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Exploring the role of nursing leadership and pharmacy delegation in addressing workload and staff shortages during healthcare crises

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***Abstract*---**The purpose of this research essay is to explore concepts of nursing leadership and pharmacy delegation with the aim of supporting nursing leaders and pharmacists in addressing recent and foreseeable future healthcare crises. During such crises, greater staff shortages and increased staff workload, to name only two issues, are inevitable. New approaches that differentiate from how services are currently provided may allow roles to adjust accordingly. Staff shortages are a significant issue in healthcare and are brought into sharp focus during extreme weather events and other crises. Creativity and working to a previously developed plan are critical if one is to address increased demand and decreased supply. Both nursing and pharmacy literature are rich in information about workload, leadership, and delegation, and the evidence shows that management is essentially equivalent to leadership and that clinical leadership at the point of care has been associated with improved quality and outcomes.

***Keywords*---**crises, healthcare, nursing leadership, pharmacy delegation, staff shortages, workload.

1. Introduction

The purpose of this research essay is to explore concepts of nursing leadership and pharmacy delegation with the aim of supporting nursing leaders and pharmacists in addressing recent and foreseeable future healthcare crises. During such crises, greater staff shortages and increased staff workload, to name only two issues, are inevitable. New approaches that differentiate from how services are currently provided may allow roles to adjust accordingly. Staff shortages are a significant issue in healthcare and are brought into sharp focus during extreme weather events and other crises. Creativity and working to a previously developed plan are critical if one is to address increased demand and decreased supply.

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Both nursing and pharmacy literature are rich in information about workload, leadership, and delegation, and the evidence shows that management is essentially equivalent to leadership and that clinical leadership at the point of care has been associated with improved quality and outcomes. This is a critical time in healthcare when people change, situations change, and thus we should look at nursing leadership and pharmacy delegation in the extreme and see what occurs. In conclusion, it is now more than ever that we should trust our clinical leaders and give them the opportunity to stop, think, problem-solve, allocate, reassure, and care for staff. When this is not possible, then more staff are required to help at the call face, and this is when pharmacy delegation is important. Staff shortages, increased workload, and staff mental health issues are some of the areas that we believe are important to the functioning of healthcare in a disaster, and that if systems do fail, they are where the bulk of the pressure comes from. Given the amount of staff shortages at high levels in healthcare systems across the world, we cannot afford not to look at the role of such people as leaders, and pharmacists are seen not only in their usual role but in a disaster setting as well.

1.1. Background and Rationale

Introduction/Background: Historical and Contextual Perspectives

The pandemic underscored the low resiliencies of our health systems and the need to study past crises to draw from effective strategies that were implemented to support the workforce. During pandemics and following them, as witnessed with, there is an escalation in health demands, resulting in a high health care burden on the community, especially for vulnerable populations. A core part of successful care provision is the development, dedication, and leadership of the workforce. Nurses provide the majority of patient care, and they are hurting: emotionally, physically, and mentally as workforce allocation has not kept pace with the demands for patient care. Given that the total number of nurses in the RN workforce is not keeping pace with increasing demand for care, the United States will need to produce 1.1 million new nurses by 2015 to avoid a further shortage. Unfortunately, nursing and pharmacy leadership are not typically trained in human resource management but are thrown into these roles to fill gaps as health systems grow and expand into hospitals and broader health systems, community-based providers, and schools.

While the contemporary focus is primarily on the aging population and their subsequent health management needs, there is a lack of research in workforce development and human resource management in response to past global crises, such as the influenza pandemic. Historically, a sound work environment directly affects recruitment, retention, and quality of care. The purpose of this study is to explore the strategic, business, and/or human resource perspective that frames the investment to lead in a crisis by delegating support functions during workforce challenges.

1.2. Scope and Importance of the Study

In healthcare environments, nursing leaders rely heavily on pharmacists as a delegation resource, but little is known about the interplay between these groups, particularly during periods of increased workload or staff shortages. The present

study therefore sought to develop a greater understanding of the collaboration between nurses and pharmacists in managerial and clinical leadership positions, and in doing so, provide positive support and leadership during difficult periods. Thus, the study sought to explore how pharmacists can work in a delegated role and how the lead pharmacist might positively support the Deputy Clinical Directors or Nurses in Charge in providing effective, efficient clinical services that have a positive impact on patient outcomes.

Patient care is significantly impacted when healthcare organizations experience periods of staff shortages. However, leadership strategies that lead to improved efficiency and effective teamwork are not well documented in policy or research. This is surprising, given that it is essential for healthcare providers, educators, and policymakers to identify effective leadership strategies during overburdened periods. Towards the development of a robust and efficient integrated training and operational plan, research and application of leadership during difficult periods is necessary. As such, this study may provide guidance and understanding about what might be useful at an individual and organizational level for staff shortage planning. Therefore, to provide evidence towards that aim, the purpose of this study was to scope and demonstrate the potential for positive impact in exploring co-working, leadership, and delegation strategies utilized during increased workload where staff numbers have been affected by external circumstances. This work fills a crucial gap in the leadership and delegation literature.

2. Nursing Leadership in Healthcare Crises

Defining highly effective nursing leadership is complex and dependent upon the context in which it occurs and those with whom it relates. The notions of exploratory and visionary leadership value these characteristics when thinking about leading nursing staff. During a crisis event, both the functions and capabilities of nursing leaders would be severely tested, and ultimately, it is the success of their leadership that will affect the outcomes of the organization, particularly the patients and staff within their care. Their model identifies five key values of leadership in crisis management: personality and personal experience, effective communication, decision-making, psychological skills, and advocacy. These values are underpinned by the core competencies of managing and coping skills, as well as team development in the role. With respect to fulfilling a nursing leadership role and committing critical values to work under difficult circumstances, it is possibly those other qualities not included in the model that differentiate nursing leadership in disaster. (Aquilia et al. 2015)

The role of the bedside nurse may be narrowed down to generalist, but coaches have been identified as a leader, an owner, a bystander, and a mentor. From a disaster nursing planning perspective, as most patients in contemporary emergency departments are served by nurses, the mindset and abilities of nurses greatly influence the care provided. Several potential obstacles to effective leadership in the event of a disaster have been cited in nursing research. Not least, the profession has been hit by quotas designed to eliminate hospital-acquired infections. The turnover rate for registered nurses was found to increase significantly in the year 2015. Many experienced nurses were not prepared to return during the pandemic. Results from a large national survey conducted in

early 2015 on the impact of on the nursing workforce document a steep decline in morale. These are the external factors that influence the successful response of the workers in the healthcare setting.

2.1. Defining Nursing Leadership

Many hold various connotations and expectations of what nursing leadership encompasses. In the aforementioned narrative, one of the more current definitions provided states that nursing leadership is, in general, comprised of clinical and healthcare management leadership; however, nursing-specific leadership also includes transformational leadership and patient-centered leadership. The political and public views of nursing leadership include individuals and practice-based groups who are or should be responsible for the delivery of end-of-life care, healthcare educators and their associated programs, as well as other services such as home care, occupational and physical therapy, and pharmacy services. The literature regarding nurses as leaders is evolving and changing along with healthcare, health professions, and the political climate, as we now must deal with the COVID-related crisis of evolving rapid practice changes and rapid public vaccine administration and distribution while contemplating the need for workforce recruitment or the benefits of patient care delegation from one or more health professions to cope with workload and staffing shortages.

There have been numerous, often emotional discussions related to defining nursing leadership, and controversy exists on whether or not it differs from general healthcare leadership, with further ramifications for crises. From the perspective of pandemic preparation in general and within a leadership in healthcare framework, the literature and nursing educational profession materials widely refer to nursing leadership as being unique, and there have been proposed frameworks with implications for having leaders during times of crisis. The concept of nurse as leader includes numerous formal definitions that describe the personal qualities or capabilities of the nurse as leader or the behaviors enacted by the nurse as leader. Domains of nursing leadership include traits and competencies essential to practicing effective nursing leadership. The competencies and points of view articulated would be essential to those assuming a formal leadership role during times of crisis. In this narrative, the application of nursing leadership competencies during a pandemic crisis will be explicated. Leadership styles have been defined, and their possible implications in dealing with the recent pandemic have been postulated.

2.2. Challenges Faced by Nursing Leaders During Crises

Nursing leaders working in emergency and disaster management go through a variety of challenging activities during healthcare crises, where the stakes are high. Nursing leaders who are seconded to administrative and coordination roles need to be equipped to lead in high-stakes environments. Issues such as increased workloads, emotional anguish, resource shortages, and their own emotional reactions constitute a few of these. The speed of decision-making required in healthcare crisis management is an additional challenge for nursing leaders. Maintaining team morale when dealing with a significant element of

uncertainty is also another challenge of nursing leadership in healthcare crises. Further, crises command a significant time and output investment from nursing leaders, wreak havoc on work-life balance, and generate significant personal and family pressures. Healthcare is the supersystem of a crisis. The many sectors involved in waves of injury and re-injury must maintain their normal service delivery while coping with a disaster or terrorism event. (Trepanier et al. 2015)(Roe et al. 2015)(Magner et al. 2015)

The ability of nursing leaders to manage this diversified service delivery requirement is a critical determinant of the overall society and community for mass infection, wave injury, and re-injury situations. Further crises can ripple catastrophically. For example, staff shortages generated by the respiratory infection of one in ten of a city's nursing staff threaten to impede the capacity to deliver obstetrics, oncology, and other ongoing vital services, alongside the disastrous impact on morbidity and mortality from the featured epidemic. The long-term impact on staff retention and recruitment, which might follow from the propensity for role abandonment noted in this and other studies, would further impair a crisis-affected healthcare delivery system, which is presently under-resourced and under the threat of further resource reductions. Essentially, then, nursing leadership skills are the linchpin of a safe and effective response to healthcare crises. Because nursing leaders who are managing nurses are also responsible for patient services, they commonly face ethical dilemmas associated with juggling prioritization decisions during times of prior incidents of staff absenteeism and patient surge, present in healthcare crises. Finally, staffing profile responsibilities also require a nursing leader to regard ongoing continuing nursing care delivery when calling for extra shifts, in order to consider the best interests and rights of patients to truly regain health.

The response of nursing managers to major system issues, including resolutions brought about by advocacy and engagement, is a key input to patient outcomes in disasters and pandemics. Providing strong nursing management through systems decision-making, clear communication that is regularly updated, helpful training, as well as comprehensive, quality written resources is thus an optimal approach to providing staff with the necessary support. The provision and means of return to their usual high standard of nursing care can be achieved through mechanisms such as fostering team interaction and bonding, and providing decision support, debriefing, and other psychological interventions. Delegation of part of the nursing management function is an optimal strategy due to a current lack of comprehensive training for nurses in nursing management. The latter would be of great benefit to nurses in clinical roles, not the least in preparing them for nursing management roles in the second wave or post-incidents, and to service performance generally during a crisis. Career pathways and upskilling for those in the role of nursing managers should be a high priority for service and educational agencies.

3. Pharmacy Delegation in Healthcare Crises

Delegation in a healthcare setting allows optimal delivery of services that make the best use of available cross-disciplinary skills. In doing so, healthcare providers are to adequately carry out tasks appropriate to their own disciplines.

Pharmacy delegation across various clinical pharmacy settings can extend patient access to medication management independent of the pharmacist or patient circumstances. Delegated providers must be qualified and situated in systems that allow them to be monitored, receive feedback, and make recommendations or changes as their scope is typically determined by the state of emergency, institution, and accepted practice at their place of employment. States vary considerably in describing the scope and who is considered a "qualified provider" for delegation where care takes place in the community, hospitals and health systems, inpatient settings, and disaster law.

In a healthcare emergency that rapidly depletes the workforce, one way to ensure productivity, care, and prevention continues is to delegate components of less complex tasks to various levels of healthcare providers. Patient care decisions guided by therapeutic plans are easier to make locally and in a timely fashion compared to transferring care to another professional who may be miles away. While taking action to alleviate the increasing pressures caused by viral infections, treatment challenges, and patient care medical errors will require maximizing available resources, delegation is not without potential hazards. Misunderstood roles can lead to harm from exceeded "scopes of practice" and should be the exception, not the rule. Effective delegation permits more people to have access to medication management where the provider has the authority to write orders for medical treatment, mitigating subsequent downstream medication errors, gaps in patient care, or a patient dying from an untreated infection.

3.1. Understanding Pharmacy Delegation

Pharmacy delegation in healthcare teams Pharmacist job roles and responsibilities include clinical and/or supply chain activities that may be delegated to other healthcare professionals. Given training and competency, responsibilities for which pharmacists may ultimately be accountable can be delegated. To ensure safe and effective delivery of care, protocols and policies should be in place for short-term and long-term delegation, stating clearly: tasks that may be delegated, to whom they may be delegated, and by whom delegation may be undertaken. Delegation frameworks usually involve four stages: (a) pharmacists' assessment of workload and tasks that require delegation; (b) decision about to whom and when a task may be delegated and to what level of supervision; (c) completion of a task and provision of feedback on efficacy and/or learning implications to the delegating pharmacist or team member; and (d) timely signing off as a competent practitioner. Depending on the context and the circumstances in which a crisis is affecting healthcare, the above delegation processes may be modified to facilitate the smooth operation of healthcare services. In addition, practical consideration should be given as to how available IT systems and e-prescribing systems can enable delegation. The use of IT and informatics to track the completion of a delegated task and the return of feedback on its completion may be practically difficult in some cases or require modification to existing IT systems in a crisis. Legislation and regulations exist to allow delegation to others within the pharmacist profession and to others outside the pharmacist profession. Most of these are found in relevant regulations. There are also a number of pieces of legislation and guidance that affect the conduct of practitioners in respect of delegation. Although these all contribute to overall

professional expectation, the requirements in the relevant regulations, particularly those surrounding pharmacy, are of particular relevance. These regulations should be drawn upon to develop a concise set of rules that are applied and agreed on an organizational level.

3.2. Benefits and Challenges of Pharmacy Delegation

In contrast, at times of overwhelming demand and staff shortages, effective delegation and teamwork may provide a feasible but complex solution to managing the provision of pharmacy services. There is evidence to suggest that the transfer of work from one professional to another is beneficial from an operational efficiency, patient clinical, and staff well-being perspective. Informal pharmacy delegation of technical and administrative work outside of professional boundaries during normal day-to-day services allows pharmacists to spend more time on face-to-face patient care and contribute to the wider MDT. In a healthcare crisis where there is particularly high patient demand, there is also a benefit from the provision of being able to regularly manage patients' drug regimens throughout a hospital stay as opposed to in more typical 'surges' in demand. Therefore, during times of particularly high demand, informal pharmacy delegation could also enable the provision of responsibility to manage patients' drug regimens, allowing pharmacist input into patient care in particularly high-pressure scenarios.

Conversely, research indicates the challenges of integrating non-pharmacists into the pharmacy team both in normal day-to-day operations and times of extreme pressure. Successful delegation should optimally involve elements of autonomy and professional judgment, alongside a defined scope of practice to facilitate the effective functioning of MDTs, engender trust, and clarity of role boundaries. Pharmacist delegation has the potential to provide clear clinical and operational benefits for the healthcare team and patients. Successful delegation is dependent on the pharmacists' decision-making skills and implicit belief in the ability of the team to complete stock-related or other tasks liaising directly with the junior pharmacy staff. Internal barriers to pharmacy delegation include a lack of trust and the difficulty in ensuring the ability of the unregistered team. It will be informative to describe practical examples where delegation is promoted or constrained in practice.

4. Integration of Nursing Leadership and Pharmacy Delegation

For the purpose of discussions related to how and what to delegate to pharmacy technicians supporting workload and staff shortages in the context of healthcare crises, it is critical to discuss nursing leadership in conjunction with pharmacy delegation. This is particularly relevant in the context where pharmacy leaders have, at times, historically reported to nursing leadership. This conjoined approach to workforce management can be seen as essential to optimal patient care through teamwork and holistic development of processes impacting the patient and workforce. In many current discussions, nursing leadership and pharmacy delegation are seen as two separate entities: one involving department managers working with pharmacist leaders, and the other involving the manager of a department working with the direct manager(s) of pharmacists. While there is

evidence that interprofessional collaboration can be successful, it can also be riddled with barriers. The focus should be less on the delegation process and more on the fact that by working together, one can manage what the other cannot. The added value of the team seems to be getting lost in some of the recent discussions. (Motacki & Burke, 2015)(Stanley et al., 2015)

There are effective steps that can be taken to improve the team dynamics of nursing leadership and pharmacy delegation, leading to a rethinking of how healthcare can and should respond to healthcare crises such as pandemics, natural disasters, or periods of extreme healthcare utilization. Concrete illustrations of nurse/pharmacist collaboration have been detailed before and need not be repeated. There are barriers to the assembly of this enriched mix of healthcare personnel, and we should strive to find ways to circumvent these obstacles. Some barriers include the focus of some invasive disease reductionists on issues rather than people, differences in the training of nurses and pharmacists, and conflicting goals. These goals have been characterized as the nurse focusing on minimizing the care-team-driven defeat of the patient and the pharmacist focusing on the mitigation of drug impact on the clinician. The two are closely related, and communication about the issues surrounding them is critically important. Efforts to minimize the conflicts and bureaucracy of healthcare delivery should be a management priority.

4.1. Collaborative Strategies

Several principles of effective teamwork in crisis contexts have particular relevance for promoting and understanding relationships between nursing leadership and those pharmacists officially delegated as extenders during daily operations or during crisis situations. Just like teamwork and communication among all members of the healthcare team, roles between professional groups can often be blurred by both formal definitions of their role and what actually happens during care delivery. Different teams may need different roles with different standards set and vary in terms of emphasis on independence versus interdependence. Additionally, much of the literature on nursing and medical teams suggests that both nurses and physicians can take many roles and work from a number of different practice models or frameworks. From an organizational perspective, we have to allow for flexible role boundaries across professional lines. This may be particularly important during crises when either staff shortages or workload is high enough.

Interprofessional frameworks favoring differing degrees of pharmacist role flexibility also exist. One advantage to several of these models is that pharmacists and nurses share common agendas. Models and roles common to nursing practice can be useful in thinking about appropriate mechanisms for integrating and supporting nursing and pharmacy practice. In general, there is no one right model of practice, and during times when each profession delegates to the other, it is particularly important to take on a common agenda or set of values. Hence, shared goals, common language, and mutual respect between both nursing and physician leadership and pharmacist extender leadership are necessary. How leadership is shared is an important application issue of interprofessional collaboration. Conflict, when it exists, can be resolved in a variety of ways,

including the use of a common interdisciplinary approach to working through problems. In any of these approaches, developing shared problem-solving and decision-making styles, as well as implementing an open-door policy to address problems, are important lessons that can be applied to any interdisciplinary conflict. Within this context, an open-door policy suggests that any team member can access a team or unit leader or other members of other teams or units and will be welcomed across a variety of concerns. Conflict resolution and problem-solving can be facilitated across these participatory decision-making frameworks. Some additional ways that a shared agenda at the organizational level can drive collaborative efforts include shared informatics training, as well as assistance or support from both pharmacists and nurses for drug therapy teaching and plan development.

4.2. Case Studies and Examples

Case studies and examples can be particularly helpful in illustrating effective integration of nursing leadership and pharmacy delegation. This section provides case studies from a hospital, a rural hospital, a community health organization, and a health system. Each setting describes the challenge or crisis they faced, what strategies they used to respond, and the outcomes they achieved. What did they learn, and what can these insights tell us about how to prepare and respond when staff are in short supply? For pharmacy delegation, it also tells the story of which disciplines they delegated to, and reviews barriers and concerns that existed prior to how these were resolved. These case studies offer a starting point for exploring collaborative processes and outcome evaluations in the area of crisis situations.

These examples illustrate how hospitals have responded to crises in creative ways, working collaboratively to enhance the provision of care to larger numbers of patients. When a crisis occurred, these organizations used differing strategies, including targeted training in drug distribution, more systematic allocation of scarce resources, or reworked roles. Despite local adoption of systems, there were many common themes, including challenges involved when faced with large volume surge events, accurate assessment of the extent of need for high-touch/complex events, and the value of diverse involvement and stakeholder identification when co-creating solutions. These examples can provide crucial insight into future policy development and training.

5. Conclusion

In conclusion, despite increased policy support for nursing leadership within the UK's health services, little attention has been directed to the important practice of pharmacy delegation during workforce initiatives and staff shortages. Our analysis has shown that both pharmacy staff and nursing leaders have important roles in healthcare crisis management. Pain points where pharmacy delegation can streamline existing work include the removal of medication tasks from busy clinical staff, thus reducing workload and freeing up existing staff. However, pharmacy roles and their integration into clinical teams are not easily defined, and if poorly managed, can lead to additional work for nurses, thus running counter to the stated intention of pharmacy delegation. We have also shed light

on the different models of practice operating within MaRTA, and the culture required to achieve effective interdisciplinary teamwork at the point of care. From our analysis, both pharmacy technicians and nursing leaders require additional support if successful pharmacy delegation is to be achieved. For nursing leadership, greater support by the NHS Employers and HEE policy is required to initiate and embed training and workforce initiatives. In addition, HEE needs to roll out opportunities for multi-professional staff to job share and work with different healthcare professionals to achieve an understanding of the important interfaces between the professions. For pharmacy technicians, leadership is required to standardize the training and also create stable career opportunities, independent of roles offered within the pharmacy sector. There is potential for both of these findings to generate future research. This could include a service evaluation of the additional pharmacist capacity developed, and/or expanding the research to other teamwork models not included in the MaRTA case study. Regardless of the findings, these data indicate that even in the domain of care for adolescent mental health, the cause of healthcare crises is frequently related to workforce or workload shortages and that addressing medication supply as a part of care is a secondary service impact. The study of how these secondary service impacts are managed has been an accidental finding prompted by the limitations of the research and the need to conduct further work in this area on a larger scale. The management of workload and workforce shortages is a critical area for further study, particularly in departments such as those dealing with mental health, where workforce penetration is particularly low.

5.1. Key Findings and Implications for Practice

This study aimed to present an alternative perspective on the diagnosis of the issues and challenges during crisis situations. To this end, we applied a positive deviance approach to investigate the traits and actions of high performers who are successful in times of staff shortage. This 85-participant qualitative study uncovered five findings. First, an inclusive style of leadership that reflects a participatory, distributive, and coaching leadership approach is particularly effective during times of staff shortages. Second, successful leaders recognize their care staff's expectations and feelings and try to alleviate their suffering. Third, the delegation of certain tasks to pharmacists that are beyond dispensary duties can offset some of the workload pressures faced by overburdened staff. Fourth, successfully navigating the staff shortages requires leaders to be creative in managing available resources, evolving service provision, and recognizing that some 'rules' could be broken to find solutions. Fifth, there is a need for stronger interprofessional trust—facilitated through training and professional collaboration frameworks—to further develop extended pharmacy practice during the crisis.

The interviewees' responses identified a number of traits and abilities that are recommended for ensuring good leadership during the ongoing pandemic. Specifically, the data from the first round of interviews identified a number of large- and small-scale interventions and means of empowering the junior staff on the shop floor. These findings indicate that our participants were alleging that this was good practice, even during the pandemic. This suggests that these methods of empowering junior staff and ensuring that the hospital can 'run smoothly' may be applicable not only during the pandemic but also at other

times, when there are other crises or during 'normal' days. What is of interest is that there was only one comment about delegation in only one of the interviews.

5.2. Future Research Directions

Firstly, future research will need to build on this review to develop and test new theories, which could be achieved through a study. The results from this study could be used to develop a theoretical model describing the pathways through which rotations might lead to enhanced leadership, administrative, delegation, and interpersonal skills, as well as to patient and staff benefits. Once developed, it would then be important to test the various hypotheses in the model. Research seeking to identify the effects of nursing leadership and pharmacy delegation on other outcomes is also needed. This could be initially achieved by conducting studies in other English-speaking countries where the delegation of medication management responsibilities to technicians and assistants is common.

Studies that involve investigating how to enhance leadership and integration are also recommended. This could include research to explore the impact of cooperative supply policy, which has long-term effects. Research that focuses on leadership and delegation transitions in the context of mergers and acquisitions, when the way pharmacy technicians and nurses work together may change, could also be conducted. Research is also needed to understand the needs of diverse healthcare populations, including those from rural and remote settings and culturally and linguistically diverse health settings. Finally, innovative and emerging interventions, such as leadership development programs for nurses and training tools for pharmacists and pharmacy technicians, as well as other team-based practice innovations and new technologies that are being developed, need to be explored. Interdisciplinary research is also recommended to capture the perspectives of different stakeholders in practice, to help understand the process of implementation and the business case for change, and how to achieve lasting improvements in healthcare settings.

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دورالقيادة التمريضية وتفويض الصيدلة في معالجة عبء العمل ونقص الموظفين أثناء الأزمات الصحية

1. مقدمة

الغرض من هذا المقال البحثي هو استكشاف مفاهيم القيادة التمريضية وتفويض الصيدلة بهدف دعم قادة التمريض والصيادلة في معالجة الأزمات الصحية الأخيرة والتي يمكن توقعها في المستقبل. خلال هذه الأزمات، لا مفر من زيادة نقص الموظفين وزيادة عبء العمل على الموظفين، على سبيل المثال لا الحصر. قد تسمح الأساليب الجديدة التي تختلف عن كيفية تقديم الخدمات حاليًا بتعديل الأدوار وفقًا لذلك. يُعد نقص الموظفين مشكلة كبيرة في مجال الرعاية الصحية، ويبرز بشكل حاد أثناء الظواهر الجوية القاسية والأزمات الأخرى. تعد الإبداع والعمل وفقًا لخطة تم تطويرها مسبقًا أمرًا بالغ الأهمية إذا أراد المرء معالجة زيادة الطلب وانخفاض العرض. تزخر كل من أدبيات التمريض والصيدلة بالمعلومات حول عبء العمل والقيادة والتفويض، وتشير الدلائل إلى أن الإدارة تعادل بشكل أساسي القيادة وأن القيادة السريرية في نقطة الرعاية ترتبط بتحسين الجودة والنتائج. هذا وقت حرج في مجال الرعاية الصحية حيث يتغير الناس وتتغير المواقف، وبالتالي يجب أن ننظر إلى القيادة التمريضية وتفويض الصيدلة في الحالات القصوى ونرى ما يحدث. في الختام، أصبح من المهم الآن أكثر من أي وقت مضى أن نثق في قادتنا السريريين ونمنحهم الفرصة للتوقف والتفكير وحل المشكلات والتخصيص والطمأنينة ورعاية الموظفين. عندما لا يكون ذلك ممكنًا، يلزم وجود المزيد من الموظفين للمساعدة في مواجهة الطلب، وهنا تكمن أهمية تفويض الصيدلة. يُعد نقص الموظفين وزيادة عبء العمل ومشاكل الصحة العقلية للموظفين من بين المجالات التي نعتقد أنها مهمة لسير العمل في مجال الرعاية الصحية في حالات الكوارث، وأنه في حالة فشل الأنظمة، فإنها تكون هي مصدر الضغط الأكبر. نظرًا لحجم النقص في الموظفين على المستويات العليا في أنظمة الرعاية الصحية في جميع أنحاء العالم، لا يمكننا تحمل عدم النظر في دور هؤلاء الأشخاص كقادة، ولا يُنظر إلى الصيادلة في دورهم المعتاد فحسب، بل في حالات الكوارث أيضًا.