EDITORIAL

Nursing shortages and the 'Tragedy of the Commons': the demand for a morally just global response

BACKGROUND

The COVID-19 pandemic together with other global pressures that have been placed on the world’s healthcare systems have converged to highlight the prediction—and now reality—of a catastrophic shortage of nurses. What is particularly exasperating about the world’s disastrous shortfall of nurses, and the harmful impact this is already having on the capacity of the world’s healthcare services to deliver equitable and accessible healthcare, is that it has been utterly predictable and arguably preventable.

In its 2020 State of the World’s Nursing report, the World Health Organization estimated that, by the year 2030, just under six million nurses will be needed to meet global demand.1 A more recent estimation by the International Council of Nurses places the figure nearer to 13 million due to the ageing of the nursing workforce,2 and the growing impact of COVID-19 which has seen nurses burdened with unprecedented heavy workloads, insufficient resources, stress, mental health anguish, burnout and, it should be stated moral quandary.3 Add to this the dramatic and devastating impact of other world events such as climate change (and its increasingly disastrous impact on health and healthcare services), war, the global economic downturn, partisan politics, existing health inequities, antimicrobial resistance, and the emergence of new pathogens and new pandemics, the future of healthcare and its well documented reliance on the nursing profession is dire unless something dramatic is done to change the status quo.

MAKING SENSE OF THE NURSING CRISIS

There is a need to make sense of the predicament currently facing the nursing profession and the world, and which has been brewing for well over a century.4 The question is, how best to do so? Moreover, it is difficult to contemplate how best to remedy the current problem of nursing shortages given its scope and the highly politised policy and planning environments in which the world now finds itself, and where incentives to cooperate do not exist. One possibility is to examine the issue through the lens of the Hardin’s famous metaphor ‘the tragedy of the commons’. In doing so, however, three questions arise:

1. What is the ‘tragedy of the commons’?
2. What application, if any, does it have for framing an understanding of the disastrous global nursing shortage?
3. What moral lessons might be learned by considering the tragedy of the commons metaphor?

TRAGEDY OF THE COMMONS

The ‘tragedy of the commons’ is an efficacious metaphor that dates back to the publication of a little known pamphlet in 1833 by William Forster Lloyd, an amateur mathematician. The metaphor was later popularised by Garrett Hardin’s classic and much cited article of the same title, in which he addresses the existential problem of living in a ‘finite world’, with finite resources, that can only supply a finite population.5 In this article, Hardin famously invites people to imagine the metaphor of a paddock (‘a pasture’) that is freely available to many cattle farmers. Each farmer, unhampered and driven by individual self-interest (and not concerned about the interests of other farmers), allows their cattle to graze the pasture freely, such that over time its availability is progressively eroded to the point of being overgrazed.

The tragedy arises because ‘individuals have no incentive to abstain from contributing to the depletion of the common pool of resources’.6 (p.778) (Other examples used by Hardin include the overuse of national parks by visitors, and pollution of the environment by self-interested parties freely dumping their noxious products into the air we breathe, the water we drink, the land we till, and the oceans we fish).

APPLICATION OF THE TRAGEDY OF THE COMMONS TO NURSING

Universal healthcare systems are systems that have been designed to be available to people on the basis of need. And, like common grazing, the resources supporting universal healthcare systems – a common good – are finite.7 A key resource in such systems (especially hospitals) is the nursing workforce. As a resource, however, nursing workforces across the globe have been progressively eroded over decades, such that now the world is facing a disastrous depletion of nurses.
Governments of all persuasions have willfully turned a blind eye to the slow catastrophe that has been unfolding before them, sacrificing the long term benefits of building a sustainable nursing workforce, for short term political (economic) interests. This ‘wilful blindness’ (after Heffernan) has paved the way for the perilous situation that the world’s healthcare systems now face.

At first glance, it might seem that the metaphor of the tragedy of the commons is ‘ill fitted’ in terms of its application to nursing. The nursing workforce is not a ‘pasture’ and reducing the consumption of nursing services (unlike coercing farmers to reduce the number of their cattle grazing a pasture) is not an option. Even if it is accepted that the metaphor meaningfully applies to nursing, this does not necessarily point to a solution. This is because, unlike the independent moral obligations of pastoralists to restrict cattle from grazing freely on common pasture, there is no morally justified independent obligation on the part of those needing nursing care to forego it. Moreover, it is not possible to reduce nursing services without also reducing access and equity to safe healthcare services. And unlike the option of legal remedies to coerce pastoralists to comply with ‘other regarding’ behaviours, there are no equivalences that could be ethically applied to patients requiring nursing care.

Despite the limited application of the metaphor, there is nonetheless scope to argue that nursing is itself a tragedy of the commons – it has been unconscionably ‘overgrazed’ for decades by hospital administrators, bureaucrats, policy makers, and governments the world over. There is also at least one advantage of seeing the global shortage of nurses through the lens of the tragedy of the commons metaphor: it helps to highlight the demand for a morally just and conscientious response to the problem.

MORAL LESSONS FROM THE PARADOX

Hardin is pessimistic about the use of ethics and the laws of society informed by ethical values to help remedy the tragedy of the commons, arguing that these action guiding systems are ‘poorly suited to governing a complex, crowded, and changeable world’. He is particularly reticent about the assumed value of ‘guilt’ in motivating ‘civilised’ conduct. Quoting the American writer and public intellectual Paul Goodman, Hardin concurs that:

No good has ever come from feeling guilty, neither intelligence, policy, nor compassion. The guilty do not pay attention to the object but only to themselves, and not even to their own interest, which might make sense, but to their anxieties.

It is not clear that Hardin and his compatriot Goodman are right. Their views are naive and lack the benefit of more contemporary empirical evidence and reflections on the subject, which demonstrate the impact that guilt (or more to the point a desire to avoid the negative emotion of guilt) can have on regulating moral behaviour. Studies have shown, for example, that although a contested notion and difficult to quantify, guilt has a positive regulating effect in social contexts by motivating moral behaviours that avoid transgressions, prompt apologies, repair and restore damaged relationships, and emphasise personal responsibility for wrongdoing. On the other hand, if Hardin and Goodman are correct in their thinking, this unconscionable stance must be called out for what it is: unconscionable. If our institutions and those governing them lack the moral compass (and conscience) required to uphold the moral interests of the communities they supposedly represent and serve, then they do not deserve to hold the social licenses granted to them and these should be forfeited.

THE CALL FOR MORALLY JUST GLOBAL ACTION

As the world grapples with how to remedy the erosion of the nursing workforce and build its sustainable future, leaders have been giving prioritised attention to the issues of how best to retain nurses educated domestically and how best to attract future candidates into the profession in both the short and long term. Their attempts are (and will continue to be) fraught, however, as demand exceeds supply in the present, and the education and retention of future generations of nurses takes time. In an attempt to overcome this problem, high-income countries have engaged in the ethically questionable practice of seeking to augment their nursing workforce by ‘increasing their reliance on international nursing recruitment’. This practice is ethically questionable because it stands perilously close to ‘poaching’ nurses from countries who can least afford to lose their existing establishments of equivalent full-time nursing staff.

In a recent article calling for ‘less talk and more action’, Ferguson and colleagues correctly argue that ‘every country needs to hit the reset button and each of us need to do our part’. They go on to argue that what is particularly needed is a ‘broad coalition’ of whoever (e.g., from a range of sectors including health, education, security, environmental, agricultural) and whatever it takes to bring about change, otherwise things will go backwards.

As stated earlier, the conundrum surrounding the global nursing shortage is not new. Neither are the well documented strategies for addressing it: enhancing workforce retention, improving recruitment, encouraging and enabling a return to practice and, where ethical, international recruitment.

One strategy that has yet to be recognised and explored, however, is civic engagement – a strategy exemplified by the
political manoeuvrings of Florence Nightingale and her legendary influence on reforming the quality and safety of healthcare in the 19th and 20th centuries.

Civic engagement may be defined as ‘the ways in which citizens participate in the life of a community in order to improve conditions for others or to help the community’s future’.13(p.236) In the protracted aftermath of COVID-19, citizens are being granted a unique opportunity to reflect on and consider what they want and can reasonably expect of nurses and a nursing workforce, and what sacrifices they are prepared to make in order to ensure that when the situation arises, the nursing services they want, need and expect will be available.

Nursing by its very nature is of high value. Nursing matters. Nurses matter.

Nurses matter because the work they do is significant. Their work is significant because it makes the lives of others significant – it gives value to the lives of others by treating them as being worthy of attention and care.

During the COVID-19 pandemic, nurses repeatedly went above and beyond the call of duty. Now it is time for the world’s leaders and health authorities to likewise go above and beyond, and to fully engage in the conscientious action that is so desperately needed to redress the status quo.

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