Supplementary Material 1: Variable development

##### Colleague preparedness

Participants were asked to rate the preparedness of their colleagues on a 5-point Likert scale from 1 (*not at all prepared*) to 5 (*very prepared*). Participants were required to use this scale to assess the preparedness of their 1) pharmacy colleagues, 2) other health professionals they worked with, 3) their supervisor or manager, and 4) the company or institute they worked for. These ratings from each participant were added together to create a new variable ‘colleague preparedness’. The lowest score that could be awarded for colleague preparedness was 4 (all colleagues assessed as ‘not at all prepared’), while the maximum score could be up to 20 (all colleagues assessed as ‘very prepared’).

**Exploratory Factor Analysis**

In total seven factors were created 1) ‘overall preparedness’, 2) ‘self-efficacy’, 3) ‘protective response costs’, 4) ‘threat appraisal’, 5) ‘health care responsibility’, 6) ‘professional responsibility and sense of community’, and 7) ‘trust of information sources’.

For all EFA conducted as part of this research the following was observed. Firstly, all items correlated ≥0.3 with at least one other item, suggesting reasonable factorability. Factorability is the assumption that there are at least some correlations amongst the variables so that coherent factors can be identified. A correlation coefficient of ≥0.3 indicates the generally accepted minimal correlation required for EFA to be performed. The determinants of the correlation matrixes were greater than zero indicating that there was no multicollinearity in the data. Secondly, the Kaiser-Myer-Olkin (KMO) measure of sampling adequacy was above the commonly recommended value of 0.6 for all EFA run. Bartlett’s test of sphericity was significant, and all communalities were above 0.3, further confirming that each item shared some common variance with other items.

##### Self-efficacy

‘Self-efficacy’ is the ability of a participant to produce a desired result.13 For this research the ‘desired result’ was for pharmacists to be prepared for a disaster, able to practise in a disaster aftermath, and able to keep their primary place of practice open and operational in the aftermath of an event. The factor ‘self-efficacy’ consisted of participants assessments of their knowledge skills and abilities to prepare themselves, practise as a pharmacist, keep their place of practice open, know how to practice, anticipate problems, and adapt work practices in a disaster aftermath.

##### Protective response costs

‘Protective response costs’ were the perceived costs of undertaking a preparedness activity.22 For this research costs related to time, money, knowledge and skills, effort, and supports available that were required to prepare oneself, or one’s primary place of practice for a disaster. ‘Protective response costs’ consisted of three factors ‘time, money, effort’, ‘supports’, and ‘knowledge and skills’. These factors consisted of participants assessments of the time, money, effort, knowledge and skills, and support availability to prepare themselves and their primary place of practice for a disaster.

##### Threat appraisal

‘Threat appraisal’ is the assessment of a disaster event occurring and its effect on an individual.23 ‘Threat appraisal’ consisted of three factors, ‘fear of disaster’, ‘likelihood of disaster’, and ‘severity of damage’. These factors consisted of participants assessments of their fear, the likelihood, and the believed severity of a disaster event on themselves, their primary place of practice, and their local community.

##### Health care responsibility

‘Health care responsibility’ consisted of two factors ‘institutes’ responsibility’ and ‘profession’s responsibility’. ‘Institutes’ responsibility’ consisted of participants belief of the responsibility of relief agencies, Defence Australia, local emergency services, and hospitals to provide ongoing healthcare to their community in a disaster aftermath. ‘Profession’s responsibility’ consisted of participants’ belief of the responsibility of community pharmacists, hospital pharmacists, and general practitioners to provide ongoing healthcare to their community in a disaster aftermath.

##### Professional responsibility and sense of community

‘Professional responsibility and sense of community’ consisted of two factors, ‘professional responsibility’ and ‘sense of community at work’. ‘Professional responsibility’ consisted of participants’ assessment of their responsibility to prepare themselves and their primary place of practice for a disaster, their perceived professional expectations in a disaster aftermath, and their belief that they could contribute positively in a disaster aftermath to the health of their community. ‘Sense of community at work’ consisted of participants’ sense of community among their colleagues and where their primary place of practice was located.

##### Trust of information sources

‘Trust of information sources’ consisted of two factors, ‘trust of external sources’ and ‘trust of superiors’. These factors were made up of participants’ level of trust in their superiors at their place of work or officials and pharmacy associations to provide information and timely instruction and advice in a disaster aftermath.