Australian health care system is confronted with a critical shortage of medical professionals in remote areas, and many of the rural hospitals are struggling to provide adequate care (Duckett & Kenny, 2000). The strength of rural health care service is directly associated with competent, stable and well educated professionals. The provision of quality health care in remote areas is a challenge to many countries like Australia. (Duckett & Kenny, 2003)

Surprisingly, in spite of the fact that, in health care delivery system the nurses hold the major part and that is around 60% of the total labour potency of Australia (Duckett, 2000). On the other hand the aptitude of the remote hospitals to uphold a good standard of service is badly affected by the work force enrolment and retention problems. The rural health in Australia is attaining an increased attention after years of neglect. (Duckett & Kenny, 2003)

The little importance which has been given to rural nursing over years and the absence of combined and solidplan for dealing with the problems facing by the nursing work force disturbing the remote Australia, which leads to a crucial work force shortage may directly affects the health care delivery (Senate Community Affairs Committee, 2002).

It is identified that, along with the shortage of nurses, there is a lack of doctors in rural health delivery system. In rustic areas it is appealed that the work potency of nursing will “dwarf the lack of doctors in the bush” (Bushy, 2001).

The health status of people is different in rural and metropolitan areas. Major reports identified that, the death rates are higher in remote areas than urban areas (Duckett & Kenny, 2003). The shortages of nurses in rural areas are identified as an international problem. The main issues which are associated with the stability of rustic hospitals are labour force scarcity, economical issues, need for investment and competition in share market are identified as internationally. (Basu & Friedman, 2001)

At the same time, in Australia countryside health services have usually experienced fewer turnovers and accordingly a steady nursing labour force. The present problems are worsened with an ageing of rural nurses. (Hegney& McCarthy, 2000) It is suggested that, to tackle with the current situation, nurses needs to have a strong practical and theoretical knowledge to act in multiple roles (Duckett & Kenny, 2003).

At present 65 out of 120 hospitals in Queensland are suffering with rely of nurses (Fiore, Souzani, D’Amore, Behan, Cutts & Caze, 2005). The Australian health care structure is under stress, mainly due to ageing people, rise in chronicity and acuity of illnesses, technological advancement and increased demand of high quality services (Nankervis, Kenny & Bish, 2008).

The health care services in remote Australia impose important physical challenges. The government of Victoria identified the problems, appealing that the ageing of nurses and decreasing number of nurses results in crisis of rural nursing. (Victorian State Government, 2002)

Although, the age of nursing work force is comparatively higher in country side than metropolitan cities. Studies identified that the average age of rural nurses are fifty. There is a great difference in funding from the authorities for rural and urban health care delivery system. This leaves rural health services in a worst economic state than the urban counter parts. (Nankervis et al, 2008)

Deprived recognition of talents and education, unbending working environment, over time without payment and increased work load are some of the problems nurses facing in existing system (Mills, Francis & Bonner, 2007).

The retention and enrolment of nurses are results in shortage of nurses in rural areas. It is reported that ‘rurality’ itself contributes to the issue of labour force. The main reasons of low retention of health professionals are less chances of ongoing professional development, orientation, support, employment difficulties of spouse, the education of children, professional separation and on call demands for work. (Dade, 2004)

The enrolment factors contain inadequate ability to accept new graduates, fees of the course and low income upon graduation. On the other hand retention related to the point that, inadequate resources to meet the requirements of well experienced nursing staff results in low retention rates. Another retention concern is the enrolment of overseas trained nurses. (Drury, Francis & Chapman, 2008)

Although, recently the disappointment among nurses, who have heavy workloads, nominal mentoring, support and supervision, low income, working environment dissatisfaction, limited chances of ongoing education and minimal autonomy as contributing element for leaving the profession (Cline, Reilly & Moore, 2003).

The difficult situations such as remoteness and the insufficient number of staff that present in remote Australia, leads to a difficult working environment even for the Australian native nurses. So it is very difficult for foreign nurses to survive with in minimal understanding of the Australian life. Hence the recruitment of foreign nurses is not considered as a solution for the staff shortage. (Drury et al, 2008)

Other health professionals such as doctors, pharmacist and auxiliary workers are affecting with shortage of work force as well as nurses. However, the decreased number of nurses is more crucial for health care delivery, because large percentage of the patient care is done by nurses; both therapeutic and precautionary and because of the greatness of scarcity. (Oulton, 2006)

As well as other health professionals, the numbers of pharmacist are less in number in rural and remote areas. So, the role of the pharmacist may fulfil by the nurses. This leads to a burden of medication mishap in Australian hospitals. Only with the effective pharmacy services, it can be resolved. An effective and safe distribution of medicines involves both review of the prescription and the patient education. It is important to achieve a standard health care system. (Fiore et al, 2005)

The shortage of nurses can directly affect the health profession. That can be in many ways; (a). Increase work load; (b).increased chances of error and related patient safety; (c). Chances of spread of diseases ;(d). Risk for occupational hazards; (e). Nursing turn over and related economic issues; (f).Unsafe working environment.(Stone, Clarke, Cimiott & Correa-de-Araujo, 2004)

In recent years, enrichment to the choice of practice for nursing has been suggested as a constituent of the solution package that will safeguard the health care delivery of Australia is responsive to existing and upcoming demands (Productivity Commission, 2005).

The solutions of this problem can be divided into three levels. The initiatives should be taken by the employee, employer and the labour organisations. In order to handle the wide variety of situations offered in their settings, it is needs to be managed by a ‘multi-skilled’ generalist, who is often eligible to make decisions self-governing of other health professionals. (Duckett & Kenny, 2003)

As a productive plan of integration, mentorship is a valuable method to support learner nurses in the time of change and conversion to practice (Mills et al, 2007).A number of recommendations are for developing the division two nursing role to address the workforce shortage of nurses (Nankervis et al, 2008).

‘Queensland Health’s Quality Improvement and Enhancement Project – Quality Use of Medicines’ (QIEP- QUM) reported that the health care professionals need an education and support on quality use of medicines in rural and remote areas. This platform caused QUM program to educate Queensland Health Hospital staff (doctors, nurses and pharmacist) about the right use of medication. (Fiore et al, 2005)

A two year mentor development program was implemented by The Association of Australian Rural Nurses (AARN), in partnership with the Royal College of Nursing in 2003. The project’s main aim was to improve the enrolment of nursing graduates and their retention in remote and rural health care system. (Mills et al, 2007)

The government is also working with the organizations and the employers to achieve the goal. For instance, the Australian government’s remote and rural nursing scholarship program is funded through AARN project. At the initial stage, the AARN has done research based education on rural nursing. (Mills et al, 2007)

Policies to address the problems should be nationally motivated, rather than state focused. Moreover that it should be concentrate on the positive aspects of nursing. Recently, in Western Australia campaign launched as “Have You Got What it takes to be a Nurse”. Mainly this was for the encouragement for the young public to enrol in nursing courses. (Drury, 2008)

The essential constituent of a comprehensive retaining policy comprise (1). Maintenance of an adequate substructure ;(2). Establishment of an appropriate infrastructure; (3).Upholding of an accurate and competitive remuneration; (4).Fostering and active labour organizations; (5).Establishment of a professional environment; (6). Community and family support. (Buykx, Humphreys, Wakerman & Pashan, 2010)

Inequity in health labour force is a main concern for health policy makers, ever since human reserve – the different kinds of medical and non- medical staff who make every public and individual plan happen- are very important for the health system’s input (World Health Organization, 2000).The absence of health workers from remote and rural areas is costly for the organization and which impact on the quality health delivery (Buykx et al, 2010).

Even though the employer, employ and work force organizations are trying to solve the problem, many issues are there still unresolved. In many of the areas the government funding is inadequate. For instance, the unavailability of scholarships for undergraduate nursing students in rural areas, and that may lead to enrolment difficulties. The current federal government is ignoring the Australian Nursing Federation (ANF) call for immediate national action for shortage of nurses. (Mills et al, 2007)

There are many legal and ethical issues associated with the rural nursing practice. In this era, Australia will leave a legacy as period of litigation. It is required for all health professionals to practice in a circumstance where autonomy of practice is necessitated by the practitioners. This accountability can results in an improvement of health outcomes, which should be accepted by the community and the professional bodies. (Mair, 2000)

All nurses should be required to understand and practice the legal requirements of practice. This knowledge should be enough to justify their own works in profession. (Bushy, 2000) In Australia the nursing practice is directed by Australian Nursing Council Inc. (ANCI) and which provides the standards of nursing practice which should be meet. In which the ANIC competencies are informed to health consumers which they can expect from nurses. (Australian Nursing Council Inc., 2002)

It is reported that many of the rural nurses are working outer the legal restrictions governing the nursing practice. Many of the rural nurses are taking the roles of doctors due to their absence. At the same time, it does not meet the standards of medical or nursing profession. (Cramer, 2000)

Hegney (1998) reported that many of the nurses are forced to practice outside the legal boundaries. Professional accountability, principles of ethics and the customer rights are need to be considered in professional practice. Written consents are important in nursing practice, which make the client to understand the risks and procedures. It is considered as a safety tool for nurses. It shows that the rural nurses are very much exposed to legal issues. (Commonwealth Department of Education, Science and Training, 2001)

These issues can cause the nurses to work in urban areas than rural or remote areas. The employers should be keen to provide enough information to nurses regarding the legal and ethical issues. Awareness of legal and ethical issues will help rural nurses to advance the professional practice which is reliable with the philosophy behind nursing. (Commonwealth Department of Education, Science and Training, 2001)

To conclude this essay, it is understood that the medical workforce shortage is a remaining problem, which needs to be considered as important. It is the responsibility of the authorities, to ensure the quality of health care to all people, whether they are living in rural or urban area. Multi skilled and experienced nurse practitioners are providing care in rural hospital in the absence of doctors has been projected as a panacea for the shortage of workforce in rural areas.

Like many of the other areas, rural Victoria is facing an aged work force and in that many of them are not even university educated. Education particularly in rural areas needs to be focused on the services and the care which is needed in their areas. It is suggested that, the enrolment of graduate nurses can help to solve the problem.

The adequate preparation of enrolling nurses can help to resolve the problem and that can increase the retention and recruitment of nurses. Even though many actions have taken, there is not much difference in rural health delivery system. If the status quo is upheld the future for rural hospitals, rural communities and rural nursing is bleak.

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