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Zürich** <sup>UZH</sup>

# Co-Creation of Care: A Transdisciplinary Research Project to Strengthen Patient and Staff Wellbeing

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# A fragmented understanding of care

- Dual human crisis in health care
  - Staff under strain → burnout, turnover (Jennings et al., 2025; Mathew et al., 2025; Senek et al., 2020)
  - Patients under-involved → poor experience and outcomes (Havana et al., 2023)
- Care is still designed around providers, assuming passive patients (Sturgiss et al., 2022)
- But patients want shared power and responsibility for the healthcare process (Feldthussen et al., 2022)

# Interaction matters

- Structural problems (workload, staffing shortages) are very real!
- Relational / communication quality predicts outcomes
  - Relational Coordination → better quality, efficiency, staff outcomes
  - Therapeutic alliance → better adherence, outcomes
  - Communication quality → fewer errors, higher satisfaction
- Same structure, different outcomes
  - Hospitals/wards with similar staffing levels, patient load → still differ in patient experience, staff wellbeing
- **Interaction quality is not a soft factor — it is a measurable driver of outcomes**



# Co-Creation of Care (CCC): A missing link?

- Co-Creation: Value through interaction
- Widely used; origins in service design; no unifying definition
- Co-Creation in healthcare (Fusco et al., 2023); black box of core process

We define Co-Creation of Care (CCC) as the mutually beneficial interaction (relationship, communication) between healthcare staff and patients during routine healthcare encounters.

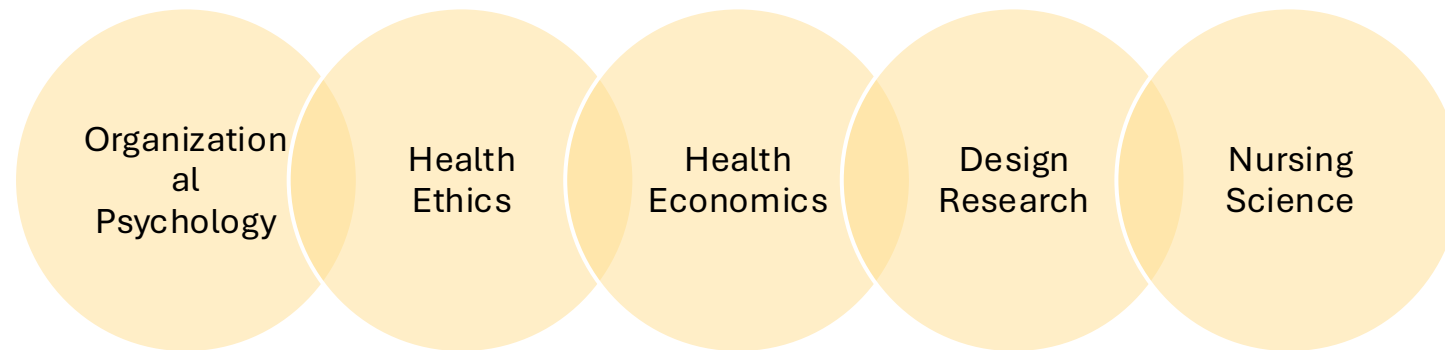
# Why CCC matters for Health Promoting Healthcare

- Empowerment: Patients as active Co-Creators
- Participation: Shared responsibility in care processes
- System resilience: Better staff wellbeing + patient outcomes

Co-Creation of Care operationalizes key principles of the Ottawa Charter in everyday care

# A transdisciplinary, mixed-methods project

5 research teams, multiple hospitals



Goal: To understand, measure, promote CCC

Qualitative:

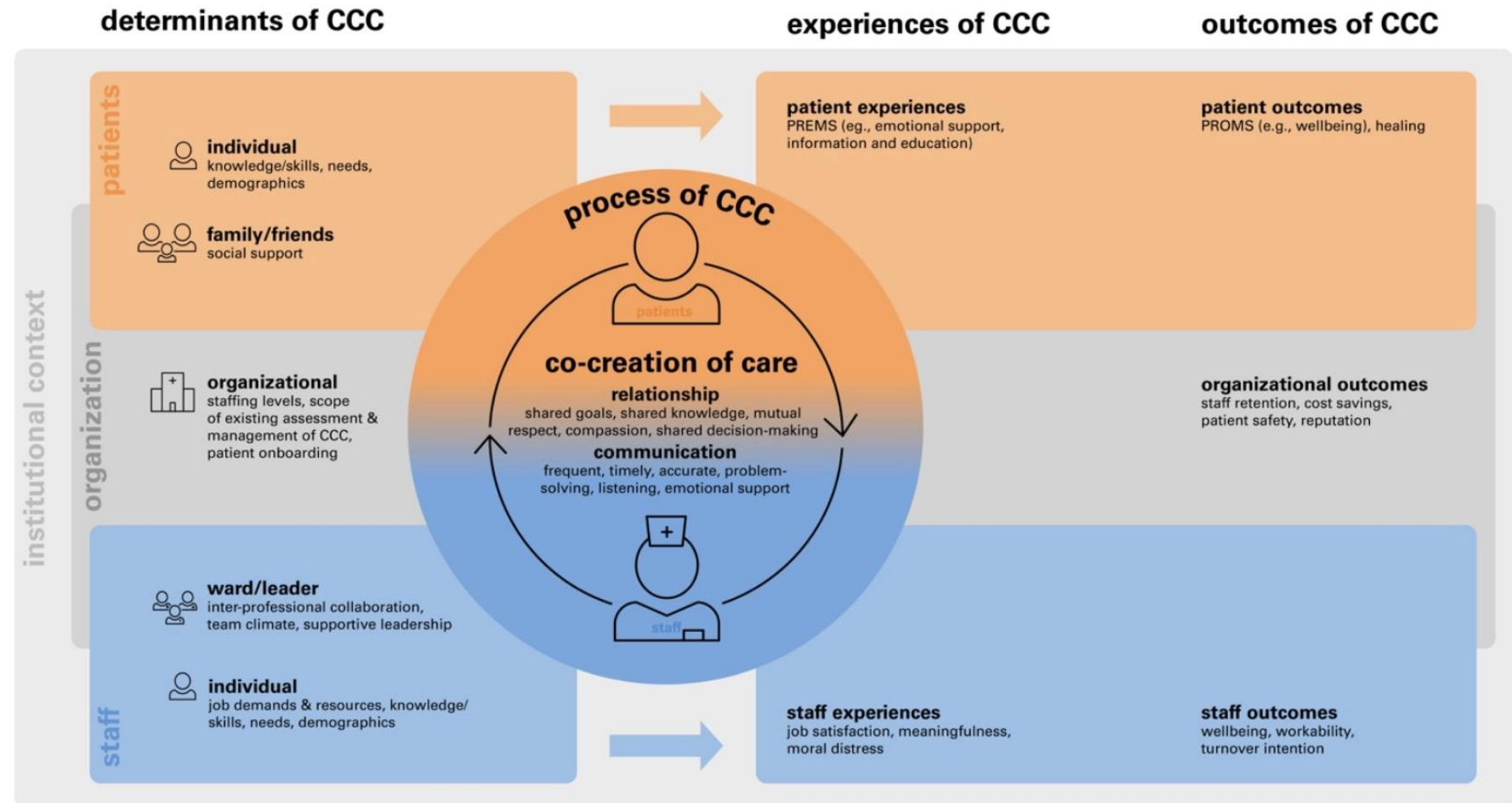
- Interviews
- Cultural probes

Quantitative:

- Longitudinal surveys
- Observations

# Our conceptual model

CCC sits at the core, linking determinants (left) to outcomes (right) for both patients and staff



# Expected contributions

<b>For nurses</b>	<ul style="list-style-type: none"><li>• Strengthen professional identity, job satisfaction, and retention</li><li>• Practical tools for reflection and professional development</li></ul>
<b>For patients</b>	<ul style="list-style-type: none"><li>• Greater involvement, safety, and empowerment</li><li>• Improved patient experience</li></ul>
<b>For organizations</b>	<ul style="list-style-type: none"><li>• Actionable recommendations for integrating CCC into quality management, HR, and care processes</li><li>• Benchmarking opportunities through comparative data</li><li>• Contribution to more human-centered healthcare</li></ul>
<b>For the healthcare system</b>	<ul style="list-style-type: none"><li>• Evidence-based insights for policymakers and professional bodies</li><li>• Transferability to other care settings (e.g., home care, rehabilitation, long-term care)</li></ul>
<b>For research</b>	<ul style="list-style-type: none"><li>• A validated model of Co-Creation of Care</li><li>• A typology and deeper understanding of CCC</li><li>• Insights into determinants and outcomes of CCC</li><li>• Validated measurement instruments</li></ul>



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