

· 사회변천과  
간호를 결정  
하는 요소 ·

*Social Change  
and Nursing  
Perspective*

간호학적  
견지에서

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In our presentations and discussions today we have been thinking much about Social Development and the related Public Health factors. This is a timely and important topic, one which concerns all of us involved in the social welfare and health fields.

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 conditions to those which are more human. We in the health professions are involved at the most basic level of human life. We are involved with the individual, the family, the community, seeking to support and maintain life from its very beginning until its final moments. Without human life social development has no meaning. Without a healthy, growing developing 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 to experience meaning and worth in his life. Assurance of the most basic needs to each individual within a society is the most firm foundation for social development. Social development is at its highest point when the majority of citizens are able to meet their basic needs for healthy living, and are both able and willing to cooperate with their fellow citizens to work for the welfare of their fellow citizens.

Social development then must be based on the welfare of the individuals which make up the society. The role of the leaders in society is to fight against discrimination, inequality and favoritism which hinders the development of individuals and groups within that 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.

As the representative of the nursing profession on this panel, my focus is on the basic needs which affect the quality of life of the members of Korean society.

Each individual, family and community within Korean society must have access to the benefits of development going on in this country today. From the standpoint of health, they must have the material, educational and medical means to maintain health and to secure health care when they are in need of it. Health maintenance for the individual is greatly influenced by what he eats, his working and living conditions, the environmental hazards to which he is exposed, the physical and psychological stress which is part of his life. When a man's basic needs are not met, he is subject to illness or injury which require him to seek medical assistance.

Nursing as a profession has traditionally been:

closely allied to the medical profession. In the past three decades both the educational preparation and the social role of the nurse have undergone major changes. Nursing will continue to hold an important role in assisting ill persons to regain their health. Working together with the physician, the nurse has gradually assumed more responsibility. In Korean society as in other countries, the nurse considers her service to be to the individual who is being helped, and indirectly to the doctor who is helping, and who is leader of the health team. This still seems to be a problem in Korea, where the doctor 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. In the therapeutic situation the physician remains the chief of the team, but his effectiveness is influenced by his ability to recognize and cooperate with other health professionals on the team. Modern nursing education has prepared the nurse to assume more responsibility but the organizational structure of the Korean hospital and the attitudes of some physicians and administrators tend to limit the role of the nurse to doctor's assistant and keeper of the records and supplies:

With all of 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 the Korean population is able to benefit by these advances. The primary purpose of the health professions 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. If we were business men we would look upon illness in society as profit for our business. But we are not out to profit from illness, we are *health* professionals dedicated to

improving the health status of the people. The index of our success is a decrease in the incidence of disease and the numbers of persons in need of extensive therapeutic care. It is reasonable to expect then that our efforts would be spent in promoting health, preventing illness, and assisting persons who are ill to regain their health as soon as possible. In this way we can best contribute to social development in Korea.

It is in this area in which I see nursing assuming a new leadership role. In the past ten years there has been a tremendous increase in the numbers of young women seeking careers in nursing. Although modern medical centers have absorbed many of these graduates, many have been unable to find work in Korea and so have sought employment overseas. Many of these will not return because they find greater satisfaction and remuneration overseas, and because they have nothing similar to return to in their own country. The lack of development of health care facilities in rural and provincial areas in Korea has caused a migration to Seoul, a surplus of nurses in the capital and thus facilitates the movement out of Korea. Meanwhile the health level of the people in the rural and provincial areas has improved little. A large segment of the Korean people are still unable to meet their basic health needs, and are unable to utilize the medical facilities when they become ill since these are so costly. This is a challenge to which I believe Korean nurses would be willing to rise if government, health and social officials would cooperate. This is a major area of social development which has not yet reached the priority level in national planning. Newly organized Medical Insurance plans offer some hope in this direction, but these are still not accessible to the ordinary citizen who needs them most.

Just as the physician is the leader in the

therapeutic team in the hospital situation, so I believe the nurse prepared in Public Health and Midwifery can become the leader in the health promotion team. The proportion of health problems which could be prevented through education, immunization early detection and referral is greater than the proportion which requires extensive therapeutic care. Emphasis on maintaining health would greatly reduce the incidence of acute and chronic illness which occupies so much of the physician's time and energy. *Legally, nurses are still hampered by laws and pressures which permit them to work only under the supervision of a doctor. As a result, the potential role of the nurse in health promotion and disease prevention has not been able to develop.* With the cooperation of *medical and political authorities* I see the possibility of the nurse assuming greater responsibility in the following areas:

#### A. Maternal Health

1. Evaluation and supervision of normal pregnancy.
2. Family planning education and supervision of programs in family planning and responsible parenthood.
3. Early detection of problems during pregnancy and referral for medical care.
4. Referral to qualified doctors and midwives for delivery services.

#### B. Child Health

1. Evaluation of normal growth and development of infants and children.
2. Immunizations and follow-up supervision of disease prevention programs.
3. School health programs, health status evaluation and follow-up supervision of children with health problems.
4. Early detection and referral of infants and children with health problems to qualified pediatricians.

#### C. Family and Community Health

1. Home visiting and evaluation of health status of members of the family and community.
2. Early detection of health problems and referral to medical facilities.
3. Supervision and follow-up care of adults with health problems.
4. Follow-up supervision of individuals after discharge from hospitals or clinics.
5. Coordination of services provided by hospitals, clinics and other health care services and communication of these services to the community.
6. Education programs in nutrition, parasite control, environmental sanitation, first aid, signs of illness.

The present Public Health system could provide an excellent center for the services of a team of nurses prepared in Public Health and Midwifery. They could become primary health care centers from which to refer persons with health problems to hospitals, clinics, physicians in the area. By increasing the responsibilities and remuneration of nurses in these centers better qualified nurses would be attracted to these positions, and substantial advance could be made in the health level of the community served. Non-professional and auxiliary personnel would be better supervised, thus providing a higher quality of health service to the public.

Nursing education is already beginning to place greater emphasis on Community Health, but their efforts are frustrated by the lack of job opportunities in this area following graduation. Difficulty in finding adequate field experience agencies for students has led to a lack of interest and motivation in Community Health. It seems to me that nursing is moving in the direction of Community Health as a means to comprehensive social development, but our colleagues in the medical, political and social fields have not yet recognized the potential nursing

has to offer.

True social development, from my standpoint as a nurse, must encompass the human element in considering economic and political development. Awareness of the basic health needs of individuals in Korean society could be the first step in improving health services in this society. Such services would improve the quality of life of the individual citizen and enable him to contribute to the overall economic and social development of the country. Neglect of this basic component of development can only lead to a limited distribution of the benefits of development to the privileged few. Cooperation for the benefit of all would be the greatest step in social development in Korea.

질 의 응 답

간로이 박사

이종하 : 간로이박사께서는 공급에 비해 수요가 적어 해외유출이 많다고 말씀하셨는데 여기서 직업을 얻을 수가 없기 때문에 해외진출을 하는 것인가? 제가 알기로는 데끼 해외진출하는 사람은 여기서 직업이 있는 사람이 보다 더 좋은 직업을 얻기 위하여 해외로 나가는 것이지 여기서 공급이 많아서 나가는 것은 아니라고 생각하는데 저의 생각과는 어떻게 다른지요?

간로이 : 경험이 많은 사람도 나가고 진출업생인 경우는 1년쯤 일하다가도 나간다. 그러나 직업을 찾을 수 없기 때문에 나가기가 쉽고 방법도 많고 쉽게 갈 수도 있다.

사 회 : 자격있는 사람 즉 인정된 자가 가는데 아니냐고 질문하셨는데 그전엔 우리나라에서 1~2년 임상경험을 한 사람이 갈 수 있도록 대한간호협회가 규제하였으나 현재는 그렇지않으므로 가는 길이 넓어졌다. 수요 공급면에 있어서는 많이 남아서가 아니라 사실상 공석이 있는데도 가지 않고, 통계로 봐서 자리가 있으나 원치 않으므로, 타분야에서와 마찬가지로 자리가 있으나 가지 못할 것이다. 그렇다고 수요 보다 공급이 많다고는 보지 않는다.

전산초 : 현 수요 공급에 있어서는 간호원의 직업이 개업을 할 수 없는 형태의 직업이므로 항

상 기구속에 들어가서 일 해야 한다. 물론 국민대 간호원, 의사대 간호원의 이상적인 비율로는 간호원이 모자란다. 그러나 현재 있는 간호원수에 비해 이들이 일할 수 있는 기구는 부족되어 있는 상태다. 대개 1년에 3,000명의 졸업생이 배출되거나 현재는 기구가 이에 미치지 못한다. 그리하여 외국에 가는 이유는 자기능력에 부합된 보다 더 나은 대우를 받고자 또 보다 더 배우고 싶은 사람들이 진출을 한다. 최근원 김박사가 얘기한 바와 같은 그런 부류의 사람이 진출한다. 현재로는 간호원의 수요는 충분하다. 앞으로 이들을 위한 자리가 마련되어야겠다. 예를 들면 보건소 지소등에 간호원자격을 갖지 않은 보조요원이 많이 있는 것 등으로도, 앞으로 진출하는 이들 젊은 간호원들을 우리나라에서 수용하도록 하는 것이 대한간호협회 또는 간호제도자들의 과제가 되고 있다.

윤형섭 : 우리나라의 간호원의 수가 부족하다. 혹은 충분하다고 하나 대한간호협회의 총부가 집계한 자료로는 현재로 봐서는 간호원의 수요 수는 개인병원 · 간호장교 · 사립병원 · 국공립병원등 모든 분야를 합쳐서 13,717명, 취역하고 있는 간호원수는 8,000명, 그러므로 5,700명이 라는 수가 미급하고 있다. 다른 통계를 보면 년허소지 간호원수는 19,700명 해외체류 간호원수는 4,000명, 그러므로 국내에는 15,700명의 년허중 소지자들이 있다. 간호원의 수가 부족하다고 하면서도 사실은 간호원의 수는 남아돈다. 통계 년감을 보면 간호 보조원수는 1970년에 3,541명, 1971년엔 7,100명으로 약 2배의 증가를 보인 반면 간호원수는 70년에 14,000명, 71년에 16,000명으로 비미한 증가를 보이고 있다. 이러한 일련의 문제로서 결론지워지는 것은 간호에 대한 구체적인 정책이 없다는 것이다. 또한 간호에 대한 통계가 모두 다르다. 그러므로 간호학제는 자료정리, 구체적인 실상의 파악 작업부터 해야 남아돈다 또는 부족하다 하는 문제가 정리될 것이다.

사 회 ; 인력수급의 정책은 비단 간호제 뿐만 아니라, 우리나라 전체로 봐서 다 없는 실정이다.

남아 돌아서 남는 것이 아니라 우리나라가 간호라는 자체, 간호교육 또 간호전문직업에 대한 한계가치를 중요시 보지 않기 때문에 사회에서 정당한 보수와 보상이 없으므로 해서 유출되는 경우가 더 많은 것으로 생각된다.