

# The Role Of Nursing Leadership Delegation And Pharmacies In Managing Workload And Staff Shortages During Crises

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## 1. Introduction

In disasters, rapid implementation and maintenance of an effective mass prophylaxis or medical surge system require flexible use of all human resources in the institution. This might include medical or nursing students, volunteers, other college staff, or retirees who require initial assessment and training, ongoing supervision, and timely handling. Significant legal, accreditation, and institutional policy concerns about how best to place these individuals in a disaster operation that is under a condition, will not be licensed, not confused or qualified to practice without proper supervision or licensed professionals. Human resources experts, such as nursing professional leadership, can guide the principles, benefits, risks, legalities, guidelines for directing and delegating care during disasters that involve internally emerging portable dies panels, or that threaten to overwhelm healthcare. Congestion and overload can be multifaceted. Interview concerns all available resources to support the professionals who normally provide care for the individual's high quality. These concerns can also influence the worker's general well-being, which can be to the implementation of employee jeopardizes patient quality of care.

Individual personal concerns can trigger fear or absenteeism. You too healthy individuals to remain uneducated from seeking care for minor problems such as low influenza, driving more people to hospital emergency departments and an addition as these visits use trained professionals needlessly against an individual's health

privacy requirements. Concerns in any institution. Proper attention can have an impact on everyone. Nurses within institutions must first enable the plexus self-protect, limiting their personal losses and they can simultaneously enhance the institution's internal disaster response. Workplace health any one of these responses contributes positively to the organization's ability to continue to serve its community effectively. The necessary field for plexus individually and collectively for acute emergencies, advance planning, maintenance, and disaster response can also improve the way our institutions care for the injured and poor within their ordinary framework. (Sarker2023)

### **1.1. Background and Rationale**

The work of nurses has changed and grown in complexity over the years. Nurses have extended their responsibilities to include a wide scope of new roles, dimensions, and functions as healthcare has become increasingly complex and demanding. Some of these new roles and functions include leadership, management, and advanced practice privileges. This is highlighted by the extensive informatics and technology incorporated into the practice and interface with consumers and stakeholders. The time required and spent on documentation and expanded responsibilities regularly ensures nursing with no measures of patient care quality that's evident through structural elements ensuring work environments to provide well-established levels of nurse engagement and quality patient care resulting in optimal patient outcomes. Smart objectives to ensure these remuneration criteria did not consider vital preservation of patient welfare through new strategies and contemporary roles. In other words, nursing workload and staff shortages management remain critical when seeking prudent, longer-term solutions in crisis situations such as the current COVID-19 pandemic situation.

### **1.2. Purpose and Scope of the Study**

Testing of long-term care residents and staff to date has been limited, and mass testing is often not feasible due to limited funding, capacity, and staffing. Mass testing is goal-driven, in that it may only be completed leading up to and during certain events, such as flu or national emergencies, and not at other times. When done, mass testing is not routinely repeated. Given the lack of mass and ongoing COVID-19 testing, nursing homes must continuously respond to COVID-19 by quarantining and isolating

staff and residents, cohorting affected and non-affected residents together, limiting staff to work at only one workplace, and creating and maintaining dedicated COVID-19 units. These responses to COVID-19 significantly reduce available and necessary staff. Nursing homes have had difficulty adhering to guidelines and have asked for flexible enforcement because of these shortages, and argued that additional emergency assessments should rest on the availability of resources.

While the federal government sprang into action and provided a total of \$175 billion in financial aid to support hospitals in need during the pandemic, no similar general assistance was provided to support nursing homes or pharmacies to assist them in continuing operations or manage pandemic crisis costs and effects. For nursing homes and pharmacies, the usual additional expenses of pharmacists stepping in to cover staff shortages and operation costs such as PPE, equipment, isolation units, and staffing at overwhelming high costs and negative profit margins to the COVID-19 pandemic are a tax on basic needs, financial sustainability, and long-term care. The question of whether nursing homes will follow staff guidelines in the next crisis or maintain adequate staffing that is dedicated to facilities in crisis response situations, as well as systemic staffing concerns and workforce shortages. The role of nursing leadership, delegation, and pharmacies in managing workload and staff shortages in long-term care is even more important during public health crises such as COVID-19. (Goff et al.2020)

## **2. The Importance of Nursing Leadership in Crisis Management**

The COVID-19 pandemic has disproportionately impacted healthcare. Reducing the exposure and spread within healthcare facilities has required significant changes to care delivery, staffing levels, patient flow, and triage. Now is the time to consider what role nursing leaders and various healthcare providers could play in managing the healthcare demand supply imbalance during and after national crises. The established broad principles and core skills of delegation and supporting and integrating the professional duties of others through the hierarchical role of delegation can build the healthcare system's response the next time it is tested.

The role of the nursing leader in administering and leading the pathway of care will be critical in the current crisis and future crisis management. A critical care surge capacity will impact many

settings where the staff and scope mix and availability are significantly different. Nursing leaders in these settings will need to enact sound professional judgment in setting nurse-patient ratios, placing more unskilled staff within the team, recognizing all clinical competencies in the mix of healthcare workers, and providing an alternative staffing model. The challenge for many nursing leaders is to do the above while continuing to assure safe, high-quality, and patient-centered care. Modeling and auditing leadership behaviors, and offering a workforce leadership development program that prepares and supports the whole nursing team to contribute will be critical in ensuring that nurses' contribution is optimized alongside others, during and after the COVID-19 surge. (Wynne et al.2021)

### **2.1. Defining Nursing Leadership**

Nursing leadership encompasses the delivery of comprehensive, patient-centered, safe, and effective care, and it is exercised through democratic communication, collaborative relationships, and meaningful decision-making activities. Nursing leaders use their critical thinking skills to implement evidence-informed strategies to support safe and effective healthcare practice environments, manage resources efficiently, and establish practices to mitigate the negative impact of staff shortages, containment measures, and cause-related factors on staffing, workload, professional practice, and client well-being. Leadership is inherently multidimensional because of the complex relationships that operationalize care delivery, governance, and the moral and ethical obligations of upholding the public trust and stewardship of an institution and the staff, and influencing public policy, financing, and investments to ensure that social responsibilities are fulfilled.

### **2.2. Characteristics of Effective Nursing Leaders**

A great nurse leader should have the ability to inspire others to act, encourage their staff to attain a common goal, respect their staff by giving them the freedom to act, share responsibility, and have mutual trust. They should listen to their team, communicate openly, and develop business knowledge, each playing a critical role in achieving the organization's goals. Effective leaders should be flexible and be able to adapt rapidly to a continually changing environment. When it comes to serving patients and fulfilling their organizational obligations, leaders should be well-organized,

agreeable, and cooperative. To promote patient safety and patient contentment, leaders can develop a professional and robust team who are committed to serving the entire clientele. They must be dependable and trustworthy, use moral and ethical means to solve disputes, treat adherence to regulatory and professional criteria as a moral requirement, motivate and acknowledge their position, oversee their manager's obligations; make difficult decisions instinctively and quickly. (Wei et al., 2020)

There are about ten separate characteristics that great nurse leaders possess. They are integrity, assertiveness, empowerment, charisma, self-confidence, problem-solving, competency, cultural identity, social intelligence, and passion. First, a great leader must be open and honest, expressing their thoughts and emotions openly. In addition, they should be sure of themselves and courageous, providing their staff members with a strong favorable initiative that assists them in their decision-making and problem-solving abilities. They must also learn to adapt to circumstances rapidly, taking an interested approach to life. They must be capable of operating in contemporary healthcare societies and addressing the various disasters that are thrown their way while using rational thinking as their guide to problem-solving. The professional competency of a leader within the healthcare organization is another key characteristic. Leaders should demonstrate their knowledge, capability, and expertise, ensuring that they comprehend all connections within the medical community. They must also be empathetic, compassionate, and eager to remain aware of their social connections and societal characteristics. Finally, the leader should display an exemplary personality that encourages both personal and organizational behaviors.

Great leaders possess considerable power and can persuade specialists and other healthcare executives to support the corporation. They have the capabilities to guarantee the continuity of momentum in their organization that offers the individuals around them a transparent image of what great management will seem like in all firm areas. Good leaders have the necessary qualities and talents to significantly contribute to the successful implementation of a corporation's strategy and business objectives. They are accountable for personal and company productivity, with organizational productivity impacting their company's overall healthcare support. In a healthy-working life,

excellent leaders are eager to emphasize job contentment for both their staff. They require abilities that decrease staff pressure and exhaustion, focus on staff improvement and job fulfillment attributes, communicate for the organization's well-being, and use transformational abilities in day-to-day affairs. (Saeidi et al., 2021)

### **2.3. The Impact of Nursing Leadership on Workload and Staff Shortages**

Nurse surveys and implementation studies show that the quality of nursing leadership has a tremendous impact on the number of direct care nurses willing to accept the COVID-19 assignment, their willingness to continue working, and willingness to take on dual roles. At the genesis of the pandemic in Wuhan, China, nurse managers were working around the clock. They made adjustments to their staffing plan, increased the number of staff, adjusted the workload, created leadership support mechanisms, and provided psycho-social support to the team and their families. They created specific pathways for health workers that were nurses to work in different functions. They adjusted staffing team assignments from three to ten nurses, encouraged cross-disciplinary, hospital-wide multidiscipline teams, and provided registry efforts to manage the need for short-term personnel to help with workload mismatch.

In China, hospitals were open 24/7. Team managers provided information on shifts for various inpatient units. They established guidelines for inpatient unit nurse team responsibilities. Facility-wide daily COVID-19 meetings were held. They accomplished nurse team objectives through integrating nursing into each ward under a holistic schedule. They sent patients with low critical and general requirements home to reduce workload. Hospital managers prepared complete suits and personal protection equipment (PPE) for staff as well as ready-to-eat meals for staff working late and 24/7. Data show that good leadership and workload-sharing improved personnel protection and reduced the fear of systemic infection. In the US, Kaiser Permanente developed a contemplation model to adjust staffing levels through venues such as temporary paid administrative leave, adapting workload changes in the acute care setting, preparing for increased short-term requests for personal leave or decreased coverage due to illness or quarantine, employing travel nurses, and relocating temporary staff for urgent care clinics. Staff were reassigned as necessary. Employees willing to take educational courses were

successful at transitioning to acute and urgent care during the COVID surge. Staff were available to take substitute nurse assistant classes in seven days, followed by successful lab work and date completion of the eight-hour nurse assistant course to bolster the workload. (Liu et al.2020)

### **3. Delegation in Nursing Practice**

#### Introduction

Delegation is an essential skill of nursing practice and leadership. This skill is particularly important in the midst of crises, as it assists nurses in prioritizing work and allows the right staff member to perform duties to the full extent of their licensure and skill set. When a manager or supervisor is absent from the unit – whether due to meetings, patient care responsibilities, or crises such as the COVID-19 pandemic – delegation falls to the nurse leaders who may or may not have formal leadership roles. In light of this apparent gap in the literature, this article seeks to identify best practices for delegation in nursing practice, with the aim of enhancing nurse leaders' preparation and confidence for situations which require the execution of the leadership process of delegation. This, in turn, releases much-needed resources and adds to workforce robustness.

#### Analysis

Delegation was initially referred to as focusing on the transfer or entrusting of authority to perform certain functions or tasks to a competent individual. Delegation is therefore the practice of competent individuals directing the activities of unlicensed assistive personnel (UAP) or people who do not have a nursing license to contribute to patient care, complementing the work of professional nursing staff within the overall profession's scope of practice. These personnel usually take on the basis of basic nursing care functions, and larger numbers are now performing an array of activities with greater levels of accountability given the changing health and social care environment. The skill of delegation is further linked to staff decision-making responsibilities and is essential for the reduction of nurse manager span-of-control and for the successful functioning of the nursing team. As effective delegation contributes to better use of resources, non-use of this skill results in loss of resources and lack of staff development. (Walker et al., 2021)

### **3.1. Definition and Principles of Delegation**

To approve definite intervention by a delegated person within the limits set by the principal, the engagement of the principal to assist as necessary, coaching, and process motivation. In delegation, responsibility and trust are transferred, but responsibility remains with the delegating nurse. Communication must be ensured to develop expectations, request information, and ensure horizontal communication between members of the healthcare team. Finally, performance evaluations are a component of guiding nursing leadership in delegation. To ensure effective delegation, the Rules also establish a professional relationship between a nurse who delegates responsibilities and another involving mutual respect and objective authority. The nurse who is working in the Delegation of Nursing Actions can, to the extent contemplated by the provisions of the undertaking, delegate some tasks under his responsibility to a professional with a qualification to provide health care. This Act applies to hospitals as well as external resources. What is the activity of the resource and the nurse for whom the task will be carried out responsibility of the task and in what circumstances.

However, within every premise of delegation and the process discussed in Section 3.1, nursing leaders can use this nursing peer staffing model in which nurses have a voice in the scheduling and the authority to modify their schedule daily within previously established flexible parameters, including the authority to be able to call off short or extend shifts with appropriate management approval and without formal disciplinary action to foster the decisions surrounding their schedule. Nursing managers can foster shift swapping and offer float bonuses or incentives while being mindful of the hours worked and other state-specific labor laws. As a third option, some nursing management can play a role in deciding that a task and delegation of authority will only be used when patient acuity is high and/or mentors and mentees have a successful relationship. (Wynendaele et al.2021)

### **3.2. Legal and Ethical Considerations**

Throughout the United States (U.S.), team-based healthcare is valued. Influential business models, including hospitals and healthcare systems, have embraced a team-based approach to patient care and collaboration in healthcare. A challenge to providing such team-based care lies in the effective distribution of



roles and responsibilities. The effective distribution of work responsibilities, known as delegation on a healthcare team, is an essential business competency. Furthermore, imparting these responsibilities involves a legal process known as delegation. There are ethical implications associated with this process of entrusting work tasks to others, and ethical behavior is essential for a dedicated, committed, and satisfied staff. As all healthcare professionals possess legal and ethical responsibilities, they should be knowledgeable about both delegation and the ethical issues of healthcare. Nurses, as the largest group of healthcare professionals, are most frequently involved in delegation as part of a team of healthcare professionals. Providing quality care will depend on efficient implementation of delegation into clinical practice and outstanding knowledge of the pertinent legal and ethical principles of nursing leadership.

The Law and Ethics of Delegation; Ethical Approaches to Staff Shortages; The Pharmacist's Role in Workload Overflow and Staff Shortages in Nursing Leadership: Workload overflow and nursing staff shortages have an undeniable impact on the field of nursing. Globally, the attrition and loss of nursing personnel and other healthcare professionals are becoming increasingly severe. On one hand, workload overflow and staff shortages create predictable emergencies. Under the pressure of work, the ethical intelligence of nursing personnel decreases. The lack of personnel and the danger of excessive work arrangements can affect the safety of nursing and work efficiency. On the other hand, the management of a healthcare team is crucial for the success of the team. It involves identifying, training, and encouraging others to share the workload and responsibilities in a responsible manner. When nursing as a team, trying to complete an increasing number of tasks under pressure, it is particularly important for the team to work together on demanding tasks. In the U.S., employers of practicing nurses have an obligation to provide a safe, challenging, and motivating work and professional environment, and the conditions for quality care should also be where we work. Achieving these goals means that we will contribute to improving nursing services, helping the communities we serve, while meeting the needs of our employees. (Girardeau, 2022)

### **3.3. Benefits and Challenges of Delegation**

Delegation involves transferring and accepting responsibility for one or more tasks to a qualified individual. In most nursing departments, pharmacy services are one of the many services that can be delegated. Some of the benefits of delegating include the improved satisfaction of the nursing staff by legitimizing and demonstrating confidence in their judgment, allowing licensed staff to practice at their skill, providing greater autonomy in managing their workload, providing opportunities for learning and growth, and developing the employee's sense of accountability. By not allowing an TAS or Accelerate to take an order of an illegal dose of a medication, nurses run the risk of violating the board of nursing regulations when operators are licensed personnel. Adversely, non-licensed personnel can be involved in the review of medication orders if the order is first reviewed by a pharmacist before it is given.

Delegation allows the nurse to train and cross-train both nursing personnel as well as other clinical service personnel. RNs in general, as clients of pharmacy services, top program managers and pharmacy directors as collaborators, push for the right to delegate authority for functions approved by their state boards of nursing. Pharmacies can verify orders to provide this comfort. The role of the pharmacy is not diminished but it is enhanced by providing increasing support and expertise to serve as advocates for the medication management, especially for patients on high alert or high-risk medications. Providing support for those who administered doses is vital in demonstrating to the staff that were expected to be partners in the medication management process.

### **4. Pharmacies' Role in Crisis Management**

As health care providers continue to discuss work overload and staff shortages, the focus is often on hospital staff, particularly nurses, doctors, microbiologists, and clinical laboratory workers. However, we must not forget the need to provide an increase in both the production and distribution of antiviral drugs, vaccines, and medical supplies. This responsibility lies with manufacturers, wholesalers, and retail pharmacies. As pharmacy directors and staff discuss their role in the management of staff shortages, it becomes very clear that pharmacy services are and will remain involved in the initial management, patient delivery, and eventual control of health care worker and patient infections, production of

medical supplies, antiviral, antibiotics, and vaccine preparation, compounding and dispensing, surveillance, and the clearing of prescriptions and advice to patients. (Czech et al.2020)

#### **4.1. Overview of Pharmacy Services**

The role of nursing leadership, delegation of patient care, and interoperable pharmacies during work overload and staff shortages are crucial links to patient medication care and positive patient outcomes. The purpose of this chapter is to provide a positive systematic change by merging the link between nursing leadership and pharmacy support from the onset of any patient health crisis. This chapter is purposed to present an overview between the need for interoperable pharmacy services to manage workload demands and staff shortages during patient care crisis events. (Goff et al.2020)

The importance of a collaborative relationship between pharmacists and nursing and medical staff during patient health care crises or epidemics was highlighted in the raw, live, compassionate and stressful health care delivery of Ebola and other patient care crisis events. The concept of patient care in such times is not only to provide appropriate patient care with positive patient outcomes but also to protect all strengths and layers of a hospital, patient or otherwise, staff, and global communities, retail, mail order, and IT pharmacies. Besides the foundational rigor and solid organizational functioning characteristics, the principal disciplines that have been involved in both the business and practice functions of providing medication services to patients are pharmacy and nursing. (Goff et al.2020)

#### **4.2. Collaboration Between Nursing and Pharmacy Teams**

The nurse-pharmacist relationship is quite an old one, solidifying in the spring of 1860 when Sir Florence Nightingale began training Cleve staff at her most famous assignment at the Barrackfield General Hospital during the Crimean War. For this reason, we would like to highlight the important and continuing role of collaboration between nursing and pharmacy teams.

To elaborate, in the emergency department of our hospital, the leadership discussed that pharmacists can be very useful to support nurses in medication management, which enables nurses to have more time to provide direct patient care. Indirectly, it may

well contribute to improved ATM and working conditions. (Dzierba et al.2020)(Burgess et al.2022)

After considering this key problem of the nursing profession during the coronavirus pandemic, the project team decided to establish a partnership between physicians and the pharmacy. As part of the process of licensing a prescription by law, a pharmacist is required to review each medication and ensure compliance with good clinical practices and procedures before dispensing them.

A proposal was made by the project team to remove from the nursing workload a package of anesthetics and antiemetics that were not more than 15 drugs considered routine. These drugs would only be released by a doctor after the nurse-led navigation operation, with a question for a check pharmacist.

### **5. Workload Management Strategies**

One of the primary responsibilities of leadership is to ensure patients receive safe, ethical, and evidence-based care. When healthcare organizations experience staff shortages during crises, it is the responsibility of nursing leaders to creatively develop workload and staffing management strategies that support wellness, patient care needs, and regulatory compliance. Several key strategies for nursing leader consideration are suggested. These strategies are broad in nature and could be further refined and apply to other layers of leadership within nursing service departments and healthcare organizations.

During routine nursing operations, patient care assignment making is a complex and time-consuming process led by professional nurses. Efficient strategies for enhancing effective and efficient care assignment include the use of fully staffed, creative, and flexible staffing models; nurse proactive shift planning; timely monitoring of work volume and impact on staff; re-deployment and flexible utilization of staff to the care setting; the use of nursing and non-nursing encounter data; proactive communication with staff regarding situations; re-design of nursing processes and nursing roles to distill less variances; and monitoring patient encounters to suggest changes in staff deployment, skill mix, and ratios. The adjustment of these complementary patient assignment strategies becomes further pronounced during comparative staff shortages, flu periods and pandemic flu periods, and pre-peak, peak, and post-peak

pandemic planning periods. Mandatory overtime use is necessary at times. The voluntary use of overtime, however, should be encouraged, rewarded, and celebrated to the extent possible. Over time, the misuse of any of these strategies could lead to increased incidents of staff burnout and turnover. (Abdelhadi et al.2020)

### **5.1. Prioritization Techniques**

This approach can assist the ebb and flow of delivering nursing care via workload monitoring and matching through communication approaches. This form of prioritization also allows shift leaders to be in the receiving mode with clear methods to stop work, impede workflow, and match staffing, and be in the readiness mode by having a pre-alert system in place. The use of a pharmacy automated dispensing system message screens and handset, mobile devices, or order management system linked to an overhead display offers one way to obtain a workload barometer at the unit and facility level. The message screen can be set at the nursing station or at the pharmacy to be available for the shift leader and designee. The message scroll enables workload monitoring and matching management decisions in the area of personnel and deployment decisions.

The workload barometer methodology allows for the prioritization of care by necessity and urgency and should have the backing of the pharmacy director, nurse executive, and administration. The work assignment technology allows varied expertise and experience levels of the professional staff to be combined. It allows the hospital staff to manage workload through producing, posting, adjusting, and transferring work details and other vital data at multiple programming points. This approach will aid workflow improvements posting along with making it a location-specific barometer of professional skill variances. At posting, the management will have a tool to predict system overload and personnel shortages. The work assignment technology itself is a guide assisting the leaders in managing demand changes and leadership organizational attention into practical change intervention alternatives.

### **5.2. Resource Allocation**

Resource allocation is a key responsibility for nurse management and leadership in crises. The development of templates and resources that can be used to assist in outbreak planning is

invaluable. The effective use of people, position, and skills to ensure that crises are managed at a senior level is important to balance the competing demands with business as usual activities. Nursing management and leadership relationships, roles and responsibilities need to be made clear and transparent, and decision-making processes established. Good communication with health professionals and staff at all levels is a priority, providing clear and concise direction and support. The use of senior nurses in outbreak management is key to a successful intervention: clear documentation, proactive meetings, and the use of outbreak management forms are all positive control measures.

The role of clinical practice setting delegation in an authorized pharmaceutical use system during outbreaks can also be implemented as a rapid and effective strategy for managing workload and staff shortages. Additionally, in the event of local pharmacological shortages, legislative changes have given authorization to the expansion of appropriate healthcare professional supplementary prescribers, for example, nurses and pharmacists, to prescribe and provide a rapid and agile response to drug shortages as a consequence of a public health emergency with considerable time-saving implications to ensure the correct drugs are given to the correct patient at the correct time. This department for health and social care initiated an augmentation of the pharmacist team in hospitals and likewise an augmentation of nurses through complementary skills mix.

#### **6. Staff Shortage Mitigation Approaches**

Multiple approaches can be used to manage staff shortages during a crisis. When the prevalence and incidence of illness is greater than the infrastructure's capacity to manage, nurse leaders can use an acuity-based, demographically-matched staffing plan to align patient care with the available nursing workforce. This standardized approach to staffing enables the nursing department to adjust staffing patterns or nurse-to-patient ratios in alignment with the demographics and acuity of the patients and the corresponding experience for the nursing staff. Nursing leadership and resources have to be focused on population health. Delegation skills at the management/leadership level have to be fine-tuned as responsibilities and oversight of operational activities increase at all leadership levels due to senior management leader absences that occur during crisis times. When stand-by nurses are brought

in to cover absences of nurses who are unable to come to work, nurse manager leadership responsibilities increase to include stand-by and new nurse orientation and preceptor activities when actual staffing levels frequently exceed the normal levels.

Institutional plans often include a medication storage area with enough medications for staff members to protect themselves and to enable continued care provided to hospitalized patients even during transportation to an offsite declaration of disaster. This may also apply to protective equipment, oxygen, and blood delivery threshold pre-arrangements. A documented plan of action is a frequently-cited component of preparedness and includes specific details related to where the documents are kept, the teams responsible for carrying out the action, and the communication process that should be followed. When a hospital pharmacy automated drug machine sends a request for a medication restocking prompt, urgent attention action steps are necessary to prevent even a more severe shortage situation from occurring. Maintaining existing practical nursing skills to enable the performance of expanded activities is also important in being able to prepare for, respond to, and recover from a pandemic. (Aruru et al.2021)

### **6.1. Recruitment and Retention Strategies**

Recruitment and retention strategies: Healthcare facilities try to focus on recruitment and retention strategies to maximize the expertise of their workforce. This can also take some pressure off the staff on shifts and help still others to maintain some balance.

Travel nurses provide on-demand growth to staff, and they are often more willing to take on high-level assignments. Retention of permanent employees should be applied along with recruitment of travel nurses onto the staff.

Many moves can help the long-term interest of employees and their families, such as loans for homeownership and tuition fee reimbursement. Benefit groups are better than ever, including compensation, benefits due to benefit programs.

Making time off schedule and soliciting input on setting the schedule and simultaneously reducing overtime exposure and maintaining the full-time employee status. At the other end of the

scale, significant steps towards team members' stability are necessary.

Providing or locating acceptable substitutes, timely distribution of staff shortages, or controlling overtime to prevent burnout and turnover consequences of the distressed working environment. Care also ends the ability to serve by attempting to prevent extra stress from the rising number of no shows.

The facilities would like to boost the "In-Clinic Waiter" rate. Healthcare organizations would value restructuring roles and procedures internally to absorb work pressure during times staff are missing.

There is no question that these strategies, if combined with a combination of leadership responsibility delegation and pharmacy accountability, would support and support the nursing and medical teams at the front line during crises of increased workload and staff shortage.

## **6.2. Training and Development Programs**

Regardless of whether leaders are amid periods of crises, the era of workplace 4.0 changes, or post a pandemic, the effective application of employee training and development programs to meet the changing demands for a modern and progressive workforce will assist some of the obstacles to success faced by organizations. To this end, at the Canada School of Public Service, administrators and employees are able to access several excellent modern digital academy resources to develop "critical leadership and professional competence," some of them virtually. The Tax Academy provides specialized expertise from the Canada Revenue Agency as well as providing a plethora of services that support the training and development of a community of practice for corporate finance by managing talent and many other functions such as delivering professional services. It is also operating across the broader government as well.

It is not rare among G20 countries to assign the training and workforce development budgets of Human Resources departments or ministries in order to maintain a standard of excellence. Leadership with the necessary competence and managerial skills are critical ingredients in the together action and influence approach to capacity development in public



administration. It is noteworthy that the Canada School of Public Service is reimagining traditional offerings with numerous changes in order to provide leading-edge learning solutions that are more agile, virtual, and will soon deploy to upskill and reskill public servants for the future. It is also leveraging its longstanding expertise in delivering high-quality, accessible learning programs to continue inspiring and building a public service that aspires for excellence, values innovation, meets the highest ethical standards, and considers a master of digital and data literacy. (Panina-Beard and Vadeboncoeur2022)

### **7. Case Studies and Best Practices**

In March 2020, the World Health Organization (WHO) declared the outbreak of the novel coronavirus SARS-CoV-2 an international emergency and then a pandemic. The coronavirus caused the coronavirus disease (COVID-19). Many different countries have employed health workforces to assist with healthcare delivery during crises. Drawing upon previous descriptions of nursing and non-nursing services, two brief case studies offer some examples of the ways that countries have built workforces to support health service provision in these settings. Through adapting types of work and type of work, the European Union (EU), including its Member States, appears to have relied more on the nursing workforce as compared to other economic powerhouses.

During the time of the early coronavirus pandemic, examples of both separable and vital supplementary types of work have included the following: nursing leadership delegation; final-year student clinical placements as final-year nursing students; pharmacies that restart supporting nursing services with "last mile" support during pandemics that primarily package medicines for offsite patients who are self- or home-isolating in lockdown or full quarantine. In one particular instance in Lombardy, nurses experienced an especially severe crisis response. Their working conditions were less than ideal and they faced serious issues as per their safety, professionalism, and employment and career progression. Their health and concerns about their family were also on their minds. Nurses from the surrounding areas and region were called to some provinces and localities where the outbreak strike was especially severe.

### **7.1. Successful Examples of Nursing Leadership Delegation**

When Donnell and colleagues joined the leadership team at St. Thomas' Hospital, they found some variation in management arrangements across the nursing division. They took the decision to consolidate complex case load for certain critical areas of specialties into super wards. Symphony, a real-time integrated electronic patient record system that brings together a patient's medical history and records their GP appointments, test results, discharge documents, and medications for that patient accessible to all clinical and administrative staff in one list, was implemented to facilitate electronic roster management. The young bright staff stepped up and took responsibility for the team and the care of the patients in their hands. Staff responded positively. This established a framework for delivering high-quality, safe care that, ongoing, would ensure clear nursing lines of responsibilities.

This clarifies the nursing structure of the hospital enabling staff to be recognized for their contribution, enabling the Chief Nurse and the executive team to see where the gaps in the nursing skill mix were and assessing any potential workforce challenges and development needs. National Health Service (NHS) England released a useful document in response to the national shortage of render workforce 'Developing the Role of Physician Associates' in 2016 to help Trusts establish new training posts to improve senior nursing staffing shortages when supporting medical skills. Staffed by senior nursing teams with ownership of beds, strong leadership for the complex discharge task can be achieved faster while holding hospital week changes before more new admissions. The task of better supporting the children's hospital peers relies on our support. It can support the rotation challenges of trainees following the global pandemic by providing extra reassurance that nursing wards are absorbed into the larger nurse staffing communities providing high-quality care at the bedside, eliminating the underlying tug-of-war relationship between doctors and nurses. Sanctions are in place to limit the occurrence of wrong messages.

### **7.2. Innovative Pharmacy Interventions**

To respond to the expanded scope of practice resulting from the COVID-19 pandemic, the following "Florence Five for Change" innovative pharmacy interventions:

- 1) Empowering pharmacists in an expanded COVID vaccine and testing distribution and administration role.
- 2) Financially rewarding pharmacists to expand their role and increase the number of pharmacist-administered vaccines.
- 3) Protecting the financial rights of pharmacists during the pandemic.
- 4) Reducing the barriers to pharmacist scope of practice expansion.
- 5) Advancing health department, physician, and nurse recognition of the due diligence and professional capabilities of the pharmacist, targeting the right professional at the right time.

To ensure that the pharmacists receive due recognition in both their expanded role during times of crisis and their day-to-day role as part of the healthcare team, consideration ought to be given to work on only one medication use process. In essence, other implementers, such as physicians and nurses, would focus on what their specific role is in relation to the two-and-one-half-step medication use process, a process much easier to understand and monitor than the current process, and to review their own performance only in relation to an individual patient-specific process. Societal culture and knowledge, therefore, need to match or exceed the pharmacists to implement this dissipated and fragmented process. Also, this implies that the person providing the performed actions would be sufficient to provide random samples of medication use errors that do not lead to an adverse patient impact, as the patient would likely not report the error to the provider. (Bragazzi et al., 2020)

The tremendous contribution of pharmacists' medication monitoring processes can be harnessed more actively for monitoring medication use in the field of adverse monitoring. Such an electronic measurement, which would not violate patient confidentiality nor present any shift in financial liability, could potentially provide the trigger for reports from patients and for review and action by the medication monitoring team, at the least cost/risk impact to the patient and to the socio-politically organized medication monitoring procession. Upon surface contemplation then, if we take as a truth that the societal loss due to medication use does far exceed in severity the loss due to the political lobbying of the American Medical Association, might we not revisit and elevate the role of the medication monitoring

process through the use of professionally managed medication surveillance opportunities?

### **8. Conclusion and Future Directions**

Leaders throughout the organization have fundamentally understood that we have to change what we do and the way that we do it. And without their support, without their actions, I could have the greatest big ideas of change for improvement plan. And I could have the most capable staff, there is. I could have the best of everything, but it won't matter. Because really, managers are the ones who make these changes happen, and make them stick. - Debbie Peetz, Children's Healthcare of Atlanta Children's Hospital.

Sustainable change in nursing staffing and the working environment takes an organization-wide effort, and broader systems change in the external health care system. Nurse managers play a major role in shepherding these broad organizational changes in partnership with other nursing and hospital leaders. At the same time, large health care organizations should leverage their scale and resources to support other smaller health care organizations that do not have as much financial flexibility or the infrastructure to identify resources that are needed to improve their working environment and staffing levels. Financial and non-financial strategies to manage the workloads of registered nurses and nursing assistants need to be multilevel, involving initiatives at the hospital level, and supplemented with initiatives at the broader hospital system and even larger health care system level.

#### **8.1. Key Findings and Implications for Practice**

Findings of this study identified two distinct ways pharmacists work to manage workload and staff shortages associated with system shocks: working with the doctors to further delegate senior pharmacy roles around medication management, and the expanded work of pharmacy technicians to fill the gaps. Our study also identifies that new pharmacy services are likely to emerge during a system shock. This includes both new pharmacy purchasing roles and the expansion of existing centralized pharmacy distribution services.

These roles support pharmacy's unique position in the hospital, providing medications 24/7 in an intense and focused way. In this way, these new pharmacy roles both acknowledged and supported

the heightened role of medication management during system shocks. The conversations with the pharmacy workforce also identified that the expansion of these senior and purchasing roles also required pharmacy to relinquish some of their other roles. This was a difficult decision and often influenced by other operational issues that arose during system shocks.

#### 8.1.1. Implications for Practice

The implications of this work are important for pharmacy practitioners and hospital executives who aim to respond effectively to system shocks. Traditionally, in a surge situation, the assumption had been that more resources would be able to cope with the increased workload. However, as our findings show, a reliance on increased resources may not be possible or affordable. Instead, pharmacy needs to be able to work differently to manage this increased workload. This research identified two key roles that enable senior clinical staff to be effective in the crisis situation: fast-track service reconfiguration and new medication supply models. The final theme of expanding technician roles also provided an imperative for pharmacy to relinquish some of the work they currently own. This research presents strategies for delegating high-level roles to pharmacy technicians to streamline clinical pharmacy activities. These strategies could support greater workflow flexibility, allowing pharmacy to cope with increased service activities during system shocks.

#### 8.2. Areas for Further Research

While the aboveFurther research would be needed to test their validity across other health systems and sectors. It was critical that the necessary steps have been taken to validate the research findings. This study serves as a snapshot and example of recent experiences and that future theoretical and practical development must be considered by building on research findings with developing new knowledge within the areas. They suggest potential moderators including the type of disaster, and individual and organizational influences that may impact on the degree of delegation. Multi-level research designs and a multi-criteria measurement model have been suggested and further longitudinal research would provide understanding of governing principles and long-term outcomes. The authors of the second paper have developed and tested a reliable and valid questionnaire to

measure delegation's principles, and their extent and quality as an outcome. They tested it in a cross-sectional survey in

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