Abstract

A RURAL HEALTH SERVICE MODEL FOR KOREA BASED ON A PRIMARY CARE NURSING SERVICE SYSTEM

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This study concerns itself with the development of a new model of comprehensive health service for rural communities of Korea. The study was conceived to resolve the problems of both underservice in rural communities and underutilization of valuable health manpower, namely the nurses, the disenchanted elite health personnel in Korea. On review of the current situation, the greatest deficiencies in the Korean health care system were found in the availability of primary care at the peripheries of rural communities, in the dissemination of knowledge of disease prevention and health care, and in the induction of and guidance for active participation by the clientele in health maintenance at the personal, family and community level. Abundant untapped health resources were identified that could be brough to bear upon the national effort to extend health services to every member of the Korean population. Therefore, it was postulated that the problem of underservice in rural communities of Korea can be structurally resolved by the effective mobilization and organization of untapped health resources, and that a primary care nursing Service System offers the best possibility for fulfillment of rural health service goals within the current health manpower situation.

In order to identify appropriate strategies to combat the present difficulties in Korean rural health services and to utilize nurses and other health personnel in community-centered health programs, a search was made for examples of innovative service models throughout the world. An extensive literature survey and field visits to project sites both in Korea and in the United States were made. Experts in the field of world health, health service planners, administrators, and medical and nursing practitioners in Korea, in the United States as well as visitors from other Asian countries were widely consulted.

On the basis of information and inputs from these experts a new rural health service model has been constructed within the conceptual framework of community development, especially of the innovation diffusian Model. It is considered especially important that citizens in each community develop capacities for self-care with assistance and supports from available health professionals and participate in health service-related decisions that affect their own well-being.

The proposed model is based upon the regionalization of health care planning utilizing a comprehensive Nursing Service System at the immediate delivery level. The model features: (1) a health administration unit at each administrative level; (2) mechanisms for community participation; (3) a continuous source of primary health care at the local community level; (4) relative centralization of specialty care and provision of tertiary or super-specialty care only at major national metropolitan centers; and (5) a system for patient referral to the appropriate level of care.

This model has been built around professional nurses as the key community health workers because their training is particularly suited and because large numbers of well-trained nurses are currently available and being trained. The special element in this model is a professional nurse-guided, self-care facilitating

* Columbia University 1980.
primary care Community Nursing Service System. This is supported by a National Nursing Extension Service as a new training and support structure. (See attached diagrams)

A broad spectrum of programs was proposed for the Community Nursing Service System. These were designed to establish a balance of activities between the clinic-centered individual care component and the field activity-centered educational and supportive component of health care services. Examples of possible program alternatives and proposed guidelines for health care in specific situations were presented, as well as the roles and functions of the key health personnel within the Community Nursing Service System.

This Rural Health Service Model was proposed as a real alternative to the mal-distributed, inequitable, uncoordinated solo-practice, physician-centered fee-for-service health care available to Koreans today.

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**Fig. 4 Proposed Alternative Structure for Nursing Extension Service**

**Key to Abbreviations:**

- KMA — KOREAN MEDICAL ASSOCIATION
- KNA — KOREAN NURSES ASSOCIATION
- NTTC — NATIONAL TEACHER TRAINING CENTER

**Legend:**

- --- ADMINISTRATIVE COMMUNICATION LINK
- ------ ADVISORY AND COORDINATING LINK
- NEW INPUTS IN THIS MODEL AS DESCRIBED IN THE TEXT
Fig. 2 Proposed Structure for Basic Health Service

Legend:
- ADMINISTRATIVE COMMUNICATION LINK
- ADVISORY AND COORDINATING LINK
* NEW INPUTS IN THIS MODEL AS DESCRIBED IN THE TEXT
dim Referral Link
Fig: Proposed Community Nursery Service System as a Base to Emerging Structure of Korean Health Service