

Blood, sweat, tears...and medicines: Pharmacist experiences of disaster response in Australia

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BACKGROUND

Disasters are increasing in frequency and intensity in Australia. Disasters negatively impact health services, health professionals, and the broader community. To improve disaster preparedness and response of pharmacists, an understanding of pharmacy practice in disasters is critical. Despite pharmacist's important role in the hospital and community setting, there is little research available exploring Australian pharmacy practice in disasters.

AIM

To explore Australian pharmacists' experiences of local disaster response in the Australian context

METHODS

Qualitative research methods were used in this research. Nine Australian pharmacists from the hospital and community setting were interviewed. Interviews were transcribed verbatim and manually coded to identify the main themes of pharmacist's experiences.

RESULTS

Demographics



Themes from pharmacist experiences

Pharmacist objective:

- Balance professional and personal responsibilities**
 - Continue pharmacy practice
 - Maintain communities health
 - Stock management
 - Manage personal responsibilities
 - Maintain communities health
 - Stock management

Patient objectives:

- Balance own needs against assisting community**
 - Assist community
 - Help with clean up and recovery
 - Maintain personal health
 - Fulfil health needs
 - Stay safe and healthy

Pharmacist attitude:

- Difficult for patients and pharmacists**
 - Austere environment
 - Chaos in community
 - Uncertain situations
 - Challenging professional environment
 - Challenging to meet patient needs
 - Difficult circumstances
 - Trouble with tasks
 - Lack of guidance and feedback

Professional responsibility to provide pharmacy services

- Able to contribute by working as a pharmacist
- Responsibility to community

Pharmacist obstacles:

- Compromised infrastructure**
 - Energy and technological infrastructure damage
 - Health infrastructure damage
 - Transportation damage and closures
- Patient health challenges**
 - Disruption to regular health services
 - Own health at risk
 - Vulnerable patient populations
- Pharmacy practice challenges**
 - Safety
 - Practice constraints
 - Staff challenges
- Personal and professional challenges**
 - Personal responsibilities
 - Lack of experience

Pharmacist tactics to overcome obstacles:

- Adjust work practices**
 - Optimise stock
 - Close pharmacy
 - Adjust pharmacy practice
 - Change dispensing practice
 - Implement contingencies for patients
- Use soft skills to work through issues**
 - Problem solving
 - Flexible
 - Resourceful
- Utilise supports**
 - Pharmacy colleagues
 - Other health professional colleagues
 - Professional organisations

"So, yeah. I remember for example during the floods my son was two weeks old and none of the other pharmacists or staff could get to work. And our pharmacy was one of the only ones open because all the other pharmacists couldn't to their work either. So I did feel a bit of pressure to go and open the pharmacy because nobody else could get there in order to look after the health of my local community. But I also had a two week old baby on a feeding schedule."

"People couldn't access their normal pharmacy because the roads were cut, and their prescriptions were lost."

"I think everyone's first response was to just help their neighbours. And that had to be done quite immediately because it started to smell...then there was also an onslaught of people that had minor infections as a consequence of the cleaning up process where they'd been scratched and cut and those sorts of things"

CONCLUSION

Understanding pharmacy practice in a disaster aftermath is critical for removing or minimising barriers to practice, ultimately improving disaster preparedness, response, and workforce resilience. This research begins to examine a poorly explored and described area of pharmacy practice in Australia. Outcomes for this research may help to inform future research and interventions targeted at improving pharmacy practice in disasters and strengthening collaboration between the hospital and primary care sector during disasters.

