

Switzerland - Managing minor ailments and pharmacy services: how do people make their decisions?

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Identification

SURVEY ID NUMBER

10.16909-dataset-56

TITLE

Managing minor ailments and pharmacy services: how do people make their decisions?

TRANSLATED TITLE

Exploration des préférences de la population romande dans la gestion de symptômes fréquents

COUNTRY

Name	Country code
Switzerland	CH

ABSTRACT****Background****

Healthcare costs and shortages of healthcare professionals are challenges for healthcare systems. Optimal resource allocation is needed, notably in the management of minor ailments. Community pharmacy services (e.g. minor ailment schemes) are often underused by the population. This study aims to explore the decision-making process when people are managing minor ailments: What criteria influence their choices among the management options? What is their level of information and willingness to use and pay for pharmacy services?

****Methods****

In this cross-sectional online survey, participants were invited to complete a self-administered questionnaire (convenience sampling) from 07.11.2023 to 08.12.2023. The questionnaire explored general decision-making process in minor ailment management through three clinical scenarios, factors influencing whether to choose pharmacy services to manage minor ailments, as well as public knowledge about three pharmacy services in Switzerland and their willingness to use and pay for them.

****Results****

The proportion of valid questionnaires was 99.8% (508/514). Perceived severity of symptoms and time to deal with symptoms were the most important criteria in making the management decision. The more serious the symptoms were perceived, the less the pharmacy and self-medication were privileged. Respondent's decision about whether to go to the pharmacy when dealing with minor ailments depended mainly on the perceived staff's skills and direct access to medicines. Pharmacy services were little known by the public. Respondents were more willing to use autonomous prescribing than other services, with low willingness to pay out of their pocket.

****Conclusions****

This study shows that respondents are willing to use pharmacy services to manage minor ailments but are unaware of their existence and have low willingness to pay. Communication and uniformization of pharmacy services are needed, as well as the identification of right incentives to achieve the political goal of adequate orientation in the healthcare system when managing minor ailments.

KIND OF DATA

Sample survey data [ssd]

UNIT OF ANALYSIS

Individuals

Version

VERSION DESCRIPTION

Open Access version

VERSION DATE

2025-06-04

Scope

KEYWORDS

Keyword
Community pharmacy
Minor ailment
Symptom management
Decision making
Pharmacy services

Coverage

GEOGRAPHIC COVERAGE

French speaking part of Switzerland

UNIVERSE

People going to pharmacies, to ED or to GP or people having access to internet (QR code)

Producers and sponsors

PRIMARY INVESTIGATORS

Name	Affiliation
Jérôme Berger	Unisanté, Center for Primary Care and Public Health and University of Lausanne, DDP Department of Ambulatory Care

PRODUCERS

Name	Abbreviation	Affiliation	Role
Clemence Perraudin	CPE	Unisanté, Center for Primary Care and Public Health and University of Lausanne, DDP Department of Ambulatory Care	Co-author and researcher
Léa Charnaux	CHX	Unisanté, Center for Primary Care and Public Health and University of Lausanne, DDP Department of Ambulatory Care	Researcher

FUNDING AGENCY/SPONSOR

Name	Abbreviation
Société vaudoise de pharmacie	SVPH

Sampling

SAMPLING PROCEDURE

Sample size: 508 respondents.

Selection process: As many answers as possible

Stratification: none

Stage of sample selection : explorative without sample selection

Level of representation: not representative of the swiss population

DEVIATIONS FROM THE SAMPLE DESIGN

-

RESPONSE RATE

There is no tracability of the number of people that scanned the QR code and didn't finish the questionnaire or didn't start it

Data collection

DATES OF DATA COLLECTION

Start	End
2023-07-11	2023-08-12

DATA COLLECTION MODE

Internet [int]

DATA COLLECTION NOTES

The average time taken to complete the questionnaires (n=458) was 16 +/- 9 minutes and the median 14 minutes [min 2 - max 58 minutes]; after excluding values deemed to be outliers >60 minutes, n=50.

DATA COLLECTORS

Name	Abbreviation	Affiliation
Léa Charnaux	CHX	Unisanté, Center for Primary Care and Public Health and University of Lausanne, DDP Department of Ambulatory Care

Questionnaires

QUESTIONNAIRES

The questionnaire was created following the recommendations in the Unisanté document “D1808 Creating a questionnaire”. An initial review of the questionnaire was carried out by the project supervisor. Following modifications, the questionnaire was sent to the Unisanté pharmacy research group for an initial correction phase. Suggestions from 5 members of the research group were returned and taken into account. The questionnaire was then sent to two people outside the research group for an initial pilot test to assess comprehension and completion time. The final version of the questionnaire was submitted to the Head of Pharmacy, as well as to two people outside Unisanté for a final pilot test. It was estimated that the final version of the questionnaire would take 10 to 15 minutes to complete.

Data Processing

DATA EDITING

The dataset has been anonymized in June 2025. Geographical information were removed from comments and free answers. Some variables have been removed, as they might contained personal information : autre_a, autre_b, autre_mod_ass_alt, commentaires_formulaire.

METHODOLOGY NOTES

None

Data Appraisal

ESTIMATES OF SAMPLING ERROR

-

DATA APPRAISAL

The sample population responding to the questionnaire was recruited by convenience and was not representative of the Swiss population. The sample contained more women (70% vs. 50%) (1) and was better educated (59% with a higher education qualification vs. 30%) (2). What's more, in Romandie, the canton of Vaud was over-represented (81% vs. 36%) (1), as were people with standard AOS models (40% vs. 22%) (3). People with alternative “telemedicine or pharmacy” models (7% vs. 29.4% for 19-26 year-olds and 28% for >26 year-olds) (3), as well as extreme deductibles (300.- : 37% vs. 46% ;

2500. : 36% vs. 41%) (3) were under-represented. There was also a possible over-representation of young people (4).

1. OFS, Office fédéral de la statistique [Internet]. 2023 [cité 18 déc 2023]. Structure de la population résidante permanente selon le canton, de 1999 à 2022 - 1999-2022 | Tableau. Disponible sur: <https://www.bfs.admin.ch/asset/fr/26565149>
2. OFS, Office fédéral de la statistique [Internet]. 2023 [cité 18 déc 2023]. Niveau de formation de la population – Données de l'indicateur - 2000-2022 | Tableau. Disponible sur: <https://www.bfs.admin.ch/asset/fr/24485173>
3. Grize S. Statistique de l'assurance-maladie obligatoire Edition 2021. Berne: OFSP, Office fédéral de la santé publique; 2023. Report No.: 6.
4. OFS, Office fédéral de la statistique [Internet]. [cité 26 déc 2023]. Age. Disponible sur: <https://www.bfs.admin.ch/bfs/fr/home/statistiken/bevoelkerung/stand-entwicklung/alter.html>

Access policy

CONTACTS

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ACCESS CONDITIONS

All data and documentation are available under “restricted access” on the Unisanté data repository for research purposes only. Access request can be made by research teams at : <https://doi.org/10.16909/dataset/56>

ACCESS AUTHORITY

Name	Affiliation	Email
Clemence Perraudin	Unisanté, Center for Primary Care and Public Health and University of Lausanne, DDP Department of Ambulatory Care	Clemence.Perraudin@unisante.ch

LOCATION OF DATA COLLECTION

Unisanté Data repository

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Metadata production

PRODUCERS

Data Dictionary

Variables		
Data file	Cases	