

Policy Paper on the Working Conditions of Medical Professionals

*Accepted by the Delegates' Assembly of swimsa on 25.11.2023 in Zurich.
The original version of the document is written in English.*

1. Summary

As the future workforce, medical students are important stakeholders in the discussions concerning the future of the medical profession. Working conditions of physicians, physicians leaving their profession, and the future of the medical profession are intensively discussed topics. These discussions are embedded in a larger context of pressing issues within the Swiss healthcare system and its future challenges. They hold significant importance to medical students, as they directly affect their education and prospective profession. It is alarming to observe that medical students, while still in their studies, are already contemplating not pursuing their future profession as doctors due primarily to concerns about the expected working conditions. This fact becomes even more concerning when regarding the already high drop-out rate of young doctors and worsening healthcare professional shortage.

Swiss medical students highlight the importance of increasing the sustainability of the medical profession. Firstly, this can be achieved by improving working conditions, for example, by reducing weekly working hours of residents, adhering to the labor law, alleviating them of their non-medical tasks, and implementing more flexible job-models. Secondly, the amount of spots for medical students needs to be increased to meet the increasing demand for doctors and to decrease the dependency on foreign doctors. Cost transparency of medical studies at universities would ensure that the allocated money is used for the education of medical students, thus ensuring as many medical students as possible are being educated. Thirdly, the digitalization and harmonization of the Swiss healthcare system needs to be prioritized to overcome the inefficiency within the sector. Lastly, to ensure the attractiveness of the medical profession, the freedom of choice for specialization should be preserved and not regulated.

2. Call to Action

swimsa demands...

...of the Swiss Hospitals association H+, hospitals, and medical education institutions...

1. to reduce the weekly working hours of healthcare professionals by minimizing bureaucratic work and increasing structured further education by legal means.
2. to ensure the regulations on working hours are enforced.
3. to introduce new working models like part-time and job-sharing models.

...of swissuniversities, universities, and especially of the medical schools, that they...

1. create more study places for medical students to reduce the shortage of medical doctors.
2. transparently communicate the cost of medical studies, specifically in regard to budget allocation.
3. integrate aspects of labor law and the rights of healthcare professionals in the curriculum.

.. of the Confederation and the Swiss health directors conference, that they...

1. provide the necessary funding and resources to create more study places for medical students to reduce the shortage of medical doctors.
2. reduce the bureaucratic tasks of doctors by promoting unified and coordinated digitalization and clinical information systems in the healthcare sector.
3. do not regulate the entry into residency specializations.

... of the media and the public, that they...

1. recognize medical students as an important stakeholder in the discussion about the future of the medical profession.

3. Main Text

As the future workforce, medical students are an important stakeholder in the discussion concerning the future of the medical profession. The working conditions in healthcare professionals, particularly doctors^{1,2}, have been under intense discussion for an extended period, garnering significant attention from health professionals, politics, and the public. Thus, swimsa sees the dire need for the perspectives and voices of over 10'000 medical students and future doctors to be heard and included in policy making.

These problems and discussions are embedded in a larger context of pressing issues within the Swiss healthcare system and its future challenges. swimsa's intention is not to address all aspects of professionals in the healthcare system but to acknowledge the complexity and interconnectedness of these issues. The focus of this policy paper is directed toward specific high-priority aspects. These include the reasons behind the current and projected shortage of doctors, the high early drop-out rates, and the increasing dissatisfaction among future and young doctors regarding current working conditions.

Switzerland's looming crisis of the healthcare workforce

In Switzerland, the healthcare system is facing an impending crisis characterized by a shortage of doctors and other healthcare professionals. This challenge is

compounded by existing shortages of medical coverage in rural areas and a lack of primary care services as well as the alarming increase in the dropout rates among young medical professionals^{1,3}.

Several interconnected factors that contribute to this predicament are poised to exacerbate in the near future. First, a growing population of aging and chronically-ill people is placing greater demands on the healthcare system. The surge in health needs necessitates a larger network of healthcare providers to keep up with the demand. Second, the rising pressure on healthcare professionals to deliver cost-effective yet high-quality healthcare in increasingly demanding systems further exacerbates the demand for specialized healthcare professionals⁴.

Furthermore, the challenges of medical education, the many years of training, and the demanding working conditions in the Swiss healthcare system contribute to a discouraging environment for young doctors, leading to high dropout rates. This combination of factors poses a considerable threat to the stability and effectiveness of the Swiss healthcare sector and the social sustainability of the medical profession. It demands urgent attention and innovative solutions to address patient safety, quality care, workforce needs and unforeseeable costs.

Assessment of the challenges in the medical profession in Switzerland

Working hours and quality of care

According to a survey carried out by the NZZ, 40 percent of residents work more than 11 hours per day⁵. A survey done by the vsao/asmac showed that the average working hours of residents exceeds 56 hours per week¹.

Indeed, the same survey showed that the percentage of respondents having witnessed a medical error due to a doctor's fatigue has increased by 21 percentage points to 60 percent over the last ten years¹.

Further, physicians' health strongly correlates negatively with the workload and stressful work environment. Some studies have shown that doctors become inefficient and are more likely to make medical errors which might harm patients if they work overtime^{1,6,7}.

According to the International Labour Office (ILO) report *on Improving Employment and Working Conditions in Health Services*, the more patients a health worker has to care for, the greater the work intensity. This can lead to an increased risk of accidents and work-related stress, and consequently, injuries and ill health of health workers, including fatigue and burnout. Additionally, inadequate staffing levels also have implications for patient safety and quality of care. These are mediated by factors such as patient care left unprovided, failure-to-rescue, medication errors or wound infections, contributing to higher morbidity and mortality rates. Not any less important is the fact that staffing levels also impact job satisfaction, making the balance between staffing costs and job satisfaction a major challenge for hospital management.

Adherence to the law

Medical professionals in Switzerland often exceed the maximum work hours of 50 per week, along with the limit of 140 hours of overtime per year⁸. The regulation stating that they should not work for more than seven consecutive days is frequently disregarded⁹. The workload often extends beyond official working hours,

with one in five assistant doctors facing pressure from superiors to inaccurately report overtime. Young doctors fear career repercussions if they raise concerns and reporting anonymously is almost impossible due to small departments. Despite long working hours, these medical professionals have minimal breaks, which violates labor laws mandating breaks of at least 30 minutes for a 7-hour shift and one hour for 9-hour shifts. However, 75% report having less than 30 minutes of lunch break. Some hospitals deduct a full hour for lunch, even when it's shorter, or illegally eliminate overtime and count sick days as negative hours.

Additionally, assistant doctors often do not receive the mandatory structured training, as a recent survey by vsao/asmac showed. Only 20% of residents were able to attend the mandatory 4 hours of structured training¹. This lack of essential training hinders the quality of healthcare and the adequate further education necessary to be up to date with the current standard of care.

The pressure of caring for your patients and to not letting your colleagues down

Physicians are passionate about their job and providing the best care possible for their patients leading to situations where they overstep their own limits. This intrinsic motivation of caring for people can be exploited by the system. It is common for residents to cover shifts when their colleagues are absent due to reasons like sick leave or reduced working hours due to pregnancy. Unlike other healthcare professionals, there is no established 3-shift system in the wards or staff pool for short-term replacement of residents. Most doctors are currently willing to cover for their colleagues in case of absence because they are aware of the impact of short-staffed wards on patient quality care. Doctors often find it challenging to step away from their job, even during unexpected personal crises like a child's illness. This leads to increased pressure among residents to minimize absences, risking their own physical and mental health. This burden of not letting down colleagues may contribute to the increasing mental health issues and burnouts among residents.

Anachronistic and inflexible working conditions

Young doctors are facing notably inflexible working conditions in comparison to other professions. The lack of family-friendly structures arises from the inflexibility of the job and shift work. Hospitals have made limited strides in introducing modern work models such as job-sharing or part-time opportunities for doctors. This rigidity in job structures and inflexibility of the employer makes it nearly impossible for residents to reduce their workload during residency. Unlike sectors outside the healthcare system, there is also a lack of home-office opportunities, especially for paperwork. Evidence shows that employment and working conditions significantly impact health and are important determinants of gender-based health inequalities¹⁰. Medical professionals, having multiple roles as shaping the health system, being mental health professionals and having the duty to advocate against health inequities and hazards, are especially vulnerable in this context¹¹. Balancing shift schedules with family responsibilities is challenging and often leads to chronic fatigue and reduced quality of family and social life. This conflict particularly affects women and single parents and can lead to them being distanced from their children, whose care is often delegated to extended family members or hired help⁴.

Inexistent digitalization and bureaucracy

A study has shown that Swiss residents only spend an average of 15-30% of their time on direct patient-related tasks², while the rest of the time is allocated to non-medical tasks that could potentially be delegated to another type of employee.¹ The lack of digitalization and inefficiency of the Swiss healthcare system exacerbates the amount of these non-medical tasks. Despite Switzerland having one of the leading healthcare systems in the world in regards to innovation and quality of care, it lags behind significantly in digitalization, particularly in patient information management and bureaucratic processes, in contrast to other European countries¹². Some Nordic European countries have introduced nationwide harmonized digital healthcare record systems allowing all-time access to patient charts and medication plans. In Switzerland however, residents often have to collect information from general practitioners available only during working hours, and sometimes copy hand-written information into the hospital's patient management system. This lack of all-time access to patients' records leads to delays and errors in patient treatment. Many hospitals in Switzerland continue to use outdated, inefficient, and incompatible patient management systems further complicating efficient workflow between departments, hospitals, and general practitioners¹³. The inefficiency of the patient management system and workflow processes within the healthcare system leads to longer working hours and extreme dissatisfaction among residents¹⁴. Furthermore, an integration of the electronic patient chart has not been achieved in Switzerland. Excessive bureaucracy has very concerning consequences on doctors' performance and, consequently, the quality of patient treatment. Repetitive administrative tasks such as requesting external information (laboratory results, preliminary reports, etc.), ICD coding of the provided services, requesting hospital internal examinations, and obtaining cost approvals from insurances, are often the responsibilities of residents¹. It has been shown that the predominance of non-medical tasks and the high amount of working hours are the most important modifiable predictors of reduced well-being¹⁵.

Drop-Out rates of doctors

So far, there have not been sufficient measures taken to improve the situation of residents in Switzerland. This has resulted in a high early drop-out rate among physicians, estimated at about 10-20% before retirement³, with approximately 70% of residents considering quitting residency⁵. Even during medical studies, 34% of students think about not starting to work as doctors because of the expected working conditions during their residency. The drop-out of healthcare workers leads to increased pressure on the remaining staff in the short-term and compromised quality of care for patients in the long-term.

The current demand for doctors can only be met because of the reliance on physicians with a foreign diploma, which account for 39.5% of all doctors in Switzerland¹⁶. According to some estimates, Switzerland may potentially face a shortage of approximately 5'500 doctors by the year 2040¹⁷. These circumstances will substantially increase the burden on remaining healthcare workers, as already witnessed during the COVID-19 pandemic, and consequently compromise the quality of care, patient safety, and occupational health. Furthermore, this increased

reliance on foreign healthcare professionals and worker migration poses long-term risk. This so-called “brain drain” is ethically and sustainability-wise more than questionable as there is no guarantee that new healthcare workers will continue to immigrate. Our neighboring countries are also dealing with their own increasing workforce shortages and increasing demands in their own healthcare system.

Needs and expectations of future doctors

All aforementioned problems highlight the unprecedented need to act now. swimsa is invested in a transformation of the working conditions in the healthcare system. Recent global policy initiatives have highlighted the critical role of investments in healthcare and the health workforce in sustainable development, pointing to the integrative power of strengthening the health sector by simultaneously addressing various Sustainable Development Goals (SDGs). Many recognize the health sector as a key economic sector and generator of jobs. This is supported by new evidence suggesting that investments are expected to yield returns in terms of improved population health, economic growth and health security. Taking action is an urgent matter in order to address current and projected future health workforce shortages

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Improve the framework of the working conditions to prevent drop-outs

To enhance the efficiency and effectiveness of the healthcare system, a multifaceted approach is essential. Firstly, addressing the issue of excessive working hours is paramount. Advocating for a general reduction in working hours for healthcare professionals can contribute to a healthier work-life balance and prevent burnout and drop-outs. An essential step is the elimination of the historically conditioned labor law exception for assistant and attending doctors, which mandates 50 hours of standard working time. Instead, implementing labor law-compliant scheduling that does not normalize 50-hour workweeks should be a priority. This ensures fair and reasonable working conditions for medical professionals.

Moreover, it is crucial to establish a robust reporting mechanism to address violations of labor laws and other grievances. Using online reporting platforms can facilitate the identification and resolution of issues within the healthcare workforce. Introducing new work models, such as part-time and job-sharing models, can create more family-friendly structures and contribute to a healthier work environment¹. Prioritizing the mental health of healthcare professionals, coupled with resilience and communication skill training, is crucial to foster a supportive workplace.

Advocacy for non-discriminatory working conditions aims to promote a fair and inclusive healthcare environment. Simultaneously, restructuring tasks to reduce non-medical and low-value responsibilities can be achieved by reallocating these duties to medical administration staff. Allocating funds for medical information infrastructure further streamlines processes and enhances overall efficiency. By addressing these issues comprehensively, there is a potential reduction in overall healthcare system costs and an enhancement in the perceived quality of care. These improvements not only benefit healthcare professionals but also provide co-benefits for all stakeholders, including taxpayers and the general population. Additionally, addressing patient safety issues and aligning professional systems

with scientific evidence can contribute to a more effective and cost-efficient healthcare system.

swimsa urges healthcare institutions to adapt to the wishes of young professionals so that they remain in their otherwise very fulfilling profession instead of quitting early. swimsa insists on the need for a shift towards a more sustainable work environment for doctors including a reduction of the non-medical tasks. As stated in our demands, this necessarily includes reducing the number of working hours and modernizing the administrative tasks to use the time for patient-centered care and high-value tasks.

Expanding our capacity to educate medical students

It is important that enough doctors are educated in Switzerland to ensure the supply meets the demands of doctors in the future^{18,19}. In order to reduce the dependency on foreign doctors, Switzerland needs to expand its capacity to educate medical students. There have been encouraging efforts in this direction in the past years, including the introduction of several new study programs and an increase in available spots for medical students at various universities. swimsa and more than 96% of Swiss medical students think that these efforts need to be strengthened and the number of spots for medical students in Switzerland needs to be lifted²⁰.

Additionally, the costs for the education of medical students need to be transparently communicated in order to ensure that the money allocated for their education is optimally invested.

Digitalization of the Swiss healthcare system

New technologies can, in addition, increase job satisfaction, free up staff time, reduce stress, and medical errors by avoiding repetitive tasks, and ease physical efforts through improved ergonomics. Communication tools create collaborative work environments, fostering interprofessional collaboration, and facilitating information exchange⁴. According to an umbrella review, moderate evidence exists that digital health technologies (DHTs) positively affect health-care workers' performance, mental health, clinical management, and features associated with delivery and access to care¹⁴. Health technologies reportedly increase the performance of health-care workers, yet defining and quantifying work performance is still challenging. In the aforementioned studies, performance was commonly correlated to optimized communication skills, reliable and rapid access to data, development of professional expertise and skills, increased productivity, efficacy, and accuracy, improvement in quality of care, decreased time commitment to professional activities, and advanced knowledge acquisition. Moreover, DHTs are often integrated into health-care facilities without comprehensive analysis of worker satisfaction, consideration of corporate culture, effectiveness, cost-efficiency, or solid strategic planning. Consequently, substantial amounts of resources are invested and lost^{3,10}. It is essential for health employees, medical and health companies, policy makers, and stakeholders involved in assessing success and productivity to collaborate in developing a standardized tool to measure job performance taking into account work quality and quantity, efficiency, and

organizational-level metrics. Prioritizing job satisfaction and motivation of healthcare workers is crucial for increasing the accuracy of this tool.

A relevant study by McKinsey & Company 2021 has found that Switzerland has an enormous potential to overcome increasing expenditures and save up to CHF 8.2 billion with healthcare digitization¹³. However, compared to other countries, Switzerland has not yet taken equal advantage of the opportunities from digitization in healthcare. International examples show that accelerating digitization could bring a vast amount of benefits for patients, consumers and other healthcare stakeholders, in terms of improved health outcomes, treatment quality, and patient experience and empowerment. At the same time, digitization can increase healthcare efficiency, which is becoming increasingly important also in Switzerland given its comparably high healthcare expenditures. These have reached CHF 82.1 billion or 11.3% of GDP in 2019, while premiums for mandatory basic insurance have been steadily increasing over time, at 3.8% per year between 1998 and 2019, well above average inflation of 0.5% per year¹³. In contrast, the GDP has been growing by 2.2%.

The results of the study “The digital healthcare system from the perspective of the population” published by digitalswitzerland show that the Swiss population is willing to use a digital healthcare system as long as it offers clear added value, such as better user-friendliness, improved diagnoses and treatments, and lower healthcare costs²¹. The success of the digital health transformation is dependent on the contribution from all stakeholder across various levels.

Admission to residency

In various European countries, including Italy, France, Spain, and Portugal, the allocation of final-year medical students to their specialities and workplaces is determined by their performance in a national examination. This system is implemented to regulate the number of residents admitted to specialized training.

This has led to dissatisfaction among residents who have been placed in a specialty they do not prefer, leading to early drop-outs of doctors, residents retaking the test or immigrating to other countries where there is no national admission test²². More than 64% of Swiss medical students believe that the admission to specialty training should not be regulated by the canton or state²⁰.

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