Nurses are the main professional element of the health care systems, and their role is recognised as essential for meeting safe and effective care (Buchan & Aiken, 2008). Over the precedent decade, the universal nursing workforce scarcity has endangered the quality of health services. Australia is also not away from this crisis. It is experiencing a rigorous but unevenly scattered number of nurses. The greater shortage of health professionals in rural and remote areas is of great concern and has leads to poorer access to medical and nursing assistance. It is even harder for Australians living in non-metropolitan areas to attain suitable and affordable health care (Fitzgerald, 2007). Failure to compact with a nursing shortage will leads to failure to maintain or improve health care (Buchan, 2006). The demand for registered nurses is increasing in a drastic way; unfortunately the workforce in nursing cannot meet the demands for effective qualified nurses. This essay will thoroughly analyze the workforce shortages in rural Australia.

Many nurses were living this profession due to work related injuries and stress. According to the survey, around 80% of nurses’ complaint about their workload in hospitals and due to these they were forced to leave this profession (Taylor, 2008). According to the calculations around 90,000 will be retired by the year 2020 and over the next 20 years Australia will lose 60 % of the existing employed registered and enrolled nurses through retirement. Moreover, according to the studies approximately 30000 nurses are no longer willing to continue in the nursing profession and among the remaining nurses; almost half percent of nurses have decided to work only as part time (Peterson, Northeast, Jacksons & Fitzmaurice, 2007).

Now a day’s only a few number of youngsters were choosing nursing as their profession, as nursing profession has failed to attract young people. In the past years, when older workers retired there were young people to replace that place (Fitzgerald, 2007). Factors such as isolation from other health care professionals, lack of anonymity, and perhaps most important of all, the outsider status of the professional who enters the new community with little understanding of rural issues all lead to difficulties in both attracting health care professionals to rural areas and even more importantly retaining them in these practices (Allen, 2008).

Due to the shortage, workloads in nurses may increase, which leads to stress and burnout. Eventually, a negative impact will result on health outcomes of patients. (Hickey, Sumsion & Harrison, 2009). Many nurses believe that the current nursing shortage is due to inadequate salary and benefits, better career options outside nursing, undesirable working hours and negative work environment. Bullying in the work place also leads to the present nursing shortage (Rocker, 2008). The bullying from the co-workers makes the nurses the feeling of helplessness and stress which make them to think about come out of the profession. Moreover, it can be seen that many nurses like to work only in urban areas as they get better facilities. As a result, the shortage of nurses in rural areas becoming really worse (Allen, 2008).

It is evident that nurses seek opportunities outside nursing which may provide them better job satisfaction and a safe work environment (Pelletier, Donoghue & Duffield, 2005). Unsafe and unacceptable working atmosphere can affect adversely on the retention of nurses. Stress has a negative impact not only on nurses’ health and well-being but also on the functionality of the nursing profession. It results in a high turnover and low retention of nurses and impacts the quality of care provided (Peterson et al, 2007).

The other important reason for nursing shortage is the migrating of nurses from developing countries to developed countries. This has been growing feature of global nursing labour markets, as developed countries exploit ‘push’ factors, which make some nurses in developing countries willing to cross national boundaries (Hegney, 2007). The factors such as relatively low pay, poor career structures, lack of opportunities for further education, and in some countries, the threat of violence force nurses to move to next countries. The main disadvantage of this is that there will be more shortage of nurses in less resourced country (Buchan & Aiken, 2007).

The nursing shortage is not just an organizational challenge or financial matter; it has a huge adverse impact on health care delivery. It is clear that shortage of nurses makes a remarkable impact on hospital procedures and the treatment process of patients (Peterson et al, 2007). It creates communication problems among health care team members, increases patient waiting time for tests and surgeries, delays response to phone calls, rise in the mortality rate, increased cross infection rates, reduces number of beds in hospitals, increases patients’ complaints about nursing care and extends discharge of patients (Allen, 2008). Moreover, the shortage has affected the nurses as well, especially the time they spend with patients, identifying patients’ problems and complications, maintaining patient safety and providing quality of care and in nurses’ own quality of life (Rocker, 2008).

It is high time to identify and implement strategies to overcome this compounding issue. If adequate initiatives are not taken in the near future, then the authorities may fail to tackle the long term impact of nurses’ shortage. As per the calculations it is estimated that in the coming future there will be a remarkable increase in the number of people who depending on hospitals and aged care and this will put a great pressure on Australian Health Care System (Lenthall, 2010). In order to keep experienced nurses in the health care industry, hospitals and government should provide transition to existing retirement programs to maintain the skilled nurses and their service and knowledge for a long time. As the nursing workforce challenges consistently, it is significant to secure both public and private funds to create maintain and implement new and ongoing strategies and programs. There is a need for greater investment in both educational and workplace environments by providing opportunities for career advancement, flexibility in working conditions and greater access to supportive technologies (Wellard & Stockhausen, 2010)

In fact, the nursing shortage is not just lack of persons with nursing qualifications; it is the lack of nurses who are willing to work as nurses in the current situation. Hence, the strategies should focus on encouraging them back to nursing and provide incentives to recruit and retain them. Flexibility of working hours is important to retaining nurses, particularly older nurses. Workplace flexibility can be referred as the ability to choose full time or part time hours, the number of hours needs to work and meeting the planned needs of the patient (Nancy, 2007). Shorter work shifts of 4-6 hours instead of 8- 12 hours, which may be physically exhausting for the nurses. A comprehensive study revealed that efforts to improve retention of existing nurses are less when compared to the recruitment strategies. The study also found that mentoring programs for recent new graduates was effective. Providing clinical practicums in a rural area is a positive strategy to attract health professionals to a rural area (Florence, Goodrow, Wachs, Grover & Olive, 2007).

There are some responsibilities between the employer and employee by the contract. This contract between two parties is essential at work field. When the employer select the employee by the performance base, which under the rules and regulation of employee. Employers have some responsibilities on employees, they should ensure the health, safety and welfare (Pelletier, Donoghue & Duffield, 2005). To precise, they ensure the systems of work and the environment of the employees are safe and without risk .In addition to that they make sure that people other than employees are not exposed to any risk at their work. Similarly employees have some duties, as per Occupational Health and Safety Act 2000.an employee take care for the health and safety of others at workplace, To ensure that all employers are cooperate with other person. Moreover to not intentionally or recklessly interfere with or misuse anything provided by the employer in the interest of health, safety and welfare under occupational health and safety legislation (Florence et al, 2007).

In order to reduce the adverse effect of work force shortage, the government and the authorities has to put some effort for retention and recruitment strategies. On the other hand authorities provide child care facilities and cash incentives .And also provide sick leave and casual leave for staff .At the same time they should have link with agencies to fill the staff for sick leave. Recruit staff from overseas is another solution or poach staff from other hospitals. At the same time both are ethically unsure and weak strategies because it may trouble for hospitals and countries (Fitzerald, 2007).

It might be very useful if health care agencies send nurses working in different positions to schools to tell their experience about nursing, the value of nursing and the benefits. Moreover, students can be taken to hospital to observe how nurses work and what nursing care is (Fitzgerald, 2007). This would probably attract young minds to nursing profession to some extent as they become aware of the value of nursing profession. Certainly, this type of awareness programs is really important to recruit nurses for the next decade (Hegney, 2007). In addition, the government should offer special incentives and salary packages to nurses who work or planning to work in rural areas. This will probably attract nurses to rural areas where currently nursing shortage is severe (McIntosh, Palumbo & Rambur, 2006).

There are many legal and ethical issues faced by health practitioners and rural people. It is difficult for the nurses to follow legal and ethical principles because of less number of nurses. Nurses have to face ethical issues which increase with an aging. Such issues makes stress and influence whether they remain in positions (Ulrich,Taylor, Soeken, O’Donnll, Farrar, Danis & Grady, 2010). Rural residence in Australia faces difficult in health care due to lack of health practitioners and workforce shortage .This leads to lower medical services and in rural population along with poor health status and outcomes than urban area. Government put efforts to improve the health care service as a part of their commitment (Jones, Humphreys, Wilson, 2005).The shortage of health practitioners and beds in rural hospitals makes difficult to meet rural health issues. This global problem is because of crisis in workforce. It is mainly due to increased demand for health workers in developed countries because of aging population (Taylor, 2006).

In conclusion, nurses play a vital role in providing care to patients and they play an important role in maintaining health of the people and preventing diseases. It can be seen that although the demand for health care and nurses is growing consistently, the supply of qualified registered nurses is lower than the demand. The future seems as, a bucket of nurses out and a cup of nurses in, which will result in a critically dehydrated health care system. Unless the nursing shortage is resolved, its adverse effects on patient care are likely to continue. And the shortage of health professional affects more in rural area.

 REFERENCE

Allen, L. (2008). The nursing shortage continues as faculty shortage grows. *Nursing*

*economics*, 26 (1), 35- 40.

Buchan, J. ( 2006). Evidence of nursing shortages or a shortage of evidence?

 *Journal of Advanced Nursing,* 56, 457–458.

Buchan, J., & Aiken, L. (2008). Solving nursing shortages: a common priority. *Journal*

*of clinical nursing, 17*, 3262- 3268.

Buerhaus, P. I., Donelan, K., Ulrich, B. T., Norman, L., & Dittus, R. (2005). Is the

shortage of hospital registered nurses getting better or worse? *Nursing*

*Economics*, *23* (2), 61- 71.

Fitzgerald, D. C. (2007). Aging, experienced nurses: their value and needs.

*Contemporary Nurse, 24* (2), 237-243.

Florence, J.A., Goodrow, B., Wachs, J., Grover, S., & Olive, K.E. (2007). Rural health

professions education at East Tennessee State University: Survey of graduates

from the first decade of the community partnership program. *The Journal of Rural*

*Health, 23* (1), 77-83.

Hegney, D. (2007). Practice Nursing in Rural Australia. *Contemporary Nurse, 26* (1), 74-

82.

Hickey, N., Sumsion, J., &Harrison, L. Nursing double degrees: higher education initiate

in times of nursing shortage. *Australian Journal of Advanced Nursing*, *28*(1), 52-

61.

Jones,J. A., Humphreys, J. S., & Wilson, B. (2005). Do health and medical workforce

shortages explain the lower rate of rural consumer’s complains to Victorians

health services commissioner? *Australian Journal of Rural Health, 13*, 353-358.

Lenthall, S. (2010). Nursing workforce crisis looms. *Australian journal of nursing, 18*

(5), 65-73.

McIntosh, B., Palumbo, M. V., & Rambur, B. (2006). Does a ‘Shadow Workforce’ of

Inactive Nurses Exist? *Nursing Ecnomics, 24* (5), 231-238.

Nancy, L. (2007) Strategies to enhance retention and effective utilization of aging

nurses. *Journal of nursing education, 46* (4), 450-472.

Pelletier, D., Donoghue, J. & Duffield, C. (2005). Understanding the nursing workforce:

a longitudinal study of Australian nurses. *Australian journal of advanced nursing,*

*23* (1), 37-42.

Peterson, G. M., Northeast, S.,Jackson,S. L & Fitzmaurice, K. D. (2007). Harm

minimization strategies: Opinions of health professional in rural and remote

Australia. *Journal of clinical pharmacy and therapeutics*, *32*, 497-504.

Rocker, C. F. (2008). Addressing nurse to nurse bullying to promote nurse retention.

*Online journal of issues in nursing, 13*(3), 32-45 *.*

Taylor,L. (2008). An audit of physiotherapy vacancies over 2006:Analysis of current

 workforce needs. *New Zealand Journal of Phsiotherapy,* 36*(1),* 1-6.

Ulrich, C.M., Taylor, M. C., Soeken K., O’Donnell, P., Farrar, A., Danis, M.

 & Grady, C. (2010). Everyday ethics: ethical issues and stress in nursing

 practice*. Journal of Advanced Nursing,* *66*(11)*,* 2510–2519.