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Work preferences and motivations of young general practitioners in Switzerland: findings from a cross-sectional survey of the Swiss Young General Practitioners Association (JHaS)

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Abstract

Background The general practitioner (GP) and pediatrician shortage in Switzerland is a multifaceted problem. Parallel to the demographic shift with many retiring GPs/pediatricans, motivation among junior doctors to become GP was low for many years due to unfavorable work-life-balance and poor working conditions compared to other specializations. The Swiss Young General Practitioners Association (JHaS), founded in 2009, is an advocate for the recruitment of young doctors into the field of family medicine. Its contribution for addressing the GPs shortage in Switzerland has been depicted in 4 consecutive surveys 2011, 2016, and 2019. This paper describes the up-to-date findings and its relations over a period of 15 years for the next generation of Swiss GPs as well as pediatricians.

Methods In a cross-sectional online survey, we asked members (students, residents, early-career GPs/pediatricians) of the Swiss Young General Practitioners Association ($n = 1{,}999$) to answer questions about their preferred type of practice and working conditions. For more clarity, we chose to use only the term GP, but pediatricians are also included.

Results 716 members answered the survey, corresponding to a response rate of 37%. The majority of the JHaS members are women (75%). The preferred practice type seems to be group practice, 74% wish to work in a group practice with 2–5 colleagues. The suburban area offers the most attractive location (48%). Positive working climate was a major factor in choosing a practice. Most participants wish either to own the practice or to be co-owner of a group practice (62%). Almost half experience the emergency duty as feasible. Despite feasibility, the same proportion would like to give up the emergency duty.

Conclusions Participating members of the 2024 JHaS survey expressed a preference for working part-time as GPs or pediatricians in suburban group practices, with most aspiring to (co-)own their practice. These findings are consistent over 15 years with the previous surveys, providing clear guidance for tailoring effective career development initiatives.

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Keywords Workforce, General practitioners, Pediatricans

Background

The general practitioner (GP) and pediatrician shortage in Switzerland is a multifaceted problem [1]. One of the main aspects is the retirement of a large part of the actively working GPs. In 2015, the mean age of Swiss GPs was 55, with 15% being already older than 65 years. Over the next few years, the shortage is expected to increase further [1]. Parallel to the demographic shift, surveys showed repetitively low motivation of medical students to become GPs due to unfavorable reward and work-life balance conditions [1]. Several strategies to address this issue have been implemented. Animating and sensitizing young doctors to become GPs is probably one of the most important aspects. The Swiss Young General Practitioners Association (JHaS), founded in 2009, is an advocate of the attractiveness of the profession for young doctors. JHaS members are physicians in training or further education with the goal of becoming GP or pediatrician, as well as GPs and pediatricians up to five years after opening their practice. They seek for high quality general practice medicine and are committed for the networking among young general practitioners and pediatricians and for the development of a future vision of general practice medicine and its representation in the political decision-making process. The development of the association and its contribution to address the shortage of GPs and pediatricians in Switzerland have been depicted in consecutive surveys in 2011, 2016, and 2019. The surveys' findings show the challenges, developments, and achievements of efforts against the GPs shortage in Switzerland. By the beginning of 2025, JHaS counted > 2000 members with a shared vision to not only become GPs or pediatricans but also on how they see their professional future [2]. Apart from JHaS, other measures to encourage new doctors to specialize in family medicine, like early exposure as specific training during medical studies and working experience in the GP practice, showed a positive impact [3]. Implementation of psychological supportive measures in the GP practice has also contributed to ameliorate working conditions [4, 5]. This paper describes the up-to-date findings and its relations over a period of 15 years for the next generation of Swiss GPs/pediatricians.

Methods

Design

Cross-sectional (observational) study using an online survey (survey questions are available upon request).

Study population

By the 31st of December 2024, JHaS had 1,999 members. As described in earlier surveys, JHaS membership is open to medical students, residents, young professional GPs and pediatricians (within 5 years of board certification). Since wishes for the career differ between those three stages, we stratified the results into those three groups.

Processes and outcomes

Email invitations to the survey were sent to all JHaS members with valid email addresses. The survey was conducted in German and French. The questionnaires of 2011, 2016, and 2019 served as a starting point [2, 6, 7]. To describe the study populations, participants were asked about their sex, year of birth, relationship status, and the age of their children, as well as their mean workload in the past 2 weeks and currently (measured in half working days). Student participants were asked about the years of medical studies completed, the desired practice form, practice location (town, suburb, or countryside), working position (employee, co-owner, owner, medical director of a larger group practice, chief administrator of a group practice), and workload per week, half workdays per week. The residents were asked about the year of specialisation, the desired practice form and location, position, and the number of half workdays per week. Furthermore, their current working situation and plans for the near future were noted. Those who indicated plans to take over a practice were asked about the timeline, the practice location, their planned weekly workload, and whether the practice was the same in where they were previously trained. The GPs provided details on their starting year at the practice, their half workdays, the type of practice, the planned role, and whether they are working at the same practice where they were trained. The last part of the survey contained six new questions about the subjective perception of GP shortage, their experience with the saturation of GP and pediatrician practices with the stop of patients' recruitment, lack of young doctors wishing to work as general practitioners, lack of resources to make emergency duties possible, and their feelings about the opportunity to desist from emergency duties. The survey was hosted on SurveyMonkey® (www.surveymonkey.com, Palo Alto, CA, USA).

Statistical analysis

We compared baseline characteristics of participants and the type of practice and working conditions they preferred. We performed Chi-square tests for categorical data, and t-tests or Wilcoxon-Ranksum tests for continuous data. We calculated proportions and 95% confidence intervals (CI) separately. We considered a p-value of 0.05 to be statistically significant. All data were analyzed with STATA release 16 (Stata Corp, College Station, TX, USA).

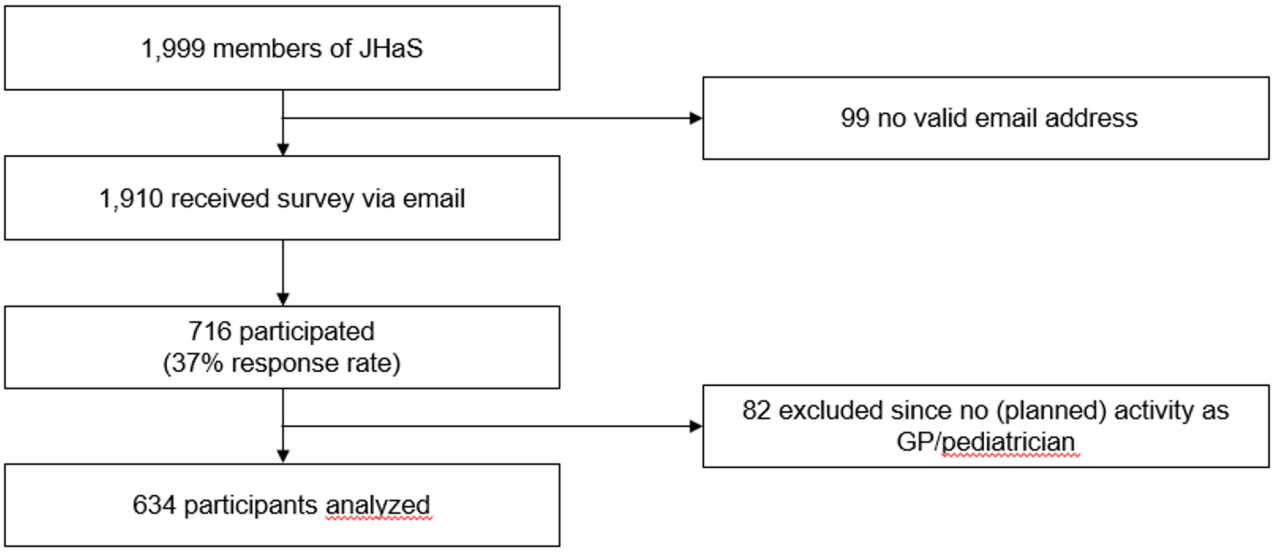

Fig. 1 Study flow chart

Table 1 Participants characteristics

Sex, *n* (%)	
Female	472 (74.8)
Male	158 (25.0)
Other	1 (0.2)
Age (years), mean (SD)	35 (5)
Language, n (%)	
German	506 (80.2)
French	125 (19.8)
Current position, n (%)	
Medical student	36 (5.7)
Resident	289 (45.8)
GP or pediatrician	306 (48.5)
Marital Status, n (%)	
Married	276 (43.8)
Partnership	218 (34.6)
Single	123 (19.5)
Other	13 (2.1)
Children* n (%)	
Yes, < 2 years	105 (16.6)
Yes, 2–6 years	112 (17.8)
Yes, > 6 years	73 (11.6)
No	341 (54.0)

*Age refers to the youngest child

Abbreviations: *n* Number, *SD* Standard Deviation

Table 2 Desired practice form

Practice form, *n* (%)	
Single practice	16 (2.7)
Groupe practice 2–5 doctors	444 (73.6)
Groupe practice > 5 doctors	143 (23.7)
Half workdays, mean (SD)	7.1 (1.6)
Start in the same practice, where they were trained, n (%)	
Yes	125 (37.0)
No	213 (63.0)

Abbreviations: *n* Number, *SD* Standard Deviation

Results

Baseline characteristics

The survey invitation reached 1,910 of 1,999 (95.6%) JHaS members. A response rate of 37% was achieved with 716 members answering the survey. 82 participants were excluded because of a lack of intention to work as a GP or as a pediatrician. Answers from 634 participants were analyzed (Fig. 1).

Table 1 summarizes the participants' baseline characteristics. Most participants were female (75%). The mean age was 35 years. The majority was German speaking (80.2%). 49% of the participants were already working in a GP/pediatric practice. 46% worked as residents, 5% were still students. Overall, 54% reported having no children. Among those with children, most had children of young age (younger than 6 years).

Desired practice form

The preferred practice type was the group practice. 74% reported wishing to work in a group practice with 2–5 colleagues, 24% in bigger practices with more than 5 doctors. Only 3% of participants desired to work in a single practice (Table 2). The suburban area offered the most attractive location (48%). Only 16% of participants considered working in cities. The countryside seemed to be an attractive working location as well, with 36% of the participants wishing to practice there. Among the residents, 17% had already concrete plans to take over a practice. Overall, the indicated ideal workload was 7.1 half workingdays per week, corresponding to a workload of 70% (Table 2). Early experience in the GP office motivated 37% of participants to start in the

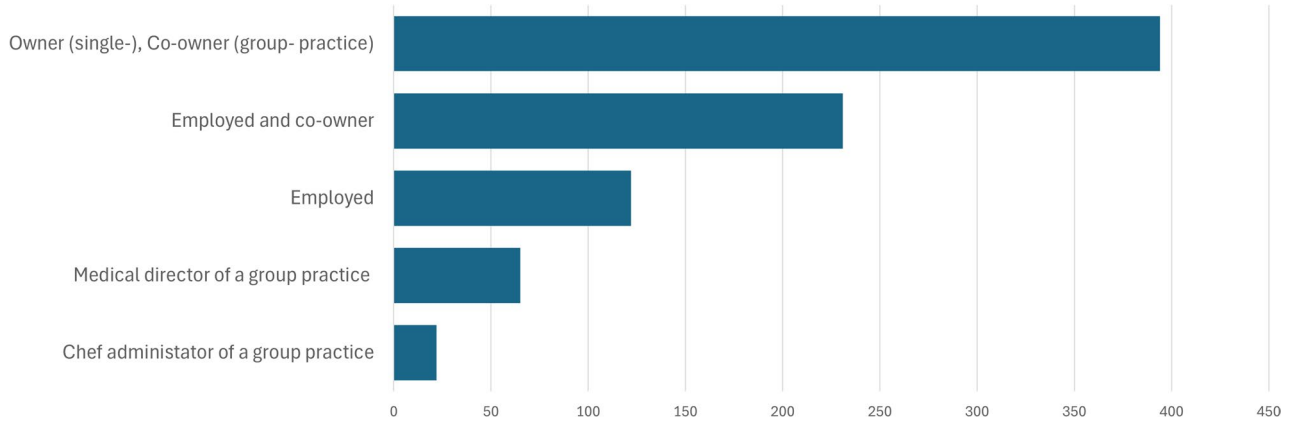

Fig. 2 Employment/self employment

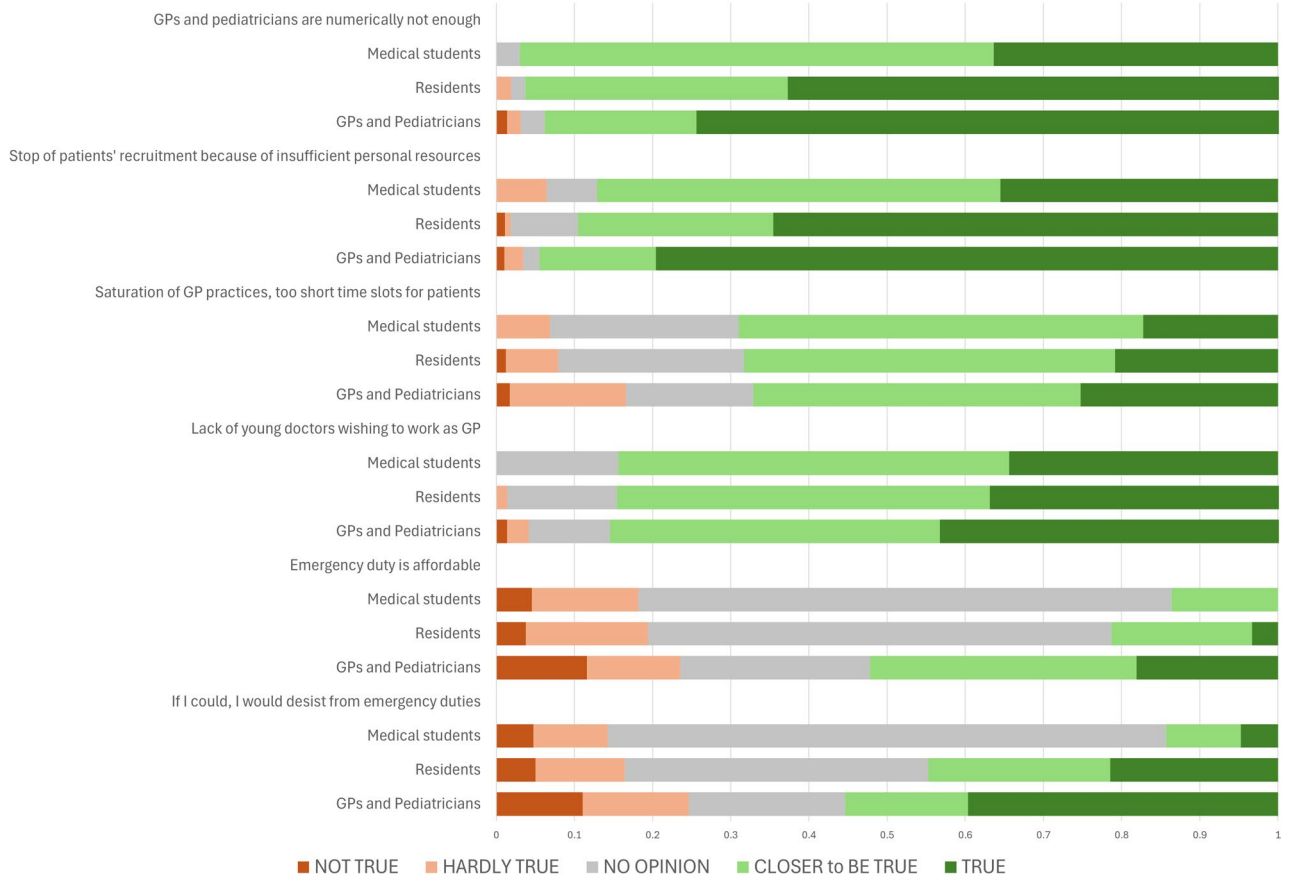

Fig. 3 General opinions

same practice where they were trained. Most participants wished to either own the practice or to be a co-owner in case of a group practice (Fig. 2).

Subjective perception on the lack of GPs and emergency duty

Almost all participants agreed that the shortage of GPs and pediatricians is a real problem. Finding young doctors to join in or take over GP practices continues to be a difficult task. All experienced patient overflow as defined by temporary inability to take more patients (Fig. 3). A common opinion among students, residents, and GPs/pediatricians was that it is more and more difficult to secure quality of patient care in the GP practice under the current conditions. Regarding the feasibility to cover emergency duty, different feelings could be depicted: almost half of the GPs/pediatricians interviewed experienced the emergency duty as feasible. Despite feasibility,

the same proportion of GPs/pediatricians would like to desist from emergency duty. Most students answered neutral to both questions, whether the emergency duty is feasible and whether they would wish to desist. Residents answered the same questions similarly, but there was a bigger proportion who would wish to desist from emergency duty as compared to the students (Fig. 3).

Discussion

This cross-sectional survey highlights the evolving work preferences and motivations of young general practitioners (GPs) in Switzerland. Alone the number of JHaS members increased from 443 in 2017 [6] to 1999 today. This is a strong indicator the JHaS itself is a successful measure against GPs and pediatrician shortage in Switzerland. Several cultural aspects impact young GP and pediatrician practice in Switzerland, among other the emphasis on networking, team building and interprofessional exchange [8]. The findings reveal a strong preference among JHaS members for part-time work in group practices located in suburban areas, with most participants aspiring to (co-) own their practice. The increasing willingness to work in suburban areas might correlate with the choice of young GPs and pediatricians to work in the practice where they trained. This highlights the importance of mentorship and vocational training within local professional networks [9]. Notably, 74% prefer group practices with 2–5 colleagues, and 48% favor suburban settings, emphasizing the significance of collaborative work environments and accessible locations. Emergency duty remains a contentious issue: while nearly half of respondents find it feasible, an equal proportion expressed a desire to relinquish this responsibility. These consistent preferences, observed across various stages of medical training and early career development, underscore the importance of work-life balance and supportive practice structures for the next generation of Swiss GPs and pediatricians. This trend emerges also from other studies showing that the newer generation emphasizes societal values around personal time and job satisfaction [10].

Strengths and limitations

With 37%, the overall response rate was good, which is a strength of our study. JHaS members are a representative sample of the next generation of GPs and pediatricians, as we do not have a national registry in Switzerland. In the interview, we used different types of questions (direct/indirect) to more clearly depict the needs and desires of young GPs and pediatricians. We had six specific issues related to the feasibility of emergency duty for young GPs and pediatricians, which is a big issue considering work-life balance. Women are probably overrepresented in the study population; however, women are the larger proportion of the medical students and practicing young doctors, so the sample remains representative. The lack of a national registry of practicing GPs and pediatricians is a limitation but the increasing proportion of female medical students and young doctors in Switzerland is well documented. 2024, 1'426 students absolved graduation in human medicine, 63% were female (www.bag.admin.ch). Asking JHaS members may have resulted in some selection bias, as members may be more active and interested in participating than non-members. Finally, we only covered the French and German speaking regions, so that our results are not generalizable to the Italian-speaking region of Switzerland.

Comparison with the existing literature

These findings align with previous studies on the preferences of young family doctors in Switzerland and other countries. A study by Buddeberg-Fischer et al. similarly reported that the younger generation of doctors increasingly values work-life balance and favors part-time work arrangements, particularly among women, who represent most respondents in this study (75%) [11]. The preference for group practices is also consistent with research indicating that younger physicians are drawn to collaborative environments that offer peer support and shared responsibilities, which mitigate the burdens of administrative work and emergency duties. Internationally, studies from Germany and the Netherlands corroborate the trend of young physicians preferring suburban or semi-rural practice locations, balancing professional aspirations with personal lifestyle goals [6, 12]. A recently published study from Poland and the United Kingdom displayed training tailored to supervisory capabilities one of the key issues of the recruitment of young GPs; flexibility, mentoring and psychological safety should be permanent features of young doctors' work [13].

The findings of this study extend insights from previous Swiss studies, which have consistently highlighted the challenges and preferences shaping the future of general practice. Zeller's 2015 Work-Force Study projected a critical shortage of general practitioners in Switzerland, citing an aging workforce and insufficient numbers of young doctors entering the field [1]. Our findings confirm that while interest in becoming a GP or pediatrician has increased, structural and work-life balance issues remain key factors influencing career choices of young doctors and are determining aspects for their mental wellbeing [7]. Like Zeller's observations, this study identifies part-time work, group practices, and the ability to opt out of emergency duties as critical factors in sustaining interest in the field.

The preference for group practice observed in this survey echoes findings from our earlier studies, which highlighted the appeal of modern practice structures among

future GPs in Switzerland [2, 6]. We noted that young doctors were less interested in traditional solo practices, preferring instead the flexible and resource-sharing environment of group practices. This preference underscores the continued evolution of practice models and the importance of adapting workplace structures to meet the expectations of the younger generation. Gisler et al.'s 2017 study on the transition from practice employee to (co-)owner offers further context for our results. They found that most young GPs anticipated becoming (co-) owners of their practices [6], a trend that aligns with our finding that 62% of respondents expressed a preference for ownership or co-ownership in a group practice setting. This consistency suggests a strong and enduring desire for professional autonomy among young doctors, even as they prioritize work-life balance and modern workplace arrangements. Together, these studies provide a comprehensive picture of the changing landscape of general practice in Switzerland and reinforce the importance of addressing young doctors' preferences to ensure the sustainability of primary care.

The aversion to emergency duty seen in this study mirrors findings in other research highlighting the growing reluctance among young doctors to take on high-stress responsibilities without adequate support [14]. While almost half of the participants acknowledged the feasibility of emergency duties, the same proportion would prefer to avoid them, reflecting the need for structural changes in duty management. This sentiment is echoed in studies from the United States and the United Kingdom, where younger physicians have expressed dissatisfaction with current emergency duty frameworks and a desire for better integration of such responsibilities into balanced work schedules [15, 16]. A recent study from Ireland found a possible approach to address the general practice workforce crisis in the role reallocation within multiprofessional teams [17]. Together, these findings emphasize the need for targeted policies to address the evolving expectations of young GPs, such as fostering part-time opportunities, enhancing group and multiprofessional practice settings, and creating sustainable models for managing emergency duties.

Implication for research and practice

Although the number of JHaS members has steadily increased over time, a lot more needs to be done to turn the tide of the shortage of family medicine professionals. The compatibility of career and personal life is an important issue. 35% of the interviewed have children younger than 6 years. To attract young doctors, strategies to facilitate the compatibility of career and family should be implemented [18]. Part-time work is one of the possibilities. Working together in group practices with the goal of a co-ownership or stock sharing makes part-time work possible and seems to be the most common desired practice form. Instead of finding a successor for every single practice, more effort should be invested in merging practices according to this trend towards part-time work. Half of the interviewed GPs and pediatricians would like to give up the emergency duty, even if they basically think that emergency duty is feasible. An explanation may be that work-life balance plays a central role for the young and future generation of GPs and pediatricians.

For policy maker these results call for a joint action to promote more health care professionals working in the primary care setting by increasing placements for physicians to study medicine, encouraging more strategic curricular programs for GP residents like the "Berner Curriculum für Allgemeine Innere Medizin" (www.bernercurriculum-aim.ch), creating a strong framework that allows the next generation of GPs/pediatricians to work with a solid financial compensation to (co-)own a practice and supporting the development to share the work load through interprofessional collaborations with medical assistants (MPAs/MPKs), advanced nurse practitioners and nursing professionals (e.g. Spitex), pharmacists and other related primary care professions. In addition, a strong emphasis on advancing digitalization would help to create more efficient working and learning conditions for the next generation of GPs, who values peer communication and networking as essential aspects of professional life [8].

Conclusion

This study highlights the consistent preferences of young GPs and pediatricians in Switzerland, emphasizing part-time work in suburban group practices and aspirations for (co-)ownership. These stable trends, observed over more than 14 years of surveys, provide actionable guidance for addressing the GP shortage. Career development initiatives should focus on promoting flexible practice models, enabling work-life balance, and supporting transitions into ownership roles. By aligning workforce strategies with these preferences, stakeholders can enhance the appeal of primary care careers, ensuring a sustainable and motivated GP and pediatrician workforce for the future.

Supplementary Information

The online version contains supplementary material available at https://doi.org/10.1186/s12875-026-03294-6.

Supplementary Material 1.

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Authors' contributions
C.F. analysed data and wrote the manuscript. S.S prepared figures and tables along with providing guidance in writing. L.H. and A.F critically revised the manuscript. All authors reviewed the manuscript and approved the content.

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Data availability
The datasets are available from the corresponding author on reasonable request.

Declarations

Ethics approval and consent to participate
The responsible Ethics Committee of Bern issued a waiver (Req-2024-00049) confirming that this research project does not need ethical approval since it was anonymous as explained in the Swiss Law on Research in Humans Art. 2, Sect. 1. This project was conducted in accordance with the Declaration of Helsinki. Participants were informed by JHaS and the study team about the purpose of the study and the anonymous use of the data of participants. All participants gave consent by continuing the survey. The consent obtained from all the participants was informed.

Consent for publication
Not applicable.

Competing interests
The authors declare no competing interests.

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