Nowadays many countries are facing medical workforce shortage, predominantly in rural areas all over the world (Hudson, Weston & Farmer, 2011). The capability of rural and primary health care services is in a straight line connected to the upholding of constant, proficient and well intellectual work force. Australia and several countries are facing massive challenges in order to provide primary health care in rural areas. The aptitude of rural hospitals to keep up a very sky-scraping standard of service is endangered by the major labor force recruitment and retention difficulties. (Kenny & Duckett, ss2003).

In Australia the nurses have good involvement in the sector of the primary health care work force. Even though there is a significant shortage of nurses in primary work force in rural Australia. ( joyce & piterman, 2011). In Australia, the primary care systems are inconsistent to how the system sort out and having further widespread approaches to manage chronic conditions. ( joyce & piterman, 2011). In this essay it is discussing that, the shortage of nurses and other health professionals in rural Australia and the problems facing due to that. This issue will be noted as the main problem in rural Australia.

This essay will replicate the causes of nurse’s shortage as well as what impact it has on nurses and also finding the possible solutions to sort out the workforce shortage to the various outlook of employers, employees and government. At last the essay will reveal the legal and the ethical issues which the government currently facing and why the government fail to solve such problems of healthcare in rural population. The Australian healthcare system is under pressure due to many issues such as, the ageing population, the chance of raise in chronic and acuity of disease condition, fastest medical and technological advancement, and the demands for the better quality services from a popular health consumer. (Nankervis, Kenny & Bish, 2008)

The emergence of health care delivery in remote Australia had made significant geographical challenges. The Victorian government noted two major problems which contributes the rural nursing crisis. They are ageing population and nursing shortages. (Victorian State Government, 2002) The nurses are facing several problems in the current health care system. The issues are inflexible working circumstance, long shift with unpaid overtime, increasing workload and poor recognition. (Mills, Francis & Bonner, 2007)

There are many reasons for the global nursing shortages (Oulton, 2006. The contributing factors are;

* Ageing population
* Globalization and mounting private sector
* Increase in the public demand
* Critical work environment, lack of staff, stress, violence
* Low rate of pay
* Change in the health human change.

The existing work force problem will be aggravated by the ageing of the rural work force. Some research found that the present rural nursing work force is older than 40 years of age (Hegney & McCarthy, 2000). The Australian family physician article reported that the problem regarding the matter, which states to build up the nurse practitioners and the other health care professionals in the rural and remote areas all over the Australia and how to recover and approach the high quality health care. (Dickinson, 2004)

The nurses who are highly skilled and qualified will do astonishing work in remote areas of Australia. So that in remote areas the patients is not satisfied with the different types of care which was given by the doctors and nurses. Unfortunately there is remarkable shortage of nurses, doctors and other health professionals, because of the insufficient fund provided by the government and private firm in the rural and remote areas in Australia. Even though the level of needs in the health sector of rural areas is always higher. (Dickinson, 2004 )

The rural nursing workforce needs to work harder than doctors in their duty shifts, without a payment for the extra time. Comparatively the income rates are lower than doctors (Dickinson, 2004). The rural population is only provided by low qualified health care professionals than urban population because; in rural hospitals the health care system allows to provide part time anesthetist, surgeons and obstetricians. These professionals may have experience of six months to work in the rural area hospital. After that these doctors are back to the city hospitals with the experience from rural area. This can contribute a heavy shortage in the work force. (Dickinson, 2004)

Sometimes the rural nurses are forced to work, because of the shortage of labor force. In addition to that there may be difficulties in career development and ongoing professional development. So the nurses are shifting to the hospital in the cities and the urban areas. (Dickinson, 2004)

The authorities had decided to educate supplementary nurses to take care of the health care responsibilities and to specialize on it. These nurses only required a limited series of information and skills. The nurses would be more economically competent due to the higher rate of pay to specialized nurses. So these types of changes motivate the other nurse to work in the rural areas alternatively. Finally nursing schools can take initiation to solve these problems by promoting nurses to solve the work force problem. (Dickinson, 2004)

Rural Australia faces distinctive problems in the workforce management and in the health care delivery system (Hegney, 2007). The people who living in the rural and remote areas in Australia around 250000 and they are more interested in smoking, drinking alcohol, overweighed and physically inactive. Therefore the death rate is much higher in the rural areas. The people have to travel for long distance to find out the hospital for emergency cases. So they have to travel around 100 km per hour and it may lead the road accident due to the animals on the road. These all happened due to the lack of hospitals and staffs in the rural area. (Hegney, 2007)

Due to the work force shortage of doctors and nurses, the rural residents are not interested to claim the medical insurance (Hegney, 2007). In the rural and remote areas of Australia, the nurse is considered as the sole provider of healthcare services (Hegney, 2007). The Australian practice nurse role portrays that the general practice nurse could offer a constructive representation to countries which are keep ready to move to such a multidisciplinary approach in the primary health care sector. To tackle this critical problem of medical workforce shortages, in the circumstances of increasing requirement of primary healthcare and chronic disease management, the organizations need to work more. (Hegney, 2007)

In spite of the prominence on sophisticated educational training for rural practice, the mainstream of nurses functioning in these areas do not comprise postgraduate qualifications and they have to face vast complexity in following the postgraduate study. Though the nurses will be migrating to urban areas hospitals, the rate of pay in hospital is very high and they can pursue for the further studies. (Kenny & Duckett, 2003) According to the world health organization, it states that there are 60% of nurses around the world is working in the urban area than the rural area because of the unequal distribution of nursing service (Roberge, 2009).

The discrepancy in the health work force is one of major impact on the shortage of nurses. The human resources have both the clinical and non clinical staff who finds out the intervention in public health and in the health system output. (World health organization, 2000) The other impact is the lack of health worker in the remote and rural areas makes the government too expensive to meet their standards to provide a quality care to the patients (Buykx, Humphreys, Wakerman & Pashan, 2010).

Over the previous decade, the development which shows the range of practice of nursing have been mainly projected as the important factor of a solution package that should make sure that the Australian health care system is very quick to respond to the up to date issues and the future demands in the health care sector (Productivity Commission, 2005). A various number of spectators had put forwarded many suggestions for increasing the category of division two nursing role as a main tool to concentrate on nursing work force shortages (Nankervis, Kenny & Bish, 2008).

In order to control the extensive diversity of situations which presented in the employees among nurses in their work environment, it is pointed out that the nurses who are working in the rural area and the remote area want to be multi skilled professionals and these skilled nurses should take the decision themselves than the other health care professionals. (Duckett & Kenny, 2003)

In Queensland the government had put forwarded an educational project named Quality improvement and enhanced project – Quality use of medicines (QIEP-QUM). This program is categorized as a requirement for the Quality use of medicines (QUM) support and the proper education in the remote and rural areas in Queensland. This program brings out the appropriate service for the rural medical services in Queensland.

This program provide a QUM education meeting to the quality health hospital staffs such as doctors, nurses, pharmacists and other health care professionals. (Fiore, Souzani, D’Amore, Behan, Cutts & Caze, 2005)

Pharmacy department plays a vital role in reducing the hazard of medication misadventure. In the remote areas the total numbers of pharmacists are very few in numbers. As a result a strong fact available showing the burdens of medication make a big disaster in the Australian hospitals. To maintain a good quality care and a safe healthcare system in case of medication, there are procedures which involve the medical prescription review and the proper counseling of the patients. (Fiore et al, 2005)

There are mainly five main areas which cover as the solution to the problem of work force for the Australian nurses who were working in the rural areas (Mills, Francis & Bonner, 2007). The main areas are;

* Working conditions
* Work force planning
* Workforce support
* Workforce education
* Scope of nursing practice

In the month of March 2003, the organization named ‘Association for Australian Rural Nurses’ (AARN) in association with the Royal College of Nursing Australia (RCNA). They put into practice a two year mental development and support the project that is aimed for the progress recruitment of the nurse who are graduated and each nurse’s retention in practice settings in the rural and remote area. The Association for Australian Rural Nurse (AARN) was financially supported by the channel through ‘Australian government remote and rural nurse scholarship program. In this program the undergraduate scheme is managed by the Royal College of Nursing Australia (Mills, Francis & Bonner, 2007).

There are six elements of a wide-ranging retention strategy.(19..)(Buykx et al, 2010) The elements consists of;

* Maintaining an sufficient Infrastructure
* Providing suitable Infrastructure
* Maintaining practical and competitive wages
* Developing efficient and sustainable workplace organization.

In the rural nursing practice is connected with many legal and ethical issues. In this period, Australia will depart a heritage as phase of litigation. It is mandadatoty for all the health professionals to continue their practice under any circumstances where the autonomy must followed by every practitioner. As a result accountability concludes as the development of health outcomes and these should be established by the professional and community bodies. (Mair, 2000)

The nurse wants to be practice the legal formalities of nursing practice. Through the practice the nurse will gain the knowledge from the practice and to make sure that they can rationalize their work on profession. (Bushy, 2000) The Australian Nursing Council Inc. provides the competency standards of nursing practice, which each nurse should practice (Australian Nursing Council Inc., 2002). In the rural and remote area in Australia the rural nurses are working by violating the legal restriction of the nursing practice. Almost the rural nurses are captivating the role of doctors when they are not in the hospital. (Cramer, 2000)

Hegney (2007) reported that in rural areas nurses are forced to practice and violate the legal boundaries and competency standards. Autonomy, professional accountability, principles of ethics and patients right should be regard as in the professional practice. So the client can understand the procedures and the risk. Therefore the nurse will be free from risk and considered as safe tool. (Francis, Brownman & Redgrave, 2001)

To sum up, the nurses who are working in rural areas need to be well qualified to meet the increased need of health care. To tackle this problem, the organizations and the employers need to put their hand together to achieve the goal. To increase the standard of care to rural population, the government must initiate some program.

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