Health professionals are the fundamental part of health systems and they are the significant group in improving health outcomes (World Health Organization, 2009). One of the global problems in rural and remote areas is the shortage of health practitioners with negative impacts for the accessibility of health services and outcomes in the concerned population. The universal nursing shortage has always threatened the quality of health care facilities across the decade. Australia is not separated from this problem and the larger number of nurses shortage is affected in non-metropolitan health services, particularly in countryside (Australian Government, Productivity Commission, 2005 Cited in Wellard, S. J., & Stockhausen, L. J., 2010). This will further increasingly affect Australians who lived in isolated areas to attain adequate and affordable health care. This essay discuss about the workforce shortages of health professionals in rural Australia, its causes, impacts, solutions, current legal and ethical issues faced due to this problem.

Joyce & Wolfe (2005) reported the ratio of nurses between rural and urban employment is to be stable at 0.8:1.0 (Playford, Wheatland, & Larson, 2010). So the workforce pulls to employ overseas-trained nurses lasts to be strong (Johnstone, Stewart, & Kline, 2003 cited in Playford, et al., 2010). The estimated proportion of aged care nursing workforce in 2002 was 37% and 26% in rest of the other nursing services which will retire by 2012; as a result 65,000 nurses will loss from the health care sector (National health Workforce Taskforce, 2008). According to the labor force statistics from 2001 census clearly demonstrated the difference between the regional and metropolitan Australia that is 11% and 20% respectively (Miles, et al., 2006).

The workforce shortage is more complex because it needs the supply and demand for nurses (Kimball, 2004 Cited in Westphal, 2008).One of the continuing debate in health care facilities are the difference between rural and urban nursing practices (Bushy, A., 2006) and some nurse practitioners think that rural practice is not unique. The possible reasons for current shortage include inappropriate salary and benefits, the career opportunities are more for women and nursing faculty shortages in schools. Apart from this, unfavorable working hours, false perception about work environment and nursing that is, it is not realized as a satisfying career (Westphal, 2008). According to Redman (2003) the most common problem in nursing shortage is the increasing “shortage of nurses who are interested or capable of assuming leadership positions” (Westphal, 2008).

In Australia the workforce shortages of rural health results from variety of factors like many doctors are guided by insufficient workforce policies within their training and altering patterns of occupation of doctors which means new graduates search for better work-life balance (Buykx, Humphreys, Wakerman, & Pashen, 2010). Apart from this rationalization of health services in rural areas and fluctuations in the nature of countryside practice are the other causes of workforce shortages (Buykx, et al., 2010).

The World Health Report (2006) found that there is a risk of attaining the health-associated Millennium Development Goals (MDGs) without sufficient numbers of adequately skilled and supported health care workers (World Health Organization, 2009). The term ‘rural’ related to farms, villages, open spaces and small towns, and mainly the duty of defining rural settings has always been challenging (World Health Organization, 2009).

There are numerous factors are identified to escalate the demand of health care workforce which are, the burden of disease in the Australian inhabitants, variations in service delivery, community expectations, workforce expectation, workforce specialization and unintended effects of workforce strategies (National Health Workforce Taskforce, 2009). Health workforce strategies in national, regional and local basis must reflect on nurses in order to maintain and improve the health of residents who live in rural and remote areas in Australia. Nationally, they have a responsibility to confirm whether the rural and remote areas have sufficient supply of effective nurses (National Rural Health Alliance, 2003).

The researches regarding retention of General Practitioner (GP) in rural area reported that changes in government policy and financial conditions are the major cause of shortages that have a direct impact upon professional support issues (Eley, Young, Shrapnel, Wilkinson, Baker & Hegney, 2007). The subsequent unfavorable effects on career support are varied such as hospital closures, locum relief, labor force shortages, consultant support and large number of medico-legal problems is placing more pressure on rural and remote GPs (Eley, et al., 2007). In some cases these effects are the primary reason for leaving the GPs from rural practice.

The impact of Australian rural nurses due to workforce shortages is motivated to the introduction of mentoring into discussions for taking solutions to inadequate recruitment and retention rates (Mills, Francis & Bonner, 2007). Habitually, rural areas are less sophisticated range of scientific diagnostic support facilities than the nurses who working in an urban settings (Mills, et al., 2007).

There are many solutions to overcome the retention of health professionals to rural and remote areas. Education and regulatory department provide some interventions that are recruitment of medical professionals from and provide training in rural areas, make improvements in curricula, provide adequate exposure to rural practice between the period of undergraduate programs and communal participation in selection of scholars (World Health Organization, 2009). Financial compensation includes, offer high remunerations for countryside practice, rural scholarships including installation kit, provide loans for housing and vehicle, and arrange allowances for family education.

Moreover, the possible solutions from management, environment and social support are the improvement in laboring and living conditions, which includes education, spouse employment, provides adequate supplies of technologies and medicines, give provision for continuous professional development and career paths, and facilitate flexible contract opportunities for casual work (World Health Organization, 2009).

One of the common challenges in hospitals is the workforce shortages, so it is essential to identify the strategies to tackle those scarcities. The schemes might be short term and long term strategies. The short term scheme include retaining and attracting nurse leaders, provide adequate job satisfaction for nurse leaders and filling the positions of vacant leadership within the described period (Westphal, 2008). Advancement of a tuition repayment program for employees within the hospital and reassure them to achieve further training, Work together with local school of nursing to foster the enrollment of nursing students are the plans which included in long term strategies (Westphal, 2008).

It is commonly accepted that the demand for healthcare workers are more experiencing in Australia (National Health Workforce Taskforce, 2009). The existing and predictable shortage in the Australian health labor force is directed by a complicated collaboration of socio-cultural, demographic, professional and clinical factors. This will further influence the demand for health care workers and their services (National Health Workforce Taskforce, 2009). These scarcities of workforce are not distributed equally, but it may vary by health profession, specialty, province and different geographical locations such as metropolitan, rural and remote areas (National Health Workforce Taskforce, 2009).

In Australia workforce delivery remains to one of the policy priority and their range of strategies directed to the improvement of labor force distribution. Many strategies like bonded rural scholarships and other national initiatives are focused on medical workforce (Department of Health and Ageing, 2008 cited in National Health Workforce Taskforce, 2008). Also, States and Territories are able to emphasize the regions of workforce shortage. On the other hand Australia’s use of International Medical Graduates (IMGs) mainly seems outside of urban areas (National Health Workforce taskforce, 2008).

Australia’s medical workforce shortages are more common in outer metropolitan, rural and remote ranges and it can be most seen in indigenous populations. The increasing demand for health professionals and workforce shortages are more found in mental health, aged care and disability sectors (Australian Government, 2005). The advancement of rural nursing theory has been explained the labor force shortage through the employment of the Montana State University Nursing Group (Lee & Winters, 2004; Lee & Winters, 2006 cited in Conger & Plager, 2008).

World Health Organization found that workforce shortage in the field of health and wellbeing is badly upsetting many countries’ capabilities in order to tackle diseases and improve health (World Health Organization, 2006). Besides, excessive nurse turn over and inadequate proportion of nurses represent problems for nursing and healthcare in terms of budget (Flinkman, Laine, Leino-Kilpi, Hasselhorn & Salanter, 2008). Nurses are struggled with ethical issues in terms of patient care all over the world. In actual fact, Florence Nightingale wrote one note on nursing and it discussed about importance of meeting patient’s demands, ethical duties of secrecy and communication (Ulrich, Taylor, Soeken, O’Donnell, Farrar, Danis & Grad, 2010). Likewise, today nurses are obliged to maintain the duties, foundational moral virtues and principles essential to the nursing career (Ulrich, et al., 2010).

Currently healthcare atmosphere is requiring for nurses at a moment when the time of critical shortage of health professionals to meet the different needs of a patient. Generally all the health care team members including nurses are involved by ethical decisions by addressing the stressful and exhausting nature of laboring via ethical problems (Ulrich, et al., 2010). So it is very necessary to identify the ethical issue or trouble by the moral agent before the activation of moral decision making procedures. The recognition and responding of moral and ethical issues may vary from persons and this might be differing by gender, age, ethnicity and work experience (Ulrich, et al., 2010). Hence, it is necessary to recognize the ethical problems and its frequency with which nurses face them.

The significant ethical problems in nursing practice are found in the last decade are issues of cost containment, informed consent and ineffectiveness (Ulrich, et al., 2010). Healthcare organizations must consider the series of ethical problems which encountered by the nurse during the time of their work and its impacts. National and international schemes are an immediate need to preserve qualified labor force (Ulrich, et al., 2010). Support of ethics including bioethicists, ethics committees and senior nurse counselors are wanted to alleviate the loss of contributors that unfortunately might happen because of these ethical challenges (Ulrich, et al., 2010).

 In order to address the issue of workforce shortage, Northern Arizona University School of Nursing arranges learning programs for Advanced Practice Nurses (APN) that will further help them to prepare to work in rural and remote areas (Conger, et al., 2008). The students from the health profession are first academically prepared along with their knowledge regarding the working patterns of rural area and other concepts associated with rural communities. Rural theory helps them to identify and understand the critical issues connected with rural practice.

Apart from this, all students are compulsory to have a practical experience within a rural society (Conger, et al., 2008). In order to success in rural and remote practices after the graduation of a health professional, they should be prepared with rural theory and have clinical experience in country areas. Advance Practice Nurses face many challenges during the time of their rural area practice and to overcome these difficulties by getting adequate education helps to make a smoother progression (Conger, et al., 2008). In addition to that, the training of strong support systems is inevitable for the existence of rural working surroundings (Conger, et al., 2008).

The Australian Government along with State, Territory and local governments are recognized the concern regarding workforce shortage and taking actions together for attracting and retaining health care professionals in rural Australia (Miles, Marshall, Rolfe & Noonan, 2006). The research based on state and hospital administrative data has recognized the connection between inadequate staffing in hospital and increased the risk of unfavorable patient outcomes, comprising mortality. The other after effects of long term shortages includes the negative impacts on the quantity of patient care, decrease the productivity and efficiency of care, and increases the labor and operating costs.

Additionally, highly visible Institute of Medicine (IOM) reports highlighted the importance of teamwork that helps to improve the proficiency and quality in hospitals. The presence of work force shortage creates teamwork is more difficult to maintain and achieve in a hospital. The appropriate communication, problem solving techniques and good teamwork are the essential factors to address the nurse shortage and minimize its impact between providers and hospital authorities as well as the impacts between the hospital and patient care (Buerhaus, Donelan, Ulrich, Norman, DesRoches & Dittu, 2007).

In conclusion, the workforce shortages from rural and remote areas are equally expensive to associations and have an effect on patients (Buykx, et al., 2010). Financial and economic considerations, professional and organizational matters like career development opportunities, infrastructure and workload, and social factors are the other elements influences health professionals to stay or leave from rural areas (Buykx, et al., 2010). In order to tackle the problems of labor force crisis all the members of the health care team like employees, employers and government together formed the solutions, unless it cause an impact on both health professionals and patients.

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