



Swiss Learning
Health System

Improving Working Conditions in Swiss Nursing Homes

A Brochure for Nursing Home Leadership

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Policy Briefs and Stakeholder Dialogues of the Swiss Learning Health System

The Swiss Learning Health System (SLHS) was established as a nationwide project in 2017. One of its most important objectives is to bridge research, policy, and practice. For this, an infrastructure supporting learning cycles will be provided. Learning cycles enable the ongoing integration of evidence into policy and practice by:

- continuously identifying issues and questions that are relevant to the health system,
- summarizing and providing relevant evidence from research, and
- presenting potential suggested solutions and courses of action.

Key features of the learning cycles in the SLHS include the development of policy briefs that serve as a basis for stakeholder dialogues. Issues or questions that are identified to be further pursued are monitored for potential implementation and eventually evaluated to inform new learning cycles and to support continuous learning within the system.

A policy brief describes the respective issue or respective question by explaining the relevant contextual factors and describing a number of (evidence-based) suggested solutions or recommendations. For every suggested solution or recommendation, the policy brief explains relevant aspects and potential barriers and facilitators to their implementation.

During a stakeholder dialogue, a group of stakeholders discusses the issue or the question, the proposed recommendations, and possible barriers and facilitators presented in the policy brief. The aim is for all stakeholders to develop a common understanding of the issue and collaboratively discuss and compile potential courses of action for the solution of the issue.

Why this matters?

Nursing homes in Switzerland are at a crossroads, facing significant challenges related to staff shortages, increasing care complexity, and caregiver dissatisfaction with the work environment. Addressing these issues requires not just recognizing the problems but also providing actionable solutions to improve working conditions.

This brochure is designed as a practical tool for nursing homes, offering action steps and best practices inspired from recommendations outlined in an **Evidence Brief**¹. Developed collaboratively during a stakeholder dialogue, it reflects a collective effort to bridge evidence and practice.

By bringing together care workers, leaders, and experts, this co-created resource ensures that solutions are both evidence-informed and tailored to real-world needs. Ultimately, it aims to drive meaningful improvements in the workplace and enhance the quality of care for residents.

¹ **Striving to Improve Working Conditions in Swiss Nursing Homes** (SLHS), available at: <https://www.slhs.ch/en/policy-briefs-stakeholder-dialogues/our-topics/>

What to expect from this brochure?

Improving working conditions and caregiver satisfaction should help reduce turn-over rates and workforce shortages. Although several issues require policy changes at the national and regional levels to address systemic challenges, meaningful improvements can be made directly within nursing homes through organizational adaptations.

This brochure covers the following action areas, involving both general and more specific recommendations:

Worker Autonomy

- a) **Team-based autonomy** – Allow care teams to adapt workflows collectively to ensure efficient and well-coordinated service delivery.
- b) **Provide training for autonomy** – Equip staff with the necessary skills to manage their autonomy effectively, incorporating peer learning opportunities.
- c) **Go beyond standardized processes to gather staff input** – Combine traditional tools with more dynamic approaches (e.g., pulse surveys, staff-led discussions) to create varied, accessible opportunities for staff to share input and shape organizational decisions.

Digitalization

- a) **Caregiver-centred technology** - Engage caregivers in the design of digital tools to ensure they are intuitive, user-friendly, and aligned with operational needs.
- b) **Improved accessibility** – Equip employees with mobile devices (e.g., tablets, smartphones) to facilitate real-time data access and ease documentation processes.
- c) **Automated solutions** – Introduce AI-driven tools, such as speech-to-text and handwriting recognition, to streamline documentation while providing language inclusivity.
- d) **Gradual implementation** – Roll out digital systems progressively with tailored training, helpdesk support, and consistent feedback loops to ensure a seamless adoption and continuous improvement.

Leadership

- a) **Invest in training at all levels** - Offer ongoing professional development opportunities for all staff members to enhance skills and confidence, ensuring a well-supported workforce.
- b) **Facilitate collaboration** – Shift from rigid hierarchies to teamwork-based approaches, enabling interdisciplinary meetings and shared decision-making to ease mid-level management responsibilities.

- c) **Encourage open communication** – Leaders should be visible, actively listen, and foster a transparent, respectful, and collaborative work environment.
- d) **Recognition and growth** – Establish a culture of recognition to celebrate employee contributions and view mistakes as opportunities for learning and development.
- e) **Continuous adaptation** – Maintain a flexible approach to evolving resident needs, workforce dynamics, and regulatory changes, ensuring a supportive work environment and high-quality care delivery.

Each nursing home operates in a unique environment and different challenges require different strategies. These evidence-informed, co-created recommendations aim to guide leadership on where and how to invest in improving and supporting working conditions.

Action Areas and Recommendations

Worker Autonomy



Worker autonomy empowers staff to make decisions based on their experience and expertise, which is essential in the unpredictable environment of nursing homes. It goes beyond day-to-day tasks, allowing workers to provide inputs and actively participate in organizational design. This process requires buy-in from both staff and management, along with proper implementation mechanisms and necessary training.

To effectively implement worker autonomy in nursing homes, the following recommendations outline key strategies to ensure a well-structured and collaborative approach:

Recommendations

- a) **Worker autonomy as team-based instead of an individual.** Nursing home workers should have the ability to act and respond quickly to situations and, therefore, be able to alter their workflow. However, it is important that the focus is not just on the individual level, as this can lead to confusion of tasks, inefficiencies and mismanagement. Instead, the care team as a whole should project the necessary organizational autonomy to ensure care can be delivered in a cohesive manner. This will allow for a participative voice that can construct a care plan involving all elements and operate smoothly. This also supports workers who may not want the increased responsibility of having autonomy as an individual.
- b) **Educate and support staff in practicing worker autonomy.** Support staff in developing the confidence and skills needed to exercise autonomy by offering learning opportunities that reflect day-to-day care situations. Encourage peer learning by creating spaces where team members can share experiences and strategies. New staff may particularly benefit from informal mentoring or shadowing, helping them understand how autonomy is applied in practice.
- c) **A standard process is not enough to solicit staff input.** Providing input on organizational matters can feel complex or even intimidating for staff. It's important to recognize that no single method suits everyone. Alongside traditional tools like feedback boxes or open-door policies, consider more dynamic approaches - such as regular “pulse check” surveys, rotating staff-led discussion groups, or anonymous digital suggestion platforms. Offering diverse and flexible ways to share input fosters a culture of trust, inclusion, and shared ownership in shaping the work environment.

Digitalization



Similarly to the other points discussed in this brochure, effective digitalization to reduce documentation burden on the care workers has a strong systemic component. Substantial investment is needed for the digitalization process to be successful, and nursing homes, which are already struggling financially, cannot bear the costs alone. Besides, a national digitalization strategy must address the needs of implementing institutions - ensuring interoperability and data protection specifically (see Evidence Brief²). Designing unique

patient identifiers as well as a standardized reporting language and codes should evidently not be the nursing homes' sole responsibility. The current national Electronic Health Records (EHRs) do not meet most institutions' requirements.

Furthermore, there is an important and ongoing reflection on the volume of documentation required. Care workers are currently burdened by a soaring amount of documentation driven by the financing of care, which takes large chunks of time away from relational care to the residents. The objective of effective digitalization is to reduce this documentation burden, but it ought to operate in parallel with the general aim of avoiding excessive documentation requirements.

The following recommendations highlight key approaches to support effective digitalization in nursing homes, improving both working conditions for care workers and the quality of resident care.

Recommendations

- a) **Caregiver-centred technology.** It is crucial to involve caregivers, not just engineers, when designing digital platforms and tools to be implemented in nursing homes. Caregivers have shown enthusiasm to participate in the development of digital platforms, as they will ultimately be the primary users. When caregivers are involved, features such as the number of clicks necessary to access patient data, system navigation, and layout design can be optimized. This involvement should begin early in negotiations with service providers, ideally by aligning the interests of different nursing homes to ensure needs are prioritized and not overlooked later in the process.
- b) **Improved accessibility.** Equip employees with appropriate mobile devices (e.g., tablets, smartphones), to enable seamless use of digital tools anywhere, including directly in the residents' rooms.

² **Striving to Improve Working Conditions in Swiss Nursing Homes** (SLHS), available at <https://www.slhs.ch/en/policy-briefs-stakeholder-dialogues/our-topics/>

- c) **Automated solutions.** The efficiency can be greatly enhanced by adding input automation features, such as speech-to-text recognition or automatic handwriting recognition, which are now fairly robust thanks to the advances in Artificial Intelligence (AI) and Natural Language Processing (NLP). When designing these features, it is imperative to ensure they are sensitive to different languages and local dialects to the extent possible.
- d) **Gradual implementation.** Introduce digital systems in phases, accompanied by tailored training that considers the diverse needs of staff - such as differences in age, digital skills, and language. Ensure ongoing support is available through flexible means, such as peer mentoring, accessible digital guides, or on-site assistance. Care workers have pointed out that training is often too general or not well adapted to their background. Making training more relevant by addressing specific needs - for instance, offering step-by-step demonstrations for interacting with partially automated systems - can increase confidence and support consistent use in daily care routines.

Leadership



Leadership at all levels of nursing homes plays a key role in sustaining direct communication with frontline care workers, continuously assessing their needs, and providing support to achieve organizational objectives in their day-to-day activities. In this context, leadership refers to official leadership positions such as nursing home management, head nurses, or ward management, although other persons within nursing homes may also demonstrate leadership.

Leadership positions influence the goals that are set, and the outcomes achieved by the teams they oversee. The mindset and actions of those in leadership positions may have either a positive or negative effect on these goals and outcomes.

To foster leadership that positively influences both teams and care outcomes, the following key recommendations should be considered:

Recommendations

- a) **Invest in training at all levels.** Providing opportunities for all nursing home employees to follow ongoing and tailored educational opportunities is an important step to ensuring the workforce feels supported and is effectively fulfilling the needs of the residents. While resources are often limited, investing in training at all levels of staff is a considerably worthwhile investment that can yield long-term benefits.

General training: Due to time-constraints, trainings are often conducted without the opportunity for reflection and experience-sharing afterwards. However, these follow-up discussions are important to build a deeper understanding of the learnings and the ability to disseminate the knowledge.

Leadership training: Supporting leadership positions is equally important. Mid-level leaders often find themselves balancing the roles of both colleague and leader. Many of these positions are often filled by individuals who have worked their way up and have shown leadership qualities but have no official training. They may find themselves under pressure from both their teams and higher-level management. Investing in training and opportunities to connect with others who share their role will help them gain confidence and develop the skills needed for the overall success of the nursing home.

- b) **Facilitate collaboration.** Moving away from rigid hierarchical structures and fostering a more collaborative environment is essential to improving working conditions in nursing homes. Regular meetings and interdisciplinary collaboration can help align teams with a shared vision, thus enabling increased efficiency. Building bridges between the different areas of nursing homes, such as between clinical and managerial tasks, is also important

for building a common understanding of goals and challenges. Since decision-making comes with responsibility, it can be a source of anxiety, particularly for mid-level leaders. Encouraging collaborative problem-solving and shared leadership can help reduce the fear of responsibility and ease pressure, creating a more supportive environment.

- c) **Open communication.** Leaders should be visible, actively communicate, be present, foster relationships built on respect and active listening. Transparency in communicating goals and challenges that are being faced helps create a safe and collaborative environment. Additionally, leadership includes the confidence to say '*I don't know*' or '*What would you do in my place?*', encouraging shared problem-solving.
- d) **Recognition and growth.** Recognizing and praising care workers when a job is well done reflects a supportive work environment and positive leadership. Equally important is creating space where employees feel empowered to work independently and learn from their mistakes. Mistakes should be seen as opportunities for growth and improvement.
- e) **Continuous adaptation.** Nursing homes are continuously changing environments due to changes in residents, workforce and policies. It is therefore important for leadership to continually assess and adapt accordingly, while keeping the mentioned principles in mind to foster a supportive environment that will improve working conditions and thus translate into higher quality care for residents.

What's next?

Improvement is a continuous process, and every nursing home may have its unique path. This brochure aims to provide inspiration for practical steps to improve working conditions and their downstream effects. While many of the points elaborated in this brochure may already be familiar, implementation remains a challenge. A useful next step may be to prioritize the most relevant and achievable priorities, recognizing that each of these adjustments will be associated with changes in workflows and financial planning.

If this brochure has been helpful, sharing it with others would be greatly appreciated. Copies can be requested by contacting any of the authors. If the reader is interested in exploring these issues further, we recommend the following documents:

Care Manifesto, available in French and German at

<https://unia.ch/fr/professions-branches/soins-et-accompagnement/manifeste-du-care>

Swiss Nursing Homes Human Resources Project – 2018 final report (Universität Basel), available in German and French at

<https://shurp.unibas.ch/shurp-2018-publikationen/>

Beyond Applause? Improving Working Conditions in Long-Term Care (OECD), available in English at

https://www.oecd.org/content/dam/oecd/en/publications/reports/2023/06/beyond-applause-improving-working-conditions-in-long-term-care_4523ea50/27d33ab3-en.pdf

