



Swiss COhort of Healthcare Professionals & Informal CAregivers :

# Healthcare Professionals' Intent to Stay in their Profession and its Determinants

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

 **CHUV** Centre hospitalier  
universitaire vaudois

## Problems with the health workforce:

- Current and projected shortage of HCP, in Switzerland and European countries
- To address this situation, measures have to be undertaken
- Swiss data is lacking to guide such measures (i.e., HCPs' trajectories, well-being, working conditions, etc.)

 Longitudinal data on healthcare professionals is essential for **public policy planning and management** of the health workforce in Switzerland, and for **ensuring high-quality healthcare**

# Aims

of SCOHPICA

To study the determinants of the trajectories, well-being and intention to leave and stay in their job / role of **healthcare professionals (HP)** / **informal caregivers (IC)**

Today: focus on healthcare professionals

# Questionnaire

## Web-based questionnaire:

- ~120 questions, ~25 minutes

## Outcomes

- **Professional trajectories**
- **Intention to stay in the position / profession / health sector, within the next few months**
- **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 slide...

# Questionnaire



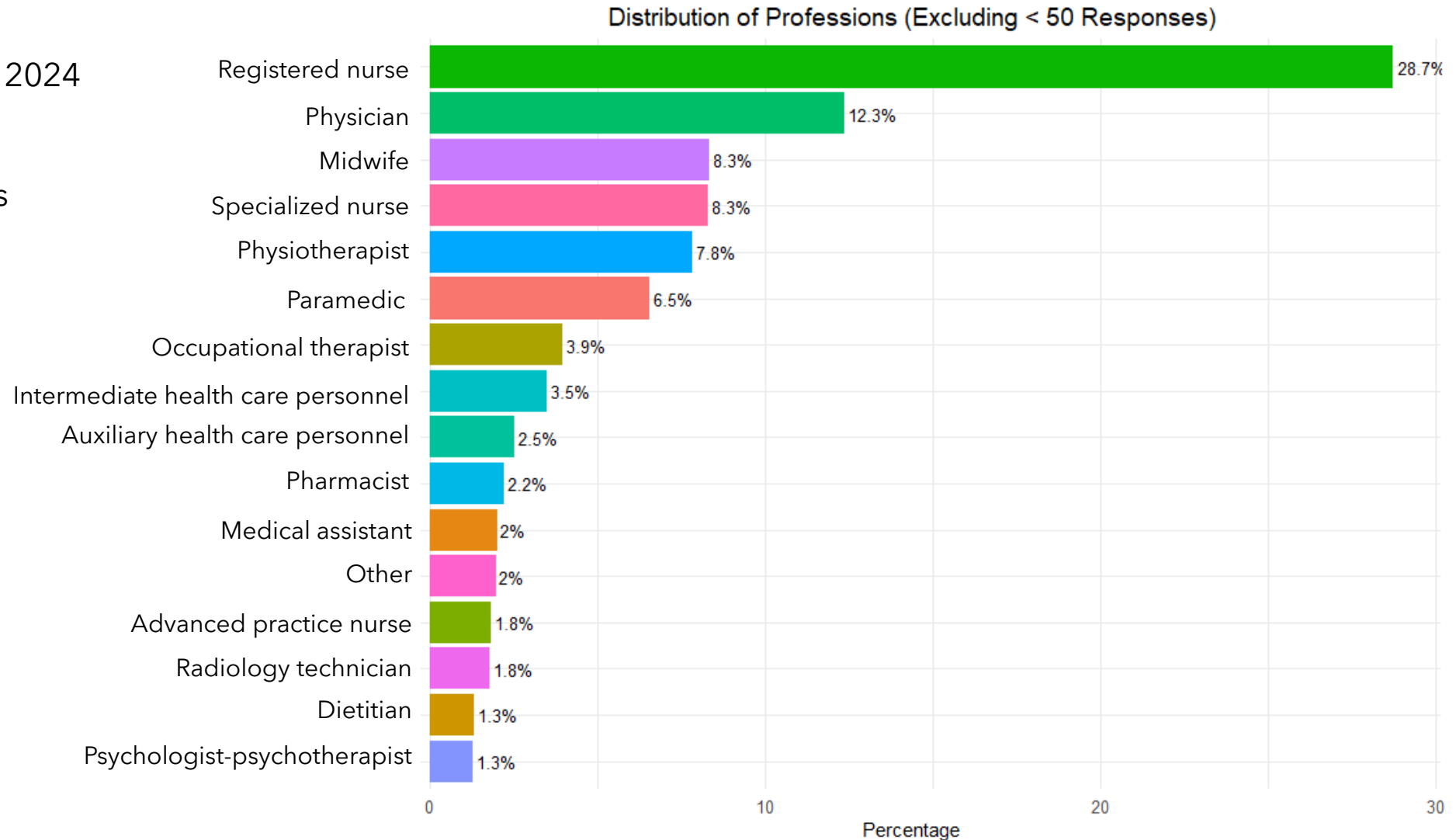
## Determinants

<b>Workload</b>	Perceived amount of work in terms of pace and volume
<b>Staffing &amp; resources</b>	Staffing and resource adequacy to work
<b>Opportunities for development</b>	Possibility to learn new things at work, to use skills/expertise, to develop competences
<b>Work-life balance</b>	Interference of work demands with private life, work drains energy and has negative effects on private life
<b>Work preparedness</b>	Feeling prepared for professional activity by previous training
<b>Recognition at work</b>	Recognition by the company, colleagues and leaders
<b>Meaning of work</b>	Feeling that the work done is meaningful and important
<b>Leadership</b>	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
<b>Control over working time</b>	Ability to decide when to take holiday; control over work overtime
<b>Influence at work</b>	Degree of influence on the decisions at work
<b>Sense of community at work</b>	Atmosphere and co-operation with colleagues
<b>Interprofessional collaboration</b>	Collaboration between interprofessional team members
<b>Intolerance to uncertainty</b>	The tendency to consider a negative event occurring unacceptable, irrespective of the probability of occurrence
<b>Quality of care</b>	The support HPs receive from their institution, their evaluation of the quality of the care they provide, and the frequency at which they have to provide suboptimal care

+ Burnout + Self-rated health + Job satisfaction

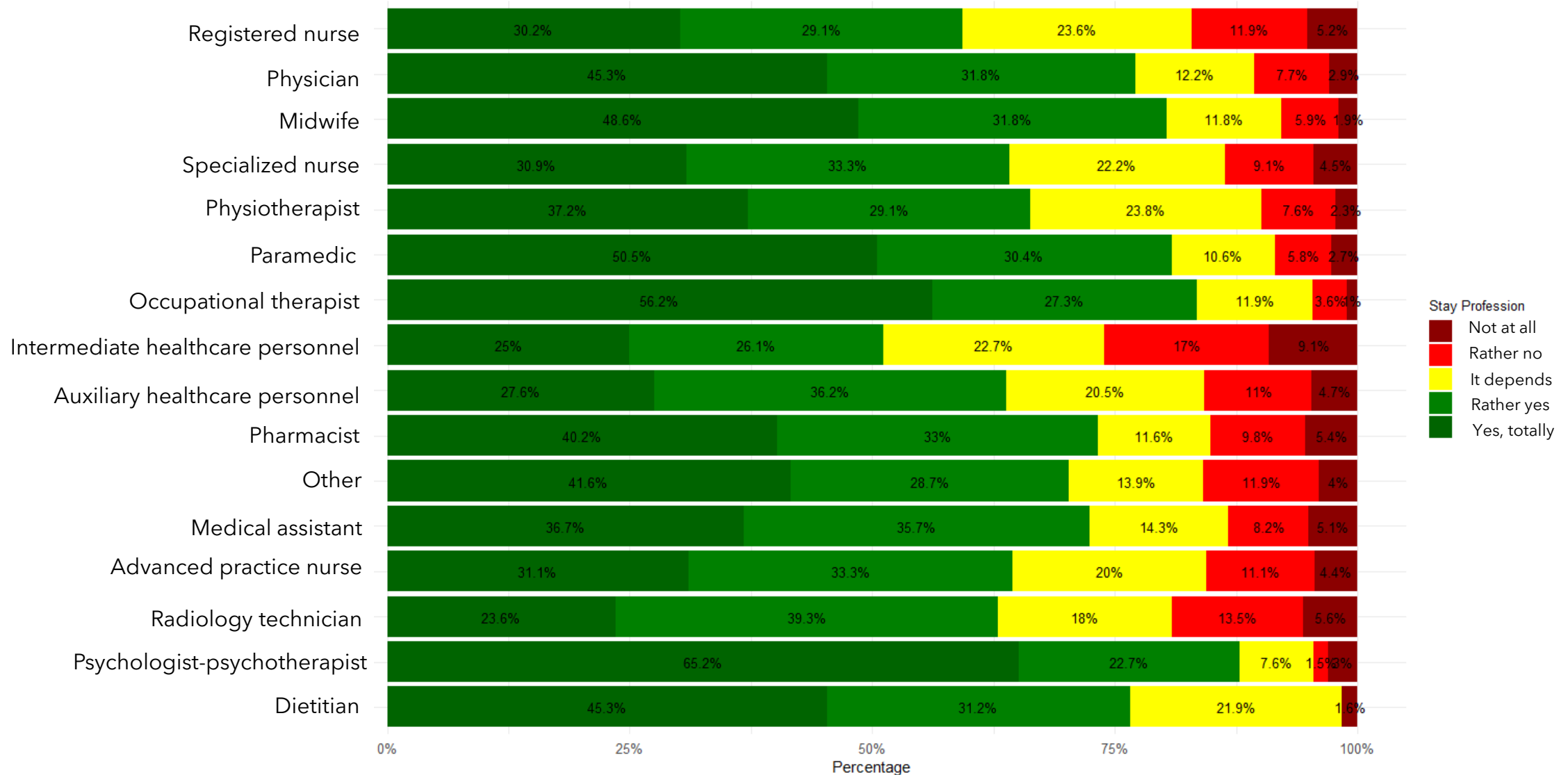
# First 2023 results - professions

- October 2023 to January 2024
- N = 5109
- 4220 new participants
- 889 returning participants  
(1707 participants in 2022)



# First 2023 results

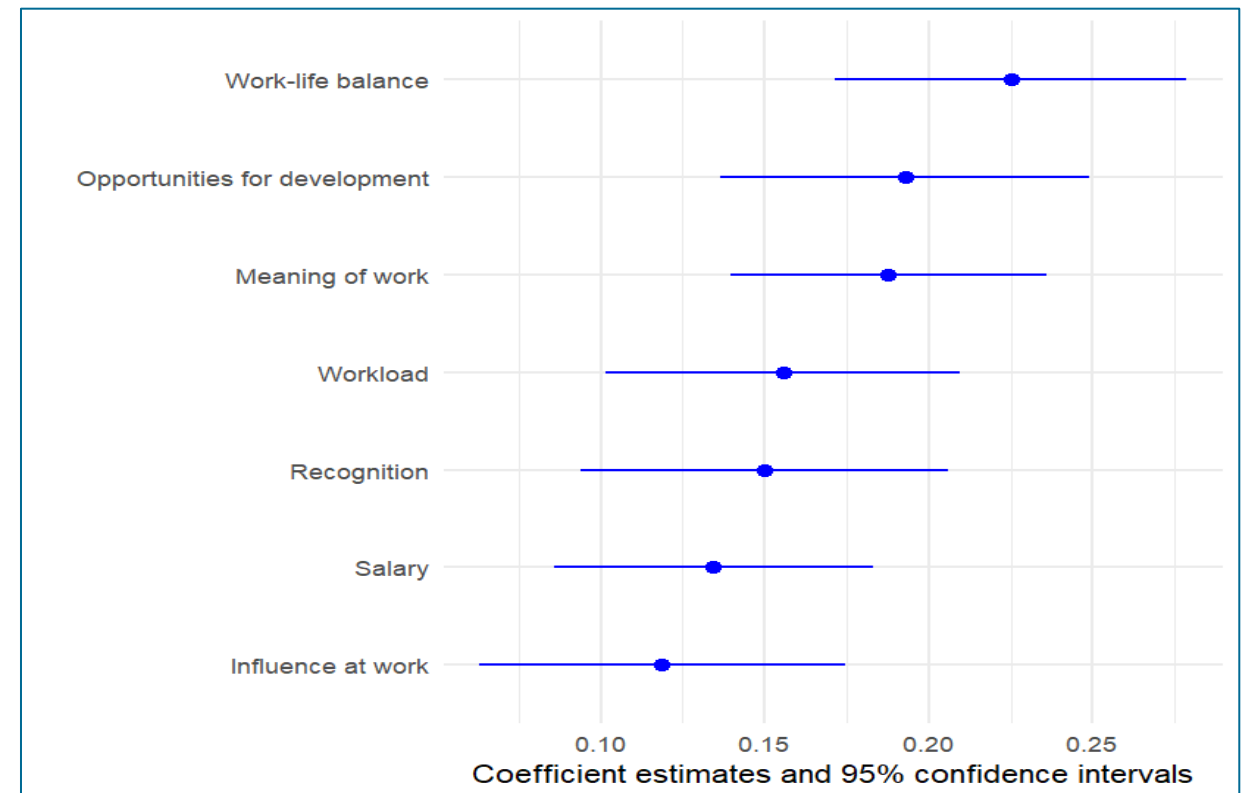
Intent to stay in the profession (professions with more than 50 participants)



# Core factors associated with the intent to stay (2022 data)



- **Seven factors** were identified as critical to keep Swiss healthcare professionals in their profession, regardless of the profession, care setting or professional status
  - Work-life balance
  - Opportunities for development
  - Meaning of work
  - Reasonable workload
  - Recognition
  - Adequate remuneration
  - Influence on work decisions / autonomy





# Discussion



- SCOHPICA collects **nationwide** and **longitudinal data** on all types of HCPs
  - Mixed methods (qualitative interviews in 2025)
  - Life history calendars (trajectory analysis in 2024)
- Provide data for healthcare stakeholders to develop and implement concrete, **evidence-based strategies** to retain healthcare professionals in their profession
  - Growing interest in SCOHPICA's data and results from FOPH, cantons and Swiss medical societies/associations
  - Data used in the National Monitoring of Nursing Professions

# Limitations

- Non-probability sampling
  - No nationwide data available on the HCP population
- Currently under-represented groups
  - Limited sample size in some professional categories
  - Linguistic regions less represented
- Self-reported data
  - Risk of recall and social desirability bias
  - Self-selection bias

# Next steps

- Advanced analyses
  - Structural equation modelling (SEM), longitudinal analyses
- Further data collection
  - **Follow-up survey and new recruitment starting 1 October 2024**
- Data and results dissemination
  - Access to online interactive **dashboard** available on [www.scohpica.ch](http://www.scohpica.ch)
  - Access to datasets to researchers → **data repository**

# MANY THANKS TO...

**All participants who responded to SCOHPICA questionnaire**

**Our institutions and their communication services**

- Unisanté
- Institut et Haute Ecole de la Santé La Source, HES-SO
- Centre hospitalier universitaire vaudois (CHUV)

**All entities who supported the recruitment of participants**

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**All collaborators who have contributed to SCOHPICA**

**Thank you for your attention**



To contact us: [scohpica@unisante.ch](mailto:scohpica@unisante.ch)



**New recruitment and 2<sup>nd</sup> follow-up survey  
starting soon!**

**From 1<sup>st</sup> of October 2024,  
participate on:**

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