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At War with a Silent Killer: An IPA Study of the Lived Experiences of Community Pharmacists in Ireland during COVID-19

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ABSTRACT

Objectives: The purpose of this research was to give voice to the unique lived experiences of community pharmacists who continued to work in patient-facing roles throughout the COVID-19 pandemic. Research objectives sought to understand how they felt about working during this time including any risks felt, why they choose to continue working, and what the post-COVID future might hold for them and their profession. **Method:** The study was guided by the principles of traditional interpretative phenomenological analysis (IPA). Primary research was collated using semi-structured interviews of a small, purposively selected homogenous group of pharmacists. The research context was a chain of community pharmacies, operating in a busy Irish city centre location. The study reflected upon the literature which continues to emerge, detailing the experiences of pharmacists and other healthcare workers in similar positions working throughout COVID-19, and during previous pandemics. **Results:** The study gave voice to community pharmacists who, despite feeling significant personal risk, continued to work through the pandemic out of a felt duty of care and sense of vocation. Participants compared their experience to being at war and reported feelings of isolation and experiences of mental ill-health. The supports they drew from, from colleagues, employer and others, are outlined. Advances to the profession, an improved perception of the role of pharmacists as frontline workers, and personal growth are highlighted as positive outcomes. **Conclusion:** The paper offers insights for pharmacies and related professional bodies based on participants' experiences of working through COVID-19.

Key words: Community pharmacy, COVID-19, Interpretative Phenomenological Analysis (IPA)

INTRODUCTION

Pharmacists are the most frequently accessed healthcare professionals in Ireland, with two million people visiting a community pharmacy each month (Coates, 2020). In addition to dispensing prescriptions, community pharmacists provide a multitude of other services including addiction services such as supervised methadone programmes, emergency contraception consultations, 24-hour blood pressure monitoring, and numerous vaccination programmes

including the most recent COVID-19 vaccination effort.

In March 2020, Duarte Santos, President of the Pharmaceutical Group of the European Union (PGEU), highlighted the critical role that community pharmacists would play during COVID-19 because of their ability to provide reliable, high-quality information directly to local communities, thereby alleviating anxiety among the public and taking pressure off other health services. As many healthcare professionals including GPs moved to delivering services

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remotely, community pharmacists were one of the few categories of healthcare professionals that remained open and fully accessible to the public, any of whom could have been infected with COVID-19 when they visited.

In a survey of pharmacists conducted by the Irish Institute of Pharmacy (IIOP) in June 2020, eighty percent of pharmacists reported experiencing moderate to high levels of stress; these figures increased in a follow-up survey conducted four months later. Such was the stress felt by the profession that mental health charity the Samaritans contacted the Irish Pharmacy Union (IPU) to inform them of a significant increase in calls from its members. Increased workload, the ongoing infection threat from customers and colleagues, COVID-19 absences, workplace outbreaks, and infection prevention and control measures were all found to have taken their toll on community pharmacists (Cahill, 2021).

The goal of this research was to understand the lived experiences of community pharmacists who choose to remain at the frontline during COVID-19, supporting patients and colleagues throughout a global pandemic. By giving voice to this group, it reveals experiences of stress, perceived risk associated with their work, the types of supports sought and received, and considers the implications of this experience for the future of community pharmacy practice in Ireland.

METHOD

A traditional Interpretative Phenomenological Analysis (IPA) study was considered most suited to understanding the lived experiences of community pharmacists (Smith & Osborn, 2003). IPA regards humans as self-reflective beings who, when faced with unprecedented events, automatically try to make sense of what is happening (Smith, 2018). When COVID-19 was declared a

global pandemic in March 2020, the disruption and detrimental impact on society that followed was unmatched in the memory of participants. As they struggled to make sense of their experience, IPA represented a methodology well placed to support this hermeneutic endeavour.

The research question and objectives were as follows:

Research Question

“What is the lived experience of community pharmacists working throughout COVID-19?”

Research Objectives

The following research objectives were identified:

1. To explore why Pharmacists choose to continue working during COVID-19.
2. To understand how they felt about working during this time, including the risks, if any, that they felt concerned about.
3. To consider the future implications for them of developments or changes to their practice which resulted from COVID-19.
4. To provide the employing organisations with insights into how community pharmacy professionals might best be supported.

In line with IPA’s idiographic orientation, a small, homogenous sample was purposively selected (Smith, Flowers & Larkin, 2012), offering insight into a particular experience of this unique population. Four study participants selected shared the following similar characteristics: they were females aged between thirty to thirty-four, with no caring or childcare responsibilities, employed as Supervising Pharmacists in community pharmacies, based in urban city centres. They had a similar length of service in their profession

of eight to ten years. By ensuring that the sample was uniform, the researchers hoped to examine in detail psychological variability within the group by analysing patterns of convergence or divergence within their individual accounts (Smith et al., 2012).

Interviews took place during March and April 2021, amidst the third wave of COVID-19 in Ireland, with lockdown measures in place. The rollout of vaccines was ongoing at the time, with just over five percent of the population fully vaccinated, and twelve percent having received a first dose by the end of March 2021. The interviews were scheduled for one hour each. Whilst suggested questions and prompts were prepared, the semi-structured interview format allowed the researchers the flexibility to follow up on any answers given with further questions not necessarily on the original schedule (Qu & Dumay, 2011). In line with IPA, suggested questions were open-ended and focused on eliciting responses regarding personal feelings and experiences (Pietkiewicz & Smith, 2014).

The primary data was analysed using the IPA framework. Interviews were analysed line-by-line to understand the experiential claims, concerns, and understandings of each participant. Emergent themes or patterns were identified and eventually any relationships between themes were realized. The analytical process of IPA involved an iterative and inductive cycle of reflecting individual accounts in full before a wider group analysis was considered, to fully understand individual experiences before attempting to link emerging themes (Love et al., 2020). Findings from the research were clustered into super-ordinate themes; a detailed audit trail was retained and a narrative account of the themes, with illustrative quotes from participants, was developed.

Table 1. Summary of sub-ordinate and super-ordinate themes

Super-ordinate Themes	Sub-ordinate Themes
A silent mental health pandemic	Isolation Perceived risk Vocation
The need for belonging	Teamwork Psychological safety
A journey of self-discovery	Value of a pharmacist Posttraumatic growth

FINDINGS

Superordinate Theme 1: A Silent Mental Health Pandemic

It quickly became clear that participants felt huge risk, not just to their physical health, but also mentally, as they worked through the pandemic. This was largely attributed to their personal feelings of uncertainty, isolation, loneliness and in observing the mental health effects of their customers. They felt the potential of contracting the virus was high due to working in pharmacies openly accessible to the public, uncertainty about how the virus transmitted, and their fear of transmitting the virus to a loved one. P1 described the feeling that there was “*a very unknown silent killer going amongst us.*” The participants felt as though they were at war but unarmed as the source of danger was invisible to them. P1 described this unnerving feeling of uncertainty:

“It was as if I was standing on the cliff just looking into the abyss going, oh god, what happens now?”

P2 described her understanding of the virus and how serious the risks were due to what was being reported in relation to how it spread in other countries in the beginning of the pandemic:

“I remember being jealous of my friends who were working from home, and I was like well it's fine for you, you can go see

your family, you're not going to kill your parents because at this stage we didn't know how serious it was, it was like God I could kill my parents if I go home!"

Participants acknowledged the impact the pandemic had on their mental health and described feelings of isolation and loneliness due to not seeing loved ones. P2 described vividly the impact lockdown restrictions had on her, as someone who lived on her own:

"I had this total panic that I was going to be alone forever in this apartment. Em... like I remember ringing my sister, like not able to catch my breath crying, so definitely was very traumatic"

Although not everyone was infected by the virus, there was a sense that even more damaging impacts created by the lack of social interaction could be attributed to the pandemic. As the country began to emerge from the most severe lockdowns there were signs of anxiety in returning to normal life. P3 explained the impact she had seen on her patients.

"People were anxious that they were being more isolated, and it probably affected a lot of people's mental health. So, we've seen a lot more prescriptions for antidepressants and people starting on it, definitely in our store. And, like, even yesterday, we had an elderly man come in and take a panic attack in the shop and he just dropped to the floor, because he hadn't been used to people around him. We'll be seeing a lot of side effects of social anxiety."

Even though faced with so much worry and concern, participants were resolute in the need to continue to work on the frontline. As they reflected on their decision and tried to make sense of their impetus, most participants recognised that it was more than an imposed duty of care. It was something they wholeheartedly embraced, something that was a part of their

professional identity: a vocation. P1 stated: *"It never occurred to me not to go to work. Not even one moment"* and noted this matched the choices of her peers:

"Not one of them faltered in their work, not one single one, like I have friends that are pregnant and are working in hospitals. And they're continuing."

Participants noted that their role was more than just a job, it speaks to their self-identity. For P3 she felt she wouldn't *"have done anything else other than health care. The job is kind of part of you, this is part of me and who I am."*

Building on the concept of vocation, participants agreed that continuing in work supported them personally, offering a sense of purpose. P2 stated:

"I've always wanted this feeling of being a hero, and I think I felt it during the pandemic, going into work every day and my family were all so proud of me. I loved that I was in a job where I felt important and felt like we were actually making a difference during the pandemic."

Superordinate Theme 2: The Need for Belonging

The second super-ordinate theme identified an expressed need for belonging and the importance and appreciation for support received from others. Participants described how support networks reduced the potential impact on the mental health of those working during the pandemic, with participants who worked with supportive teams describing a more positive experience of working throughout the pandemic, compared to those who did not.

All four participants discussed the importance of relationships with work colleagues, in the absence of being able to see family and friends. P4 compared her team to family:

“I probably relied on my team, and I think we became quite close, and I see them more as friends and family now as opposed to just work colleagues.”

However, there was divergence in the level of support available from work colleagues as described by P2. Even though she was surrounded by people, this was when she felt most alone:

“In a work setting, I definitely felt like no support from my peers, and I felt like... so for example we're the only people who kept their doors open really, the only people offering services like blood pressure checks, but equally I was the only one in the shop willing to do a blood pressure check.”

To support them in the face of adversity, participants expressed the need for their employer to provide them with the necessary supports to help them be mentally resilient and feel psychologically safe as well as physically protected. P4 echoed the sentiments of all participants that the organisation did everything they could to protect employees:

“Even looking back to the level of PPE that we were given. There's no question over the spend on PPE, and there is support if you do have to go out sick, whereas speaking to one of my colleagues who works for an independent, if she develops symptoms or gets sick, she has no pay. She has to source her own PPE. And I've seen that in other sectors as well.”

The importance of emotional support was again highlighted in relation to support offered by senior leadership and the importance of communication as part of this. There were many methods welcomed such as webinars, weekly newsletters and virtual calls with senior management. P1 stated:

“I think from all levels there's genuine care coming across from the different

members of our leadership team. I feel genuinely that they supported us and recognized us. The zoom or teams calls with the leadership team, they were great. There was an opportunity for people to ask questions and you got to see other people either had the same questions or worries and that the higher up management were already thinking of the answers.”

Superordinate Theme 3: A Journey of Self-Discovery

A third super-ordinate theme emerged, as participants reflected on their experience as professionals of working throughout the pandemic. They came to acknowledge the service they had provided and the value of their role to the public. All participants agreed that the pandemic had served as an opportunity to showcase their profession and felt that the public had a better understanding of the value of their role.

Participants were keen to acknowledge the recognition given to them by their customers. P3 described the impact this had on her:

“It's just lovely when people started to know you by name, and you really feel like a valued person with them. Like we have so many regular customers. They'll come in and ask for you and just say thanks. It shows you can make a difference to someone's life like, and I feel you can do as a pharmacist.”

P4 highlighted the opportunity the pandemic had given the profession to prove their value through the expansion of services offered:

“I definitely think as a profession, we've proved more, people kind of recognize more the role we can have in healthcare and like the profession definitely progressed with different like... the COVID clinic, and the PCR testing and COVID vaccinations.”

Participants discussed their willingness to be involved in the future rollout of additional services to their communities. To support the healthcare sector in totality as well as the retention of pharmacists, they felt it important that they receive recognition for their role during the pandemic and are afforded responsibilities that make use of their clinical knowledge and expertise.

All four participants were open and willing to embrace change and reflected on the positive changes that had occurred, with increased confidence in their ability to adapt to change. P3 stated:

“I suppose it was kind of a year of adapting. So that's probably made me a bit stronger, and the profession, just that we could have adapted to that and there will be changes, there is changes all the time, but that you can adapt to it. Try instead of having the fear of change, just look at it as a positive challenge and part of your role.”

Perhaps most importantly participants spoke of their personal growth and how they had evolved from the experience of working throughout the pandemic. P1 noted the pandemic had made her realise:

“I guess I am a strong, strong person to kind of get through the day to day. And it's nice, like I haven't thought about how much I've evolved, whether I have or I haven't in other people's eyes, but I think I have, unknowingly.”

P2 echoed these sentiments and discussed her personal growth. She also talked about how this time allowed her to re-evaluate her priorities and what is most important in life:

“So yeah, I think I have changed. I think I'm definitely more independent. I'm happy in my own company, and I think I really value my family and the important, like the

important people in your life are so much more important.”

Findings from primary research appear to signify that the participants had experienced post-traumatic growth, in the positive psychological change they had experienced following this significant life event.

DISCUSSION

Superordinate Theme 1: A Silent Mental Health Pandemic

Participants' reported experience of stress are consistent with quantitative studies which found that ninety-two percent of pharmacists reported being somewhat anxious during this time (Zaidi & Hasan, 2021). Baratta et al., (2021) and Cabas et al., (2021) echoed the concerns of participants that pharmacists and pharmacy staff were exposed to additional risk due to being the most accessible healthcare provider at the time, with the potential of symptomatic or asymptomatic patients visiting to seek advice.

Li and Luo (2020) highlighted some of the psychological pressures facing healthcare workers which included isolation from family and friends as they restricted their movements in fear of transmitting the virus to a loved one. Participants who described the greatest feelings of loneliness were those who were not living with a partner or seeing their family, consistent with D'etorre et al., (2021) who highlighted the presence or absence of a partner or family support as a pre-traumatic factor which may determine the extent to which participants were affected by the pandemic. Similarly, participants noted that their mental health, which was strong prior to the pandemic, had been significantly impacted, in line with D'etorre et al., (2021) who, drawing on evidence from previous pandemics, cautioned of post-traumatic symptoms among healthcare workers following the COVID-19 pandemic. In addition to their

own mental health, participants also worried about the impact on the public and offered insights into the mental health impacts they witnessed amongst their public. It appeared that the hope and light created by a potential end to this pandemic was darkened by the worries of an even more serious mental health pandemic that could emerge, given the impacts of the stress and isolation experienced during this time.

Despite the risk to their own physical and mental health experienced by healthcare professionals during times of emergency, the literature is consistent in acknowledging the duty of care that these professionals draw upon to provide continuity of care to the public. However, there was differing evidence as to where this duty emanated from. Some argued it was accepted by the person on entering the profession, as a requirement of their professional body (e.g. Paudyal et al., 2020; Orentlicher, 2018). Others (Damery et al., 2010) believed it reflected a show of solidarity with allied professionals and their community. Brody and Avery (2009) found that there was no single foundation for a duty to care, but that contributing factors included the intrinsic morality of the professionals, and how others have historically reacted to emergencies. Participants appeared to add an additional layer to our understanding of the concept of duty to care, asserting that, for them, it was their sense of vocation to help people that led them to work, despite their deep-seated fears and concerns. This idea of vocation causes us to think differently when considering literature available.

Superordinate Theme 2: The Need for Belonging

The importance of effective team working during the current pandemic to sustain the morale and motivation of healthcare workers has been highlighted (Butler, Wong, Vig, Neely & O'Hare, 2021).

Effective working teams were identifiable by a united concern, morale, and respect. Palacios-Cenã, Fernández-De-Las-Penã, Palacios-Cenã, De-La-Llave-Rincón, and Florencio, (2021) highlighted that one of the positive outcomes of this very difficult situation for healthcare professionals was that medical specialities – regardless of discipline - worked together as one team. Nonetheless, the potential of low social support at work to contribute to post-traumatic stress in the aftermath of COVID-19, has been brought to the attention of employers in this sector (D'ettore et al., 2021). Findings from the current study support this view, shining a light on the perceived importance of supportive work teams to help participants cope with the pressures they experienced, and illustrating the impact of a lack of such support in heightening feelings of isolation.

The importance of the provision of sufficient PPE during the pandemic to aid pharmacists to be physically protected and feel psychologically safe, has been noted (Austin and Gregory, 2021). The current study supports this view, in particular referencing the psychological safety derived from experiences of readily available PPE provided by their employer. Importantly, participants were aware that such ease of access was not the case for many of their peers, highlighting the important role of employers both in supporting physical health and in not adding to already stressful circumstances.

While participants spoke of the importance of having strong mental health to enable them to cope with their pandemic experiences, none seemed to have any expectation that their employer ought to have prepared them better for such a crisis, such as through resilience training. It has been demonstrated that resilience building and the psychological preparedness of the pharmacist to cope with working through such times could lessen the negative impact on mental health (Klatt et al., 2020; Austin

& Gregory, 2021; Maunder et al., 2008). However, participants in the current study expressed no such expectations, observing that the unexpected nature of the pandemic rendered it impossible to prepare for.

Superordinate Theme 3: A Journey of Self-Discovery

The value of the community pharmacist to the local community when other in-person healthcare services (including GPs) are unavailable has been asserted (Hayden & Parkin, 2020). Indeed the pandemic is considered to have accelerated their role from dispensing to patient-focused, as a result of the additional responsibilities thrust upon them, including telephone consultations, medicine deliveries, extending the validity of prescriptions, and the carrying out of COVID-19 testing and vaccinations (Nadeem et al., 2021). Participants readily embraced these additional responsibilities and opportunity to demonstrate to others the full range of their professional capabilities. They expressed their hopes that their importance within the community continues to be recognised and that their potential continues to be harnessed into the future.

For many, the pandemic could be viewed as somewhat of a contradictory experience (Palacios-Ceña et al., 2021). While study participants compared working through the pandemic to war times, with the understandably associated anxieties, they also recognised positive outcomes such as it being an opportunity to appreciate how strong, independent and resilient they are. This aligns with Palacios-Ceña et al., (2021) who found that participants had experienced growth and felt they had changed for the better because of working throughout the pandemic. In the current study, participants remained hopeful for the future and looked forward to being part of a vaccination campaign they viewed as a symbol of recovery. This primary research points to the possibility that the participants had experienced post-traumatic growth in

the positive psychological change they had experienced following this significant life event (Tedeschi & Calhoun 1996).

LIMITATIONS

Due to the small sample size of this study, findings cannot be generalised and should be viewed only as offering insights and a deeper understanding of the experiences of community pharmacists working throughout COVID-19 in Ireland. The research findings may be of interest to those seeking to understand the experiences of other healthcare professionals in similar circumstances. Given the ongoing nature of the pandemic, more time will need to pass for a detailed examination of how humankind and healthcare professionals have recovered from what has unfolded. However, the participants of this research provided useful insights of their experiences, a year after the pandemic began.

CONCLUSION

This study set out to understand the unique lived experiences of community pharmacists, who continued to work on the frontline during COVID-19, supporting patients and colleagues throughout a global pandemic. Participants described the stress experienced due to perceived risk of contracting the virus or passing to a loved one, and the impact on their mental health of the isolation and loneliness of not seeing loved ones. They explained their sense of vocation in their chosen profession, and that they had a duty to continue working in order to provide essential access to medicines and to help people within their local communities. Participants noted the importance of organisational supports such as sufficient PPE and equally valued psychological support provided by leaders and peers. Finally, all participants agreed that the pandemic had served as an opportunity to showcase their profession and were pleased that the capabilities of a community pharmacist gained recognition

outside of their profession as a result. They felt that the public had a better understanding of the value of their role and felt positive about potential future advances.

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Conflict of Interest

The first named author is employed by the company which took part in this study. The second named author has no conflicts of interest to declare.

Ethical Standards

The author asserts that all procedures contributing to this work comply with the ethical standards of the relevant national and institutional committee on human experimentation with the Helsinki Declaration of 1975, as revised in 2008. The authors assert that this study met the ethical protocols of the participating institutions and that written informed consent was obtained from individual participants.

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