

Basic Nursing Education, Present and Future

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I. Introduction

Today health is considered more than a basic human right; it has become a matter of public concern, national priority, and political action. The public wants an accountability for the quality of care they are receiving.¹⁾ As cultural and societal problems change in different places in the world and through the time, so the nursing profession and education are expected to change in a parallel and responsive manner. No true profession remains static, but rather it changes according to sociocultural development, human needs, crisis situations and opportunistic challenges.

During the past decade, there have been several noteworthy changes occurring in the nursing profession in Korea. Some new directions and creative patterns of nursing education which are challenging educators, teachers and students to think anew, or to modify past educational perceptions and practices. Many of these changes are related to varieties of factors, such as socio-economic development and change in health value of the people. Social development must be based on the welfare of the individual which makes up the society. Each of us in our professional fields is dedicated to a particular segment of human and social development, and must work together in a spirit of cooperation if we are to reach our common goal. When we talk about social development we are talking about a simultaneous process which is moving toward the improvement of all areas of human life. We are concerned with the movement from less human condition to those which are more human. Without human life, social development has no meaning. Without a health and growing population, economic advance and international prestige has meaning to only a small percentage of privileged citizens. Human life must be lived in dignity and freedom if the individual is to grow to full maturity and experience worth in his life. Assurance of the most basic needs to each individual within a society is the most firm foundation for social devel-

1) M. Leininger: Changing Foci in Nursing Education: Primary and Transcultural Nursing Care. International Council of Nurses, 16th Quadrenial Congress, Tokyo, Japan. 1977

2) Patricia Conroy: Social Changes and Nursing Perspective. The Korean Nurse, Vol. 13, No. 2, pp. 40~43, 1974

※본 논문의 요지는 1978년 10월 24일 일본국제 간호교류협회 제 4회 간부간호원 국제연구회에서 발표하였음.

opment.²⁾ The basic needs of mankind remain the same, however mankind expresses itself through the social, economic, political and the philosophical aspects of its society.

The attempt to define nursing and nurse's role is not new. Nightingale, over a hundred years ago, stated the scope of comprehensive nursing as "health nursing and sick nursing",³⁾ Johnson and Martin analysed the nurse's role with sociological point of view,⁴⁾ and unique function of nurses was formulated by Henderson.⁵⁾

I.C.N. (1973) stated that the fundamental responsibilities of the nurse are fourfold: 1) to promote health, 2) to prevent illness, 3) to restore health, and 4) to alleviate suffering.⁶⁾

Nursing conceptualizations, theories and definitions are becoming more explicit and are being debated in academic programs. Leininger strongly holds that the single most dominant intellectual and practical essence of nursing is caring. It's the caring behaviours, caring processes, caring styles and caring consequences which make nursing a unique and highly significant professional discipline. Now, we all believe caring is even more important than curing because curing cannot occur without caring.⁷⁾ However, nursing education must be focused primarily on the nature of nursing, social demands, and its philosophical believes.

II. Brief Historical Background of Nursing Education

A. Basic Nursing Education

1. Nurses and Midwives Training School before 1945

The first nurses training school, pogunyokwan, was established in 1903 by Miss Edmunds, an American missionary. The length of training was 6 years in the beginning, but it was gradually shortened to 3 years. The second nursing school was opened by Miss E. Shields at Severance Hospital in 1906. Another type of nursing was delivered to Korea in 1910 with the political power, and training period was shortened to 6 months to fill the demand of hospital based nurse manpower. In 1908 the first legal control over nurses and midwives was implemented. The government nurses training school was commenced in 1907, and the first nurse and midwife legislation was established in 1914. It was the first legislation set up for women's social activity within the social system in Korea.

In 1924, 8 Missionary Nursing Schools and 17 public Hospital Nursing Schools were officially approved.

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- 3) Lucy R. Seymer: Selected Writings of Florence Nightingale. The Manilla Company, New York, 1954 p.396
 - 4) M.M. Johnson & H.W. Martin: A Sociological analysis of the Nurses Role, The American Journal of Nursing, Vol. 18, No. 3, pp.373~377, 1958
 - 5) V. Henderson: Basic Principles of Nursing Care. International Council of Nurses, Geneva, p.51, 1970
 - 6) I.C.N. Council of National Representatives in Mexico City in May 1973
 - 7) M.Leininger: Caring the Essence and Central Focus of Nursing American Nurse's Foundation, Vol. 12, No. 1 p.2~14, Feb. 1977

2. Nursing High School and Nursing Technical High School (3 years)

In 1945, with the liberation of the country, the Nursing Bureau of Ministry of Health and Welfare was set up to work toward the unification of nursing education. The Educational Law promulgated in 1948, providing a legal base for the nursing education and practice and the basic nursing education of different levels was stabilized at high school level. 18 schools were officially accredited to open the courses. In addition, midwifery was included in the basic nursing curriculum, so that the graduates were authorized to practice at the completion of three years of nursing education as nurses and midwives after the licensure.

With the amendment of the Education Law in 1953, the Nursing High School was renamed as Nursing Technical High School.*

3. Nursing School (3 years)

The status of the Nursing Technical High School was gradually elevated to junior college level of three year course and renamed it as Nursing School. It has been actualized in 1962 in accordance with the social development and the aims of education of each school.

4. Professional Nursing School (3 years)

In 1970, the government newly established the Law for Professional School System. The length of the course and the entrance requirements were equal to that of Nursing School. And the opportunity to study higher level was granted legally but practically only a few students were able to pass through the qualifying examination for university entrance. At present, there are 38 professional nursing schools throughout the country. From 1979, the Professional Nursing School will be remodeled as Professional Nursing College in accordance with the new legislation and applicants must go through the preliminary university entrance examination.

5. Baccalaureate Course

The first four year bachelor's degree (B.S.N) course was established at Ewha Woman's University in 1950, followed by Yunsei University in 1957. However, due to the Korean War, the Ewha course did not enrol students until 1955. At present there are 14 baccalaureate courses throughout the country. (Table 1)

6. Licensure

In 1962, the first National Licence Qualification Examination for regular nursing school graduates only, was put in operation under the amended Medical Law. For midwifery licence, one year additional training in the field is required.

B. Continuing Education

1. Graduate School (Master's and Doctorate Degree)

The first graduate course was established at Ewha Woman's University in 1960: at

* In 1963 the Ministry of Education revised the system of Nursing Technical High School according to the special situations of certain rural areas, but it was abolished completely in 1973.

Table 1. Types and Number of Programs

Programs Year	Baccalaureate Program		Professional Nursing School		Nursing School		Nursing Technical High School		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
1970	9	(13.6)	2	(4.3)	24	(52.2)	11	(23.9)	46	(100.0)
1971	9	(17.0)	2	(4.3)	25	(55.3)	11	(23.4)	47	(100.0)
1973	12	(24.0)	26	(52.0)	11	(22.0)	1	(2.1)	50	(100.0)
1974	14	(26.9)	32	(61.6)	6	(11.5)	0		52	(100.0)
1975	14	(26.9)	34	(65.4)	4	(7.7)	0		52	(100.0)
1976	14	(26.9)	35	(67.3)	3	(5.8)	0		52	(100.0)
1977	14	(26.9)	38	(73.1)			0		52	(100.0)

Source: The Korean Nurse, Vol. 16, No.1, p. 52

present 9 graduate schools have master's program in nursing, Graduate School of Public Health, Seoul National University and Yonsei University granting nurses Master of Public Health.

2. Certificate Course in the Graduate School Programs

The Seoul National University provides 1 year course for certificate of Public Health Nursing.

3. Post Basic Course

Qualifications in specialized fields of nursing authorized by the Minister of Health and Social Affairs under the Medical Law are as follows:

- 1) Public Health nurse 1) graduates of Baccalaureate course 2) 3 year nursing school and additional 1 year or more of post basic course in public health.
- 2) Anesthesia nurse-Basic Nursing education (both of the program) and 1 year or more of post basic course in anesthesia nursing field; or qualification granted overseas.
- 3) Psychiatric nurse-Basic nursing education and 1 year or more of post basic course in psychiatric nursing, or qualification granted overseas.
- 4) Midwifery-Basic nursing education and 1 year midwifery course, or licensed overseas. (Figure 1. System of Nursing Education in Korea)

4. Fractional programs are provided on the national level by the National Institute for Health in order to give in-service training for community health nurses, nurse administrators, and multi-purpose health workers.

(III. Basic Nursing Education at Present

A national survey on nursing education was undertaken by Hong and others in 1968 to investigate the facts and existing problems which might hinder the development of nursing education and nursing service.⁸⁾ The proposal has been strongly supported by

8) S.Y. Hong, K.H. Lee and Y.B. Lee: Research Report on Reform of Nursing Education in Korea, Ministry of Education, 1969

Figure 1. System of Nursing Education in Korea

	Type & Length of Education Type & Body of qualification	General Edu.	Professional Education							
			General Edu.				Professional Education			
			1	2	3	4	1	2		
Basic Nur. Edu.	Nurse (Min. of Health & Social Affairs)	Middle School	High School	Bacc. Program				Graduate course		
			High School	Prof. Nur. College						
Past or/and intra-basic programs for Nurse-specialist (specialized program beside basic nursing education)	Nurse-Midwife (Min. of Health & Social Affairs)	Middle School	High School	Bacc. Program				Midw. course		
	Public-Health Nurse (Min. of Health & Social Affairs)		High School	Prof. Nur. College				Midw. course		
			High School	Bacc. Program						
	Psychiatric-Nurse (Min. of Health & Social Affairs)		High School	Prof. Nur. College				Psych. Nur. course		
			High School	Bacc. Program				Nur. anesth. course		
	Nurse-Anesthetist (Min. of Health & Social Affairs)		High School	Prof. Nur. College				Nur. anesth. course		
			High School	Bacc. Program						
School Health Nurse (Min. of Edu.)	High School	Prof. Nur. College (Pedagogy-14 credits required)								
Emergency Nur. & Health Education (Min. of Edu.)	High School	Bacc. Program (Pedagogy-14credits required)								
	Age		15	16	17	18	19	20	21	22

the policy makers and nursing researchers. The main problems to be solved were as follows:

- * The educational level was low. It has been solved since 1973 when the Technical High School system was abolished.
- * The Educational aims and objectives were not clearly stated in most schools.
- * The opportunities for advanced study was not provided for the graduates of three year program. Professional growth of the individual nurse should not be limited.
- * Lack of nursing scholars.

Teaching activity had to be modernized, and more training of faculty was needed.

- * Working conditions for graduate nurses were unattractive
- * Learning experiences of the students were inadequate.

A philosophy of education must be broad enough to encompass all career patterns in nursing, not only the professional leadership group being educated in the baccalaureate and graduate programs. It must include nursing in any setting and with all

persons in varying stages of illness and wellness.⁹⁾

A report of a survey undertaken by Korean Nurses Association from 1974 to 1976 to investigate general beliefs about nursing education reveals that nurses are expected to attain higher level thinking abilities.¹⁰⁾

Recently more researches have been carried out to conceptualize nursing and nursing education by leaders of the academic institutions and each school has established its own aims and objectives through workshops. As the role of nurse has been extended and enforced, existing aims and objectives must be reevaluated and reassured in the actual situation. In fact it is a continual process, as individual and group do not remain static. Such reflection will give depth, order and continuity to our thinking and planning and will permit a more effective integration of the elements which make up the curriculum. Although educational system has been stabilized in two levels, we are confronting a new problem that bachelor's degree nurse's and diploma nurse's functions can not be specified in various settings, and no regulation is applicable to this matter.

A. Professional Nursing College (3 years)

A study on the remodeling of short term higher educational system has been undertaken by the Council of Educational Policy set up by the Ministry of Education since 1971. Finally it was decided to reorganize nursing schools raising the standard to Professional Nursing College. The aim of education is based on teaching and research in professional knowledge and on skill trading to middle level professionals who are to the national and social development.

The new model curriculum of Professional Nursing College which will be enforced from 1979 is shown in Table 2.

Table 2. Model Curriculum of Professional Nursing College

Credit/hour	Liberal arts	Professional subject	Elective subject	Elective allied subjects	Total
Credit	24	51	34~36	10	120
Hour	29	83	63~80	10	185~192

* Elective courses provided:

- Clinical nursing area
- Community health nursing area
- School health nursing area

(14 credit pedagogy is required)

School health nurse certificate is granted by Minister of Education.¹¹⁾

9) Patricia, Conroy: op. cit. No. 2

10) Young Soo Ha and Yoon Bok Hahn: Report on Survey of Conceptualizing Nursing Education. Education Committee, Korean Nurses Association 1974~1976

11) Model Curriculum, Professional Nursing College, revised 1978, Ministry of Education, pp.151~156

B. Bachelor's Degree Program

The aim of education is to teach and to research profound scientific theories and to develop quality of leadership ability.

The curriculum planning is rather flexible. 30 percent of liberal arts of the total credits is compulsory, and both compulsory and optional subjects are included in the Professional subjects. The minimum credits required for graduation is 160, or 140 for an experimental curriculum. The school health nurse certificate is granted, but no additional credits pedagogy are required. (Table 3)

Table 3. Baccalaureate Program (5 schools in Seoul)

Division School	Liberal arts	Supportive science	Professional subject/elective	Optional	Total credit
Dept. of Nur. Cath. Med. Coll.	40	38	82		160
Dept. of Nur. Korea Univ.	35	23	60	22	140
Dept. of Nur. Seoul Nat. Univ.	27	35	78		140
School of Nur. Yonsei Univ.		45	78	17	140
School of Nur. Ewha Univ.	32	21	62~64	27	42

Source: Curriculum Development Committee Dept. of Nursing Korea University, 1978

IV. National Health Plan and Demand of Nurse Manpower quantitative and qualitative

With all the advances in modern medicine and the large input of personnel and finances invested in medical care, we still find only a small portion of Korean population is getting the benefit of these advances. The primary purpose of the health profession is to maintain and improve the health of the people. Yet our energies and finances continue to be absorbed in curing those whom we have failed to keep healthy.

Legally, nurses are still hampered by laws and pressures which permit them to work only under the supervision of physicians. As a result, the potential role of the nurse in health promotion and disease prevention has not been able to develop. With the advances in medical science technology, nursing personnel in hospital settings have become more and more occupied with the implementation of medical directions and the use of medical technology employed in connection with them. As a result the development of the body of knowledge on nursing technology has lagged behind that of medicine.¹²⁾

12) Parameters of Efficiency in Primary Care and the Role of Nursing in Primary Health Care: Report on Two Working Groups, Reykjavic, 14~18, July 1975 (Regional Office for Europe, World Health Organization, Copenhagen, 1976)

During the last decade modern nursing education has prepared the nurse to assume more responsibility but the organizational structure of Korean hospitals and the attitudes of some physicians and administrators tend to limit the role of the nurse to doctors' assistant and keeper of records and supplies.

**A. The Fourth Five Year Economic Development Plan (1977~1981)
as policies and goals of Health Care**

The government finalized its fourth five year economic development plan in April 1976. The main area of investment during this period will be the social development as well as the economic development. Social development will include health, education, human capital, housing, environmental protection and public safety. Each one of these areas cannot be accomplished without the coordination of one another. The health is considered as an essential part among those categories.

The Ministry of Health and Social Affairs set up following goals of achievement under the above national policies;

- 1) Improving health status of people
- 2) Even distribution of medical care
- 3) Reinforcement of Maternal and Child health services and control of communicable diseases
- 4) Preserving and improving living environment
- 5) Expanding medical insurance program

At present, reviewing the existing medical care system and developing new health care delivery system are under working stage with the strong participation of Economic Planning Board, Ministry of Health and Social Affairs and Korea Health Development Institute (KHDI). KHDI was established on April 16, 1976. The aim of the institute is to study comprehensive health care delivery system through conducting pilot project during the five year period to formulate a new health care delivery model which will be adapted for the nation wide coverage.

With the new health care plan, the educational preparation of nurses remains of much interest and concern to nurse leaders.

B. Condition of Admission relating to Nurse Manpower

Presently we are experiencing disproportion in nurse manpower demands and supplies. During the period of 1965~1975, mass nurse manpower was exported to foreign countries. In that critical situation, in 1968 Ministry of Health and Social Affairs began to provide nurse-aids, and nursing schools increased the student enrollment capacity in 1970. The situation has changed. Since 1975 there have a number of unemployed nurses.

The reasons are summarized as follows:

- 1) Opportunities for employment overseas unexpectedly decreased (West Germany, U.S.A) since 1975.

- 2) Nurse aids, instead of professional nurses have been employed at smaller hospitals and health sub centers.
- 3) Quite a number of primary and middle schools do not employ school health nurses.
- 4) Majority of industries employ unauthorized persons for health care of their employees.
- 5) More married nurses are extending their posts.
- 6) Socio-economic status of nurses relatively is low.

As the society is sensitively reacting in these matters, the number of applicants for enrollment in nursing schools is decreasing recently.

Decreasing the number of female students passing the preliminary entrance examination is another reason. Korean Nurses Association strongly recommends the Medical Law, the article concerning "the replacement of nurse position by nurse aid" must be amended and working condition reevaluated to maintain professional standard.

We are still experiencing a "public image gap" between what nursing says and does and what the public knows and believes. The social value orientation of the people is different from that of Western. Traditionally, patients are taken care of by relatives without charge. It may be the Confucius' influence not to touch others body. The estimated demand and supply of nurse manpower shows that we may experience shortage of nurses from 1979. (Table 4)

C. Incorporating the Community's Health Needs

KHDI proposed two models of health care delivery through a workshop in 1976.

• Tabel 4. Estimated Demand and Supply of Nurses

	'75	'76	'77	'78	'79	'80	'81	'90	(Unit-Person)
1. Demand	11,300	13,100	15,100	17,500	20,200	23,300	26,900	50,420	increase: 75~81 15.6% 81~90 7.23%
2. Supply	11,260	13,825	15,763	17,887	20,124	22,411	24,784	43,129	
No: Licensed	23,632	26,490	29,504	32,833	36,315	39,935	43,692	76,957	
: Dead	97	109	121	135	149	163	179	315	0.41% of the licensed
: Residing overseas	6,784	7,258	7,766	8,309	8,890	9,512	10,177	10,703	7% increase each year
: unemployed	5,491	5,298	5,854	6,502	7,152	7,849	8,552	14,747	20% of the licensed
: Military Service	655	655	655	655	655	655	655	655	
3. Plan									
: No. of Graduates	2,753	3,026	3,642	3,486	3,636	3,786	3,936	3,936	full capacity on National
: Newly licensed	2,316	2,955	3,123	3,450	3,617	3,769	3,920	3,936	Nurse License Exam: Success rate 90% estimated
4. Excess or shortage	40	725	663	387	76	889	2,116	7,201	

Source: National Health Plan. Ministry of Health and Social Affairs, 1976 pp.110~111

Model I with three types is based on existing administrative organization. This model will strengthen function of health sub centers. Model II with two other types is based on new pattern of health care system. Those two models will be tested and evaluated through operational research project during 1977~1981 by KHDL. Then the role of nurses will be analysed on the national level, provincial level and county level, and nursing curricula to prepare for extended role of nurses/nurse practitioners will be formulated. When nursing function is defined, it must be clearly stated and recognized by the public, so that nurses get ready for effective performance. We are very much interested in the new curriculum of the Professional Nursing College which will be enforced from 1979. Besides the compulsory subjects, students are to take elective subjects of one of the three fixed areas; clinical nursing, community health nursing, and school health nursing. As the effective utilization of middle level professionals was the primary purpose, the contents of the subjects and community resources for the practical experiences should be carefully selected.

The Korean Nurses Association proposed a nursing service plan in accordance with the comprehensive national health care delivery system, which is now under study.

The proposal is inclusive of the purpose of nursing administration, organization, patient's referral system, manpower demand, budget, training of personnel, work standard, and qualification of nurses.

D. Motivating the Nurses Accountability in Cooperation and Collaboration of Medical Team

As the sub-theme "Cooperation and collaboration of Medical team" was given, this will be concentrated mainly in the hospital nursing circumstances.

The social structure of the hospital is rather rigid and complicated. The attitude is autocratic, the atmosphere is distant, and written directives are its dominating characteristics. Very often the mature individuals like qualified nurses have difficulties in adjusting to an autocratic structure, the climate and the personnel working in it.

The recently advanced medical science makes nurse's role more complicated. A study on analysis of nursing function revealed that 80 percent of nurses working hour is used for assisting physician's treatment role.¹³⁾ Working together with the physician, the nurse has gradually assumed more responsibility in Korean society as in other countries. The doctor still is viewed by himself and others as the single power in the delivery of therapeutic care. In fact, treatment of illness has become so complex that it now requires a team of professionals to accomplish what the physician was once able to do alone. Majority of them are not willing to be aware that their effectiveness is influenced by his ability to recognize and cooperate with other health professionals on the team.

Considering those factors, I would like to quote a few suggestions in a practical way after my experience.

13) Yong Ja Bang & Heung Soon Kang: A Study on Analysis of Nursing Function and Improvement of Ward Management, The Journal of Nurses Academic Society, Vol. 1, No.1, p.111~132, 1970

I. Mutual Understanding

When mutual decisions have been made, both the medical and nursing groups should cooperate in carrying out their parts of the understanding. The elite-conscious attitude of the physician should be displayed in a democratic way with understanding and spirit of tolerance.

2. Understanding through Cooperative Planning

Joint meetings should be arranged to discuss common problems. Active participation of nurses and physicians in following committees, for instance, considered important.

1) Hospital committee

In establishing of management rules and regulations patient care aspect is always be considered as priority when nurse representative is present.

2) Planning committee

The patient-centered and nursing service-centered hospital planning is essential in giving quality care to the patients.

3) Physicians may be requested to participate in nursing procedure committee.

3. Through In-Service Education

1) Orientation program must be provided for newly employed physicians to introduce nursing procedures and hospital manual which require their cooperation.

2) Hospital ethics must be emphasized for both nurses and physicians.

3) Unique function of nurses be reenforced and recognized by others.

4. Through Interdisciplinary Conference und Face-to-face Communication

1) Head nurse, for instance, may attend physicians morning conference to report and to get necessary information regarding patients care.

2) Physician may also attend by request to join nurses conference or report to exchange correct information about newly admitted or operated patient; sometimes written orders only are not sufficient to perform nursing care.

Finally, but not the least, staffing of experienced, capable nurses who can firmly stand on her job with good moral, is the utmost importance.

V. Nursing Education in the Future

To accomplish nursing effectively in a variety of settings, nurses must be well prepared. Each nursing school should admit good applicants who are really fit to nursing. The screening of the applicants may have to be rationalized in the future. Aptitude tests are considered valid. Some schools in Korea have already employed the tests for screening.

The frustration occurring among the students of the Professional Nursing College is another serious problem. It could be eliminated by offering opportunities to be enrolled in the baccalaureate programs and systemize favorable career ladder.

Preparation of the faculty is also an important aspect of nursing education. As a teacher of nursing school, primarily she must be an efficient nurse and know what to

teach. She must be qualified with a background of good academic standard and valued experiences in her field. She should also have a sound foundation of philosophy in nursing and nursing education, understand the community situation, and be ready to respond to any social changes that influence the role of nursing professions.

Socio-economic status of nurses has to be raised. The public in general seem to be misunderstanding the meaning of Florence Nightingale's spirit. What she claimed was the restoration of human rights, not devoted services free of charge.

VI. Conclusion

The national health service demands qualitative and quantitative nurse manpower in the future. To be a capable nurse she must be well prepared to take the responsibility of extended and re-enforced role within the health team. The trend of nursing education is changing from illness-centered to community based health nursing. Our effort must be focused on providing a broad and sound foundation for the effective practice of nursing and a basis for advanced nursing education.

The curriculum development is a continual process because the contents of teaching is largely influenced by socio-cultural changes and health needs of the country. Although several schools began to use a adaptation frame-works to give student learning and faculty approaches to course and curricula work, a firmly believe that primary health care practitioners should be prepared through post-basic or graduate programs when it is supported legally in order to give them confidence in carrying out the given assignment. Professional nurses, as the largest health care providers in the coming years, have the challenge and tremendous potential to improve and maintain highly favourable health care of community

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—국문초록—

기초간호교육 —현재와 미래—

한 윤 복

(가톨릭대학 의학부 간호학과 교수)

오늘날 건강은 生存하는 人間이 지녀야 할 基本權利로 認定되고 있으며 國民의 복지향상이 없는 經濟發展은 國際社會에서도 希望을 얻지 못하는 時代에 이르렀다. 國民의 健康水準은 그 社會全體의 文明尺度를 의미하는 것이기 때문에 世界到處에서 人間의 복지향상과 人權擁護를 위해 여러가지 形態로 健康事業을 推進하고 있으며 健康管理을 遂行하는데 있어서 中樞的 역할을 擔當하는 看護員의 教育은 매우 重要하게 다루어지고 있다.

1903年, 외국 선교사에 의해 看護教育機關이 설립된 以後 社會 政治的 배경에 따라 教育制度上 많은 變化를 가져왔다. 大學科程은 1950年에 開設했으나 6.25동란으로 첫번 學士 看護員은 1959年에 배출되었으며 現在 14個 大學이 있어 大學院科程도 운영하고 있다. 3年制 看護教育은 看護教育 理念에 따라 1962年부터 초급대학 수준으로 昇格되었고 1970年에는 教育법령이 改正되면서 전문학 교로 改稱하게 되었으며 1979年 부터는 전문대학으로 개편하여 入學水準을 대학입학예비고사 합격 자로 수준을 높였다. 계속 교육제도에 있어서는 碩士 및 博士科程 이외에 여러가지 전문분야의 研究科程 및 실무 수련과정 이 마련되어 있다.

看護教育 理念定立과 制度의 改善을 위해 學界에서는 꾸준한 研究를 지속하여 政策樹立에 반영했다. 지금까지의 진료중심 의 看護에서 地域社會健康中心의 간호역할로의 전환기에 있음을 認識하여 바람직한 變化가 올 수 있도록 教育目標을 설정하는 일은 매우 重要하다고 본다. 전문기관에서는 量的, 質的 看護人力 需給計劃을 마련해야 할 것이며 看護員의 社會 經濟的 地位向上은 물론 看護員의 역할을 法的으로 規定하여 효율적인 人力 活을 위해 계속 研究하는 일은 매우 重要한 과제 라고 생각한다.

앞으로의 看護教育은 첫째, 현재 看護員의 社會 經濟的 地位를 向上하고 둘째, 적성에 맞는 學生을 選拔하고 셋째, 有能한 교수를 確保하는 일이라고 본다.