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ASSIGNMENT TITLE : A COMMON PROBLEM IN RURAL AUSTRALIA IS THE ACCESS TO MEDICAL AND NURSING ASSISTANCE DUE TO A SHORTAGE OF A HEALTH PROFESSIONAL. DISCUSS CAUSES OF SHORTAGE, IMPACT ON NURSES DUE TO SHORTAGE AND POSSIBLE SOLUTIONS TO WORK FORCE SHORTAGE FROM DIFFERENT PERSPECTIVE OF EMPLOYERS, EMPLOYEE AND GOVERNMENT. INCLUDE IN YOUR DISCUSSION THE LEGAL AND ETHICAL ISSUES FACED CURRENTLY AS A RESULT OF GOVERNMENT BEING UNABLE TO PROVIDE ACCEPTABLE LEVEL OF HEALTH CARE TO THE RURAL POPULATION.

In many countries the health status of the rural area population is extremely poor when compare with those who live in cities. The capability of rural hospitals in providing established care has endangered due to workforce shortage and other facilitative preservation problems. The reasons for this problem is include the less access of health care services and socioeconomic disadvantages. Australia is facing an issue of decreased medical and nursing assistance in its rural areas. This is commonly due to a shortage in the critical work force and health services. The studies acknowledged that it is necessary to have nurses and allied health personals in remote and rural areas in order to maintain the Australian health care system. The Aboriginal and Torres Strait Islander people are the major group require health care services in the rural and remote areas of Australia (Reynolds., Helen & Willis, 2009). Nursing is not at all meeting the needs in these areas and shows very less volume in its participation of health services. The rural nurse shortage is not only a challenge to the financial study and employment, but also it has a pessimistic contact on the health care (Buchan, 2008). This essay discuss about the reasons for the shortage of work force in health care services, its impact on nursing and the ethical issues exists currently in the inability of providing health services in rural Australia.

The health professional shortage in rural Australia is occurring due to several reasons. The workforce planning, restriction in the supply of experienced staff has become a common among these reasons. The poor recruitment and unsuccessful use of allocated nursing funds is making marked decrease in the nursing ability and employment. The nursing job has become rare in rural areas because of the lack of support in the job service and improper suitability of the incentive structures (Buchan, 2008). Extreme fluctuations are occurring in the environmental conditions and life of the rural and remote areas or Australia. Limited resources in these areas touch the least percentage of health service. Another impact is the lack of providers and services in social support, isolation. People in these areas including aged are making less utilization in care as well as mental health support (Byrne & Neville, 2009). The exploration of the experience among nurses in rural health sector reveals that the circumstances are critical. The nurse’s works there has lacked their confidence when they faces the sporadic nature of the area where they works and the diversity among the people those presents. Lack of confidence occurred in the field of mental health in relation to the feeling of isolation. The non availability of context specific education lead to a fact of ‘skill rust’ (Kidd., Kenny & Andrews, 2012).

Nurses and midwives possess majority of the Australian health care system. The greater proportion of the work force among nurses and midwives serves in the rural areas than the urban regions which makes more significant in the provision of their service. The result of disciplinary strength and weakness occurred when the role and scope of nurses and midwives become generalised instead of specialisation. This categorization of general precipitated their necessity to work in different sectors including aged care, public hospitals, and community health and in all other multipurpose services (Francis, 2011). When compared to the metropolitan counter parts, the rural health practitioners have limited access to their professional development due to ineffective traditionally belief programmes and the dealership of part time work. The inflexibility in the work place has become the problem in their job. The decreased accessibility of the acceptable housing create difficulty in maintaining life circumstances. In addition to this, there entitled the factor of less access to the partner’s professional carrier (Francis, 2011).

The daily practice environment and the status of health practitioners favour the rural health status. The rural health workers face longer working hours and often satisfy with less money. The rural health practitioners feel greater distance from the cutting edge of medical science. They feel isolation from their peers and that affect their interest in service. There are lack of resources and facilities in the inpatient and out patient departments. The rural health workers face challenges in acquiring the patient confidentiality and different cultural dimensions. Lack of understanding capacity and transportation facilities in rural population create risk among the health providers in the provision of services (Klugman & Dalinis, 2008). The present workforce problem is getting worse because of the ageing of the health workers. The researchers found that about fifty percentages of the rural health nurses are above forty years of age. It is find that in some rural areas about eighty percentage of the rural nursing staff are above fifty years of age. This report has not only revealed in Australia, but also reflects in several countries. Cost of travel and less accessibility of transportation deny the health services and avoid the choice of service in those remote areas by health care workers (Bryce, 2011).

The determination of the function and role of nurse in rural areas varies from that of cities. There is an increased level of autonomy and responsibility reflected in rural health nurses when compared to others. These responsibilities are highly linked to the job satisfaction. The research in Australia finds a belief about rural area nurse that they are highly competent in nursing skills through experience and possess skills in the area where they work. When the nurse practitioner program launched in Australia, the role and advancement of the rural area nurses were not focused by the law (Daly., Speedy & Jackson, 2010). In 2008, after auditing the health workforce in regional and rural Australia, the government reported shortage of doctors, nurses and other allied health professionals in these areas. It suggests that the provision of services is not simply about the distribution of work force, but it is also about the logistical problems to meet the needs of people among rural and regional parts of Australia. Here expressed the concerns about the increased demands and expectations on health professionals (Bell, 2010). These suggested the value of better incentives for the health professionals to work in rural and remote areas and the innovative solutions raised in partnership with government. It determines the necessity of adequate health service providers for a particular population which means a specific health professional required for a particular community. Accordingly, this report does not reach at the solutions for the policy challenges of the shortage of health workforce in rural Australia. These clarify in obtaining the adequate workforce in accordance to the attention to human behaviour in free enterprises (Bell, 2010).

Australian rural area working nurses are somewhat highly developed and expert. To provide varied ranges of health care service in rural Australia, they take several dangerous and demanding situations in their field of work. The trends exist in the society and a shortage of interest in nurses to work in rural areas has highly precipitated (Weymouth, 2007). Many nurses who enrolled in their job tend to leave those areas in demand of the reasons which are already explained. It is revealed that a shortage in existing nursing is going to occur in the next fifteen years as because one third among them reaches at their retirement period. This is floating as the problem in looking at the recruitments and retention of nurses by health managers. Health services are spending huge amount of money in recruiting, relocating and orienting new nurses in those particular areas, but are leaving within a limited time period. This has occurred due to ineffective support and dealing from the health managers which increased stress and frustrations among them. They all suffered from unavailability of annual leaves due to the lack of staff replacement. They even missed professional development seminars, courses and other work related events in their carrier because of the lack of staff (Weymouth, 2007). Certain innovations have come now to progress the contributions and commitments from the health care sectors. The innovated programs are formulated as e-health and tele-health. The tele-health program creates a marked change in the whole health care systems. This enables video conferencing between the patients and health care practitioners in all sectors, rural as well as urban (Bryce, 2011). The several programs of funding generated in order to support the patient care and health care worker by the end of online discussion. This step has become significant in the health care delivery system in all ways. The collaborative connections of the consumers with widely broad health team led to an incorporated care. The Australian Nurses Federation likely to advance and broaden this link. This has better extended to recognize the clarified professional role that the nursing staff and other generalised practitioners perform at the online discussions and to evaluate the online consultation (Bryce, 2011).

In order to ensure a rural nursing workforce in Australia, a number of factors need to be addressed. This includes an educational preparation and the accessibility in continuing professional education for rural health service providers. The proper recruitments and the retention have to be well maintained. The problem of personal and professional isolation has to be replaced by effective communication among the rural and urban health care sectors. The rural health practitioner can become an integral person in that particular community (Daly., Speedy & Jackson, 2010). The health practitioners who work in rural areas can provide service beyond the remit of their formal training. The quality of care can be in better advance when compare to the urban areas. According to the recent surveys, different health professionals can be recruited in rural areas to evaluate the advanced needs. However, the skills and qualifications of rural health providers are less marketable when compare to others who work in urban areas. It is to be ensured that the compulsory requirement service provider in rural areas is accompanied with appropriate support and incentives. The financial incentives and additional benefits are to be provided to the health persons in order to generate the interest to work in rural and remote areas. Comprehensive and better designed evaluations need to be conducted to identify the impact of financial incentives on the retention of the health practice professionals in rural areas. The development and motivation of local health service managers and the strengthening of human health care delivery system can enable the proper health provision in these areas (World Health Organisation, 2010).

It is clear that there is crisis in the rural work force and is very important to ensure the sustainability by adequate supporting nurses. The study revealed that rural nurses are working under difficult circumstances. The recruitment of rural nurses is relevant in rural area hospitals. The solution for the barriers of rural nurses in their professional development by university studies and seminars has not yet detected and there is a less chance of belief for a renovation in this. The nurses in rural areas are working as generalized categories where in all small hospitals, clinics, community health centres. This topic has to be seriously demanded by proper and prioritized organization among rural nursing workforce. This can make a retaining and recruitment in easier way. The allocation of the health professionals return to the rural sector also has to be approved in addition to this. The government is planning for the funding and investment in rural regions by Australian National Rural Health Alliance (Kidd., Kenny & Andrews, 2012).

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