



Centrum voor
Ethiek en
Gezondheid

“Just a second, I’ll be right with you...” Nurses and personal care workers under pressure due to staff shortages

Summary

The Netherlands is facing a shortage of healthcare professionals, leading to gaps in work schedules, longer waiting times, and an inability to accept new patients in some facilities. The moral and human aspects of providing care when there are staff shortages cannot be derived from statistics. In this report, the Centre for Ethics and Health (CEG) explores how this shortage affects healthcare professionals, in particular, nurses and personal care workers working in nursing homes, in the home or for disabled people. What moral challenges do they face?

The CEG interviewed these healthcare professionals. The results of these interviews showed that, due to the staff shortage, these healthcare professionals are being overburdened. Healthcare professionals are confronted with situations in which they are unable to act in the way that they know is right, or with situations in which they need to make choices that conflict with their professional or personal values. For example, when too many care demands arise at the same time, how does a healthcare professional decide who will receive their time, attention, care and support? The stories of nurses and personal care workers reveal feelings of doubt, frustration and powerlessness.

Healthcare professionals often feel as though they are falling short due to the difficult choices they have to make as a result of staff shortages. These professionals also see that freelancers cannot provide the necessary care because they do not know the clients well enough. This is frustrating, precisely because of the sense of connectedness these healthcare professionals have with their clients. Healthcare professionals sometimes neglect their own well-being in order to meet the needs of clients or in order to assist colleagues. Overworking due to a strong sense of responsibility can lead to health problems and burnout, which ultimately exacerbate the problem of staff shortages.

According to political scientist and care ethicist Joan Tronto, caring is a cyclical process consisting of five phases: (1) caring about: noticing unmet care needs; (2) caring for: to take on the burden of meeting those needs; (3) care giving: the actual work of care; (4) care receiving: observing the response of the person receiving care and making judgements about it. Have their care needs been met?; (5) caring with: as a society ensuring that care needs and the way in which they are met are consistent with democratic commitments to justice, equality and freedom for all (5).

The moral challenges that emerge due to staff shortages show that healthcare professionals are unable to fully carry out the different phases of care. Consequently, the realization of good care, understood as an integrated care process, is under pressure. The moral qualities that Tronto considers essential for a good care process—attention, responsibility, competence, responsiveness, trust, and solidarity—are being compromised due to the shortage of healthcare professionals. Freelancers who do not know the clients well enough, a lack of sufficiently experienced and skilled colleagues, insufficient opportunities for training and development, organisational difficulties in deploying self-employed professionals, and a shortage of time all contribute to this.

The tension between the desire to provide good care in all phases of the care process and the inability to do so due to circumstances increases the risk of moral stress. That risk becomes even

greater when healthcare professionals do not feel supported or do not have time to reflect, either alone or with colleagues, on this tension.

Some people do notice the increasing pressure on healthcare staff, but based on their position, they themselves do not have to bear the burden of care or the practical responsibility for providing care. The actual responsibility for dealing with the consequences of staff shortages — such as dividing attention and covering for staff absences—falls on healthcare professionals. Due to differences in proximity and responsibility, the moral burden of staff shortages is unevenly distributed: it largely falls on the shoulders of individual healthcare professionals. However, the choices healthcare professionals have to make every day touch on larger societal questions: who receives care, who does not, and what do we as a society consider acceptable?

The CEG is calling on the Dutch government and parliament to take responsibility for structural choices in healthcare. It is untenable and unjust to continue holding onto the ideal of full and equal access to healthcare without making clear choices about priorities, the distribution of care and about optimal versus acceptable quality of care. The CEG is also calling for a thorough public debate on the future of healthcare. New ways of thinking are needed about how we, as an ageing society, can continue to provide good care. Finally, the CEG is calling for nurses and personal care workers to be structurally involved as an essential source of knowledge and wisdom in policy development, organisational decisions, and ethical frameworks surrounding scarcity of resources. There is a clear need from healthcare professionals to bridge the gap between themselves and managers, the boards of their healthcare institutions, politicians, and policymakers.