived quality of care



Lower perceived quality among nursing and nursing-related professions



Smaller-scale care settings appear to be associated with better perceived quality of care



Differences across professions and care settings persist after accounting for working factors, suggesting that one-size-fits-all interventions may be insufficient



Thank you!

**Questions or comments
about this presentation?**

2. Professional experiences across care settings

by

Figen Ulucan

Objectives

1 setting/ 1 profession

Most studies focus on one setting or one profession

Mostly hospitals or nursing homes, rarely a comparison across settings and professions.



9 settings/2 professions

Our aim

Compare nurses and physicians across nine care settings in Switzerland, focusing on intention to stay and well-being.

Study design and analysis



Data / Sample

SCOHPICA baseline,
2022-2023-2024

Nurses

(registered, specialized,
and advanced practice
nurses)

Physicians of any
specialty



Care settings

- Public hospitals
- Private hospitals/clinics
- Group practices
- 1-2 person practices
- Nursing homes
- Emergency settings
- Home care
- At home
- Rehabilitation centers



Outcomes

2 outcomes

- **Intention to stay** in
the profession
- **Well-being**



Determinants

15 work-related
determinants

- Work-life balance
- Work meaning
- Team cohesion
- Perceived workload
- Staffing and resources
- Influence over work pace
- Interprofessional collaboration
- Relationship with your direct supervisor
- Possibilities for professional development
- Burnout
- Job satisfaction
- Perceived stress
- Use of full scope of practice
- Preparedness to work reality
- Overall perceived quality of care

Study sample

3,920

participants

2,945

nurses

975

physicians

76%

women

54%

aged under 45

15 years

median professional experience (IQR 7-24)

56%

married or cohabiting

59%

with children

76%

Swiss nationals (incl. dual citizens)

Most participants were women, more than half were under 45, and they had a median of 15 years of professional experience.

A. Nurses (median score)

Well-being	7.4	n < 20	n < 20	7.6	7.8	7.6	7.7	7.1	7.1
Work meaning	7.5**			8.8**	8.1**	8.8**	10.0**	7.5**	8.1**
Team cohesion	7.5**			7.5**	7.5**	8.3**	8.3**	7.5**	7.5**
Work–life balance	5.3**			4.7**	4.7**	5.3**	5.3**	5.3**	5.3**
Perceived workload	2.5**			3.0**	1.5**	5.5**	5.0**	2.5**	2.5**
Staffing and resources	4.7**			4.0**	4.7**	6.7**	6.0**	5.3**	3.7**
Influence over work pace	4.4**			5.0**	3.8**	7.5**	5.6**	5.0**	5.0**
Interprofessional collaboration	7.0**			6.5**	7.0**	6.0**	6.0**	7.5**	7.0**
Relationship with your direct supervisor	6.4**			6.8**	5.4**	7.1**	7.1**	6.8**	5.7**
Possibilities for professional development	6.7*			6.7*	7.5*	6.7*	7.5*	6.7*	5.4*

B. Physicians (median score)

6.9**	7.6**	7.2**	n < 20	7.8**	n < 20	n < 20	6.4**	n < 20
7.5*	8.8*	8.8*		8.8*			8.8*	
7.5	8.3	8.3		8.3			7.5	
3.3**	4.0**	3.3**	n < 20	6.0**	n < 20	n < 20	3.3**	n < 20
1.5*	2.0*	2.5*		3.5*			2.0*	
5.3**	6.0**	9.3**		6.0**			5.3**	
5.0	4.4	5.6		5.0			4.4	
7.5	7.5	7.0		7.7			6.8	
6.4	7.5	7.5		7.3			6.1	
7.5*	7.5*	7.5*		7.5*			6.7*	

C. Nurses (least favorable responses, %)

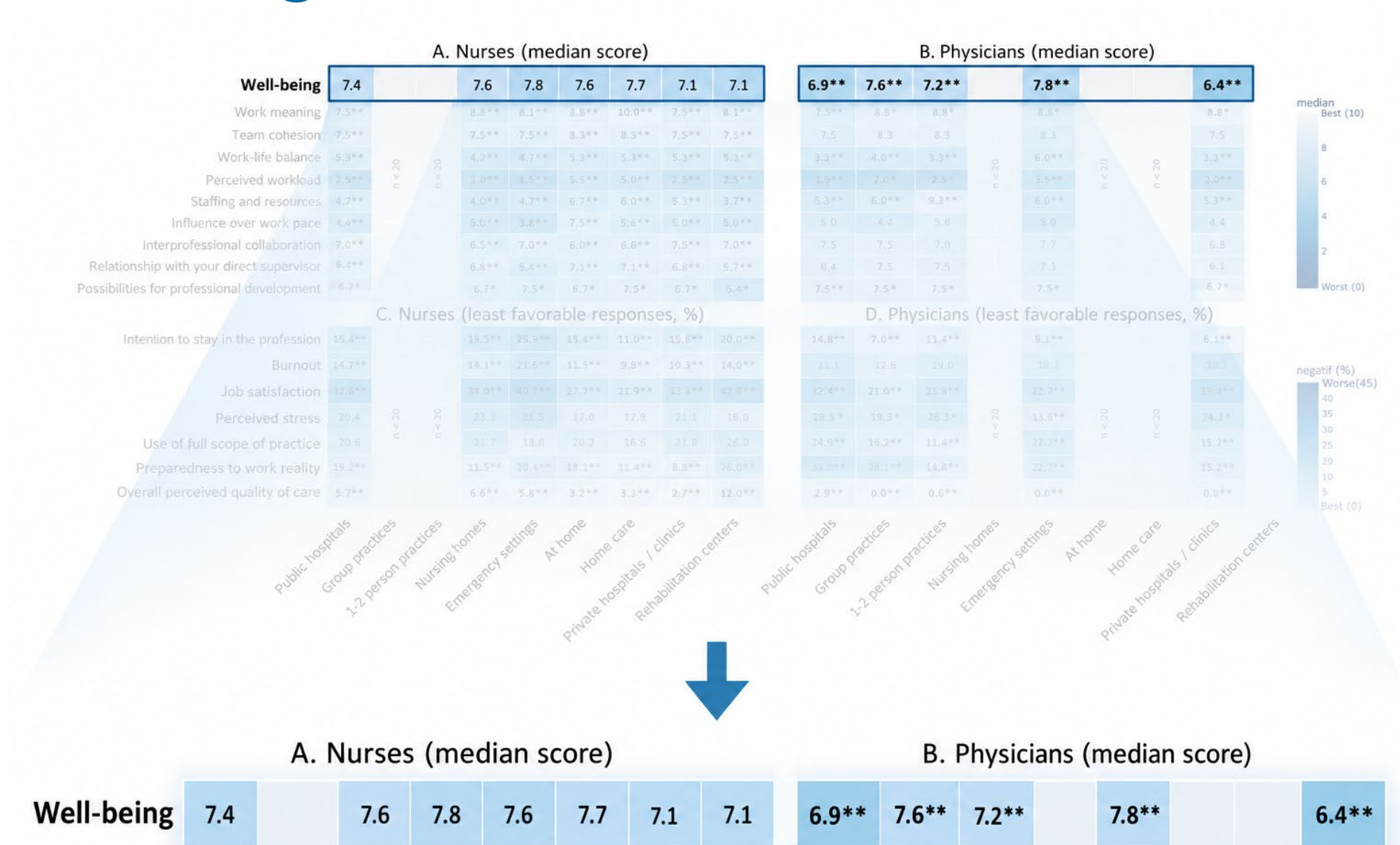
Intent to stay in the profession (Rather no & Not at all)	15.4**	n < 20	n < 20	19.5**	25.9**	15.4**	11.0**	15.6**	20.0**
Burnout (Complete & Persistent symptoms)	14.7**			14.1**	21.6**	11.5**	9.8**	10.3**	14.0**
Job satisfaction (Dissatisfied & Very dissatisfied)	32.6**			34.0**	40.7**	27.7**	21.9**	33.8**	42.9**
Perceived stress (A lot & Extremely)	20.4			23.3	31.5	17.0	12.9	21.1	16.0
Use of full scope of practice (Rather disagree & Strongly disagree)	20.6			21.7	13.0	20.2	16.6	21.8	28.0
Preparedness to work reality (Rather disagree & Strongly disagree)	19.2**			11.5**	20.4**	18.1**	11.4**	8.8**	26.0**
Overall perceived quality of care (Rather poor & Poor)	5.7**			6.6**	5.8**	3.2**	3.3**	2.7**	12.0**

D. Physicians (least favorable responses, %)

**	14.8**	7.0**	11.4**	n < 20	9.1**	n < 20	n < 20	6.1**	n < 20
**	21.1	12.6	19.0		18.2			28.1	
**	32.4**	21.0**	25.8**		22.7**			39.4**	
0	28.5*	19.3*	26.3*		13.6*			24.2*	
0	24.9**	16.2**	11.4**		22.7**			15.2**	
**	33.0**	28.1**	14.6**	22.7**	15.2**				
**	2.9**	0.0**	0.6**		0.0**			0.0**	

A vertical color scale bar for the variable 'negatif (%)'. The scale ranges from 0 to 45, with increments of 5. The bottom of the scale is labeled 'Best (0)' and the top is labeled 'Worse(45)'. The colors transition from light blue at the bottom to dark blue at the top.

Well-being



Well-being

Well-being

Nurses

7.1-7.8 /10

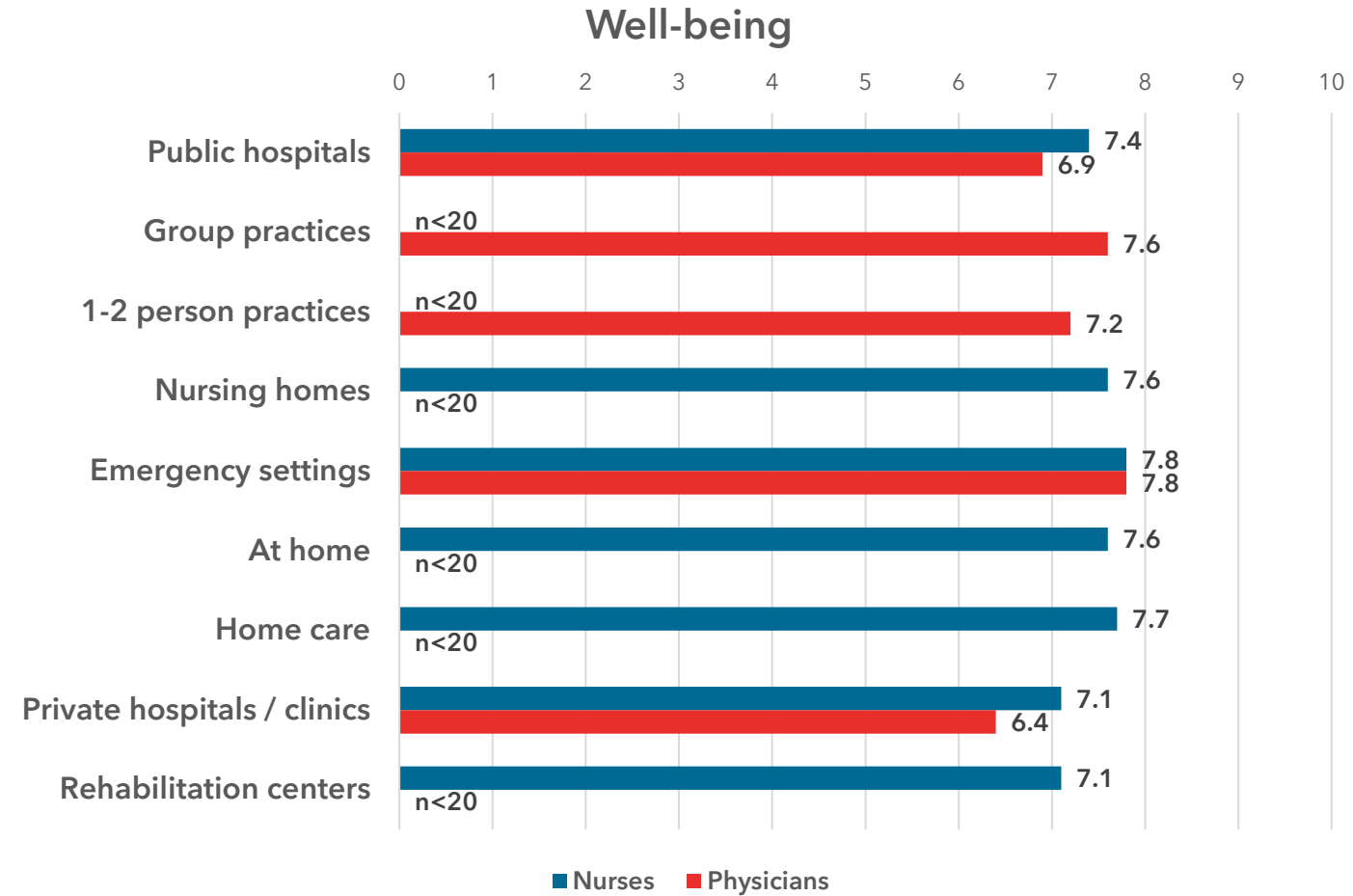
No significant difference

across settings among nurses

Physicians

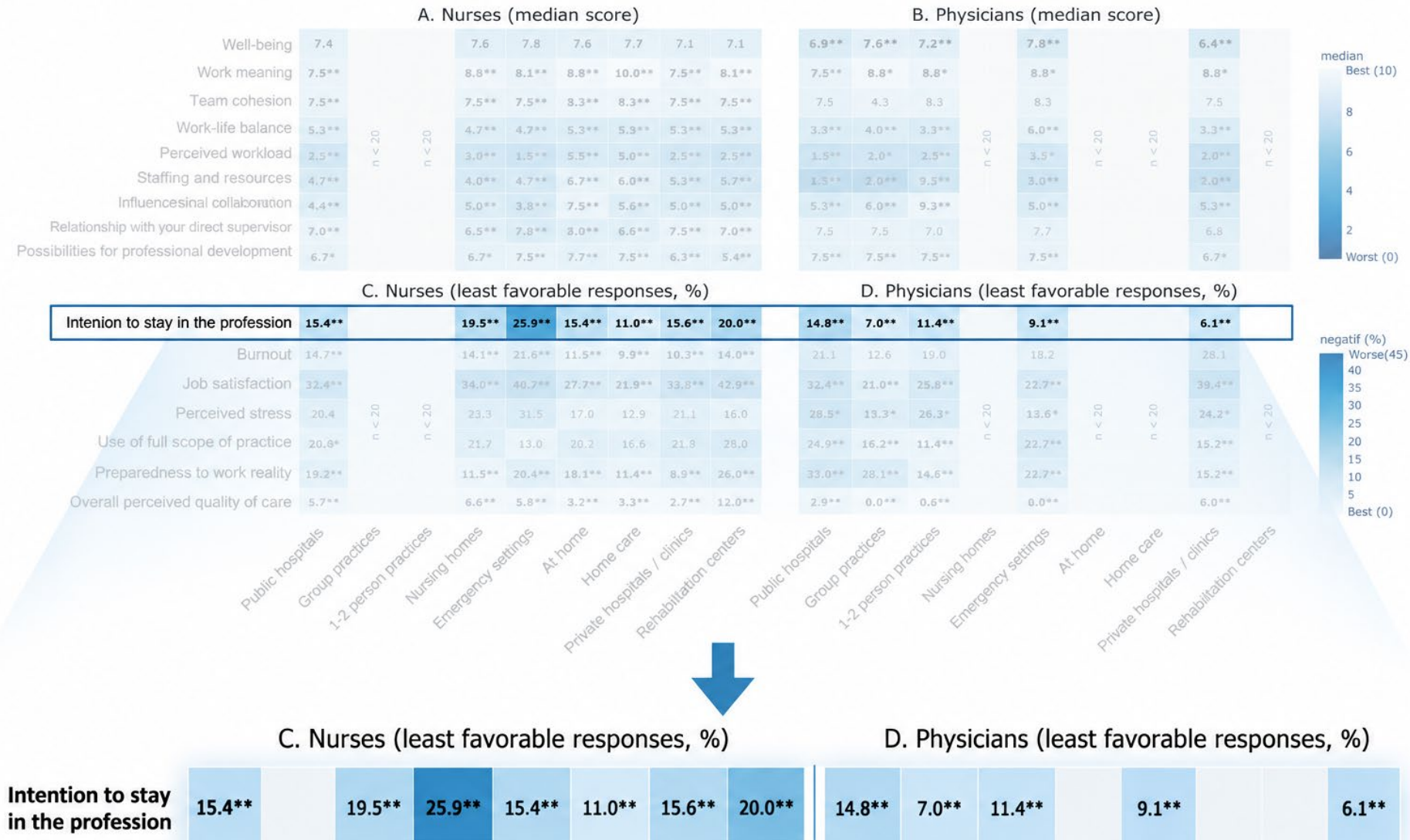
6.4-7.8 /10

physicians' median score across settings



Well-being was relatively stable across care settings, with no significant differences among nurses.

Intention to stay in the profession



Intention to stay in the profession

Low intention to stay in the profession

Nurses

Highest in emergency settings: **25.9%**

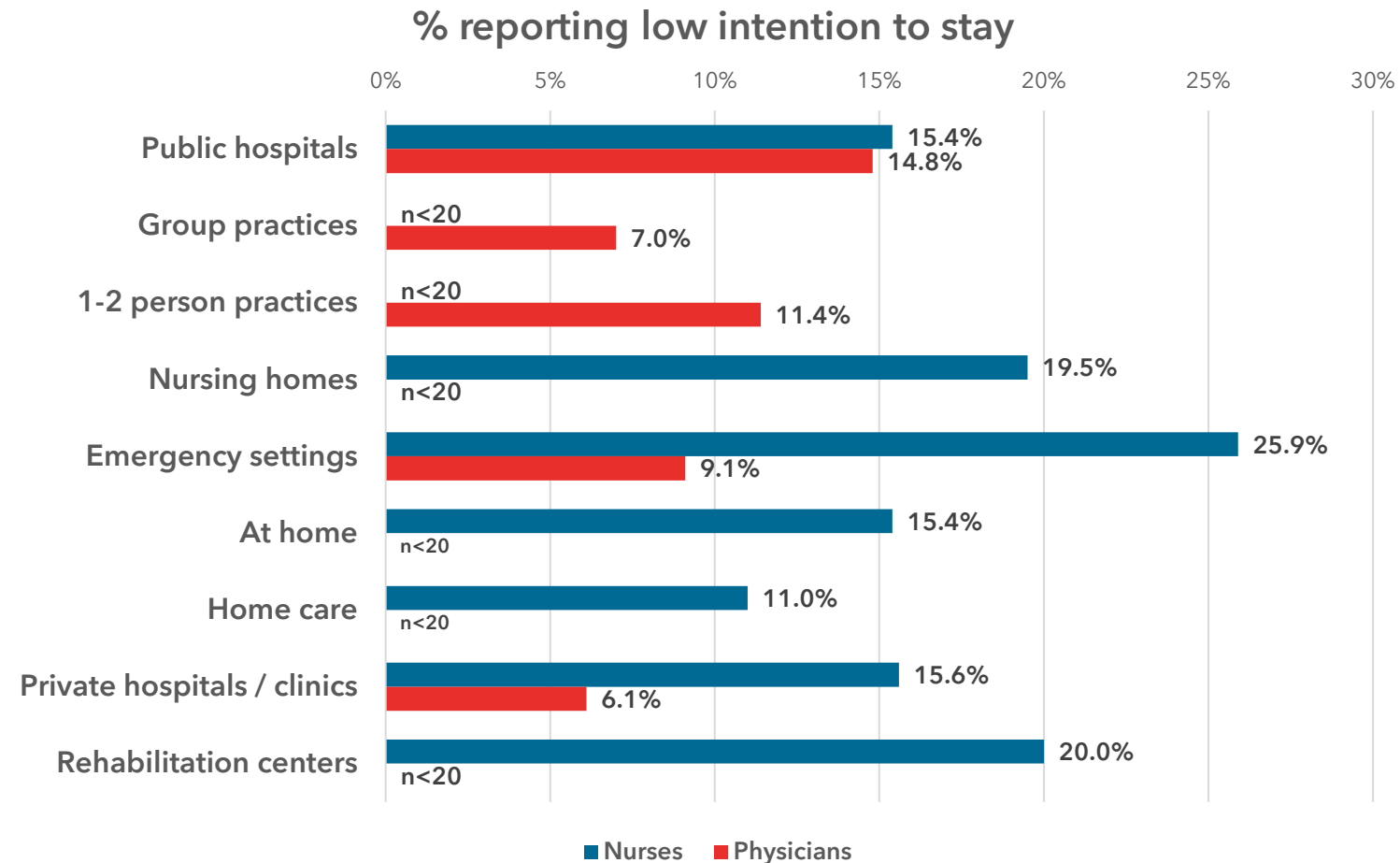
Rehabilitation centers: **20.0%**

Nursing homes: **19.5%**

Physicians

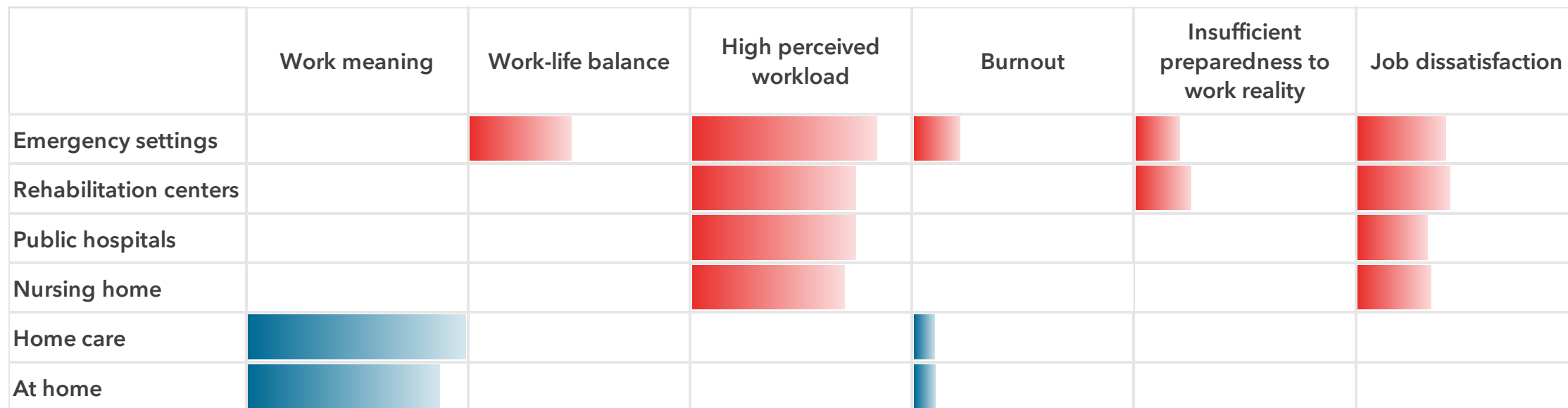
Highest in public hospitals: **14.8%**

Lower in private hospitals/clinics:
6.1%



Low intention to stay varied across settings and was more frequent among nurses: about 1 in 4 in emergency settings.

Nurses: least and most favorable settings



Among nurses, emergency and rehabilitation settings showed less favorable results for several determinants, including workload, burnout, and job dissatisfaction, while home-based settings showed more favorable profiles.

Physicians: least and most favorable settings scohpica



Among physicians, public and private hospitals showed less favorable profiles, particularly for workload, work-life balance, and job dissatisfaction.

Setting matters

- **Emergency and rehabilitation settings** showed less favorable profiles among nurses.
- **Hospitals** showed less favorable profiles among physicians.
- **Home-based settings** generally showed more favorable profiles.

Profession matters

Nurses and physicians within the same care setting did not always report the same experiences.

These differences between professions within the same setting remain underexplored in the literature.

Our findings align with previous research on institutional and emergency settings, while differences between professions within the same setting remain less documented.



Thank you!

**Questions or comments
about this presentation?**

3. NURSCOPE

Advanced practice nursing
role delineation and
workforce outcomes in
Switzerland

by

Patrick Teixeira Machado, PhD(C)

Supervisor: Pr. Ramelet Anne-Sylvie, IUFRS-UNIL

Co-supervisor: Pr. Manuela Eicher, IUFRS-UNIL

SLIDES NOT AVAILABLE

The slides of this presentation cannot be shared at this time because the results have not yet been published.

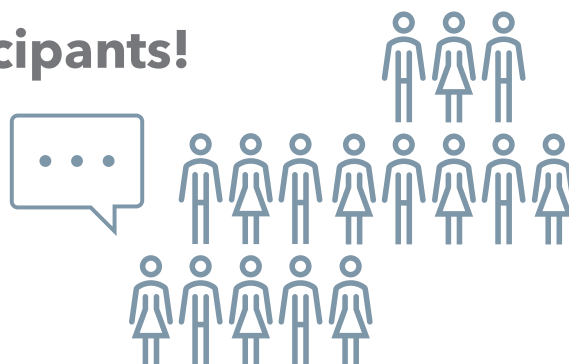
Thank you for your understanding.

Many thanks ...

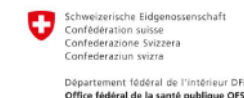
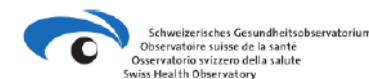
...to our scientific partners



...to all participants!



...to our supporting institutions





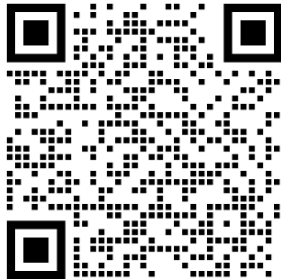
New **RECRUITMENT** and **4th follow-up** have just started!

From 1 October to 31 January

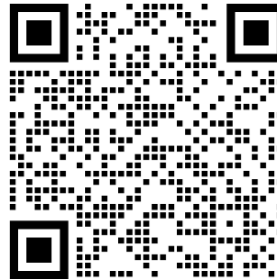
 20 minutes

Participate at www.scohpica.ch or scan the QR code below

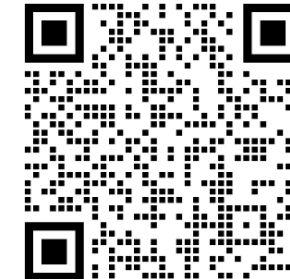
DEUTSCH



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Have you participated in SCOHPICA before? → *use the link in the email you'll receive shortly from us*