ABSTRACT

Objective: Catastrophic disasters have almost become normative in American culture. Violent natural disasters, human systems failures such as automobile or industrial accidents, and acts of terrorism bring salient focus to preparedness efforts, particularly in the pharmacy community, where pharmacist role delineation has been a major subject of discussion since the 1990 practice shift introduced by Hepler and Strand. Although practice reports describe how pharmacists have responded to disaster, no report to date has inferred characteristics regarding pharmacists’ roles and disasters. Thus, the purpose of this research is to infer characteristics regarding pharmacist’ roles and disasters using the peer-reviewed pharmacy literature, a medium of information providing valued insight into the current state of pharmacy practice in disasters.

Methods: In order to characterize pharmacists’ roles and disasters, this research seeks to determine the significant differences in proportions of role categories in the pharmacy literature, differences in the proportion of pharmacists’ roles and disasters across pharmacy journals, factors that significantly explain roles pharmacists adopt in disasters, and how roles and disasters differ across time periods. A quantitative content analytic technique was used to quantify the occurrence of words and phrases related to pharmacists’ roles and disasters. Roles were classified using a classification scheme that includes descriptors such as pharmaceutical supply, patient management, policy coordination, and response integration. Disasters were similarly categorized using a method consistent with current practice.

Results: Chi-square analyses reveal significant differences in the weighted counts of pharmacist roles, roles categorized by journal, and chemical/biologic/radiologic/nuclear (CBRN) disasters categorized by journal. Results also show that pharmacists’ roles in disasters have not changed significantly since the 1960s. Pharmaceutical supply remains pharmacists’ preferred role while patient management and response integration roles decrease in the context of common, forecastable, and geographically widespread disasters. Policy coordination roles, however, significantly increase in the context of nuclear terrorism planning.

Conclusions: Data suggest that pharmacists may be prepared to respond to hurricane, biologic, and chemical disasters in pharmaceutical supply and patient management roles. However, pharmacists’ adoption of non-pharmaceutical supply roles may represent a paradigm shift problem in non-traditional role acceptability. The possibility of manpower shortages in future disasters may force a change in pharmacists’ approach to disaster management.

INDEX WORDS: Disaster management, Pharmacists, Content analysis
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