In Australia, health care system is one of the largest industries, which appointing an enormous number of workers in different departments. In spite of these activities, still many domains of community experience health care workforce shortages especially medically needy and socio economic disadvantaged population (Rural Assistance Center, 2011). This essay reveals the causes underlying the workforce shortage in rural Australia, impact of understaffing on nurses, remedies on the perspectives of employ, employer and the government level also the ethical issues related to the workforce shortage.

Workforce sufficiency in healthcare system is calculated by the number of health professionals in any particular population area in terms of the proportion between the number of health professionals and the demography of the specific area. Workforce shortage is broadly recognized by low ratios of skilled professional’s correspondence to population. It is often related to the health status of that population which is mostly established on basic demographics such as age, sex and Indigenous status (Department of Health and Ageing, 2010).

Considering medical workforce distribution, the number of doctor’s practice is very low in rural and regional part of Australia. In addition the proportion of dental practitioner, physiotherapist, and occupational therapist are also poor in amount in remote areas. Proportion of General Practitioners (GPs) declining remarkably with geographic remoteness especially in New South Wales and Western Australia. Nurse’s ratio alters according to jurisdictions, lowest ratio of nursing staff strength recorded in Queensland and New South Wales (Department of Health and Ageing, 2010). Other health professional group who has staff shortage includes nurse practitioners, lab technicians, podiatrists, and x-ray technicians (Rural Assistance Center, 2011).

Shortage of nurses in rural area is a global issue. A comparison regarding workforce shortage in Australia and United States shows the average age group of nursing staff is 47 years and the registered nurses in rural regions in both countries experience lack of job satisfaction as a common factor. Australia expected to have a shortage of 45,000 nurses by 2020, at the same time United States estimates a shortage of approximately 1 million nurses by 2020. The findings shows non-financial issues are the dominating causes for understaffing of nurses in rural areas in both countries (Reardon &Timothy, 2010).

Nurses and midwives represent the biggest health professional group in Australian health care system. In rural settings, nurse’s and midwife’s role in service provision is more momentous and they stand for major part of the health workforce compared to urban setups. As generalist health professional, they work in various health care systems like public hospitals, multipurpose services, community health services, elder care and in non -- government and private for profit and non – profit organizations including general practices. Their domain of practice includes prevention, intervention, rehabilitation and life span oriented services. Rural nurses and midwives are commonly older than their urban counterparts. They are more like to work part-time and experience difficulty to access continuous professional development due to insufficient locum relief projects (Francis, Karen & Mills, 2011).

Studies shows consumer outcomes and workplace experiences of mental health nurses are worsened in these days. Mental health nurses participated in this report revealed mental health nursing in rural areas was not an attracted career option. Also they comprehended that they were not esteemed by other health professionals or even by their superiors. In addition to declined appreciation associated to mental health nursing, constant insufficient funding by governments of mental health services also have undeniable role in the shortage of mental health professional in the rural areas. An analytical study of present and past trends highlights the need for re-construction and re-organization of mental health nursing in rural areas. These research findings are vital in the understanding of recruitment and withholding issues in rural mental health nursing in Australia (Crowther & Ragusa, 2011).

An evidence based study done by Joan Szabo (2011) describes that rural areas are confronting to employ and retain well trained health professionals. This study emphasize that the ageing workforce, lack of educational and training facilities for younger generation, geographical isolation, also high remuneration and other allied fringe benefits offers from metropolitan cities are some fundamental causes of health professional shortage in rural health care system. The study also admits that the staff shortage challenge is more complex, if the remote area is smaller.

The main causes underlying workforce shortage in rural areas are competing demands for labor and a shrinking workforce pool in remote and regional areas. The global economic resection also has significant role in the reduction of international recruitments (National Health Taskforce, 2009). Insufficient remuneration, limited facilities for the continuous education programs, lack of mentors in professional domain, heavy work schedule, and lack of family friendly policies, difficult child care, and limited transportation facilities also have undeniable role in the workforce shortage in rural areas. In addition, sole health providers are in rural areas sometimes not able to maintain advanced infrastructure as in cities. Accommodation facilities are often insufficient or too expensive and this also have negative impact on nurses especially with families. Inflexible workplaces and working hours, and partner’s employment are some common factors which has adverse effect on staff retention (Bureau of Transport and Regional Economics, 2006).

Understaffing in rural areas has negative impact on working nurses. Staff shortage makes the nurse’s work more hectic and strainful. Busy shifts leads to working environment less rewarding. Increased aggression or harassment from patients and less appreciation from superiors are some aftereffects of under staffing and busy schedules. Staff shortage results in change in the patient management by raising nursing responsibility without increase the staff strength. Nursing personnel are forced to take more responsibility and workload and even sometimes to work out of their professional experience to cover the staff shortage. At the same time administrative requirement also have been increased, this resulted the change of roles of senior staff especially the nurse unit manager (Bureau of Transport and Regional Economics, 2006).

It is reported that nurses from rural areas have less capacity to deliver quality health care because of time shortage. Work load affect nurse’s interpersonal relationships and leads to inadequate peer support. Also nurses experience pressure from reduced social and community services and increased co-morbidity rate due to the ageing population. Long standing issues of shift work, limited job satisfaction, reduced relaxation and recreation time due to tight schedule, and less identification of the nursing value from health care system and society also impose stress on nurses (Bureau of Transport and Regional Economics, 2006). Furthermore, reduced free time have adverse effect on nurse’s family setup because they cannot pay much attention to family matters due to prolonged duty hours.

 In rural and remote area, nurses undertake advanced generalist role. Absence of specialist availability, nurses is expected to handle a wide range of medical conditions. In addition, here nurses are required to perform a higher degree of autonomy and responsibilities than their urban counterparts. Advanced role needs a higher level of education and up to date the professional development programs. These courses are expensive and sometimes nurses are unable to afford the cost. Moreover, to attend educational programs and in service courses nurses need to travel long distance with less back-up support in the community (Bureau of Transport and Regional Economics, 2006).

Health professionals have responsibility to participate in the activities towards workforce shortage in rural areas. Various programs are prevalent to reduce the understaffing, so it is crucial to incorporate all the services. Nurses and other health professionals must take initiation to work in rural areas. This is one of the best ways to show their patriotism.

As a solution of workforce shortage employers can take beneficial steps. Employers are in best position to improve staff retention through in service courses, incentives, loan repayment programs, supportive services including helping nurse’s partners to find work, recreation activities to reduce stress, adequate payment and allied benefits. Incentive programs can reward work-related achievements and appreciation. It will enhance the nurse’s self esteem and confidential level. Flexible working hours, onsite child care, transportation facilities include conveyance programs for the staff, Information Technology availability, and comfortable accommodation provided by employers also help the staff’s stay back (Rural Assistance Center, 2011).

To address the workforce shortage in Australia, government has taken myriads of steps over the last decade in recruiting and retention of medical staff. Best example of this movement is the remarkable growth in the field of post graduate education opportunities of health professionals in universities (National Health Workforce, 2009). Furthermore, (Lawrence, 2004) found that medical students who had a exposure to regional and rural practice as part of their education are more tend to work later in remote areas. This interest is elevated if students have received proper and specific coaching in rural medicine and these findings are also applicable in nursing field.

Australian government has introduced various strategies to address shortage of professionals in health care sector. Council of Australian Government (COAG) meeting put forward a number of instructions to correct skill shortage. The COAG National Reform Agenda has three components: those are human capital, competition and regulatory reform. The skill shortages initiatives fit within the human capital stream, which aimed to meliorate health and education and encourage their career (Bureau of Transport and Regional Economics, 2006).

In health sector, the Australian Government will upgrade the ratio of student places and the cap on full fee places for medical students will be increased from 10-25% of HECS places. COAG also planned a new national assessment process for international doctors and mental health professionals. Regional placements during studies have an influence on rural skill shortages (Bureau of Transport and Regional Economics, 2006).

Australian Government funded various programs to facilitate adequate health services to rural and remote areas. Government established more than 60 programs such as Aboriginal Medical Services, Multipurpose Services, Royal Flying Doctors Services of Australia, and Regional Health Services to correct the workforce shortage in rural areas. Aboriginal Medical Services are funded by Australian Government to deliver direct services which include primary health care and mental health services. At 2007, around 248 organizations funded by the government and out of these, 198 are Indigenous community controlled organizations (Department of Health and Ageing, 2010).

Multi Purpose Services (MPS) are incorporated health and aged care services that offer flexible and sustainable service choices for small rural communities. Royal Flying Doctors Services of Australia (RFDS) provide emergency aero-medical and primary health care services for people who reside, work, and travel in rural and remote Australia. At the same time, Regional Health Services funded for allied health and primary care services in 1000 small communities with population less than 5000 across all states and the Northern Territory (Department of Health and Ageing, 2010).

The Rural Women’s General Practice Service (RWGPS) program amends the accessibility of primary health care services for women specifically in rural part of Australia. The Medical Specialist Outreach Assistance Program (MSOAP) provides medical specialist services in geographically isolated or remote places (National Women’s Health Policy, 2010). All these programs are beneficial to improve the health status as well as the staff strength of rural Australia.

Australian government introduced strategies to maintain the standard of health practices and to provide sufficient workforce in future. The National Health and Hospital Reform Commission is developing a long term health reform plan which focus on a range of specific issues such as importance to ensure a well qualified and sustainable health professionals into the future. The Federal Government is developing Primary Health Strategy which consists of an assessment of workforce roles (Corver, 2008).

Furthermore, some ethical and legal issues related to the workforce shortage. In 2003, Commonwealth Code of Practice for the International Recruitment of Health workers established a framework for ethical requirements for the recruitment. Australia agrees the Code principles, such as not targeting developing countries for medical recruitments programs. Moreover, Australia support the need for careful assessment of framework to avoid draining of health care workforce in developing countries with the individual choice of health professional’s interest to select where they want to reside and work (Corver, 2008).

In addition, Australian Nursing & Midwifery Council (ANMC, 2005) established National Competency Standards for the Registered Nurse which emphasizes the code of ethics and legal values to deliver standard care to the health care system. The code of ethics describes, the registered nurse should provide evidence-based nursing care to people of all age groups, culturally and linguistic diverse groups, including individuals, families, and communities. This reminds nurse’s responsibility to work in rural and remote areas.

To sum up, workforce shortage is an international issue, Australia also has no exception. Better understanding of the causes underlying the staff shortage is the key component of the solution. Both employers and government must take initiation to retain staff through some beneficial activities like sympathetic and ethical approaches, appreciations, more opportunity for hospital based ongoing academic sessions, and importance to the family concerns of the health professionals. Mandatory placement in rural areas of students as well as health professionals also reduce the threat of understaffing.