Rural Australia faces equal issues in staff management and health care delivery. There are enough proof that people in the rural Australia suffers health problems for many reasons. The main reason is inadequate access to health care services (Hegney, 2007). Evidence shows that rural and remote Australian societies are understaffed by sufficient qualified health professionals. In many of the more rural areas of Australia, people are depends on registered nurse to receive health care because the urban- background medical practitioners do not want to remain in the rural settings and they are any more attracted to rural areas. The shortage of registered nurses is also now a problem in delivering proper health care in remote areas (Daly, Speedy and Jackson, 2010). The workforce shortages in the health care profession is an international issue specially in the remote area which gives negative consequences to the affected community for health care services and the health outcome (Buykx, Humphreys, Wakerman & Pashen, 2010). This essay discuss causes of shortages in the health care professionals, the impact on nurses due to shortage and the possible solutions to workforce scarcity from different perspectives of employers, employees and Governments. It also illustrates the present legal and ethical issues faced due to Government being unable to provide health care to the rural population.

Rural medical workforce shortage in Australia results from many components which includes insufficient workforce policies directing the number of doctors in training, varying pattern of work of doctors as new graduates search for better work-life balance, more females entering into medical training rationalization of remote health services which means female professionals work less hours than their male co-workers, thus changes the nature of rural practice. Decreased working hours and increased mobility are some other reason for health professionals to go away from work (Buykx, Humphreys, Wakerman & Pashen, 2010). There are factors which can influence health workers to take decision to stay in or leave the job from the rural settings which comprises financial and economic considerations such as wages and other settlements. Professional and organizational issues of causes of staff shortages are developmental opportunities, workload in the organization and infrastructure of the workplace. Educational and job opportunities for other family members of the staff are some social factors which causes shortages of workforce. The rural community itself is a problem for health professionals to leave the job. (Buykx, Humphreys, Wakerman & Pashen, 2010).

In addition, in many of the rural communities’ nurses take charge of the medical practitioners to provide health care due to shortage of practitioners (Daly et al., 2010). Likewise nurses’ shortages are also complex including poor recruitment, retention and return policies, insufficient planning, allotment mechanisms and reduced supply of new staff. Ineffective and inappropriate use of nursing resources, inadequate bonus structure and unequal career support are some reason of shortage of nurses in the rural communities in Australia (Buchan & Aiken, 2008). Buchanan and Considine conduct a survey in 2002, to find out why nurses leave the profession. They find out that the changes in the way hospital are managed have been a main reason for nurses to leave the job. Stressful working atmosphere and less rewarding work atmosphere are other causes of shortages of staff. A huge number of nursing staff is not working in the nursing field is also a reason for workforce shortage (Bureau of Transport and Regional Economics, 2006).

Overseas nurses who is working in rural area faces health worker criteria’s such as conditions which restrict their visa to work in the area of health care and the repayment of the contract. Furthermore, inability to get relevant information’s and supports to get registration is also a barrier for qualified overseas nurses to work in rural Australia. Apart from that, inability to access competency based assessment program or pre-registration bridging programs are also affected in this area. The providers are also lacking cultural competency skill such as understanding excellent principles when interacting with people from different cultural background. Lack of support persons in the workplace whom the overseas nurse can approach when need, is another factor for migrant nurses unable to reach in Australia (Department of Education and Training, 2008). The other factors includes more aggression and persecution from patients and senior staff, more pressure from social and community service, long standing on duty and limited values in the health care sector and community pilot nurses to leave the profession (Bureau of Transport and Regional Economics, 2006).

Overseas trained doctors relocate the placement after the initial period of service which is a major problem in the health care field. Brain-drain in developing countries and global competition to recruit health professionals are other difficulties in the workforce area (Freckelton, 2005). Rural health practitioners work more than the urban practitioners because of the shortage of practitioners in regional areas (Hegney, 2007). Flexibility, mobility of work and work force exit are some other causes of workforce shortage. New graduate do not have enough skills to practice in the rural area give workload for experienced practitioners, are likely to leave for lighter load urban areas. These shortages affect the remaining staff and the health care system as well, especially in the remote areas where a nurse may be the only one health care provider (Bureau of Transport and Regional Economics, 2006).

Regional and remote area nurses felt more impact than urban nurses because rural nurses have higher turnover rates and access to health services is very low (Bureau of Transport and Regional Economics, 2006). Workforce shortage and high turnover leads to frustration and burnout for remaining staff (Buykx et al., 2010). It can results in nonflexible working conditions, extended shifts with unpaid overtime and ever-increasing work load. When there is more shortage the recognition of skills and qualifications are neglected (Mills, Francis & Bonner, 2007). Staff shortage in the health care settings leads to more responsibility and autonomy in the work of rural Australian nurses (Daly et al., 2010). These shortages can have greater pressure on health workers from remote areas. Nurses may not be able to provide standardized or quality care to patients or failure to offer competent care because of deficit staffing and increased workload (Buchan, Aiken, 2008).

Workforce shortage exerts more health problems for the remaining staff and they lose safe working conditions and can make mistake in the work place. Other than this, when there is shortage of medical professionals, nurses cross the boundary of their standard of care; nurse is the one who makes decision without the consultation of doctors (Daly et al., 2010). There have been more administrative duties for senior staff, especially the Nurse Unit Manager and their role may change, which leads to decrease capacity to provide standard care and support for each other (Bureau of Transport and Regional Economics, 2006). When there is less staff members, the need for nurses to include in on-call duties are higher. Most of the rural healths services provide 24 hours service in 7days a week with one or dual nurse post. Therefore, in times of staff shortages, these nurses have to work without any break. Nurses in rural area are required to handle emergencies and accidents with telephone medical assistance from several kilometers away, when there are no medical practitioners available in the health settings (Brown & Edwards, 2008).

Australian Government offers different measures to overcome the shortages of health workers such as strengthening Medicare Packages which address Overseas Trained Doctors to gain opportunities to practice in Australia. It means longer stay or permanent residency, listing doctors in the skilled occupation which comes in the Skilled Migration Program. They also offer counseling and support programs for OTDs in Australia. (Freckelton, 2005). Nurses and health professionals comes under the guidance of state and territory Government. When the employment crisis increased the Australian Government and private sectors started to offer incentive programs for nurses (Daly et al., 2010). Besides this, federal and state Government policies supported to increase the educational programs to decrease the rural health workforce shortages. Special institutional programs included to admit more rural student in health science course and give them chance to practice in the rural settings. The University of Sydney in New South Wales is a reputed institution for providing education, and well established for the development of future rural health workforce. The University of Sydney organized an advising group and they give advice on how can increase recruitment of health care professionals and development of rural health care in Australia (Lyle, Klineberg, Taylor, Jolly, Fuller & Canalese, 2007).

Commonwealth introduces a scholarship program for rural students who are in the university nursing programs and for re-registration for rural nurses. (Playford, Wheatland & Larson, 2010). Increasing shortage of rural doctors in rural Australia continues to grow over the last 15 years. Introducing rural clinical schools, medical education and scholarships for rural high school students are on way and in time this will solve this shortage (Eley, Young, Shrapnel, Wilkinson, Baker & Hegney, 2007). Australian Government is also accountable for financial support for future education for nurses such as re-entry scholarship schemes for nursing and continuing professional education for the entire health professionals (Mills et al., 2007). In Queensland, the Physician’s Assistant Pilot was introduced to reduce staff shortages. They are health professionals accredited to practice medicine and work under the supervision of doctors and they can work a broad variety of clinical areas. They have to attend continuing medical education every year and need re- certification every six years (Kurti, Rudland, Wilkinson, De Witt & Zhang, 2011). To give support for patients and staff Government established a Telehealth service in 1990’s (Daly et al., 2010).

Employers have to build a culturally knowledgeable health care system in organization (Department of Education and Training, 2008). Employers have to maintain adequate staffing through proper recruitment, provide proper infrastructure in the health settings. In order to attract health professionals there should be package benefits such as bonuses. In order to attract health professionals, it must be ready access to vehicles, adequate housing and technical support for staff is essential. Proper mentoring and giving opportunities for developing the career within the organization can ensure employees to remain in work and can reduce workforce shortages. Fostering is important in the organizational settings among staff, which means proper communication, leadership roles, and staff induction and orientation programs. Continuing professional development and research programs are important. Other than this, rewards, social and community support for staff is also essential components to overcome the shortage of workforce (Buykx et al., 2010). Researches shows that nurse continue to stay in work due to chance to develop professionally to get independence and to take part in decision making which being rewarded (Buchan & Aiken, 2008).

Staff shortage leads to violation of code of ethics in the nursing profession because Government is unable to provide enough workforces which contribute to poor health care to the rural population. The major ethical issues faced by rural community is beneficence and non-maleficence which means the remaining staff may do mistakes and harm the patient with workload and may not be able to give quality care. Negligence can occur from over strain and frustration. Medication errors and communication problem happens. Poor practice and competency care are other ethical concerns in the rural population which refers to failure to meet accepted standard care. In most of the time health professionals are not being justice with patients because of shortfall of staff and increased workload (Westrick & Dempski, 2009).

To conclude, shortage of workforce in the health care setting in rural Australia is a serious issue. The main factors which lead to these shortages are wages, organizational and social issues, inflexible working hours, reputation and professional development. These shortfalls have negative impact on nurses such increased workload, more working hours, stress and frustration and poor standard of care. Staff shortages can be reduced by various packages, recruitment of qualified nurses, fostering and infrastructure of workplace. Governments, employers and employees have to work together to solve this issue and can offer a quality and standardized care to the rural population which enables healthy rural Australia.