

Position paper on the current situation and future of nursing care

adopted by the DV/AD, Delegates' Assembly of swimsa on November 13, 2021 in Fribourg.

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1. Introduction

The health care system, and by extension today's medical students, face several challenges: Demographic and epidemiological developments are leading to an increasing proportion of older people in the total population, who often have multiple impairments and require increased support and care.^{1,2,6}. At the same time, there is a shortage of (primary care) physicians and pressure to care for patients in a cost-effective manner⁷.

Nursing staff makes a decisive contribution to the accomplishment of these tasks⁸. To ensure that the nursing workforce grows in line with demographic trends, measures must be taken today to ensure a balance between the need for young staff and the supply of young staff in the future (e.g., enough training places, increasing the attractiveness of nursing training)⁸.

However, among nurses, there is also a high proportion of people leaving the career^{1,9}. The main reasons cited by nursing include, for example, "high stress due to inadequate working conditions" or health problems caused by the nursing profession¹¹. Measures to improve working conditions could lead to a reduction in career departures, an increase in the attractiveness of the nursing profession and an improvement in the quality of treatment.

Ultimately, the above challenges can only be successfully met through interprofessional work^{7,10,12}. To best prepare future health care professionals for this collaborative work practice, interdisciplinary education is critical from the beginning of training.

2. Initial situation

The swimsa recognizes that high quality education of nurses and good working conditions are essential for the future of medicine. In order to successfully meet the challenges of the healthcare system (such as the aging population, increasing specialization and fragmentation, the shortage of physicians and economic pressure) and our role as future physicians in it, we

medical students are not only dependent on a sufficient stock of capable nurses, but also on interdisciplinary training with prospective nurses.

The swimsa demands that...

1. ... **enough study and internship places** are made available for the training of nursing specialists in order to be able to cope with future social developments and the associated challenges to the healthcare system.
2. ... **training as a nursing specialist is made more attractive** so that the training positions are also taken up by future trainees.
3. ... **interdisciplinary training** between the different working groups of the healthcare system is increasingly made possible (e.g. between physicians, nurses, psychotherapists, physiotherapists, pharmacologists, etc.) in order to adequately prepare the trainees for later interprofessional collaboration.
4. ... the **improvement of working conditions** of the nursing staff leading to better treatment quality, a reduction of the occupation withdrawals and an increase of the attractiveness of the nursing occupations is targeted. Improving training without improving working conditions seems inefficient to us if those who have been trained are no longer able/willing to practice their profession after only a few years of work experience.

3. Call to Action

The swimsa recognizes that...

1. ... nurses are one of the central working groups in an interprofessional healthcare system.
2. ... a good education as well as an improvement of the working conditions of the nursing staff are of central importance for the healthcare system.
3. ... a future-oriented education and training of medical students and physicians is only possible on an interdisciplinary and interprofessional basis with other professions.

The swimsa demands of...

...the educational institutions that...

1. ... sufficient training places for nurses are made available.
2. ... the training of future nurses is of high quality and future-oriented.
3. ... interprofessional training is promoted and designed as an integral teaching format.

...hospitals and healthcare providers that...

1. ... the importance of nursing as an integral part of the health care system is recognized.
2. ... the improvement of working conditions for nurses is prioritized.
3. ... nursing staff are involved in decisions concerning nursing conditions.
4. ... the reasons for nurses leaving the profession prematurely are evaluated and adequate countermeasures are taken.
5. ... health consequences of the nursing profession are taken seriously and appropriate preventive and intervening measures are taken in good time.

... the Confederation and the cantons that...

1. ...the demographic development and its consequences for the need for nursing care are taken seriously and followed up, and appropriate measures are initiated.
2. ...the reasons for premature professional departures of nurses are evaluated and adequate countermeasures are designed.

The swimsa is committed to...

1. ... ensuring that interprofessional education and training of healthcare professionals be promoted within the framework of the position paper on interprofessionality¹⁰.
2. ...ensuring a lively exchange is created between representatives of health professions in training through SYHA (Swiss Youth Health Alliance), the alliance of student and trainee organizations in the health sector.

4. Main Text

Care performance and demographics:

In the population as a whole, the **proportion of older people is increasing**, and the Federal Statistical Office (FSO) assumes that this trend will continue until 2050¹⁻². It estimates that the number of persons over age 80 will more than double from 0.46 million (2020) to over 1.11 million (2050). **The need for support increases with age**, as people in older adulthood are more likely to have chronic and multiple impairments that affect their ability to manage activities of daily living.¹⁻².

This can be exemplified by the use of Spitex services in 2019³: Of the nearly 395,000 people who used Spitex services, the proportion of those over 80 was around 42%. With 76 hours of care per year, this was also the group with the highest use.

A similar picture is emerging in the old people's and nursing homes⁴: In 2019, 3 out of 10 of the nearly 160,000 residents of retirement and nursing homes were older than 90. They were cared for by approximately 137,500 nurses, who accounted for 2/3 of the nursing home workforce.

Likewise, in 2019, among inpatient hospital cases by age, the 70-74 age group among men and the 80-84 age group among women had the largest shares⁵.

To address the higher care needs of people in older adulthood and the expected increase in the proportion of older people in the population by 2050, **high-quality care** and **sufficient numbers of caregivers** are critical.

Development of the supply and demand for caregivers:

In 2019, the **nursing and care workforce** totaled 185,600 people, an increase of 20% compared to 2012⁸. The reference scenario of the forecast model for the **development of the demand** for nursing professionals of the Swiss Health Observatory Obsan estimates a demand for 43,400 nursing professionals at the tertiary level (4,300 per year) and for 27,100 nursing and care personnel at the upper secondary level (2,700 per year) until 2029.⁸ The estimate of these needs is based mainly on demographic and epidemiological trends in the population as well as a fixed replacement need for people who will retire. According to the authors, one factor is also the tendency to leave the profession early. The **need for young professionals** is offset by a supply of 28,900 nursing professionals at the tertiary level and 21,600 nursing and care personnel at the upper secondary level. At the tertiary level, this results in an estimated **coverage** of supply and demand of 67% by 2029, at the upper secondary level of a coverage of 80%.⁸ Also noteworthy is the 74% **increase in apprenticeship** completions from 2012 to 2019 (8.3% per year)⁸. This increase is a key reason for the improvement in the coverage projection from 2016 to 2025 compared to the previous projection, which expected a coverage rate of 43% for tertiary education and 75% for upper secondary education. If the further increase in degrees expected in the new model occurs by 2029, the emerging demand for nurses could theoretically be met. The prerequisite for this further considerable increase is the **recruitment of sufficient students** as well as a **sufficient provision of internships**.⁸

However, a significant proportion of trained professionals in the healthcare sector leave the profession or employment during their working lives⁹. A striking figure here is the high proportion of **career departures** (see footnote¹) among nurses (42.5%) as well as among nurses at upper secondary level (41.7%; based on pooled samples from 2016 - 2018)⁹. In the future, these early career departures could be a major reason for the difference between supply and demand in the nursing workforce, and **measures to retain staff** and **increase retention** should be considered.⁹

Arbeitsbedingungen des Pflegepersonals:

¹ By career exit, the authors mean individuals who have a qualification in a health profession and have left employment (temporarily or permanently), made a career change (individuals no longer working in the profession), or made an industry change (individuals no longer practicing their profession in the health sector)....

Two surveys by the Unia trade union¹¹ (2019; conducted before the start of the Corona pandemic) surveyed various aspects of the **working conditions of nursing staff**:

In the first survey (n = 2,935), respondents stated that due to **staff shortages** and **pressure to save money**, the quality of care was suffering (92%). Only a small proportion stated that they had enough time for their residents (11%). A large majority stated that there were too few staff (87%) and many nurses often **feel tired and burnt out** (86%). Also with regard to career endings, just under half of the respondents stated that they would not be willing/able to work in long-term care until retirement (47%). About one third answered this question with "don't know" (34%). **Reasons given** for a possible career exit included "high stress due to inadequate working conditions" (33%), health problems caused by the nursing profession (49%), family life/childcare (6%), lack of development opportunities (3%), or a combination of these. It is **noteworthy that younger caregivers in particular** are likely to leave the profession: 55% said they would not/could not work until retirement.

In the second survey¹¹ (n = 1'668) respondents reported frequently working under **time pressure** (90%), not being able to determine their own **work pace** (69%), and working **non-creditable overtime** (53%). Only a small percentage of respondents never went below the legal **rest period** of eleven hours between two shifts (20%). A majority of respondents reported working up to 10 split shifts per month (58%). Last but not least, just under one-third of respondents reported having been on sick leave for a month or more on one or more occasions due to their job (28%). A significant proportion of respondents reported suffering from **physical** (back pain (81%) & joint pain (41%), cardiovascular problems (14%)) as well as **psychological** complaints (sleep disorders (67%), depressive moods (47%), anxiety (18%)).

An improvement in the aforementioned aspects of working conditions could contribute to an improvement in the quality of treatment, a reduction in career withdrawals and an increase in the attractiveness of the nursing profession.

Interdisciplinarity in medical education and health care:

In its health policy strategy "Health2030," the Federal Council highlighted the **high degree of specialization and fragmentation** of the health care system as well as **insufficient coordination** of the various service providers as problematic, particularly with regard to the care of multimorbid as well as mentally ill people⁶. *"However, the care of people with multiple illnesses requires more than the accumulation of individual specializations."*⁶ This increasing **specialization**, but also the **shortage of physicians** (especially family doctors), the **economic pressure** as well as an **increase in the attractiveness of non-physician professions** (especially nursing) and an **improvement in the quality of treatment and patient safety**, are arguments for the necessity or at least for increased interdisciplinary collaboration⁷. The World Health Organization (WHO) also emphasizes the importance and impact of **good interdisciplinary education and collaborative working practices** to address these issues¹². This includes, among other things, good interdisciplinary training and

collaboration between nurses and physicians. A discussion of the position of medical students with regard to interprofessionality can also be found in the "Position Paper on Interprofessionality in the Education and Training of Health Professions" of the Swiss Medical Students' Association¹⁰.

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