

건강사업을 위한

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서울대학교 보건대학원에서는 공중보건학 연수회 사업으로 “건강사업을 위한 지역사회 간호교육”이라는 주제로 전주예수병원 간호전문학교에서 간호교육자 대상으로 「세미나」형식의 「워크숍」을 1975년 4월2일부터 4월4일까지 3일간에 걸쳐 개최했다.

본 「세미나」를 위해서 UNICEF 과 C.M.B. 의 재정적 지원과 W.H.O. 의 기술지원이 있었으며 회의 장소를 위시한 제반준비를 위해서 전주예수병원간호전문학교, 전주간호전문학교 및 개정간호전문학교와 대한간호협회 전북지부의 후원과 아울러 「세미나」 개최를 전후하여 보도를 맡아준 의학신문사의 후원이 있었다.

본 「세미나」의 목적은 1) 지역사회 간호교육과정의 내용파악 2) 지역사회 간호교육과정 이행의 방법모색, 3) 지역사회 간호교육과정의 이론과 실제의 통합 방법에 관한 지침준비로 설정되었다. 이와같은 3개의 세부적 「세미나」 목적에 지족을 이룬 종합적 목표는 시설환자중심의 전통적 또는 재래식 간호교육으로 부터 탈피하여 지역사회 건강요구를 기반으로한 새로운 교육모형제시에 두었다. 지역사회 또는 건강지향 간호교육의 합리성과 이에 관련된 개념체계의 확립에 반석역할을 하는 철학적근거로 시작하여 새 교육과정의 이론과 실제를 통합운영하는 방법론의 제시까지 포함하였다. 본 세미나는, 간호교육의 전통을 새로운 차원에서 찾고 건강사업 전달체계에 관련한 교육조망이라는 뜻에서 볼 때,

과거의 어느 세미나 주제보다 더 의미심장한 것이었다 하겠다.

1975년 4월 2일 오전 10시 서울대학교 보건대학원 김화중교수의 개회선언에서 시작된 개회식은 대학원장 박형중박사의 “.....오늘날의 보건사업은 과거의 병원중심, 환자중심의 의료에서부터 점차로 지역사회 중심, 모든 지역사회 주민들의 건강향상을 위한 방향으로 그 뜻점이 옮겨지고.....”라는 요지의 개회사가 있었다. 이어서 황인성 전북도지사, 설인수 전북교육감과 전병우전주시장의 축사와 치사 그리고 격려사가 있었으며, 전주예수병원 간호전문학교의 명예교장인 Mrs. keller 의 환영사가 있었다.

본 「세미나」의 전반적 목표와 「세미나」 자체의 세부적 목적과 관련하여 주제는 “보건사업전달의 새로운 개념과 지역사회 건강간호교육”이라고 정하였으며 현재 세계보건기구 「세미나」본부의 지역사회 건강간호 전문가회의의 위원이며 1974년 7월 회의에 참석한 바 있는 보건대학원의 이경식 박사가 전문가회의에서 위임되었던 개념체계를 중심으로한 주제강연이 있었다.

논제 1은, “교육과정 개발에 대한 일례”로서 지역사회중심의 건강지향 간호교육과정이 시도되고 있는 부산의 메리놀 간호전문학교 과정이 원리적용 설명과 더불어 「콘로이」 박사에 의해서 발표되었다.

논제 2는, “기본간호교육과 지역사회 건강간호교육내용”으로서 기본간호교육의 교육목표와 목

적에 결부한 건강간호교육 내용의 구성원리를 중심으로 보건대학원 이선자교수가 발표하였다.

논제 3은, “지역사회 건강간호 교육과정의 운용방법”으로서 기존 기본간호교육과정에서의 건강간호교육부분에 대한 효과적 이행방법 모형을 제시한 내용으로 연세간호대학의 조원정교수가 발표했다.

논제 4는, “지역사회 건강간호 학습이론과 실습경험의 통합”으로서 지역사회 지향의 건강간호 교육을 위해서 부분적 교육혁신이라고 할 수 있는 건강간호교육의 개념 도입과 개념을 실제에 이행하는 과정을 지역사회 건강사업 프로젝트 모형으로 제시하여 전주예수병원 간호전문학교의 엄제정교수가 발표했다.

만찬 특별강연으로 “2000년대의 지역사회간호”라는 연제로, 과학 및 기공학발달의 부산물, 인간사회발달의 부산물 등으로 일어나는 각종 건강문제와 다양한 건강간호유구에 대비하고 미래충격을 미연에 방지할 수 있는 준비태세를 갖추기 위해서 미래지향의 미래학 개념이 간호교육에 반영되어야 한다는 WHO 간호교육 고문과 Ms. B.Hauglund의 발표가 있었다.

지역사회 건강의 결정요인으로 지역주민들의 건강상태, 질병양상, 건강기대 및 사회문화 및 경제적 환경등이 포함된다고 했으며 인간건강, 지역사회건강 및 가족건강간호에 대한 기본개념이 소개되었다.

이상과 같은 개념체계를 배경으로 우리가 당면하고 있는 보건의료사업과 간호교육의 현실이 역삼각형의 개념적 모형으로 제시되어 설명되었다. 지역사회 중심이고 건강지향의 지역사회요구를 근거로한 건강사업과 필요한 건강사업을 추진해 나갈 수 있는 지역사회 건강간호요원의 교육모형을 안정된 형태에 놓여있는 정상각형의 개념모형으로 나타내어 설명했다. 현실의 다면적 문제를 극복해결해 나갈 수 있는 방법으로서, 세계보건기구 제네바 지역사회 건강간호 전문가회의에서 결정된 요구되는 변화로서 1) 개념체계의 변화, 2) 간호교육의 변화 및 3) 간호사업의 변화를 소개하였다.

수세기 내려오던 환자중심·임상간호의 전통에 중지부를 찍고, 지역사회 중심의 건강지향간호사업과 간호교육의 새로운 전통확립 제의로 집약되었다.

주제강연

보건사업 전달의 새로운 개념과 지역사회 건강간호 교육

서울대학교 보건대학원 이 경 식 박사

지역사회 보건의료사업의 새로운 개념적 근거와 연관하여 건강과 건강관리에 대한 인간의 기본권리를 설명하고 인간가치가 다면적인 차원에서 논의 됨에 따라 지역사회 중심의 건강지향 보건의료 전달제도와 교육방향 조정의 필요성이 강조되었다. 보건의료 사업을 지역사회 주민들의 기본원권(건강관리)보호의 주요한 수단으로 지적되었고 포괄적 사업이 필수적이라고 강조했다

논제 1

교육과정 개발에 대한 일 예

부산메리놀간호전문학교장 콘 로 이 박사

세계사회에서 이루어지고 있는 인간상호의 의지성을 한층 더 인식해가는 과정속에 간호전문직은 존속하고 있으며, 사회안에서 변화되어 가는 간호직의 역할에 대해서 재검토해야 한다고 강조하였다.

어느 방향의 변화이든 전통지향 집단이나 개인에게는 변화 자체가 위협이 되며, 변화의 필요성을 인식하고 남다른 사람들은 강한 저항과 변화과정의 일부가 되는 실패 가능성을 도탄하겠다는 마음의 자세가 요구된다고 전제하고 시설환

자 중심의 임상지향 간호교육전통에 혁신을 가져온 지역사회 중심의 건강지향 교육과정 개발과 그 이행에 대해서, 메리놀간호전문학교 교육과정 실시경험을 중심으로 소개하였다.

본 교육과정에 기본되는 개념체계를 형제다운 사랑(형제애), 봉사, 건강, 인간, 환경 및 간호라는 신념에 근거를 두었으며, 이 신념들은 인간생애 즉 출생, 생명, 사망 및 부활이라는 자연주의와 종교적 철학에 기본이 될을 시사했다. 교육 목적을 가족, 지역사회 및 병원환경에서의 개인이나 가족들의 건강요구를 충족시키는데 간호지식과 기술을 적용시킬 수 있는 간호실무 초보자를 위한 준비라고 규정했으며, 첫 1학년과 2학년을 지역사회 중심의 건강간호 문제 파악과 요구충족 방법에 대한 이론과 실지 경험의 병용, 3학년에서는 병원환경에서의 임상간호원으로서의 역할 구사에 필요한 지식과 기술을 위해서 필요한 지적영역 및 정의적 영역개발과 실제학습경험의 순으로 편제된 교육과정 모형이 소개되었다. 본 교육과정 모형을 실제 이행에 옮기는데 있어서 야기된 문제점들 즉 1) 교수진 훈련, 2) 학생들을 위한 역할모형 결여, 3) 교육과정 자체, 4) 재정등이 제시되었다.

논제 2

**기본간호 교육과정에서의
지역사회 건강간호 교육
내용**

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이 선 자 교수

인간의 건강과 지역사회 생활환경의 연관성을 인식하게 된 것은 급격히 변화하는 사회구조와 요구에 기인함을 전제하고 간호교육도 재래식 병원중심의 환자간호에서부터 지역사회 전체주민 대상의 지역사회간호 방향으로 교육정책과 목표가 전환되어야 한다고 강조했다. 지역사회 건강요구 충족의 필요성이 간호교육과 사업에 간접

적으로 반영된 증거로서는 국민의료법 개정에서 다루어진 각 분야별 간호전문분야로서 보건간호원 제도를 들 수 있다. 또한 지역사회 지향의 개념이 점차적으로 확산된 증거로서는 종래의 보전간호원 또는 보건간호학이라는 용어에 대한 개념이 지역사회 건강간호라는 표현으로 보다 확대된 뜻으로 그 체계를 이루게 되었다.

이러한 지역사회 건강간호학의 개념체계를 확립하고 지역사회 건강요구 충족을 위해서 대비할 수 있는 간호교육을 위해서 필수적인 내용영역을 결정하고 구성하는데 있어서 교육목적과 결부하여 단계적 배치로 설명되었다. 지역사회 건강간호학의 이론적 근거가 되어있는 예방단계 학습에 대한 설명과 실제 생활에서의 학습 경험의 가치와 타당성이 지적되었다. 지역사회 건강간호교육 과정의 내용선정 원칙은 간호교육 철학과 목적에 준거해야 한다고 강조 했으며 교육 내용 구성원칙은 1) 정상에서 비정상으로, 2) 간호진행 과정에 있어서의 각 단계, 3) 지역사회 자원이용, 4) 지역사회 간호원의 다변적인 역할, 5) 원리적용 능력위주 등에 둔다고 했다.

이상과 같은 원칙에서 선정되고 구성된 내용영역을 4단계, 즉 1) 간호 진행과정, 2) 문화적인 배경과 간호의 실제, 3) 건강관리 체도와 요구 및 4) 농촌과 도시사회에서의 다양한 실습 경험 등으로 구분했다. 간호 전문학교 과정에서는 3단계에서 교육과정이 끝날 수 있고, 대학 과정에서는 4단계까지 끝냄으로서 지역사회 간호원으로서의 법적자격 취득이 가능함을 시사했다.

논제 3

**지역사회 건강간호교육
과정의 운용방법**

연세대학교 간호대학
조 원 정 교수

가족 기능의 수준에 준하여 간호행위의 투입이 이루어져야 함을 강조 했으며 건강문제 해결

능력을 가족으로 하여금 가지도록 하는 가족간호사업의 목표가 제시되었고, 아울러 가족중심 간호행위를 습득시키는 지역사회 간호교육 목적이 지적되었다.

지역사회 건강간호 교육의 새로운 개념에 대한 이행보다 전통적 간호교육 과정에서의 보건학 과정 목적과 내용구성을 전제로한 교육과정 이행에 대한 모형이 제시되었다.

문제 4

지역사회 건강간호 학습 이론과 실습경험의 통합

전주예수병원간호전문학교장
염 재 정 교수

초등교육을 위한 교과서 개편, 중등교육의 평준화, 그리고 고등교육의 실험대학동 교육개혁의 움직임은 급변하는 사회요구에 대응하는 교육제도의 노력의 일면이라고 전제했다. 소기의 교육목적을 달성하기 위하여 다양한 교수법이 시도되었고 급기야는 교수혁명을 가져온 프로그램 학습이, 교육기공학, 전자교수기계등이 도입되었다. 따라서 간호교육의 양적팽창과 질적수준 유지 및 향상을 위해서 현 학습지도 체제가 합리적이고 타당성이 있는가를 검토해 볼 필요가 있다.

교육 연한과 이수학점과의 관계, 간호교육 과정의 비간호계 교육과정과의 비교, 이론과 실습 경험과의 비례, 내용의 면제, 중복성등 교육과정 계획에 대한 원칙적 검토가 이론과 실제학습 경험 통합에 선행된다고 지적되었다. 실습과 이론통합의 모형으로서 전주예수병원간호전문학교 지역사회 보건간호학 과정이 구체적으로 제시되었다. 본 과정은 총162시간(9학점)의 지역사회 보건간호학이론이 3년에 걸쳐 계속 있으며, 실습경험도 이론에 수반되어 3년에 걸쳐 통 300시간(3개월간)으로 이론과 함께 편성되어 있다.

농촌과 도시지역사회에서의 학습 경험 기회가 균등히 편제되어 있음이 시사되었다.

이상과 같이 각 논제가 발표된 후

3개의 그룹으로 각각 구성되어, 교육과정 운용 교육과정 내용 및 교육과정 통합의 과제를 가지고 토의가 있었다. 그룹토의를 위해서 위에 언급한 3개의 영역 작업과제에 대한 모형이 각각 준비되었다.

교육과정 운용에 대한 작업과제 준비는 메리놀 간호전문학교 교육과정 이행 모형이 제시되었고, 교육과정 내용모형은 본 「세미나」를 위해서 수집된 교육 내용을 근거로 해서 서울대학교 보건 대학원의 김화중 교수가 개발한 내용모형을 제시했으며, 이론과 실습통합 모형으로서는 전주 예수병원 간호전문학교가 준비한 가족계획과정 통합모형을 예시로 하고 이론학습과 실습 경험 중심으로 편제된 학습 계획표를 각각 제시했다.

「그룹」토의

교육과정 이행 모형을 과제로한 제1「그룹」의 토의방향은, 메리놀 지역사회 중심 건강지향의 교육 과정에 관련한 개념체계에 대한 이해를 위해서 모형준비측에 대한 질문 공세로 상당한 시간이 소모되었다. 새로운 모형의 교육과정에 대한 이해가 된 후 전체적 「그룹」분위기는 간호교육의 근본 지향과 간호전문직의 새로운 돌출구 모색과 관련되는 문제의 심각성을 깨닫고, 다음과 같은 제의를 했다. 지역사회 건강간호교육의 필요성을 다같이 인정함을 전제하고, 새로운 간호교육 모형을 실험하는데 있어 필요한 교육정책 마련과 새로운 개념확산을 위해서 간호교육기관의 기관장, 정책결정자 그리고 전간호교수를 대상으로한 단계적 「세미나」가 필요함으로 관계당국에서 이 실험을 위해서 노력하여 달라고 요망했다. 지역사회 건강간호교육에 관한 새로운 개념을 널리 보급할 수 있는 방안이 아울러 널리 보급되었다.

「그룹」2에서는 교육 과정 내용을 과제로 토의가 있었으며, 「그룹」구성원이 일반적으로 지역사회 건강간호학에 대한 전문지식이 부족한 교수들임을 밝히고, 내용 모형에 관한 지침 제시는 불가능함을 전원 동의했다. 그때신 작업과제로

서 준비되어 제시된 내용모형을 각학교 과정에 반영할 것을 동의했다. 지역사회 건강간호학에 포함되어야 할 내용영역을 선정구성하여 효과적 이행을 위해서 전교수진의 재교육의 필요성을 인정했으며, 세미나 주최측에 교수 훈련문제 해결에 협조해 줄 것을 요청했다.

「그룹」3은 이론과 실습의 통합모형을 중심으로 토의가 전개되었으며 제시된 통합모형을 이행에 옮기는데 있어서의 일반적인 문제로서 행정적, 재정적, 교수자원, 실습장으로 쓸 수 있는 지역사회 발전등이 구체적으로 논의 되었다. 지역사회 건강간호사업의 실습경험을 보다 성공적이고 만족스러운 것으로 하기 위하여 거점병원과의 의료체계확립이 선행되어야 함을 지적했으며, 아울러 노력해야 한다는 계의가 있었다. 교육 자료 부족을 극복하기 위한 방법으로는 지역적으로 재정 및 기술의 공동투자가 요망됨으로 이에 노력할 것을 체의했다.

「그룹」토의후 각 「그룹」에서의 토의보고후 전체토의가 「그룹」토의 결과를 보완하는 경향으로 진행되었으며, 「그룹」토의와 전체토의에서 제시된 건의사항을 요약하면 다음과 같다.

1. 지역사회중심의 건강간호지향 간호교육에 대한 새로운 개념을 동료교수들과 기관장 및 교육정책 결정자 대상에게 확산시키도록 노력한다.
방법 : 1) 각 학교단위 교수세미나를 통하여
2) 기관장 및 교육정책결정자 대상 「세미나」 개최
2. 교수개발을 위한 적극적 노력과 계획이 있어야 한다.
방법 : 1) 지역별 간호교수 대상 단기 교육과정 실시
2) 국립의학교육연수회에 간호교수교육계획 반영
3) 하기 또는 동기방학을 이용한 계절대학 형식으로 구체적 제목으로 실시 있는 교육요망
3. 지역사회 건강간호교육의 바람직한 학습경험을 포괄적 간호와 연결하기 위해서 거점병원을 이용할 수 있는 의료제도 확립
방법 : 사업과 교육의 상호 의존성을 반영할 수 있는 행정적 협조노력

4. 상설 지역사회 간호교육 자문기관설치 요망
방법 : 1) 가칭 간호교육협의회 구성
2) 상설기구 구성이 이루어 질때까지 보건대학원에서의 자문기관 기능요망
5. 지역사회 건강간호교육의 새로운 개념확산을 위해서 「매스컴」 이용을 강력히 건의한다.
방법 : 1) 세미나를 대대적으로 보도
2) 세미나 기회에 언론인을 초청
6. 교육자료 부족을 극복하기 위하여 기술적, 재정적 공동투자를 요망
방법 : 1) 지역적 단위로 각 학교가 조직되어 교육자료를 (시청자자료) 공동 개발 제작
2) 교육자료 개발능력이 있는 학교에 사전주문하여 저렴한 단가로 구입
3) 간호조사 연구방법에 관한 참고서 개발
7. 「세미나」 주최측에서의 건의는 한달후 본 「세미나」에 관한 추구조사에 응해 줄 것을 요망했으며, 보다 효과적인 「그룹토의」를 촉진하기 위해서 집단역학 및 세미나기술등을 교수 훈련 계획에 반영할 것을 건의했다.
제3일째는 지역사회 건강간호사업과 간호교육의 실제 학습경험기회가 제공되고 있는 소양면의 2개의 농촌지역 간호사업소 활동과 지역사회 건강시설에 대한 견학을 하여 지역사회 간호원과 학생들의 건강간호개념들을 직접 행동에 옮기고 있는 광경을 관찰했다.
이번 「세미나」를 한마디로 요약해 보면 시설환자 중심의 전통간호에서 벗어나 새로운 차원에서 의 간호상을 찾는 전문적 철학이 함축되어 있었다고 할 수 있으며 새로운 간호상을 구현하는데 첩경이라고 할 수 있는 건강소비자 중심의 지역사회 건강지향을 축점으로 내세운 간호교육의 혁신을 건강사업 전달체제와 관련하여 다루어진 의미심장한 모임이라 할 수 있겠다. 지역사회 건강지향의 개념체계가 간호철학의 바탕이 되어야 하는 간호전문직의 혁신을 위하여 본 「세미나」는 그 일단계적 파업수행에 발동이 된 것을 확신하면서 요약과 건의사항 채택을 마지막으로 이경식 「세미나」 의장의 폐회선언과 더불어 막을 내렸다.

Report of the Fourth Continuing Education Seminar
for Public Health Professions

Health Care Delivery and Education for Community Health Nursing

Held by: School of Public Health,
Seoul National University

Summary and Recommendation of Community Health Nursing Seminar on "Health Care Delivery and Education for Community Health Nursing."

The seminar on "Health Care Delivery and Education for Community Health Nursing" as one of the activities of the continuing education program of School of Public Health, Seoul National University was held at the Chunju Presbyterian Medical Center School of Nursing in Chunju during the period from April 2 to April 4, 1975.

Fifty-seven participants represented thirty-two schools of nursing at two levels in the country. All the schools of nursing (13 basic nursing programs at two levels college and diploma college) in Seoul were purposefully excluded from the participation as these schools neither showed interest in subject matter nor responded to the demand survey, which was conducted prior to the seminar.

The seminar was financially and technically supported by CMB, UNICEF and WHO.

The objectives of the seminar were as following:

- 1) To identify curriculum content for education for community health nursing.
- 2) To identify possible strategies for the implementation of the community health nursing-curriculum.
- 3) To develop guidelines for the integration of the theory and practice for community health nursing curriculum.

The overall objective of the seminar, from which the above three specific objectives were derived, was to depart from the traditional model of institutionalized patient-centered, pathology-oriented nursing education to a new model of community health

nursing curriculum with reference to health care delivery based on health needs of the community by introducing various new concepts of health and health care and presenting some new curriculum models.

The scope of this seminar ranged from the rationale the community-centered health-oriented nursing education and its conceptual framework built on a philosophical basis to the presentation of a possible model for the integration of theory and practice of new curriculum. In view of the educational perspective in relation to health care delivery system and search for a new dimension of a nursing model, it was felt that this seminar made a significant contribution to the introduction of professional innovation in nursing.

The opening of the seminar, presided by Mrs. Kim, H.J., took place at Chunju on April 2, with Dean H.J. Park delivering the opening address. In his address, Dean Park stressed the following point ".....contemporary health service gradually moves away its focus from the hospital-based patient-centered medical care which we observed in the past to the direction of the improvement of health of the total community population.....". The governor of the Chunbuk province Mr. I.S.Hwang, Director general of Chunbuk provincial board of education, Mr. Sul, I.S., mayor of Chunju City, Mr. Chun, B.W., and Director Emeritus of Chunju Presbyterian Medical Center School of Nursing, Ms. Keller, J.T. all delivered welcome addresses to encouraging all participants to achieve the objectives of this seminar, which were believed to be a significant step toward educational innovation in nursing and health care.

The main theme of the seminar was "new concepts of health care delivery and teaching of community health nursing". One of reasons for this particular theme was to reflect the new dimension of health care concepts and educational preparation. The keynote speaker, Dr. K.S. Lee presented the main theme focusing on the rationale and conceptual

framework of community health nursing dealt with in the last expert committee meeting on community health nursing which she attended in Geneva in July-August 1974. in her capacity as a member of that committee. A paper on "An experience in curriculum development" was presented by P.A. Conroy centered around the actual experiences in her own curriculum model which is now in the experimental stage. The uniqueness of this curriculum model is the community-based health-oriented nursing curriculum.

The second presentation on "Curriculum Contents of Community Health Nursing in Basic Nursing Education Program" was made by Mrs. S.J. Rhee, stressing the important relationship between instructional objectives and selection and organization of curriculum contents.

The third presentation was made by Mrs. W.J. Cho, on "Curriculum Implementation of Community Health Nursing in Basic Nursing Education program". An implementation model for public health nursing curriculum in the traditional nursing curriculum was introduced.

The last presentation dealt with the integration of community health nursing theory and practice in basic nursing education by Mrs. J.J. Um, the integration model presented was an attempt at a partial curriculum innovation to introduce and implement community health nursing concepts in the traditional three years basic nursing program.

A special speech on "The community health nursing in the year 2000" was presented by Ms. B. Hauglund, WHO Nurse Educator at the dinner. In her speech, the need for the future oriented approach or futurism in nursing education was stressed in order to overcome possible future shocks which might be created as the by-products of advancement of technology and human society. The following are summaries of the key-note speech and four presentations:

Key note speech:

New Concepts of Health Care Delivery and Teaching of Community Health Nursing

Dr. K. S. Lee, Associate Professor of P.H.N.
School of Public Health, Seoul National University Seoul

The conceptual basis for community health services is related to new concepts of health care as the fundamental human right. It should be stressed that the needs for the readjustment of educational orien-

tation in health professions and reorganization of health care delivery system as a human value are reviewed in multidimensional perspectives. Thus, the provision of comprehensive health services is essential, as it is an important means of protecting the health right of the total population in communities.

Determinants of the community health may be the health status of people in the community disease patterns, health condition expected by the people, and/or may be socio-cultural, economic or environmental forces. Basic concepts in human health, community health, family health nursing and other community health related areas were introduced in the full text. With the conceptual framework presented above as a background, a conceptual model of reversed triangle can be considered as the real picture of the present system of nursing education and health care delivery in our community.

In contrast to the reality model, a stabilized triangle of a conceptual model can be seen as an ideal system for the education and service. The consistency is found between health service and manpower development in this model, as this consistency is the basic concept of this model. In other words, an one of the solutions to multidimensional problems of present health care or to overcoming the health problems the conceptual model of the reality is proposed to reverse its position to make it identical to the ideal care education model. In this end, the expert committee on community health nursing of WHO, Geneva proposed change in the following three areas:

- 1) Changes in conceptual framework
- 2) Changes in nursing education
- 3) Changes in nursing services

It should be stressed that now is the time (or if not too late) for us to give some serious thought to the primary function of nursing profession in relation to the protection of the consumers of nursing care. It is now that we should take a critical look at the educational preparation for nurses whether it meets the social demands. Do we have to insist on the nursing tradition which has been focused on institutionalized patient-centered care? Should we not move away from that tradition and search and create a new tradition of meeting the health needs of total population in the community?

Topic 1: An Experience in Curriculum Development

Dr. P.A. Conroy, Director
Maryknoll School of Nursing, Pusan

Dr. Conroy presented her paper with the premise that the nursing profession has been growing in the

process of increasing its awareness of human interdependency in the world society and that the changing role of the nurse should be reexamined to meet the need of the society. Whatever the change may be, the change itself would be a threat to the traditionally oriented groups or individuals, even though there are those, who are convinced of the necessity of change and already have become a part of the change process. Therefore, in planning any changes anticipatory emotional preparation is needed to face the risk of failure. Dr. Conroy illustrated an experience of curriculum development at the Maryknoll School of Nursing which was built on a health-oriented and community-centered innovative curriculum in contrast to the patient-oriented at the hospital base in the past. The conceptual framework of the experiential curriculum of Maryknoll School of Nursing is Brotherly Love, Service, Health, Man, Environment and Nursing which is that process of assisting man toward the level of health possible for him as he develops throughout the life cycle from birth to death within the environment. The above mentioned philosophy of naturalism and religious belief is the core conceptual framework of total curriculum.

The educational objective is to prepare beginning professional nursing practitioners who are able to adapt their nursing knowledge and skills to meet the health needs of individuals and families in the home and community environment.

The objectives are integrated in all of the courses which make up the general education, supportive science and professional components of the curriculum. The professional courses offered in the first and second year of the curriculum are dealing with theory and practice in health services in the community, health survey to understand health problems and various approaches to meet the health needs and application of the nursing process in assisting individuals and families in the community. The third year covers knowledge and skills necessary to care for patients in the hospital settings in addition to continuing the ambulatory health care. The problems faced during the two years implementation period includes (1) faculty preparation (2) lack of role model for the students' training (3) curriculum itself and (4) finance.

Topic 2: Curriculum Contents of Community Health Nursing in Basic Nursing Education Program

Mrs. S.J. Rhee, Assistant Professor
of Public Health Nursing,
School of Public Health, SNU

The contents of this topic are summarized as

follows.

This is the age of interaction between environment and the individual. The community people are demanding more health rights than ever before. The concepts of health care delivery are also changed. The disease-dentered teaching education, which has been taught for several decades, has to revise its philosophical scope toward community-oriented teaching to the nursing students. The extended meaning of public health nursing practices nowadays is understood as, "nurses are nursing the community", not as "nurses are nursing in the community". This means the nurses are responsible to the total population of community as a whole to take care of their health needs regardless of which level of care is needed. In our society, already public health nursing is recognized as a clinical specialty in the Medical Services Law of August 1973. But the preparation of nurses in the basic nursing programs is not fully supporting this recognized specialty area of community health nursing practice, because the curriculum of basic nursing education programs has not been changed to meet this requirement. The speaker discussed the design of a new conceptual model of curriculum of community health nursing in basic nursing education programs.

1. Theoretical frame work

Nursing is concerned with three types of client system; the individual, family or groups, and the community. The nursing activities are placed upon the educational aspects of health care and the perspectives of a preventive intervention system as follows:

- a. the primary care nursing interventions used to help well individuals to maintain health as well as supporting knowledge for these interventions.
- b. secondary care nursing interventions used to help sick individuals to restore & recover from ill health as well as supporting knowledge for these interventions.
- c. the tertiary care nursing interventions used to direct toward helping an individual and families to adapt to knowledge and skills necessary to rehabilitate a patient.

2. Objectives and goals

The final goal of nursing education in the four year nursing programs is set to produce nurses who are able to work in the community upon graduation, because the Medical Law recognizes these graduates as community health nurses.

In this case, the total curriculum of basic nursing schools should build it's foundation within a community-oriented frame work.

3. Curriculum structure

The major structural elements of curriculum are six core areas of content, processes and skills; (1) human developments, (2) interpersonal-interactional skills; (3) nursing process and skills in giving care

to patient; (4) social, cultural and health care system; (5) research and scholarship skills and (6) nursing specialization.

Five principles guide core content organization. Curriculum contents

The content of curriculum can be divided into four strata and arranged by sequence.

Stratum I:

Three areas of core, contents because each one is basic to beginning nursing:

- a. tow courses in human development.
- b. interpersonal-interactional skills consisting of communication in helping relationships and psychosocial care of individuals with adaptive and maladaptive behaviors.
- c. nursing process I & II.

Stratum II:

The major emphais on the core area of social, cultural, and health care systems.

The subjects can be care systems analysis, family-centered maternal and child health nursing in the community maximizing health in the community and nursing care of ill adults and children.

Stratum III:

Continue care systems analysis; the course in family-centered maternal and child nursing in the community focuses upon the normal family through pregnancy, child birth, child rearing and aged.

The core area of research and scholarship skills, continuing maximizing health in the community and leadership.

Stratum IV:

Provide intensive experience in a selected clinical situation in urban and rural settings for beginning nursing specialization. Each stratum implies the equivalent of one year study of nursing in basic nursing education, therefore, the graduates of four year programs can get a certificate of community health nursing specialty but the three year diploma graduates need to supplement with one more year of further study if they want to get a certificate for community health nursing specialty.

Topic 3: Curriculum Implementation of Community Health Nursing

Mrs. Won Jung Cho, Assistant Professor of Nursing, College of Nusring, Yonsei Univ.

The speaker mentioned that the field practice area should be emphasized for the implementation of community health nursing curriculum, because the field practice is the final learning experience.

Also Mrs. Cho stressed that the entry of nursing services to the family differs according to the levels

and functioning of the family.

At the discussion she included ways and means of reaching the goals of family health services by strengthening capabilities of the families to solve their health problems by themselves and to attain the objectives of field practice by means of family-centered approaches. This presentation was the model of curriculum implementation based on objectives and content structure of community health nursing.

Topic 4: Integration of Community Health Nursing Theory and Practice in Basic Nursing Education Program

Mrs. Joe Jung Um, Director Chunju Presb. Med. Center, School of Nursing

The movement of educational innovation such as curriculum revision for the primary education, standardization of secondary education and an experimental college at the higher education level are the efforts of educational systems to respond to the need of a rapidly changing society.

Various methods teaching were tested to reach the intended objectives of education. The patest teaching revolutions were brought about by programmed instruction, development of educational technology and electronic teaching aids etc. In nursing education, we have to review and examine the present system of teaching and test out its rationale and validity for improvement and maintainance of quality of quantity. Before discussing the integration of theory and practice of nursing education we have to examine the principles of curriculum planning such as comparison between total credits and required years for education, arrangement between nursing professional courses and non nursing supportive subjects, proportion between hours for theory and field practice, sequencing of [contents, overlap of contents subject matter etc.

As a model of integration of theory and practice of community health nursing in the basic nursing education programs the curriculum of Chunju Presbyterian Medical Center, School of Nursing was presented.

In this curriculum, a total of 162 hours (9credits) theory and 300 hours (3 month period) of field practice is included for community health nursing continuing from the first year through third year with the opportunities for field experience at the urban and rural settings are evenly distributed.

Following the presentation of topics the participants divided into three groups for group discussion.

The group discussion topics were contents of

curriculum, implementation of curriculum and the integration of theory and practice.

Three working papers were available to guide the group discussions: a paper of a model curriculum implementation was prepared by the Maryknoll School of Nursing, Pusan; 2) Mrs. Hwa Joong Kim had developed a model of curriculum contents from the questionnaires surveying curriculum contents of schools of nursing for this workshop and 3) the School of nursing, Chunju presbyterian Medical Center had prepared a model of curriculum integration of family planning subjects and a curriculum theory with tables showing integrated practices of this school.

Special Dinner Speech:

Community Health Nursing in the Year 2000

Miss B. Hauglund
WHO Nurse Educator

Some forces, factors, problems and trends influencing the development of community health nursing.

The purpose of the speech is stated as one of stimulating thinking and action about community health nursing in the future. The nursing profession is urged to develop "future-consciousness". Some factors, forces, problems and trends are reviewed in relation to the following areas: Consumers and the community; role and status of the women; role of the nursing profession and the medical profession; and the health care delivery system.

In paying tribute to the impressive socio-economic developments in Korea during the past 20 years it is stated that the health care delivery system has not developed correspondingly, and the health needs of the population are not being met adequately. In relation to the consumers data given on trends in population increase, life expectancy, population density and per capita income as well as the changing characteristics of the consumers in terms of their rights to health care, their increasing power, and the breakdown in cultural values and customs all point to emergent new health needs and demands.

In referring to the role and status of women in Korea the anticipated role changes in the home and the community are expected to affect health needs and demands. The quest for equality should be seen as a desire for full recognition and not a drive for power for the sake of power. The very problems of nursing in Korea, as in many other countries, are said to be symptoms of oppression of women and of the nursing profession by the men and the medi-

cal profession. It appears that as the nurses attempt to assume an independent practitioner role in the health care delivery system for the benefit of the consumers, the medical doctors respond with new efforts to gain further power. For nursing to contribute more significantly, in the face of these realities, it is considered necessary that the nursing profession:

1. Strengthens its professional power base through its organized professional bodies in order to exert influence in decision making, power being an important factor in the change process;
2. Strengthens its senior nursing leadership in both service and education;
3. Continues its efforts to develop a scientific base for nursing practice, in particular paying due emphasis to community health nursing practice.

The health care delivery system will be greatly influenced in the future by the foregoing. The present "closed system" does not offer adequate health care with its characteristics of fragmentation of care; emphasis on curative care and hospitals; maldistribution of staff; its reliance on coverage eventually with medical doctors or medical assistants in all rural areas; limited government budget to the health sector; projected demands for highly qualified professional health personnel and rising costs of health care.

Some encouraging features appear today which may be promising trends for tomorrow and may be around year 2000: Health planning in its early phase in Korea; dynamic community health oriented basic nursing education programmes in selected institutions; and the use of lay persons such as village women for health supervision in the villages in selected community health projects.

Some thoughts on the possible developments of community health and community health nursing are:

1. Health care delivery may be viewed as an industry, the health industry, using management principles as any large organization on the open market producing an "open system" rather than the traditional "closed system". Such system would be oriented toward social development and economic efficiency.
2. Realization that many decisions related to health needs do not require highly specialized, technical, medical knowledge but rather a knowledge of community needs and resources. Nursing auxiliaries and lay health workers may play an important role together with the consumers themselves.
3. Attitude shift in both the medical doctors and nurses in terms of their roles and relationships in the health care system could open the way for role definitions ensuring an expanded role for the nurse as an independent practitioner, eventually even with private practice.

4. Integration of health care delivery system and health manpower development. Planning, implementation and evaluation of both service and education, if done jointly could produce a system meeting the health needs of the whole population. A joint commission for medical doctors and nurses to determine practice and education, seemingly wishful thinking in 1975, could become a reality with the nursing profession having their own power base.
5. Nursing research in both practice and education will contribute to development of community health nursing service in tune with changes and developments in the needs and demands of the consumers and the community as well as the Nation.

Reflecting over what community health nursing may be like in the year 2000 is problematic with the accelerating changes world wide, but stimulating for thought and action of all nurses. To become informed, concerned and perceptive in preparation for an expanded role in community health nursing in the future is our mandate.

Group discussions:

The group I discussed the model of implementation of curriculum, using first working paper. The group spent a certain period of time asking questions for better understanding of concepts of health-oriented and community-centered curriculum of the Maryknoll School of Nursing.

The group moved their discussions after they seemed to understand the new model of curriculum implementation, toward discussion of the necessity of community-oriented nursing education and of finding new ways of working of nursing professionals in the community.

As a result of discussion, the group recommended a seminar be held by MOHSA for the policy makers and directors of the nursing education institutions and for the other faculty members to diffuse ideas of new concepts of nursing curriculum.

Group II. discussed with the topic of curriculum content, using second working paper as background material. The group members felt themselves lacking professional knowledge and skills in teaching community health nursing either because they have a short experience in teaching or no special preparation in public health or community health nursing. Therefore, they agreed that it would be impossible to develop a new model of curriculum development within the group but they would reflect and adapt the model of curriculum contents presented in the working paper to their own schools of nursing upon return.

Also the group requested an opportunity for inservice education at national level for all faculty

members of the schools of nursing for effective selection of contents and development of course outlines for teaching in community health nursing.

Group III focussed their discussion on problems in implementing the model of integration of theory and practice of community health nursing teaching.

The discussion touched upon details of information in general administrative support, financial constraints utilization of faculty resources, and finding proper community setting for field practice areas. The group members pointed out that the school of nursing should establish a referral system with the base hospital at the community level to facilitate and provide satisfactory and successful learning experiences of field practice in community health nursing. As a collaborative approach to surmount shortage of educational materials and tools, joint investment in terms of financial and technical aspects are proposed between schools of nursing. After group discussion, each group presented the summary of their discussions at the general session.

On the third day, the seminar group visited two model village programs of community health services Chunju Presbyterian Medical Center, to observe activities of nurses and learning experiences of student nurses in the rural setting.

Recommendations:

1. New concepts in health care and community health nursing approach in relation to nursing education should be difused to all faculties concerned and all those who are in the positions of educational policy making level for nursing in Korea.

Method: 1) through the faculty seminar at each school unit

- 2) through a seminar on the same subject area to educational policy makers and all nursing faculties

The School of Public Health was requested to conduct another seminar for item 2.

2. Attempts should be made to plan and implement nursing staff development program at the national level to prepare all nursing faculties for the accommodation of the health and community orientation in their nursing education program.

Method: 1) short-term educational program at the regional level

- 2) an educational proposal to NTTC for the Provision of teacher training (in service) in nursing at National Teacher Training Center.
- 3) initiation of summer or winter school courses directed toward developing and improving specific subject areas such as nursing research methodology.

3. Establishment of referral system between com-

munity nursing area and base hospital to facilitate and provide satisfying learning experiences in relation to comprehensive health nursing care reflecting an interdependent relationship between education and service.

Method: Administrative collaboration between institutions for nursing education, and health and medical facilities.

4. Organization of advisory services on nursing education such as following:

Method: 1) Establishment of a "Council of Nursing Education" or an "Association of Nursing Schools and Colleges".

2) School of Public Health to offers advisory or consultation service until such aforementioned organization is established.

5. Utilization of mass communication system for the diffusion of concepts and approaches of community health nursing education to the public as well as health professionals.

Method: 1) publicity related to community health nursing seminars before and after their conduct.

2) Journalists to be invited to the future seminars, workshops or similar occasions, where health-oriented community nursing is discussed.

6. Collaborative effort be made to develop and produce educational materials and tools necessary for the implementation of educational programs in terms of technical and financial investment.

Method: 1) Collaborative development and production of educational material and tools (A. V. aids) at regional units organized by all nursing schools in selected regions.

2) Utilization of available resources from

selected schools by ordering and purchasing the objects at lower unit cost (mass production).

3) Reference books on nursing research methodology-translation or writing up originals.

7. All participants to cooperate by responding to the seminar follow-up study when receiving the questionnaire one month after conduct of the seminar, as requested by the seminar director.

It is believed the seminar made a significant contribution to redirecting the basic orientation of the nursing profession. The conceptual frameworks for community health nursing and its education were presented especially with reference to new concepts in health and health care delivery and nursing education. All participants recognized the need for a fundamental change in traditional nursing orientation, that is, from pathology or institutionalized patient-centered to community centered-health orientation.

professional philosophy was implied in search of a new nursing model in community health throughout the seminar session. The seminar was thought to stimulate and facilitate the participant's thought process in terms of educational innovation in nursing by focusing on the consumer-centered community health nursing and its relation to the health care delivery system.

Evaluation of the seminar by participants seemed to indicate that the seminar has not only reached its stated objectives but also served as an igniter to the innovation of professional nursing, which has a community and health-oriented conceptual framework, upon which the philosophy of nursing profession must be based.

