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Nurses' Participation in Primary Health Care in Korea

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Today, health care services in many countries are encountering new challenges. Some of these problems are economic growth and development, technological advances, the ever-widening gap between poor and rich, and changes in moral, religious, and soical values. All are closely interrelated with the health status of the people. In many countries health care services are provided only for a small number of people: the majority are without proper facilities, lack referral systems to health and social welfare services, and are isolated from the socio-economic and political activities of the community which contribute to the total national development.

In order to deal with these problems, many countries have made great efforts to develop health care delivery systems which are suitable to their own political, legal, economic as well as socio-cultural patterns, in order to provide health care to all and to utilize all the available resources, and to improve the health care services as part of the national total development plan.

Through the first, second, third and fourth five-year economic plan, Korea has achieved economic development as a foundation for industrialization and the national economic scheme. However, because of the industrialization and national defense policy, health care services were not a first priority. But, with rapid economic growth, the demand for health care services has been increasing and improvements in facilities and services have been strongly recommended.

Through the fourth five-year economic development plan, which was launched in 1977, the government is striving to meet the health needs of the people, and has focused its policy on providing primary health care to all by putting emphasis on the systematic development of social welfare services to improve the living standard of the Korean poeple. Nevertheless, the health needs of many people in Korea are still not met, and health problems such as the high mortality rate (especially in the under-one-year age group), acute and chronic diseases, unsafe water supplies and inadequate sewage disposal systems, poor environmental sanitation and air pollution, threaten the health status of the people.

National health problems

The total population of Korea exceeds 38,124,000 people, and of this number about 46% are under 20 years of age (20-40 years: 31%; 40-60 years: 17%; over 60 years: 6%). About 77% of the total female population belong to the under-40 age group, about 40% of whom are estimated to be within the potential child-bearing group.

The rural population, composing 51.6% of

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the total population, are economically inactive, with lower employment rates and a poorer educational background than the urban population. Only 15-20% of the total rural population receive health care from hospitals and clinics; about 45% from drug stores; 10% from herbal medicine dealers; and the remaining 30% do not receive any form of care whatsoever.

Therefore, the major health care problems in Korea are to meet the basic health needs of a young population, prevention of diseases, maternal and child health, family planning, and to provide health care to the rural population who lack basic knowledge about health care and sanitation.

Current health care delivery system

Although health care services in Korea are provided by both the public and private health care facilities represent 80% of the total facilities. Currently, about 50% of all the health care facilities are distributed among two large cities, Seoul and Pusan. The distribution of health care personnel mirrors that of the facilities. For these reasons, only 17% of the health care facilities and 13% of the health personnel are to be found in the rural areas.

This city-centred maldistribution constitutes the major difference in personnel and facilities between cities and provinces. In order to solve the problems, the government has planned the construction of 308 provincial hospitals during the fourth five-year plan, for which 22.4 million won has been allocated.

In the rural areas, the health care delivery system is a centrally controlled system, and in each city and *gun* there is a health centre where a community health manager (or health centre director), responsible for health administration, and a nurse, are stationed.

The *myun* is the basic unit of the national health administration. In each *myun* there is a sub-centre for health. Each *myun* covers approximately 12,000 people. Primary health care for the rural people is provided on the *myun* level. In other words, a nurse (or midwife) who is mainly responsible for maternal and child health, and two nurses' aides sent by the *gun*, are taking care of family planning, the tuberculosis control service and preventive health care services.

At the present time only about 15% of the sub-centres for health have qualified nurses, leaving the rest of the centres staffed entirely by nurses' aides. It is recognized that the care provided by nurses' aides, whose backgr ound is only nine months of training, is not sufficient and therefore immediate changes are being sought. The government has been striving to increase the number of qualified nurses at the *myun* level by increasing salaries and improving living and working conditions—and also trying to retrain and utilize nurses' aides as multipurpose personnel. Nevertheless, many problems remain to be solved in the field of health care.

Nurse manpower

In 1979, out of a total of 36,975 nurses, approximately 14,839 were registered and 13,000 were actively employed. The average age of the nurses is 27 years, and the majority (63%) are married. More than half of these nurses were employed in large cities such as Seoul and Pusan, 32% in medium-size cities, and only 15% in rural areas.

Hospitals have constantly been the major employing institutions for nurses, and in Korea this accommodates about two-thirds (61%) of all the actively working nurses. About 16% of nurses are practising in the community (school health 6.2%, industrial health 1.3%, *myun* and subcentre for health 1.6%, etc.) This feature results from the traditional tendency for nurses to work in hospitals, which

constitute the majority among health care institutions. Since more than half of all the hospitals are to be found in large cities, nurses are therefore employed in large cities.

This trend of nurses working in large cities constitutes a major problem in the deployment of nurses, as in any other health care system. The number of community health nurses is gradually increasing, but with the continuous increase in population, the extension of health insurance systems, together with the tendency to switch from hospital care to home care, the demand for nurses in community health care is ever increasing.

The central problem relating to nurse manpower is to retain nurses for the primary health care services in rural communities.

Community health workers pledge to serve rural populations.

Nurses' participation in primary health care

The government has been pushing to create a primary health care system through the initiation of the Korean Health Development Institute (KHDI) in 1977. Hongchon, Okgu, and Gunee were selected as demonstration areas by KHDI. The objective was that the KHDI would undertake to find and develop alternative primary health care delivery schemes appropriate for Korea.

In order to achieve the objectives of the project, these demonstration areas have a "three-tiered system". The first level of care is given by village health agents at the village level. These village health agents are selected by the village people and carry out practical disease prevention measures under supervision. These village health agents refer cases to the next level of the system, the primary health unit. The second level of care is provided by a community health practitioner/nurse. She provides care and preventive health services to patients and the people in several villages. When the community health practitioner cannot deal with certain conditions the patient is referred to the community physician at the community health centre. This third level of care is provided by the existing private physician in each *myun* at the community health centre.

From the three demonstration areas, findings indicate that new concepts and approaches in primary health care provide effective health care for Koreans. However, to provide more effective primary health care at the village and community level, the existing health services should be reoriented and extending so as to establish an integrated and comprehe nsive community approach at all levels.

The most important information from these three demonstration areas is that most of the health problems are controlled by community health practitioners except for a few of the special disease-oriented problems. The community health practitioners, as a new category of health personnel, provide a low cost, high quality health care service.

Primary health care requires comprehensive methodology to meet the health need, involving utilization of health facilities (all in the

Table 1. Programme to prepare community health practitioners.

Types	Subjects	Hours
Lectures	Maternal and child health	57
	Community organization and administration	56
	Treatment	177
Practice	Obstetrics and gynecology	210
	Internal medicine:	
	—outpatient clinic	28
	—chest clinic	28
	General surgery	42
	Health centre	28
	Pediatrics	63
	Emergency room	42
	Dermatology	21
	Opthalmology	21
	Ear, nose, and throat	21
	Clinical pathology	10
	Pharmacy	14
Total		818hours (lectures 290; practice 528)

private and public sectors) and mobilization of nurses through further preparation. This is valid in view of their educational background, job performance, and willingness to contribute to the primary health care effort.

The government has recently shown increasingly active interest in the field of health development. The government stresses improvement in the health status of all people by promoting community involvement in primary health care and by reinforcing health manpower and facilities.

The Korean government regards health care services as a fundamental right of the people and is doing everything possible to establish a health care delivery system such that all the people may receive low coat, high quality health care services regardless of where they live or of their economic status.

Under these circumstances, nurses are increasingly recognized as the most effective resource for primary health care in terms of economy and time. In other words, further preparation and utilization of the existing nurses for primary health care is most effective in terms of time, finance and delivery of health care at reasonable cost.

Special legislation has been adopted to prepare the community health practitioners to meet the health needs of the people at the grassroots level. The plan is to prepare 2,000 community health practitioners by 1984. To date 260 of them are already prepared, and assigned to the villages, and 200 more will be prepared within the next year. They are excepted to serve as directors of the village health clinics in remote rural and fishing villages where no subcentres for health at *myun* levels are available, or where they are isolated from such centres by great distances.

The basic qualification for the community health practitioners is to have both the nursing and midwifery licence. Following completion of the 24-week course (Table 1), the community health practitioner is assigned by the *gun* to a village clinic.

The following functions are stressed in the programme:

1) Contribute to improvement in the level of village in come and promote health through strengthening and systematizing the health care service.
2) Help develop self-care abilities to solve primary health care problems through community participation.
3) Help improve the quality of lives and facilitate the health insurance services through health care standardization.

A national convention for community health practitioners was held on September 17, 1981 at which they declared their intent to work for the health promotion of rural community people. The achievements of the community health practitioners will need to be evaluated in terms of their specific functions. Further efforts will be needed to firmly implant the primary health care service in Korea and to solve the problems of resources allocation, logistics, administration, task analysis and manpower rationalization.