

Nursing in Korea

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I. Nursing Administration and Law

1. Administration

Medical administration in Korea began with the coming of modern medicine in 1894. The Bureau of Hygiene, under the government's Ministry of Home Affairs, was responsible for trying to prevent small pox and other communicable diseases, and all services related to disinfection, quarantine, water, food, drugs, and animals. All other hygiene-related business came under the Police Department. Nursing administration had its early beginnings in this way.

In January 1908, the Bureau of Hygiene was divided into public health and medical divisions. The public health division controlled matters related to small pox vaccination and the prevention of other communicable and endemic diseases. The medical division controlled matters pertaining to doctors, midwives, pharmacists, drugs, hospitals, and hygiene.

After the liberation from Japanese control in 1945, nursing came under the Ministry of Health and Social Welfare as the Bureau of Nursing, and was divided into three parts: public health, institutional, and midwifery nursing. For three years nurses were in charge of all nursing services in each province, but over the years the Nursing Bureau in the central government has been gradually decreased in size and influence. Thus nursing representation in government was greatly reduced. From 1981 on, only one nurse has been working in the Family Planning and Public Health sections of government and participating in policy-making and administrative support.

2. Laws

In 1913 regulations concerning the education of nurses and midwives were announced, and these regulations became law in October 1914. After the re-establishment of the Korean government (in 1951), a national medical law was passed which controlled medical personnel including nurses and midwives. It recognized doctors, midwives, dentists, herb doctors, and

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nurses equally and recognized them as professional medical personnel.

In 1962, the law was revised to require *licenses* which could be obtained by passing an examination after graduating from a nursing school approved by the Ministry of Education. To improve the level of nursing, a registered nurse system was set up, and licenses were issued. The law also provided that a proper patient/nurse ratio be kept. That is, there should be two nurses to each five hospitalized patients. This regulation helped influence the development of nursing.

In 1914 midwife registration was started for the first time. At that time, midwife licences were given primarily to women aged 20 or over. There were 778 registered midwives by 1918, and they were almost all Japanese. A midwife license can now be issued to registered nurses who have completed a one-year training course in an approved hospital. Qualifying examinations for midwives are thus eliminated.

Qualifying *examinations* for nurses, since 1916, have tested both theory and practice. From 1920 to 1962 testing was done in each province. When independence was restored, qualifying examinations for nursing and all medical personnel came under the work of the Ministry of Health and Social Affairs (MOHSA) and the examination division of the National Institute of Health (NIH).

The first regulation for nurse and midwife *fees* stipulated that the patient should pay for the nurse's expenses. This varied from place to place. In 1928 the nursing fee was nationally standardized for private nurses in hospitals and any work done outside hospitals.

For home visits, the basic nursing fee was priced at one won and three-twenty won for deliveries. For communicable disease nursing care it was 2% over the basic fee, and other expenses were paid separately.

In 1945, the Public Health Department was established, and regulations about the *positions* of nurses were discussed. An official position was granted for nurses working in the government hospitals like other officials. By an act of the President (Code 5523) in 1971, government nurses began to draw a small professional allowance.

II. Nursing Service

1. Clinical Nursing

1) In the early stage

In Korea, where people had long been dependent on traditional herb medicine, the first hospital to keep pace with modernized medicine was the Royal Hospital, established in 1885 as a result of the work of a missionary, Dr. Horace Allen. Then in 1894 the government established an Army hospital. In 1899 a hospital known as Korea Hospital combined herb medicine and modern medicine under the Home Bureau. A Red Cross Hospital was established in 1904.

A few nurses were used in government hospitals, but it was the Red Cross Hospital that first began to use one nurse as the director of a nursing department with five nurses under

her.

At that time, there were two types of nursing. The Japanese style emphasized medication, treatment and assistance to the doctors. Western style nursing was introduced by a missionary nurse, Emily Heathcote, in 1891 and emphasized the physical, spiritual and social aspects of the well-being of the patient.

2) During the Japanese era

In accordance with Japanese medical policy, in 1910, Korea Hospital changed its name to Korea Government Hospital, and at the same time provincial hospitals were set up. In the Government Hospital three nurses took charge of nursing affairs, and nursing became recognized by the government as a separate entity apart from the whole hospital administrative system. This was the beginning of independent nursing. At this time the main responsibilities of nurses were giving medications, treatments and assistance to doctors.

Nursing developed further through relationships with the hospitals established by missionaries. Such hospitals provided financial support, facilities, and medicines. Missionary doctors also contributed to the development of nursing services. Some of the missionary hospitals that used nursing services during Japanese rule were as follows: Severance Hospital, Boguy-eokwan, Dogdaemun Women's Hospital, Chinju Baedon Hospital, Wonsan Salvation Army Hospital, Chonju Jesus Presbyterian Hospital, Suncheon Hospital, Kwangju Chechungwon, Andong Sungso Hospital, Hamheung Charity Hospital etc. But nursing activities became limited in these hospitals, due to the Korean Conflict, and nursing developed very slowly when the foreigners had to leave.

3) After the restoration of independence

When the Ministry of Health & Public Welfare was established after the restoration of independence of Korea, a complete public health administration system was set up to control hygienic services. But because of the Korean Conflict the administrative system was at a low ebb. After the war the government strengthened and expanded the health network to include the prevention of communicable diseases and the raising of the national health level.

As the number of hospitals continued to rise the demand for nurses increased. By 1971 about three thousand nurses were employed in hospitals all over Korea. At present there are 431 hospitals with over 20 beds, and 148 of these have more than 80 beds.

Each hospital now maintains an administrative system with a nursing service division or department. They each provide in-service education for staff nurses and special nursing education programs in intensive care and cardiac care. Concepts of nursing diagnosis have been adopted and Problem-Oriented Medical Recording (POMR) has been applied. Thus, clinical nursing is now taking a more scientific approach. Furthermore, the government requires nurses to take at least 10 hours of continuing education.

2. Public Health Nursing

1) The early stage

The first organized effort in public health in Korea was a program of small pox vaccina-

tion in 1893 after a Mr. Chi Suk Young had learned the technique in Japan in 1880. In 1895, the Ministry of Home Affairs was divided into the hygiene and medical divisions, with the hygiene division controlling prevention and management of communicable disease, small pox vaccination, quarantine, etc.

2) Under the Japanese government

Under the Japanese government, all public and hygienic administration was under the Police Bureau. In the hygienic laboratory of the police bureau they produced the small pox vaccine and some drugs for disease prevention in addition to managing the immunization process.

From the early days, public health nursing activities were done by the missionary nurses. In 1895 when cholera began to spread, a nurse named Jacobson who was the director of the nursing department at Severance Hospital, provided nursing care.

In 1920, Chang Euy Sook and Oh Whak Young, two nurses from Severance provided nursing care during a time when cholera was prevalent. In February 1932, two nurses, Lee Hyo Kyung and Kim Keun Sil, and Dr. Lee Young Jun used a mobile unit to do medical examinations and treatments for the refugee people of Manchuria.

Modernized public health nursing of Korea was begun by missionary nurse Rosenburg in January 1923 by the establishing of the nursing department in Taewha Womens' Center. Public health nursing developed rapidly from 1923 to 1930, through the following types of mission medical work: maternal and child health care, infant care, school health service and rural public health nursing. Education for public health nursing was practiced in Taewha Womens' Center, Kongju Central Nursery, Incheon Nursery, etc.

To help public health nursing services of Korea to develop more rapidly the Korea Mission Hospital Union Nurses Association played an important role, it was composed of missionary nurses. This association initiated the development of public health nursing by means of seminars, public hygiene, and other services. Common perceptions of public health nursing changed as a result of their work.

In 1929, Taewha Womens' Center provided many services such as child health assessment, prenatal care prevention of communicable disease, school nursing, health education, construction and maintenance of public baths, home maintenance, establishing of milk supply centers, etc.

The health services that were established by missionary nurses at that time were Taewha Womens' Center, a public hygiene service division at Severance Hospital, an infant care division of Dongdaemun Women's Hospital and similar work in Taegu, Hamheung, Hoeryung, Konju, Incheon, Andong, Pyungyang, Chinju etc. Missionary nurses also provided public health services in Masan, Wonsan, Kwangjum Kanggye, and Tongyoung.

3) After the restoration of independence in Korea

Public hygiene administration, after the restoration of independence, was controlled by a public health bureau at the provincial level by the Ministry of Health & Social Welfare. The National Central Health Center was established in 1945. It provided milk production

services, a supply of medical apparatus and equipment, and sanitation materials, with an American advisor. This service was discontinued due to the Korean Conflict. Later the name of the National Health Center was changed to the National Institute for Health (NIH).

Two hundred twenty-four health centers have now been established all over the country and at present there are 2,500 public health nurses. They provide such public health nursing services as maternal and child health, family planning, tuberculosis control, prevention and control of communicable disease, environmental hygiene, health education, survey and research, and community health nursing related to diagnosis and treatment.

Maternal and child health

Maternal and child health is now the main portion of the government's public health service under the Ministry of Health and Social Affairs. In addition to this, nurse-midwives who are registered nurses with special training (of one-year) operate private midwifery clinics and they offer home delivery services and pre and post-natal care. The government is now striving to set up maternal child health centers in many counties.

Industrial health nursing

Because of the rapid industrialization of our society, the Korean government promulgated the Industrial Safety Health Law in 1981 stipulating that community health nurses be employed in factories and work shops. This resulted in the steady employment of 300 nurses for the purpose of improving the health level of employees. It is predicted that some 2,000 community health nurses will become employed by industrial firms.

School Health

School health nurses must qualify with special credits in education, and since 1962, they have been educated in junior nursing colleges. They serve in such ways as the following: health education, health appraisal of students and staff, health counselling, health observation, prevention and early detection of communicable disease, first aid TB and parasite control, physical check-ups, improvement and purification, of school environment, school diet maintenance of school health centers, etc.

Community Health Practitioners

In order to improve the status of medical care in rural communities, the government passed a special law in 1980 establishing a new health care delivery system. The key person to deliver medical care to residents in rural communities was designated as Community Health Practitioner (CHP). CHPs are professional persons with the responsibility for dealing with the primary health problems of 300 to 400 households in remote places. Candidates must be registered nurses who display leadership ability in community development. Each CHP must complete a 24-week training course as stipulated by the government.

Over the last two years 1152 CHP posts have been established nationwide. The response from the communities has been very positive. The government now is supplying scholarships to nursing students who want to become CHPs after graduation, including tuition and living expenses.

At present there are about 5,000 midwives, and within the year of 1984 there will be 91 maternal & child health centers.

III. Nursing Education

1. Under the reign of the Japanese Government(1907~1945)

1) Curriculum

a. Government educational programs

These institutions initiated nursing education as training agencies for nurse and midwives in affiliation with the hospital of the Japanese government and each provincial hospital. The beginning of a legal system for nursing education curriculum was established in 1907. Detailed rules for nursing department attached to Daihan Hospital Medical School came into effect in 1910. On the 4th of Oct., 1913, the new curriculum was established as "The Curriculum for the Nurses and Midwives of the provincial hospitals of the Japanese government. Fourteen government training schools prescribed the subjects. The requirement for entrance was to be at least a middle school graduate. The nursing and midwifery departments each were two year courses, and they were separated from each other.

b. Missionary institutions

Nursing education in Korea was started by foreign missionary nurses in 1903. Miss Margaret Edmunds and Dr. Mary Cultler were sent from the Methodist Church in America.

At that time, there were such problems as the language barrier, insufficiency of textbooks, and shortage of equipment. But the major problem was recruitment of students because the level of social recognition for women was very low. There were few educated women, and there was a lack of understanding of nursing services and women's social activities. There period of education was 6 years, and it began with a fundamental education (corresponding to a modern-day elementary school course). Boguyeokwan Nursing Training School which was established in 1903 was similar to Severance Nursing Training School (1906) in admission, regulation and curriculum. The new students were required to pay an admission fee, but boarding fee, laundrying charge, nursing uniforms and textbooks were offered to them free of charge. The age of the students was to be between 21 and 31, while the age limit for the government schools in the nursing and midwifery departments was between 18 and 25. The subjects were divided into theoretical and practical. After observing for 2 months the student was required to serve in the hospital. In 1925, the educational period was changed to 3 years, the age for admission was 18 to 25 and the qualifications for admission were increased to at least 2 years of high school. Students were selected with strict procedures of written examination, oral test and physical examination. After that, from 1930 to Independence in 1945, a curriculum was developed for a 3-year course. This course continued after Independence.

2) Clinical Practice

Until the 1920, clinical practice was carried out only in a hospital setting, but after that, in the missionary nursing schools, public health nursing schools, public health nursing practice was also carried out. However, clinical practice under the reign of the Japanese Government was performed as a means of service in hospitals rather than in connection with theory. This was a characteristic in the early stage of nursing education, and was a common problem internationally. Beginning in 1916 there were a required number of hours for practice: 21% of the total curriculum. This was revised to 32% of the total curriculum in 1922. Teaching methods for clinical practice developed greatly beginning in the late 1930's. Thus, after 3-month preparatory education, students practiced in a hospital under the supervision of an instructor and head nurse for 3 more months. Thereafter they practiced in various clinical departments. Thus clinical practice became a recognized educational pattern, and not a means of service for the hospital. During the time of the American military government, clinical practice started. In the 3rd year midwifery was part of the program. After that, in nursing schools, clinical practice was given much more weight than theory. Theory was only 35.2%, and clinical practice was 46.7% of the total curriculum. This has gradually been changed by the reduction of clinical practice. This indicates that the science of nursing is now better integrating theory with practice. The amount of time spent in providing mere forms of service in clinical practice was decreased, showing a trend toward better correlation between theory and practice.

2. After liberation(1945~1984)

1) Curriculum

a. Nursing technical high schools

After Liberation in 1946, when the American Military Government issued an order unifying education systems, all nursing education was set at high school level with a 3-year middle school requirement. At this time, nursing and midwifery were separate courses, but after Liberation, midwifery was included in the nursing course and graduates were licensed both as nurses and midwives. This system was continued until 1948. In 1953, the Ministry of Education established that nursing schools throughout the country were now to be called Nursing Technical High Schools. They defined new nursing curriculum appropriate for their level. That meant nursing would be understood as a technical occupation.

b. Nursing Junior Colleges

In 1962, the status of nursing was elevated from Nursing Technical High Schools to Junior Colleges but with a 3-year course. The entering level for the Junior College was high school graduation. The license qualification examination was set up. It helped to standardize nursing and produced more qualified nurses. The nursing and midwifery courses were separated, and thus credits for midwifery were omitted from the total curriculum. In 1963, attempts were made to broaden the participation in school health services by adding credits for school health nursing, because any nurse who had completed a college course in education qualified as a school health nurse. In 1965, the Ministry of Education established standard subjects for

nursing: 25% for cultural subjects, 37.5% for professional subjects and for clinical practice, respectively.

In 1977, all 3-year schools reorganized into Junior Nursing Colleges. The aim was to educate a middle level of professional person in both knowledge and theory. There are now 39 junior nursing colleges in Korea, and the number of students finishing per year is about 3,000.

c. Four-year university programs

In 1955, the nursing school at Ewha Women's University became the first to establish a university level course. Yonsei University followed in 1957, granting the first Bachelor of Science in Nursing degree in Korea in 1958. Thus, by gradual steps, the standard of nursing education has been raised. Thereby, nursing had reached an important point in recognition as an independent science. Now nurses could develop professional research activities in earnest. Universities have continued to establish nursing colleges or departments, until in 1984, there are 17 four-year university programs offering baccalaureate degrees. The number of students finishing this program per year is now 700. Nursing education in Korea, at present, has two programs; one, a 4-year undergraduate degree course and the other, a 3-year junior college course.

d. Master's degree courses

In Korea, the first school to establish a master's degree course was Ewha Women's University in 1960. And then many universities opened master programs. At present, the master's degree course is offered at 13 regular graduate schools, 2 graduate schools of public health and many graduate schools of education. The trend for a master's degree of nursing is increasing, and the number of nurses who have finished this program is now 773.

In 1973, Yonsei University offered the first Doctor of Science to Shin Young Hong as a nurse. Now 28 other nurses in Korea have doctoral degrees, and even more have their doctoral course in nursing is now offered at 2 regular graduate schools.

e. Army Nursing

When a group of army nurse officers was established in 1948, there were several candidates for army nursing. Beginning in 1952, women with at least 3 years of middle school were selected, and after graduating they were commissioned as second lieutenants after two years of special military and army-medicine training. A regular army nursing school was established in the Army Medical Center in 1967 to produce cadet nurses. In 1980, the army nursing school was raised to the status of a military academy of nursing with a baccalaureate program.

f. Post-basic programs in nursing

There have been 3 different kinds of post-basic programs. These are one-year courses for Nurse-Midwifery, Public Health Nursing and Nurse Anesthetist. In 1981 a Community Health Practitioner course of 24 weeks was begun to provide primary health care in remote places. This trend shows that the nursing profession is becoming more specialized and professional. Nursing is expanding to meet the social needs of the community in Korea.

IV. The Korean Nurses Association(KNA)

1. The Organization of the KNA

Much has been achieved in the development of nurses in Korea as a result of the voluntary organization of nurses. In the history of the development of nursing in Korea, the KNA has served to advance nursing through its organization and its activities. As the presence of missionary nurses gradually continued to increase for evangelism both in nursing service and nursing education, it was felt more and more that an organization was needed.

In 1908 at Ewha School, Sarah Hollinian, Margaret Edmuns, Maud Rice, Inez Morrison, Esther Shields and five others organized The Graduate Nurses Association in Korea. Its aim was to encourage progress in both nursing service and nursing education.

The Graduate Nurse's Association of Korea, composed of 50 Korean and Western nurses was organized in 1923. They tried to increase the quality of nursing education by making a standard nursing curriculum, and in 1925 published the first journal called the "Bulletin of the Chosen Nurses' Association". By 1935, the association had helped develop nursing in both areas of nursing education and service, had attended the ICN, had 200 members, had met for 16 annual meetings, and had published bulletins 32 times.

I have chosen to recount two activities of the association which are especially interesting:

1) The contribution to the improvement of nursing education

In 1926 they had established a standard curriculum for all nursing schools. In 1928 they founded an Educational Course Committee, and after translating or writing nursing textbooks they offered them to nursing schools. For the continued study and training of members the association held a case-study contest and special lectures on medicine and nursing. They also provided scholarships for Korean nurses to study abroad.

2) The relationship with the International Council of Nurses(ICN)

As soon as the number of graduate nurses began to increase, the association attempted to become a full member of the ICN.

In 1924 the president, Esther Shields, attended the American Nurses Association meeting in Detroit, Michigan, and made the first contact for membership with the ICN secretary, Christine Reimann. The next year at the meeting held in Helsinki, Finland, the application for membership was requested, but only an associate membership with voting rights was granted.

In 1929 two nurses Hyo Kyung Lee and Keum Jeon Lee with communication secretary Elizabeth Shepping participated in the ICN meeting. They again applied for full membership. But at that time, as Korea was under the domination of the Japanese, full membership was still not granted for the reason that a country had the right to one membership only.

In 1937 when the ICN was held in London, nurses Chung Ae Lee, Ada Sandell, and M. E. Rowland attended as associate members. Thereafter as relations between Japan and the United

States worsened, the missionary nurses left Korea one by one, and interest in nursing diminished.

Due to war conditions, activities of the nursing association came to a standstill until the end of World War II.

2. The Re-organization of KNA

In 1946, after the restoration of independence, the nurses association was reorganized. KNA was recognized for ICN membership at the ICN general meeting held in Sweden in 1949. We certainly waited for a long time!

The Korean Conflict soon caused great confusion, suffering, and waste of man-power but it also increased the interest of the people in nursing. Because of the many forms of support, prayers, and economic and technical cooperation of friendly countries, we were given fresh determination to develop the nursing profession.

In 1957 the Florence Nightingale medal was awarded to Hyo Jeong Lee, the first in Korea, on the recommendation of the KNA. Through 1983, twenty-four more Korean nurses have received this honor. Annual memberships were made possible as of 1963, and life membership, since 1969. This resulted in a good financial framework for the operation of KNA.

KNA has eight standing committees. It consists of thirteen provincial branches, and it has organizations of Korean nurses in Germany, Canada, the Middle East, Los Angeles, Dallas, Chicago, and New York. For their professional growth it has two affiliated bodies under its wing, namely the organizations of public health nurses and clinical nurses. It once included the nursing students organization and the Korean Nurses Academic Society.

KNA is the largest women's professional organization in Korea with 24,188 members in 1983. A building was constructed with members' donations in 1970 for KNA offices. In this building activities of quality improvement and support of nurses' rights are carried on.

KNA has made proposals to the Ministry of Education (MOE) regarding nursing curriculum and entrance qualifications for the purpose of nursing schools all being on a higher educational level. KNA tried to develop the new nursing theory and to improve teaching methods through continuing education and training for nursing professors and graduate nurses.

KNA has translated, written, and distributed thirteen kinds of nursing textbooks totalling 30,000 volumes.

KNA continues to the government appropriate positions, ranks, and remuneration in support of nurses' rights.

In 1972, KNA established and distributed a philosophy of nursing based on the International Code of Nursing Ethics entitled the Korean Code of Nursing Ethics.

Beginning in 1978 KNA has held International Nursing Seminars with the Korean Nurses Association in the United States, dealing with new theories and methods. A total of four such seminars have been held.

KNA publishes a professional magazine, the "Korean Nurses Association News". In 1978 a literary contest was held by the newspaper to encourage the writing talents of professional

nurses, and in 1983, a photography contest. This was an approach to the understanding of human nature.

In 1980 the incumbent president of KNA, Dr. Mo-Im Kim, was elected assembly-women for the Republic of Korea. As the first nurse legislator she is eager for national health and womens' rights. Internationally she was elected to membership of the board of the Western Pacific Region of the ICN.

In 1983 KNA invited the ICN to hold its 1989 meeting in Seoul.

Conclusion

In this presentation, I have referred to the development of nursing administration and law, nursing service, nursing education and the Korean Nurses Association from the beginning of modern nursing in Korean to the present. At the end of Chosen the sociocultural conditions then, women were extremely restricted in social activities and there was also the sense of rank in occupations, both high and low. In spite of these conditions, nursing developed from being deeply rooted in the humanitarian teachings of Jesus Christ seen in the work of the missionaries in our land.

For the future, in Korea, it is necessary to direct our efforts towards the development of nursing practice running parallel with nursing theory. If values changed so that each nurse served as a person of a practical mind and through scientific knowledge, I think, faithful nursing would develop further. All of us would do well to face every nursing opportunity with an honest and open mind. ☺

<국문요약>

한 국 간 호

I. 간호행정제도 및 법규의 변천

1. 간호행정기구

한국의 의료행정은 현대의학의 도입과 더불어 1894년 6월 내부에 위생국을 둔다는 규정이 발표됨으로써 시작되었고 1901년 관계개편에 따라 위생국에 보건과와 의무과가 설치되었다.

그후 1945년 12월 보건후생부 간호사업국내에 보건간호과 기관간호과 조산간호과가 설치되었고 각 도에는 간호사업계가 설치되었다. 1948년 정부수립 후에는 보건부의 의정국내에 조산간호과 방역국내에 보건간호과가 설치되었고 1955년부터는 보건사회부 의정국내의 조산간호과가 간호사업과로 개편되었다. 그후 1970년 간호사업과가 간호사업담당관제로 개편되었으며 1981년부터는 간호사업담당관제도 폐지되어 보건국의 가족보건과나 의정국 지역의료과에서 한명의 간호원이 참여하는 정도로 간호행정기구가 점차 축소되었다.

2. 간호법규

1) 면 허

1962년에 개정된 의료법에 의하여 간호원의 면허는 문교부장관이 인가한 간호교육기관 졸업

자중 간호원 국가시험 합격자로 규정하였다.

조선원의 경우는 1914년 처음으로 조선원 면허등록을 시작하였으며 현재는 간호원 면허를 받은 자로서 보건사회부장관이 지정하는 교육병원에서 1년의 정규 교육과정을 필한자로 그 자격을 명시하고 있다.

2) 자격시험

자격시험은 1916년부터 실시되었으며 1920년 이후는 각 도에서 관할 실시하였다. 그후 1962년 부터는 보건사회부장관의 주도하에 국가시험을 시행하였으며 현재는 국립보건원에서 간호원을 포함한 의료업자의 국가시험을 주관하고 있다.

3) 간호수가

간호원 조선원에 관한 간호수가 관계 규칙은 1911년에 발표된 것으로 간호원의 경우 출장사에 출장비와 간호료를 환자가 지불하도록 하는 것이었다.

1928년 5월까지의는 각 지역별로 간호수가에 차이가 있었으나 동년 6월부터 수가규정이 전국적으로 통일되었다.

그후 1953년부터는 국공립병원 간호원들에게도 다른 일반 공직자와 같이 직급을 포함으로서 간호직에 대한 보수가 통일되었으며 1971년부터는 간호직 수당이 제정되었다.

II. 간호사업의 분야별 발전

1. 임상간호제도의 발전

1) 초기의 임상간호

한국에 서양의학을 기초로 설립된 최초의 병원은 1885년 의사 Allen에 의한 왕립병원이다. 그 후 정부에 의하여 1894년 군부병원이 설립되었고, 1899년 내부병원이 1904년에 적십자병원이 설립되었다.

당시에 이루어진 형태간호는 일본인 간호원들에 의해 전해진 일본식 간호와 선교사 간호원들에 의해 전해진 서구식 간호방식이 있었는데 이 두 간호방법은 문화적배경이나 사회적인습에 의한 많은 차이점을 볼 수 있었다.

2) 일제하의 임상간호

이 당시 이루어진 일본식 간호방법을 보면 간호원들의 주업무가 환자를 위한 간호보다도 의사 보조에 더 치중한 것을 볼 수 있다. 한편 선교계 병원에서는 입원환자에 대해서는 간호원들이 전인간호를 실시하였으며 병원당국과 의사들의 협조로 많은 간호사업의 발전을 가져올 수 있었다.

3) 광복이후의 임상간호

6.25동란후 한국에는 병원이 계속 늘어나 현재 20Bed 이상의 전국의 병원수가 431개소이고 이중 80Bed 이상의 종합병원이 148개소나 된다.

각 병원의 간호사업은 간호사업과 또는 간호사업부의 행정체제로 운영되고 있으며 최근에는 간호과정(Nursing Process)의 개념을 도입하여 문제중심 간호기록인 POMR(Problem Oriented Medical Record) 방법을 시도하고 있다. 또한 면허간호원은 매년 증양회에서 실시하는 보수교육을 10시간 이상 받고 있다.

2. 보건간호제도의 발전

1) 초기의 보건위생사업

한국 최초로 공중보건 활동을 위해 설치된 기관은 1893년 우두 보영당이다. 그후 1895년 내부위생국에 위생과와 의무과가 설치되었으며 위생과에서 전염병의 예방과 관리 겸역사업을 하였다.

2) 일제하의 보건간호

일제시에는 모든 보건위생 행정이 경찰에 의하여 지속해 왔고 종두약, 예방약 등의 의약품도 경찰국 위생시험소에서 생산하였다.

한편 선교계 간호원들의 보건간호 활동은 일찍부터 시작되었는데 조선말기부터 전염병관리에 힘썼으며 현대적 보건간호는 1923년 1월 선교사 간호원 Rosenberger에 의하여 태화여자관에서 시작되었다.

3) 광복이후의 보건간호

광복후 보건위생 행정은 중앙의 보건후생부와 각시 도에 설치된 보건위생국에 의해 권장되었으며 1945년에는 국립중앙보건소가 설치되었다. 국립중앙보건소는 1959년 국립보건원으로 개편되었다.

또한 정부는 매년 보건소를 증설하여 1963년 전국에 189개의 보건소가 설치되었다. 현재 보건소의 보건간호원 활동은 가정간호, 간호상담, 집단지도, 환경위생제모 및 개선, 전염병예방, 환자 조기 발견, 의료보건조사 통계 및 연구, 세균 검사, 학교보건교육 등이다.

(1) 모자보건분야

현재 한국의 조산원 자격은 간호원이 정부에서 지정한 교육병원에서 1년간의 조산수습과정을 이수한 후 취득할 수 있다. 정부는 1982년에서 1984년까지 전국적으로 91개소의 모자보건센터를 설립하여 조산원으로 하여금 모자보건 사업을 담당케 할 계획을 수립하고 현재 단계적으로 실행중에 있다.

(2) 산업보건분야

산업화 과정이 시작되면서 한국정부는 1982년 8월 산업보건안전법을 발표하여 300명 이상의 고용인을 가진 산업체에서는 산업간호원을 채용하도록 규정하였다.

(3) 학교보건분야

1955년 이후 대학과정에서 교직과를 이수한 자에게 양호교사 자격을 주어 왔으며 그후 1962년부터는 대학에 준하는 간호학교에서도 교직과정이 적용되어 자격 양호교사를 배출하여 왔다. 학교보건법에 의하여 현재 18학급 이상의 국민학교와 중·고등학교에 양호교사를 부도록 규정되어 있다.

(4) 보건진료원

한국정부는 1980년 12월 “농어촌 보건의료를 위한 특별조치법”을 발표하였다.

이는 간호원 및 조산원에게 일정기간의 훈련과정을 이수시킨 후에 1차 진료권을 부여하여 벽오지 지역에 보건진료원으로 투입시키려는 계획인데 1984년까지 총 2,000명의 보건진료원을 전국에 배치할 계획을 세우고 현재 실시중에 있다.

Ⅲ. 간호교육

1. 광복전의 교육과정(1907—1945)

1) 교육과정

(1) 관공립 교육기관의 교과과정

관공립 교육기관은 조선총독부 의원과 각 도 자혜의원에 부속간호원, 조산원 양성소로 출발하였다. 간호교육과정의 법적제도 수립은 1907년부터 이루어졌으나 세부규정은 1910년 대한의원 부속의학교 교칙이 제정되므로써 소속된 간호과 운영을 위한 규정도 발효하게 되었다.

1913년 10월 새로운 교육과정이 제정되었으며 14개 관공립 양성소에서 간호교육을 담당하였다.

(2) 선교계 교육기관의 교과과정

1903년 선교사 간호원 Edmund와 의사 Cutler에 의해 보구여관 간호원 양성소가 설립되었으며 1906년에는 세브란스 간호원 양성소가 설립되었다. 이들 교육기관은 처음에 교육기간이 6년이었으며 1925년경부터 3년으로 줄었고 그후 해방전까지 계속 3년 과정으로 교과목을 탈진시켰다.

2) 임상실습

1920년대 까지도 병원에서의 임상실습 뿐이었고 보건간호 실습은 1920년 이후에 선교계 간호학교에서 시행하기 시작하였다. 일제시의 임상실습교육은 학문적으로 이론과 실제를 연관시킨다는 의도보다 병원봉사를 위한 하나의 수단으로 수행되었다.

2. 광복후의 교육과정(1945—)

1) 교육과정

(1) 간호고등기술학교

1946년 간호교육기관은 중학교 졸업자를 입학자격으로 하는 3년 과정의 고등간호학교로 통일되었다. 그후 1953년 문교부는 고등간호학교를 간호고등기술학교로 일괄 개칭하고 새로운 교과과정을 제정하였다.

(2) 간호학교

1962년부터 당시의 간호고등기술학교가 초급대학 수준의 3년제 간호학교로 승격되었으며 입학자격은 고등학교 졸업생으로 하였다. 그후 간호학교는 1977년 전문적인 지식과 이론을 겸비한 중견직업인 양성을 목적으로 간호전문대학으로 개편되었다.

(3) 대학과정

간호대학 과정은 1955년 2월 처음으로 이화여자대학교에서 시작되었으며 두번째로 세브란스 간호학교가 연세대학교 간호학과로 승격하였다.

1984년 현재 한국에는 모두 17개 대학과정이 있으며 매년 700여명의 학사간호원이 배출되고 있다.

(4) 대학원

한국에서의 대학원 간호학과 과정은 최초로 1960년 6월 이화여자대학교에 설치되었으며 그후 각 종합대학에서 대학원 과정을 설치하기 시작하여 현재는 13개의 대학원 과정이 개설되어 있다.

(5) 군 간호교육

1945년 육군간호장교단이 창설되었으며 간호장교 후보생을 모집하여 양성하다가 1952년부터는 여자 중학교 3년이상 학력 소지자를 모집하여 2년 과정을 수료케한 후 간호원 결정고시를 거쳐 소위로 임관시켰다. 1967년부터는 정규 간호학교 과정으로 육군간호학교를 설치, 간호장교를 배출하였으며 1980년에는 4년제 국군간호사관학교로 승격하여 학사자격을 가진 간호장교를 배출하고 있다.

(6) 기타 교육과정

그밖에 정규 간호교육기관 졸업후의 과정으로는 1년 과정의 조산원, 마취간호원, 보건간호원 과정이 있으며 1981년 부터는 보건진료원 교육과정이 있다.

2) 임상실습

광복후 점차로 임상실습 시간수와 실습학점에 대한 시간수가 닳아지는 경향으로 변화되었는데 이는 임상실습을 학문의 이론과 실제를 총화하는 방향으로 운영하고 있는 결과로 해석된다.

IV. 대한간호협회

1. 간호원단체의 창설

1908년 선교사 간호원 Sarah Hollnian, Margaret Edmunds, E. Shiids, Mand Rice, Inez Morrison을 포함한 10명이 모여 재선졸업 간호원회(Graduate Nurses Association in Korea)를 조직하였다. 그후 한국에서 교육받은 간호원들이 배출됨에 따라 1923년 한국인 간호원과 서양인 간호원을 회원으로 하여 즈선졸업 간호원회(The Graduate Nurses Association of Korea)가 조직되었다.

1) 교육사업

모든 간호원 양성소의 교육수준을 향상시키기 위하여 1926년부터 교육과정운영의 표준을 제정하였으며 1928년부터 교육과정제정위원회를 두었다. 또한 총회시 의학계분과 간호교양에 관한 특강을 실시하였고 회원들의 연수활동으로 "임상연구" 논문을 발표하게 하였다.

2) 국제간호협회의와의 관계

조선간호원회는 1925년 ICN에 입회신청을 하였으며 1929년에는 이효경, 이금전, Sheppings이 ICN 총회에 참석하였다. 그후 1937년 ICN 총회에 이정애, Sandell, Rowland가 참석하여 교류를 계속하였다.

2. 대한간호협회 재발족

일제말기 중단되었던 간호원단체의 활동은 광복후 대한간호협회의 전신인 조선간호협회로 재발족되었다.

1949년에는 ICN 정회원국으로 가입되었으며 1957년에는 한국 최초로 이효정회원에게 나이팅게일기장이 수여되었다. 1963년부터는 년회비 제도와 1969년부터의 평생회원 제도를 통하여 협회운영의 기틀을 형성하게 되었다.

또한 산하단체로서 대한간호학생회와 간호학회가 있었고 현재는 보건간호원회와 임상간호원회가 조직되어 있다. 1970년에는 현재의 회관을 전립하였으며 각종의 교육사업과 간호원의 권익옹호사업을 전개하고 있다. 1972년에는 "한국간호원의 윤리강령"을 제정하였으며 1978년부터 국제간호학술대회를 개최하여 왔다.

협회의 기관지로는 격월간으로 발간되는 "대한간호"와 주간지 "간협신보"가 있으며 간호문헌상과 간호사진전을 제정하여 매년 시상하고 있다.

특히 1980년에는 본회 18대 회장이던 김모임박사가 국회의원으로 선출되었으며 국제적으로는 1981년 ICN 이사국으로 선출되었고 1983년에는 ICN 제19차 총회(1989년)를 한국 서울에 유치하였다. 