World has appeared a dangerous age of human resources for wellbeing. The health care experts are take part in a better role in the edifice of active citizens in the nation (WHO 2008). In that, Nurses are crucial constituent or precious possessions to the health care system also their service is standard as distributing secure and efficient care to clients (Buchan & Aiken, 2008).But inAustralia, the scarcity of health care professionals mostlyin countryside areas is a majorproblem and it also have an effect on in worldwide (Hogan, Moxham.,& Dwyer, 2007).In this essay deal with what is meant by workforce unavailability, causes of shortage of health care professionals from the employee, employer and Government and lastly the different legal and ethical issues confronted by the staff currently as a result of Governments being incapable to provide acceptable levels of health care to the rural population.

According to the World Health Organisation (WHO) states that, just about 60% of international nurse work in urban areas (Manahan & Lavoie, 2008). The existing and consideredshortage in the Australian health workers are obsessed by a multifaceted communication of socio-cultural, demographic, medical and professional factors that bring to bearpressure on equally insist for health workers services, and the delivery of health workforce. These shortages are not consistently spread; however vary by health profession, field, authority and geographical location (remote, rural, metropolitan,). According to Millennium Development goals 57countries develop critical shortages. Moreover ittake place within a broader intercontinentalframework in which it has been approximate that there is recently an unlimitedscarcity of 2.3 million general practitioner, nurses and midwives across 57 countries (National Health Workforce Taskforce 2009).

Workforce scarcity is the condition where the demand for health professionals such as Physicians, Registered nurses, Pharmacists, Physiotherapists and other paramedical staffs go over the contributeboth in the region( within a health care facility), nationwide or institution of higher education(Buchan 2006).There are huge number of elementaryrationalefollowing the shortage of workforce in regional and countryside areas and it include poor payment, labour force, official procedure, lifestyle changes, professional segregation, reduced service opportunity for other family members, and in particular practitioners partners, under-representation of students from rural or regionalconditionssustainedextraction of services from such areas, require of critical mass of similar doctors, hospiceclosure, downgrading of other services ,limited educational opportunities, long hours, inefficient supervision in public hospice (National Health Workforce Taskforce 2009).

Considerable study recommended that, inadequate employment pattern in a rustic area, influences negatively in the health care system, some reasons includingignorance of village and their culture ,uncertainty professional seclusion, poor staffing, limited chances of career evolution, longfunctioning hours with culture shock could be a reason of nursing staff shortage in rural community(Conger&Plager, 2008). In Victoria, many of the smaller rural hospitals there are no medical staff designated to the emergency department, in an emergency condition staff have to depart the ward to concentrate the patient in an emergency unit (Sullivan, Francis,&Hegney, 2010). According to Australian Bureau of Statistics (2002) in many areas of countryside Australia, there is enormous shortage of occupational therapists and there are number of reasons including travel distance, limited opportunities for career guidance, lack of opportunity to access advanced technologies, professional isolation and others (Devine, 2006). According to Australian Bureau of Statistics (2002) in many areas of rural Australia, there is a huge shortage of occupational therapists and there are number of reasons including travel distance, limited opportunities for career guidance, lack of opportunity to access advanced technologies, professional isolation and others (Devine, 2006).

Personal circumstances also influences the shortage of staff or leaving the job from a rural area such as their spouse cannot find a job, family lives other place and their children wanted further education that cannot available in the community(Manahan &Lavoie, 2008). In many of rural area the nurse could not be able to access health interpreter as some of the rural residents from non-English background and this could also be a factor of moral stress for staff (Hegney, 2007). ). In addition, some points, the nurse depends on the local General Practitioner (GP)toprovide visiting medical support(Sullivan, Francis,&Hegney,2010) .

Nursing shortages become a serious issue among healthcare system which can results strong effect on nurses including clinical errors and moral distress, physical impacts and other issues.(Hogan et al.,2007) According to the survey by the American Nurses Association, around 68% of the nurses believed that clinical errors are strongly related to the shortage of staff. In that, 78% of nurses reported that, they felt moral distress as a result of nurse’s shortage (Ludwick& Silva, 2003). In these survey participants also experienced working with other nurse could reducemedical errors by discussion or making questions (Ludwick& Silva, 2003). Moral distress meant that the nurses experienced negative feelings, for example; anger, headache and other symptoms (Ludwick& Silva, 2003).Poor staffing pattern could affect quality care of the patient or it could results a negative health outcome -for example, a patient with mental illness who also has aggressive behaviour needs a higher level of attention (Ulrich et al., 2010).

 In mental health care system, insufficient staffing pattern also results increased incidence of violenceagainst staff (Buchan & Aiken,2008). In addition, due to a shortage of staff, patient may developpressure ulcers especially in elderly (Department of Health Victoria,2006). Furthermore, shortage of nurses results increased mortality rate, more infection rates and increased falls rate (Buchan &Aiken,2008).Workload is one of the physical impact of nurses, as a result most of the senior nurses experience musculoskeletal symptoms (Hogan et al.,2007).

To overcome the issue of health professional shortage in a rural area, as a key stakeholder government have to arrange some programs to attract health professionals to work in a rural area or government could arrange fund for the development of rural areas.(Conger &Plager, 2008).For instance, the Australian government has developed a Remote Area Nurses Incentive Package for nurses those who are designated in a rural area.(Conger &Plager, 2008). In that, nurses in remote areas could participate for two weeks of professional development activities per year with paid travel and conference fees. In addition, program also provides two airfare tickets to a metropolitan area for nurses and their family members (Conger &Plager, 2008). As retention strategy, government could offer scholarships for nurse’s family members (Conger &Plager, 2008).

The Australian government also initiated funding for rural and remote procedural General Practitioner’s training program and funding is available for trainee salaries, accommodation and travel for postings. (Department of Health, Victoria, 2009). The program administered by Royal Australian College of General Practitioners(RACGP), Medicare Australia and Australian College of Rural and Remote Medicine (ACRRM) (Department of Health, Victoria,2009). In addition, Local council could arrange an education session or some activities, by participating in this community activities health professionals get to know the people and their culture and it helps to overcome their culture shock (Conger &Plager, 2008). In a rural area the nurse is more visible to the community, attending the community activities and events the nurse could build rapport with community and involve with other health care professionals, to develop both social and professional network (Manahan & Lavoie, 2008).

Today, education providers or Universities, accepted some methods include rural field work education and experience for students (Devine, 2006). To become a competent rural health care professional, students need academicals knowledge about working in rural area and rural communities. (Conger &Plager, 2008). So, students are required to do their clinical practice in rural community and this experience enables them with an understanding of issues related to rural community in order to increase their confidence level (Conger &Plager, 2008). Significant study suggests that, clinical placement in a rural area is one of the positive strategies to attract health care professional to a rural area (Conger &plager, 2008).Based on program outcome study done in Tennessee, found that 46% of health professional students whose completed their clinical practice in a rural area returned to practice in rural areas after their graduation (Conger& plager, 2008). Northern Arizona University School of Nursing provides education for Advance Practice Nurses, which help them to work in rural areas (Conger& plager, 2008).

Employer is another stakeholder and they have to introduce some positive strategies to attract employee such as better payment level, flexible working hours, provide opportunities for further education or adequate career support and skill mix- a balance of registered nurses, physicians, other health care professionals and other support workers (Buchan & Aiken, 2008). According to Australian Nursing Federation(ANF), employers are responsible for providing sufficient resources for their staff to meet the quality care for the patient (ANF, 2007). ANF also states that employers must be aware about staffing levels, skills mix and level of nursing and midwifery care needs (ANF, 2007). Employers also make sure the safety of employee, an employer has the responsibility to provide and maintain safe working environment, according to criminal law companies or individuals can be prosecuted for occupational health and safety (Staunton &Chiarella, 2008). Based on Hegney’s study(1997) in rural Australia suggest that, in order to retain nurses in rural areas, employer could recruit the new nurses those are belong to the rural community or those who want to stay with their families in a rural area (Manahan & Lavoie, 2008). Furthermore, employer could arrange technological development for staff which improves the professional network (Manahan & Lavoie, 2008).

Ethics meant that recognising the decision about what is right and wrong for clients (Hood,2009).According to the code of ethics for nurses in Australia, ethics statements are organised into four categories include self, person, colleagues and community Nurses value quality nursing care and health care for all people (Australian Nursing and Midwifery Council [ANMC], 2008). It is identified that staff shortage is the most stressful issue in health care system, because the insufficient staffing pattern could not meet the ethical standards of professional practice including quality care for the client and protecting right of individual patients and families(Ulrich et al., 2010).

As a back bone of health care system the nurse has the responsibility to recognise for the consequences of the care they provide, but the staff shortage in a rural area also results legal and ethical issues. For example, in a rural health system, due to a shortage of staff, the nurse could not able to supervise the patient properly and the possible side effects of medication may include confusion and drowsiness, as a result, the patient may experience falls in the hospital without supervision (Department of Health Victoria).The Competency Standard for Nurses in Australia states that as part of fulfils duty of care the nurse recognises the responsibility to prevent harm (Australian Nursing Midwifery Council [ANMC], 2005).

Shortage of nurses result overwork and it could be cause of poor conduct with patient, according to the code of conduct for nurses in Australia, nurses respect the dignity, culture, values and beliefs of client and colleagues (ANMC,2008).Lack of experience could results decreased job satisfaction and medical errors, based on a rural area study conducted in Canada, Australia and the United States researchers found that new rural nurses are less satisfied with their job than the experienced rural nurses (Manahan & Lavoie, 2008). Due to the new nurse’s lack of experience and moral stress could results medication errors, it causes any side effects to the patient or patient’s death and it could be criminal offence.(Manahan & Lavoie, 2008). According to the criminal law as a defendant the nurse should be punished with the evidence of medical or scientific evidence by experts and the punishment depends on the seriousness of offence (Staunton &Chiarella, 2008).Bandman and Bandman’s(1995) study (as cited in Hood,2009)found that nursing ethics focus on beneficence and non- maleficence which means that doing good and avoiding harm. Australian Nursing and Midwifery Council states that the nurse has the responsibility for valuing informed decision making that client make (ANMC, 2008). However, some point health care professionals to trust on families and use moral and ethical opinion for treatment related decisions, for instance; person with disability, legal constraints and other factors (Hood, 2009).

Australian Institute of Health and Welfare [AIHW],(2006) explored that, rural and remote Australians are less likely to access health care, because the shortage of health professional, they have to travel in urban area or they have to wait longer period for access medical care and this can results increased mortality rate in rural area (Hegney,2007). Other rural issues include, in some point of surgery residents from a rural area have to wait for longer-for example; someone had polyps in his/her nose that caused uncomfortable and embarrassing. Due to longer waiting list at public hospital in regional area the person underwent surgery at private hospital which was expensive (Department of Health Victoria,2001).

After analysing all this discussion it is cleared that, health care professional shortage in a rural area creates huge problems to the residents from a rural area and health care professional itself. Most of the studies suggest that a both professional and personal factor to behind this issues including moral stress, cultural shock, lack of experience, isolation, further career opportunity, job satisfaction and other factors. As a result the nurses working in a rural area are experiencing emotional and physical strain. In this situation, as a different stakeholder employer and government arranged some programs by means of fund, scholarship and other benefits for staff and their families to attract the staff to work in a rural area. The developments of strong support systems are essential for rural working environment. In addition, staff shortage also results ethical and legal issues.

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