The wellbeing of people living in rural and remote areas of Australia is lower than that of those living in urban areas. Mortality and disease levels are in rise as the distance from metropolitan areas increases. The provision of reasonable health services is considered as a human right, yet the delivery of health services in rural areas in Australia is narrow in range than in cities (Francis, 2005). Scarcity of health care providers is a major issue in rural Australia and which leads to decreased access to health care services for rural residents (Conger & Plager, 2008). The rural health workforce consists of doctors, nurses, indigenous health workers, allied health staff, pharmacists, and others (Francis, 2005). This essay deals with causes of rural health workforce shortage, impact on nurses due to shortages, possible solutions for decreased workforce from different perspectives such as employer, employee and government and also deals with ethical and legal issues faced by rural population as a result of government being incapable of providing acceptable levels of health care services to the rural population.

There are two major causes for the shortage of health professionals in rural areas. First is occupational focus which is a view usually taken by government agencies and second is location focus which aims at local causes of workforce shortage (Bureau of Transport and Regional Economics, 2006). Job-related shortage causes spatial effects. This affects remote areas before they become evident in metropolitan areas. There are various contributing factors for this workforce shortage. They are decrease in the number of students entering into the profession and their inadequate training, people permanently leaving their profession for variety of reasons and migration of health professionals into the country and rural isolation. Most of the migrants are concentrated in metropolitan areas due to various reasons (Bureau of Transport and Regional Economics, 2006).

Flexibility and mobility of the workers also made an impact on staff shortages. Many of the professionals are likely to live or remain in cities or coastal areas due to availability of facilities. Apart from these, conditions of work such as long working hours, payment, lack of supervision and support may results in worker’s dearth (Miles, Marshall, Rolfe & Noonan, 2006). Aging workforce is another reason for lack of health professionals. The older generation of General Practitioner’s (GP) is accustomed to do work 70 hours per week. The new generation of GP’s is not equipped to work these hours and it will necessitates two new GP’s to replace the older retiring one (Miles, et al, 2006).

Limited career options are a location focus cause for staff shortage in rural Australia. Career development is further hampered because of lack of professional support and development opportunities in the rural areas (Miles et al, 2006). Health care professionals working in rural areas have several barriers in participating staff development programs. Inadequate staffing do not allows the remaining staff to attend programs and lack of employer supports in participation of continuing education is another obstacle that hinders staff’s participation in education programs. Most of the cases professionals themselves are responsible for covering the cost to attend continuing education programs (Conger & Plager, 2008). Health professional’s turnover due to work load and lack of infrastructure facilities also leads to work force shortage. High turnover affects the morale and productivity of those who remain in the profession. Due to turnover, workload of the remaining staff increases and this in turn increases job tension and this finally leads to increased turnover rate. This is also a cause for shortage of health professionals in rural areas (Hayes, O’Brien-Pallas, Duffield, Shamian, Buchan, Hughes, Laschinger, North, Stone, 2006).

Limited secondary job opportunities in rural areas also affect the retention of health professionals in remote areas. For most of them the availability of employment opportunities for spouse and educational opportunities for their children are as important as their job (Bureau of Transport and Regional Economics, 2006). Personal perceptions of professionals also have an impact on shortages in countryside areas. Many professionals have a view that, experiences in rural locations are inferior to metropolitan areas, despite evidence to the contrary. More than this, infrastructure facilities such as housing, and other social network facilities such as transportation, electricity, telecommunication affects professional’s decision to occupy jobs available in rural areas (Bureau of Transport and Regional Economics, 2006).

The shortage of different health professionals made various impacts on nurses. As a result of this lack, nurses are expected to carry out an advanced generalist role (Bureau of Transport and Regional Economics, 2006). Without the nearby availability of doctors they are likely to work outside their legitimized scope of practice. This often leads to a higher level of autonomy and responsibility than who works in urban areas. Nevertheless this advanced role requires a higher level of education and ongoing training. This can come at a high cost to the nurse if there is no support from the side of employer (Bureau of Transport and Regional Economics, 2006).

As nurses have to take the advanced generalist role, their work load and job tension increases and these results in poor job satisfaction and drop out of nurses (Hayes et al, 2006). More than this, increased workload is placed on those who remain in that profession and informal crossing of boundaries of profession occurs and this often affects quality of care provided (Daly, Speedy, Jackson, 2009). In addition, lack of health professionals forced the nurses to work for longer hours that mean long shifts with unpaid overtime. This causes frustration among nurses and leads to more staff turnover (Mills, Francis & Bonner, 2007).

Australian Government offers various programs to overcome this shortage. All the three levels of Government that is federal, state and local levels enforced to focus on the rural health workforce shortage, because rural practice requires highly skilled practitioners with a well developed knowledge base and a capacity to work in a resource poor environment to provide care to people with different conditions. So training and recruitment of health professionals is a major concern for all levels of Government in Australia as a solution of shortage of health professionals in rural areas (Francis, 2005). One of the initiatives from the side of the Government is Rural Undergraduate Steering program which is later known as Rural Undergraduate Support and Coordination (RUSC) program. The main concern of this program are increase the intake of medical students from rural back ground, increase the exposure to rural medicine during training period and increases the support of rural teaching (Ranmutugala, Humphreys, Solarsh, Walters, Worley, Wakerman, Dunbar, Solarsh, 2007). Compulsory internship in rural areas after graduation is also a solution for deficiency of health professionals in rustic areas of Australia. To attain a more even distribution of medical workforce in rural and urban areas, a steady supply of health professionals from the side of Government is also necessary (National Rural Health Alliance Inc, 2011).

As an attempt to increase the strength of undergraduate health students to think about rural practice, a number of incentive schemes have been implemented. The Government has funded scholarship programs such as Rural Australian Medical Undergraduate Scheme (RAMUS), the Undergraduate and Postgraduate Rural and Remote Nurses Scholarship Scheme (CURRNS). Funding is also made available for professional organizations to support rural and remote practice (Francis, 2005). The Government also supported the establishment of University Departments of Rural Health for supporting and assisting multidisciplinary education, training and clinical placement of students and rural medical clinical schools to raise the experience of medical students to rural practice (Francis, 2005). Another Government initiative is the strengthening of Medicare package to enhance the opportunities for overseas trained doctors to practice in Australia. This include provide chances to extent their visa or obtain permanent residency and include them in general skilled migration programs (Freckelton, 2005)

Another possible solution is expanding the role of the Australian doctor with the physician assistant (O’Connor & Hooker, 2007). This medical workforce model was first established in the USA in the middle of 1960s as a method to overcome medical workforce shortage as same as currently in Australia. Physician assistant is works under direct supervision of medical officer. This is an additional post for providing health care and also a respond to workforce shortage in rural regions in the areas of primary health care, family medicine and hospital settings (O’Connor & Hooker, 2007). This is considered as career ascension for those with different background of health care skills such as paramedics. (O’Connor & Hooker, 2007).

Nurses are also expected to carry out task beyond their legal jurisdiction in terms of staffing need especially in rural areas. So they need skill extension through proper education, training and accreditation (Blay & Donoghu, 2007). For example, the role of Enrolled nurse (EN) is considered as limiting in many aspects earlier and has then expanded to incorporate medication administration, patient assessment and so on. Variation exists in their practice and delegated responsibilities upon employment condition and geographical location. In rural areas EN’s having greater responsibilities than who works in cities (Blay & Donoghu, 2007).

As a solution from the part of employer, good working conditions and remuneration helps to attract and retain health professionals in rural areas. Good working conditions include decentralized organizational structure, flexible working hours, professional autonomy, and good communication between management and staff (Hayes et al, 2006). Career development opportunities are also an intense concern of employers. An employee will seek development and progression opportunities, unless they can found it locally. If the employers are able to provide these, they can retain their employees. (Bureau of Transport and Regional Economics, 2006).

The personal characteristics of employee such as sense of place, experiences, and social network will have an influence on their willingness to work in a rural area. These are factors not influenced by external parties, and an employee’s ability to look for opportunity within these factors may influence their decision to work in remote areas (Bureau of Transport and Regional Economics, 2006). For example, the availability of a local social support network can recompense the loss of existing networks when a new employee came to a rural area. The professional’s exposure in rural areas in their training period can motivate them to work in rural and remote areas in the long term (National Rural Health Alliance Inc, 2011).

There are several legal and ethical issues occurred as a result of Government being unable to provide acceptable levels of health care services to the rural population. Due to shortage of health professionals clinical errors and untoward clinical incidents occurred as a result of work overload (Ludwick & Silva, 2003). Examples of medical clinical errors includes medication errors such as negligence in administration of medication, failure to provide informed consent, and untoward clinical incidents includes such as falls, occurrence of pressure ulcers and so on. These all will lead to decreased quality of care (Ludwick & Silva, 2003). Violation of ethical principles such as beneficence, non-maleficience, justice occurs from the side of health care professionals due to staff shortages. The health care professionals have a moral obligation to do well and clients has a right to expect quality care from professionals. Due to scarcity of medical staff in remote areas nurses play role beyond their profession and this roles never meet the recommended standard of both professions. These all affects the health of rural population ( Westrick & Dempski, 2009).

In conclusion, rural Australia is experiencing medical work force shortage due to variety of reasons. As mentioned above the main reasons are less entry of new professionals into the profession, limited carrier development opportunities, secondary employment opportunities and inflexible working atmosphere. Due to shortage of health professionals, work load of the people remain in the profession increases and this often leads drop out of existing professionals. As a result, existing professionals are in a situation to take responsibilities beyond their educational level. This can leads to ethical and legal issues. This often leads to poor quality of care to people. To avoid these situations and improve the health care access to rural population Government has implemented various programs. The success of these programs necessitates the intersectoral approach of various levels of government.

**REFERENCES**

Blay, N. & Donoghu, J. (2007). Enrolled nurse skill extension: Metropolitan myth or rural reality? *Australian Journal of Advanced Nursing, 24* (3), 38-41.

Bureau of transport and regional economics, ( 2006). *Btre: Skill Shortages In Australia’s Regions.* Accessed on November 28, 2011, from http://www.bitre.gov.au/publications/19/Files/wp68.pdf

Conger, M. M. & Plager, K. A. (2008). Advanced nursing practice in rural areas: Connectedness versus disconnectedness. *Online Journal of Rural Nursing and Health Care, 8* (1), 24- 38.

Daly, J., Speedy, S., Jackson, D. (2009). *Contexts of Nursing.* (3rd edi). NSW, Australia: Elsevier.

Francis, K. (2005). Health and health practice in rural Australia: Where are we, where too from here? *Online Journal of Rural Nursing and Health Care, 5*(1), 28-36.

Freckelton, I. (2005). Regulating health practitioners. *Law in Context A Socio-legal Journa,l 23*(2), 148-152.

Hayes, L. J., O’Brien-Pallas, L., Duffield, C., Shamian, J., Buchan, J., Hughes, F., Laschinger, H.K.S., North, N., Stone, P.W. (2006). Nurse turnover: A literature review. *International Journal of Nursing Studies, 43* (2), 237–263.

Ludwick, R., & Silva, M. C. (2003). Ethics:Errors, the nursing shortage and ethics:survey results. *The Online Journal of Issues In Nursing, 8 (3).*

Miles, R. M., Marshall, C., Rolfe, J., Noonan, S. (2006).The attraction and retention of professionals to regional areas. *Australasian Journal of Regional Studies, 12*( 2), 129-152.

Mills, J., Francis, K., Bonner, A. (2007). The problem of workforce for the social world of Australian rural nurses: a collective action frame analysis. *Journal of Nursing Management, 15*, 721–730.

National Rural Health Alliance Inc, (2011). *Plan For A Greater Number of Interns for Rrural, Regional, and Remote Settings In 2012.*  Accessed on November 27, 2011, from http://nrha.ruralhealth.org.au/ftp/twitter/NRHA-plan-for- regionalising-jnr-doctor-training-final-6-June.pdf

O’Connor. T.M. & Hooker, R.S. (2007). Extending rural and remote medicine with a new type of health worker: Physician assistants. *Australian Journal of Rural Health,* *15,* 346–351.

Ranmutugala, G., Humphreys, J., Solarsh, B., Walters, L., Worley, P., Wakerman,J. D., Dunbar, J. A., Solarsh, G. (2007). Where is the evidence that rural exposure increases uptake of rural medical practice. *Australian Joural of Health, 15*(5), 285-288.

Westrick, S.J & Dempski, K. (2009), *Essentials of Law and Ethics,* Canada; Jones and Barttelet publishers.