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Totally devoted to you: A qualitative study examining the experiences of sacrifice among pharmacists in rural and regional areas

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ABSTRACT

Background: The health of rural and regional communities is routinely identified as poor and access to healthcare services is often limited. Rural and regional pharmacists are well placed to deliver a variety of high-quality services to their community, however there is a limited examination of the complexities of their role in rural contexts. This study seeks to examine the types of personal sacrifices and what impact these may have among pharmacists working in rural and regional communities of Australia.
Method: A qualitative approach was adopted to examine the experiences of pharmacists working in public health service and private community pharmacies across 13 rural communities in Australia. Purposive sampling was used to recruit pharmacists as part of a larger study examining the efficacy of a workforce recruitment tool (PharmCAQ). As part of the development of the tool, a one-on-one interview were conducted.
Results: A total of 20 participants were recruited. Two major themes emerged: *Above all the community* and *More than just a script monkey* that embodies the experiences of pharmacists. Centred around self-sacrifice, the first theme captures the tension that is experienced by these professionals as they tread an unsustainable path for the benefit of the community. The second theme provides some insights into the complex nature of the rural and regional context that is juxtaposed with that of their urban counterparts.
Conclusion: Pharmacist in rural and regional areas offer a highly skilled and accessible resource to better address the growing needs of those living in rural and regional areas. Despite the opportunities that exist to expand the role of pharmacists in these areas and to capitalise on their expertise, there is a growing need to find ever better ways to support those who support others.

1. Introduction

Health professionals, including pharmacists, have and make social contracts with health consumers they serve and in return, the health consumer provides the health professional a level of status not proffered among non-health professionals.[1] This status enables health professionals the rights to autonomy and self-determination in their own professional practice. As a result, under a social contract, the community requires health professionals to display a level of behavior and conduct that justifies the trust which is placed upon them.[2] In addition, the role of the health professional is typically associated with a degree of sacrifice, that encompasses the performance of one's role diligently and with perseverance, irrespective of the compensation, particularly in time of individual or global crisis.[3]

Within this context, pharmacists play an essential and accessible frontline healthcare role both as community and hospital pharmacists. Community pharmacists are often the first point of contact in regional and rural communities, playing a critical role in the triage of care and referrals of community members to other health professionals.[4–6] In many instances, pharmacists may be the only health professional in a rural or remote location, and often serve as the local hub for community healthcare services, particularly for older people and those who may be acutely unwell.[7–9]

To ensure the continuity of care and population health outcomes in these locations, the duties, and responsibilities of both hospital and community pharmacists have become more complicated, requiring different levels of personal sacrifices among health professionals. In a submission for a Review of Pharmacy Remuneration and Regulation,

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Hewitt,[10] had indicated that personal sacrifices have been central among pharmacists. In his submission, it was highlighted in order to meet the needs of the community pharmacies often experience longer hours of operation across more days of the week when compared to other health service providers.[10] To ensure consumers continue to have access to a service, pharmacists have been willing to sacrifice their personal time, to be available to help the consumers and their families, with examples in the literature of pharmacists working late nights and even Christmas day.[10]

Pharmacists working in community pharmacy are usually the gateway into the healthcare system for consumers, particularly in rural areas. Acknowledging an increasing need for rapid and more efficient access to medications for their communities, many pharmacists have sacrificed time and financial gain in order to continue their professional development and to expand their scope of practice in order to better address the needs of their community.[11] A study by Allan and colleagues (2007),[12] alludes to personal sacrifices of sole pharmacists working in rural Australia, who expressed significant barriers related to a tension between their professional, personal roles and to access training. Personal sacrifices have also been incorporated into an instrument to measure community pharmacist role stress.[13] Some examples of these sacrifices were expressed through observations of others, where "People close to me say I sacrifice too much for my job", and psychological distress experienced by the pharmacists such as "Work rarely lets me go, it is still on my mind when I go to bed" and "If I postpone something that I was supposed to do today I'll have trouble sleeping at night" (p. 17).[13]

Pharmacies and pharmacists provide a range of professional health services, but also community pharmacists are more likely to be small businesses owners, particularly in regional, rural and remote communities.[14] Uncertainty exists over the types and levels of personal sacrifice that occurs among business owners who run pharmacies in these communities. International literature has outlined that small 'general' business owners often overcommit to the business at the expense of their wellbeing, mental health, and family work balance.[15,16] To pursuit the business growth and desired success, the overcommitment can involve both financial as well as personal sacrifices in time and effort, which leads to emotional exhaustion and work presenteeism.[15–17]

Although personal sacrifices are recognised among health professionals, there remains a lack of understanding within the literature concerning the types, levels and impact of personal sacrificed that occur among both community and hospital pharmacists who work across rural and remote communities. As such, the aim of this study is to examine the types of personal sacrifices and what impact these may have among pharmacists working in rural and regional communities of Australia. It is anticipated that our study findings will highlight pharmacy practice, particularly in rural and regional area, to better address the needs of this point of connection with the healthcare system.

2. Methods

2.1. Study design

This qualitative study was part of a larger research project examining the recruitment and retention of pharmacist in rural communities.[18] Specifically this study intended to gain an understanding of the types of personal sacrifices their impact these have among pharmacists living and working in regional and rural areas of Australia. A qualitative descriptive approach informed by the works of Gadamer[19] enabled the essence of the experience to be explored through the words of those people immersed within the phenomena itself.

2.2. Research setting

The exploratory study occurred in both rural Tasmania and Western Victoria who share similar population sizes 63,0000 and 73,000 people and cover similar areas of 22,173 and 22,821 square kilometres respectively. Seven towns were in regional and remote Tasmania, while the remaining six towns were based in regional Victoria (Modified Monash Model MM4-6). Data were collected between August and December 2021.

2.3. Participants

The purposive sample consisted of 20 Pharmacists and were from a mix of public health service pharmacies (n = 5) and private community pharmacies (n = 15) within the rural study catchment areas. Although the settings and roles between community and hospital pharmacist differed, it was noted that there have been many shared experiences regarding the positives and challenges associated with working in rural settings.[20] Other communities and pharmacists had shown interest in the larger research project conducted; however, there was an inability among these pharmacists to participate due to several constraints, particularly not having enough time.[18] Given the nature of the larger research project data saturation was not considered in this contet,[18] however, it was noted that similar and shared experiences were being shared among participants prior to completing interviews with all participants.

2.4. Data collection

Interviews were conducted by a single author (DT) between August and December 2021. The guiding interview tool was the Pharmacist Community Apgar Questionnaire (PharmCAQ)[20] which consists of 50 individual factors or key elements that influence practice location decision-making and guide the interview discussion and questioning. The tool seeks to assess the resources and capabilities of rural communities to successfully recruiting and pharmacists while also identifying long-term retention strategies. Although the tool has factors, tag lines and definitions regarding each of the specific factors, the tool is designed provide a quantitative score. More specially, the tool enables the eliciting of a flow of conversation that qualitatively explored in depth each factor through open ended discussion extending well beyond the quantitative elements of the tool (Supplementary file 1).[21] In this sense, the tool was used to gather key data concerning pharmacist recruitment and retention, and was used to also facilitate deeper discussion with participants that allowed researchers to explore – at times deeply – the nuanced experiences of pharmacists beyond the factor itself.

The one-on-one interviews with participants lasted between 30 and 60 min and were conducted either face-to-face, via telephone or video conferencing technology. In this study, we exclusively included data from pharmacists. All interviews were audio or video recorded with consent.

2.5. Data analysis

All data collected were transcribed verbatim into Microsoft word and member-checked where participants were invited to review the transcription of their interview to confirm, revise or add additional comments or data they felt may have been omitted at the time of the interview. In addition, data were coded to assist with the data identification, where data were coded according to the role of the participant (community and hospital pharmacists) and their interview order (1, 2, 3 and so on). Codes and themes were discussed as a multidisciplinary team, including researchers with expertise in health and medical workforce (DT, BP, HP). The diverse array of research backgrounds contributed to the analysis, interpretation, and ultimately the trustworthiness of analysis.

Qualitative interviews were analysed using an approach outlined by Clarke and colleagues,[22] which followed the procedural steps (verbatim transcription, extraction of significant statements, identify similarities in formulated meanings, group the similar meanings, create an exhaustive statement). Close contact with the experiences was maintained through

engagement with the audio recordings and transcribed interviews, supporting the identification of significant statements that pertained to the phenomena of interest. The meanings formulated were then clustered together to form themes that encompassed the experiences of the pharmacists.

2.5.1. Ethical considerations

Ethical approval was provided through Federation University Australia Human Research Ethics Committee (#A21-023) and The University of Tasmania Human Research Ethics Committee (#26068). The study was conducted in adherence with the ethical principles for medical research on human beings as set out in the Declaration of Helsinki. All participants provided informed consent prior to commencing the collection of any data.

2.6. Findings

The experience of pharmacists often living in a regional and rural communities in which they served was overwhelming embodied by two central themes that captured the essence of their collective devotion to their community: *Above All: The Community* and *More than a Script Monkey*. These themes are amplified further by way of sub-themes that provide a close examination of their experiences.

2.7. Above all: the community

A deep engagement with the experiences of the pharmacists suggested their unwavering commitment to their community, to the – at times – determent of their own health and wellbeing. The theme Above All: The Community, echoes the principles of non-maleficence upon which the Hippocratic oath – above all do good – commonly undertaken by physicians, is based. The ideas ensconced in this principle offered a sense of the obligation that provides the guiding framework for pharmacists operating in regional and rural communities. It is the wellbeing of the community that underpins the collective experience of the pharmacists and is evidenced through the following quotes.

> I bought the [only other pharmacy in the community] and I am … making a massive loss to protect what I'd already invested and established [over 50 years] in the community, for the community and for myself …. Money is really not that important … I want to give the best possible level of professional service. I am still happy to make money, but not driven by making money (Community Pharmacist 14)

Exemplary of the unwavering commitment to their community and to the detriment of their own wellbeing, another pharmacist reported delaying their own emergency surgery to ensure the needs of the community were being met above their own. Having been asked to attend the hospital for emergency surgery on a Monday, the pharmacist stated:

> I wasn't well but I wasn't dying …. I needed an emergency operation [appendicitis]. I couldn't make it [the surgery] and still operated the pharmacy Tuesday, Wednesday, and Thursday morning due to lack of a locum …. [After one was located] I then drove [from my rural town] to the emergency department [in the city] Thursday afternoon, and then had the surgery. (Community Pharmacist 1)

Having practiced in a metropolitan area before moving to a rural and regional area, another pharmacist offered further insights that goes some way towards justifying the commitment to their community. It was suggested that while the population is indeed smaller, the community's needs were considered greater than more populace centres, given the limited extraneous health and social resources that are not available to the community.

> Our population is smaller, but our need is greater … so sometimes we spend way more time [with our clients] because we have to …. We have to solve the[ir] problem (Community Pharmacist 15)

This theme provides a sense of the commitment to community that lay at the core of the experiences of pharmacists from rural and regional areas. Specifically, it was highlighted that pharmacists in rural areas of Australia are providing a pivotal healthcare role that is different to their metropolitan counterparts, in an arguably more challenging environment.

2.7.1. Stuck for cover

Central to the experience of being totally devoted to their community was a lack of readily available and practical support for rural and regional pharmacists in the form of locum or back up pharmacist support. Being stuck for cover embodies the experience of not having the freedom to take leave at for leisure, or at unexpected times of personal or family sickness. Exemplary of the participants, the following quotes outline the urgent need for time away from their relentless role.

> I haven't had a holiday for two years (Hospital Pharmacist 5)

> I couldn't take leave for 16 months (Community Pharmacist 1)

> So, my children had school holidays, I had two days off. And before that I could only get odd days here in there. It's probably not enough … it is challenging. I need a longer break because we've had … COVID and we've had bushfires, which basically came to our doorstep. It's been a challenging couple of years I'm overdue for a longer holiday. (Community Pharmacist 15)

> For me, if I take leave, I don't have locum coverage … I've got leave sitting there, but I know what work is going to be sitting here for me when I come back. (Hospital Pharmacist 3)

While some participants identified that with long-term planning it was possible to access locum, support, the COVID-19 pandemic created a situation whereby it was even more difficult to get locum coverage and to take leave.

> If I'm doing planned leave, I'm booking … 12 months out at the moment to cover that leave and that's not even guaranteed because of the COVID situation we're in … If I have a personal leave crisis and I did a couple of weeks ago … I could not get leave. I would have had to close the shop. So, there's no emergency cover if I'm unwell … I'd have to come to work, or I have to close shop, that's kind of the situation we're in unfortunately. (Community Pharmacist 20)

Access to locum pharmacists was one thing, but their competency to practice rurally where it is a multifaceted environment is also challenging. It was indicated that rural pharmacy remains much more complex that has been experienced in metropolitan pharmacies. Participants suggested that, at times, the limited competence of the locum pharmacists, who are available, generated more work for them.

> It is a little hard to get competent pharmacists … We have had locums where it doesn't really work. There were just more problems … I kinda had to work double … It felt like my holiday was gone by day two 'cause I had to, you know, coming back 'cause I had to sort everything out (Community Pharmacist 15)

Beyond taking annual leave or extended holiday time and the challenges of locating locums to enable leave from the workplace or business, one pharmacist also highlighted that it was much more difficult, as often it meant giving up recreational time, time with family, and down time to recharge or even grieve. One example was indicated when a pharmacist colleague could not take leave to attend a friend's funeral as locum coverage for the day could not be located. Further this pharmacist, who was a sole operator, indicated that they had not been able to leave the pharmacy to buy their own lunch in many years. Although an employee was happy to do this on their behalf, it was quite humiliating

to not have the freedom to choose their lunch. In one case, the pharmacist stated

> Once I had to get my driver's licence renewed and had to close the doors of the pharmacy just to do a personal thing (Community Pharmacist 17)

This sub-theme embodies the added conundrum that befalls pharmacists in regional and rural areas and offers further insights into the nature of the sacrifices made by them and their families for the benefit of the wider community. Delaying medical treatment, time with family and following public heath orders are complicate by lack of readily available and competent locum pharmacy arrangements.

2.8. More than a script monkeys

Many of the participants were sole community or hospital pharmacists in their town and this second major theme seeks to capture the tension of the pharmacist role in regional and rural settings and their overriding commitment to their community against a backdrop of frustration at their perceived inability to meet the needs of their community. Two participants poignantly highlighted pharmacists in rural and regional areas are more than the perceived 'script monkeys' that the public, health care professionals, and policy makers may think they may be. In so doing, recognition is given to the seemingly multifaceted and diverse context of the rural setting.

> You don't sort of hire a script monkey that is just doing scripts because rural pharmacy so much more, so I think that we could create a really interesting role. I mean I love my work 'cause I do it all you know. It creates a lot of variety in my day. (Community Pharmacist 15)

> It is inappropriate from an Occupational Health and Safety point of view. We have to be onsite from 8.30am to 6.00pm every day. We are not performing monkeys (Community Pharmacist 17)

Another participant outlined a sense frustration concerning being a pharmacist in rural town, working with a population with multiple and challenging health needs. The difficulty of serving the community as an accessible member of the healthcare system, offering free advice that is not financially compensated through Medicare, nor is the advice and support reciprocated by the community through their purchase of pharmaceutical products which builds a sense of tension.

> It's a bit of a challenge … Let's say for example, [a person] might have come here for some sort of advice on their hand. They then just take it as a health advise and go in and get whatever they need from the discount pharmacy. So that doesn't really serve the purpose. The first time we might recommend something for their health and then you don't see them again because they know what they need, and they get it cheaper elsewhere. (Community Pharmacist 13).

> Because of the lack of health care services in that area, a lot of services [we provide] don't fit a standard MedsCheck (medication review provided by a pharmacist) … What I'm doing is I'm guiding this patient through the health care system, and it can take a lot of time. I can't get paid for this time because it doesn't fit … [a paid] consultation. I don't feel I can … actually charge for this consultation time. We actually need some sort of additional loading [for the care we provide]. (Community Pharmacist 15)

Beyond this financial compensation or purchase of goods to compensate the care that may be provided in the rural community, there were other instances where the service being provided by the pharmacist was a balancing act between increasing services to improve business viability while not impacting other health services in the community.

> The Medical Centre is council run … this creates challenges, which is why I'm not doing vaccinations. The funding for their nurse is partly sourced through vaccinations, but she also does wound care and other things. So, we have to be really careful what we provide … [otherwise] the council will … withdraw [services]. We have to have frank conversations [with other health care providers] every time we want to introduce a service so we don't potentially jeopardize [their] funding because it could be a net loss to the community in the end. (Community Pharmacist 15)

In this instance, the pharmacist continued to look at ways to improve and provide services to the community beyond fulfilling scripts but sacrificed their own service's profitability for the greater good of the community.

Overall, the diverse population and associated sociodemographic in rural communities provides a challenging yet rewarding community to serve. These rewards are seemingly offset – at times – by a perceived lack of reciprocal support from the community to which they are committed. Nevertheless, one pharmacist (Community Pharmacist 17) who was in the process of selling their business after decades of service to the rural community he loved and taking some personal time with his family and to recuperate, had expressed desire to return to practice as a locum. They recognised that they could assist other pharmacists who were still in a similar challenging situation, where taking extended leave was near impossible. This pharmacist, even after selling the business, wanted to continue to give back to rural communities by supporting and enabling their fellow pharmacists to take well deserved leave.

2.9. Discussion

Overall, the two major themes that emerged centred on 'above all the community' and 'more than just a script monkey' and represent a tension that ultimately places the pharmacist at the centre of a series of pressures that until now have been under appreciated. Within this context it was found that pharmacists put their community's needs above their own, which suggests that there is an underlying obligation of the health of the community, which in some cases, was at the detriment of their own physical and mental health. In essence, their own individual health was considered secondary to the collective health of the community, suggesting that pharmacists, much like other health professions have a propensity to follow the tenants of the Hippocratic Oath.[23]

Nevertheless, the application of its principles in practice remains much more complex, and the unique context of rural settings are largely missing from current health care guidelines and statements that shapes practice.[24] However, a study by Quilliam,[25] provided a theoretical analysis to explore the relational aspects within a rural healthcare access concept through Held's ethics of care.[24] In the study, a core value of ethics of care that was discussed drew on the welding of the two ethical principles, albeit with the expansion of non-maleficence to permit occasional interventions, and the restriction of beneficence to prevent self-sacrifice or the sacrificing of the well-being of a third party.[25]

Within their respective communities pharmacists were and continue to be seen as having status, power, being socially important and leaders, which is encapsulated by Plato's concept of leadership, in which leaders are associated with a life of service.[26] Further, as leaders and health professionals within the community, it may be these unspoken social obligations to the community that further lead to 'loosing oneself' to the needs of the community. Although this level of altruism may be commended, when combined with occupational stress can be detrimental to one's own long term physical and mental health, along with the impact on the community if there is an inability to provide care.[27,28] However, in taking on formal or informal leadership roles within rural communities and having the professional status, pharmacists may also be filling certain health professional voids that may exist when other rural health professionals are absent or where the churn of other health professionals occur.[9] Such community deficits further add to or exacerbates the challenges which rural pharmacists find themselves in seeking to meet the needs of the community, which can and does mean sacrifice of time,

health, and oneself.[26]

These somewhat ethereal outward expressions and self-concepts of what is means to be a pharmacist or health professional in general, as viewed by the community, and interpreted by the individual have changed overtime. For example, pharmacy continue to be respected as a 'honourable' profession, however with the corporatisation and commercialisation of pharmacies along with the development of 'big-box' or discount pharmacies this has led to an altered view of the profession and what the role of the pharmacist genuinely is.[29] Despite health care regulation and guidelines that continuously shapes pharmacy practice, the community itself define the nuances of what a pharmacist does and care they provide. In addition, other health professionals also further quantify what or how a pharmacist is viewed, perceived, or can practice. This was clearly demonstrated when it was the pharmacist who needed to balance their service's profitability against the health impact if other services were lost.

This sense of self is further exacerbated among the many who were challenged with managing their professional identities and their workloads, while also grappling with managing a business. Specifically, if they were not physically present, the pharmacy needed to be either closed or covered by a locum pharmacist, particularly among those who were sole operators. Closing for short periods of time to enable day-to-day personal activities, such as buying lunch or renewing a driver's licence, was highlighted as problematic, particularly among rural sole operators, as it may lead to poor health outcomes for the community or the loss of business due to any competition in or beyond the community boundaries.

It was felt the inability to 'leave the bench' within a pharmacy, even for short periods, inhibited personal freedoms. Although professional codes of conduct emphasize maintaining health and wellbeing, the need for, albeit trivial, personal freedoms highlight the conundrum and tension between the system designed to enable the health and wellbeing of the public and personal health and wellbeing of the pharmacist or even the financial viability of the pharmacy. Managing the mental health and well-being of healthcare workforce is an urgent global public health priority.[30] This study findings emphasize the importance of lobby and other interest groups on valuing health-promoting self-care among pharmacists to ensure the prioritisation of their own health and the quality of patient care.

Needing to leave the pharmacy for longer periods, for time away for recreation, family commitments or crises, personal medical treatment, or to grieve the loss of a loved one was also a cause of major concern and has been highlighted as an ongoing issue among rural pharmacists.[7] In some cases, pharmacist had not taken leave for more than two years or had attempted to take leave, however, meant returning early or returning to more work than when they had left. In most cases, access to locums was challenging, even in emergency situations, a position reflected in the literature focusing on medical practitioners.[31] Specifically, it was noted locums do provide an essential service to enable leave, however, this required months of planning and also having a locum with adequate level of skill or experience that would enable ease of transition for both the locum to feel empowered to take on the role, but also allow the confidence of the pharmacist taking leave that they did not need to return early or to work that was not achievable in their absence.

Shortages of pharmacy workforce in rural and regional areas of Australia have been well documented within existing research.[7,20] Our study highlighted that this shortage of pharmacists represents a significant challenge that once rural pharmacist, after selling their business and taking a break, was eager to be part of the solution to the problem that they encountered within their own pharmacy career, and take on a locum role, not only to support other rural pharmacists, but also mentor them. This could be suggested as yet another example of the unwavering support of their own community. The underlying reason for a strong culture of 'self-sacrifice' that we have seen in rural and regional areas is a geographical shortage of pharmacists and other health professionals.

The final element of managing the business or health services need was to ensure locums, when available, had capacity to manage the pharmacy both in terms of meeting the needs of the community and meeting the day-to-day operations of running the pharmacy. Pharmacists highlighted that they did not need just someone to fill scripts while away, but to have quality pharmacist who have skills that encompass the broad skill set required for rural pharmacy workforce needs. The need to encompass within education. The term used by two pharmacists was that of a 'script or performing monkey', which portrays the role of the pharmacist being that of constantly and endlessly filling prescriptions,[32] and although may seem an abstract description of how the role may be perceived. It has been indicated that rural pharmacy being dynamic and more than script filling, therefore needing locums and new pharmacist to be prepared for this and various policymakers must be cognisant that rural pharmacy is unique to more urbanised pharmacy practice.[6,9,32–36]

Overall, the findings of the study provide an opportunity to invigorate public health and policy initiatives to address a significant health workforce deficit in these areas of higher health burden. The differences between rural and urbanised pharmacists may not be well articulated within the current Australian guidelines and could underscore the source of the term script or performing monkey as a means of convey the perceived differing roles and functions of rural pharmacist when compared to their urban counterparts.[37–39] Instead, pharmacists in our study indicated that as a readily accessible health professional that they were often engaged in quite difficult health conversations with their customers about their health. This complexity is compounded by a significant increase in the burden of disease in more rural areas of Australia, and a lack of readily accessible GP services.[7,40]

As such, rural communities rely heavily on their local pharmacist for healthcare, although remuneration available to pharmacists to provide services in addition to medication supply are limited. Our study findings highlight the lack of Medicare rebates for rural pharmacy/healthcare consultations pharmacists provide to their consumers. This means the cost should be covered by the patients or sacrificed by the pharmacists themselves. It has been argued that pharmacists should have access to Medicare Benefits Schedule funds when delivering services to consumers irrespective of where the pharmacist is practicing.[34,41] In addition, community pharmacists have a critical role to play as a primary health care service especially in rural areas where they are sometimes the only health professional with whom consumers have regular and easy access. These strategy has a potential to improve access to care in areas of reduced access to GPs or other health practitioners in rural and remote Australia, where pharmacists could deliver equivalent services at equivalent costs compared to other health professionals.[41]

2.10. Limitations

A study limitation may be the PharmCAQ tool, which is focussed on recruitment and retention of pharmacist. Thus, within this context to tool may have biased participant responses toward the difficulties rather than the rewarding aspects of rural pharmacist practice. Similarly, recruitment was impacted at the time of the study by the COVID-19 pandemic across different communities. Potential and agreeing participants were managing altered work environments, increased responsibilities and in some cases inability to secure adequate locums support, which may have impacted their if or how they participated in the study.

3. Conclusion

This study sought to understand the experiences of pharmacists working in a regional or rural area of Australia. Recognising the implications of a small sample size, the findings from this study suggest that the pharmacist embedded within rural and regional areas of Australia offer a unique opportunity to provide an entrée to the healthcare system and to provide a readily accessible point of contact for community members often experiencing multiple comorbidities with limited access

to medical services. While the opportunity to make a significant difference exists, the tension experienced by pharmacists to meet the needs of their own community to the detriment of their own wellbeing is not sustainable. This research has provided a foundation from which future work can build a closer look at ever better ways to support those who support the community.

Author contributions

Daniel Terry: Conceptualization; Data Curation; Formal Analysis; Funding Acquisition; Investigation; Methodology; Project Administration; Visualization; Original Draft Preparation; Review & Editing. **Blake Peck:** Conceptualization; Formal Analysis; Funding Acquisition; Original Draft Preparation; Original Draft Preparation; Review & Editing. **Hoang Phan:** Data Curation; Formal Analysis; Investigation; Project Administration; Original Draft Preparation; Review & Editing.

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Any conflict of interest

None.

Ethical statement

This study has been reviewed by the appropriate ethics committee and have therefore been performed in accordance with the ethical standards of the Declaration of Helsinki. As such, ethical approval was provided by Federation University Australia Human Research Ethics Committee (#A21-023) and The University of Tasmania Human Research Ethics Committee (#26068). All persons gave their informed consent before their inclusion in the study.

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Appendix A. Supplementary data

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