

# Development of the Korean Nursing Profession with Changes in its Legal Basis

Sun-Joo Kang<sup>1</sup> and In-Sook Kim<sup>2\*</sup>

<sup>1</sup>Department of Nursing, Cheju Halla University, 38 Halladaehang-ro, Jeju-si, Jeju-do, South Korea

<sup>2</sup>Department of Nursing Environment Systems, College of Nursing, Yonsei University, 50-1 Yonsei-ro, Seodaemun-gu, Seoul 03722, South Korea

## Abstract

**Background:** To identify how the self-regulation and specialization of nursing have changed with nursing-related legislation, the Medical Service Act in South Korea and factors influencing these changes.

**Method:** We conducted a systematic analysis of nursing-related legislation and a literature review to identify how the nursing profession has developed with legislative changes.

**Results:** We identified four main categories of change in nursing self-regulation, along with the background leading to these changes and their subsequent impact on the policies of nursing education and practice. Those four categories were “nursing licensure,” “scope of nursing practice,” “self-regulation by professional nursing association,” and “accreditation of nursing education programs.”

**Conclusion:** Our summary of the notable revisions in the Medical Service Act and various bylaws can help to identify their socioeconomic, cultural, and environment impacts on nursing professionals’ advancement.

## Introduction

What kind of care should patients expect of nurses? Although this is a very simple question, it has a complicated answer: quality nursing care is dependent on a number of factors, such as nurses’ education, licensing requirements, competencies, and professional self-regulation, which are all governed by various governmental policies and legislation.

The demand for nursing personnel has increased in South Korea with the tremendous socioeconomic development and improvement in quality of life [1]. As a consequence of the development and consequent fragmentation of health services and technological advancements, the traditional roles of medical doctors have been divided between various healthcare personnel. In particular, the nursing profession has changed significantly compared to the previous century, when the first missionary doctors and nurses introduced westernized healthcare services to South Korea. Societal changes, war, and changes in politics and legislation have forced the nursing profession to change its practices and education as well as the title, from Kanhowon to Kanhosa [2,3].

To envision the future directions of nursing, we must understand how its legal basis has changed. A particular focus would be on self-regulation, which refers to the ability for a profession to control its own personnel admission, requirement standards, and practice norms [2]. In South Korea, the nursing profession has a long history since those aforementioned missionary nurses shared their nursing knowledge, skills, ethic, and philosophy of nursing more than a hundred years ago [4]. Thus, a review of the improvements in nursing in South Korea in terms of licensure requirements and nursing competencies will guide researchers in devising a strategic plan for future advancement.

The purpose of this study was to identify how the self-regulation and specializations of nursing have changed with related legislation. Furthermore, we examined the historical background of nursing laws, conducted an evaluation of related systems, and clarified the significant contributors to changes in nursing legislation.

## Research Methodology

### Research design

We conducted a retrospective literature review on legislature related to the nursing profession and its self-regulation to clarify how this profession has developed.

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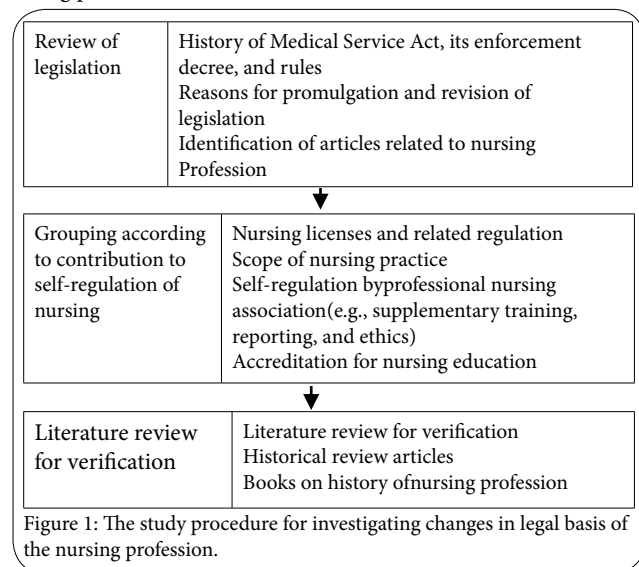
Nursing profession, Self-regulation, Medical Service Act, Licensure

## Data collection methodology

We retrieved all iterations of the Medical Service Act and legislation on nursing self-regulation from the database of the Ministry of Legislation. We retrieved the reason for the formation of a given piece of legislation, any revisions made to it, its history, and its enforcement date.

## Research procedure

To select the key factors affecting nursing, all articles of the legislations retrieved were grouped by their responsibility and authority. Then, we verified the impacts of each legislation on the nursing profession via a literature review.



**Corresponding Author:** Dr. In-Sook Kim, Department of Nursing Environment Systems, College of Nursing, Yonsei University, 50-1 Yonsei-ro, Seodaemun-gu, Seoul 03722, South Korea, Tel: (82)2-2228-3304; E-mail: [iskim@yuhs.ac](mailto:iskim@yuhs.ac)

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## Research results and discussions

### Scope of reviewed iterations of Medical Service Act and its reason for revisions

The first iteration of the Medical Service Act, called the Nation's Medical Service Act (NMSA) was promulgated on September 25 and implemented on December 25, 1951[5]. Article 2 of the NMSA designated three types of healthcare personnel: (1) doctors and dentists;(2) oriental medicine doctors; and (3) public health nurses, midwives, and nurses. The various iterations of the Medical Service Act and their enforcement dates are shown in Table 1.

Name	Enforcement Date	Number
People's Medical Service Act	December 25, 1951	Act No. 221
Enforcement decree of People's Medical Service Act	December 25, 1951	Presidential Decree No.11
Medical Service Act	March 20, 1962	Act No.1035
Medical Service Act	May 24, 1965	Act No.1690
Medical Service Act	August 17, 1973	Act No.2533
Medical Service Act	April 1, 1982	Act No.3504
Medical Service Act	March 29, 1988	Act No.3948
Medical Service Act	April 19, 2012	Act No.10609
Medical Service Act	August 2, 2012	Act No.11252

Table 1: Reviewed Acts and Enforcement Dates.

### Groups according to contribution to self-regulation of nursing

#### Nursing licensure

Historically, nurses in South Korea have been licensed by the Ministry of Health and Welfare. However, supervision of licensing examinations was controlled by local governments rather than the central government (as it would be with other healthcare personnel, such as doctors, dentists, and oriental medicine doctors)[5,6]. To apply for the licensing examination, applicants must be enrolled in a specific nursing school or must have a foreign nurse license after graduation from a foreign nursing program.

After the Medical Service Act was overhauled in 1962, it took approximately ten years to achieve integration of the license issuance with the national examination under the sole authority of the Ministry of Health and Welfare [7]. In 1988, a national licensing examination was developed for midwives, and overall management of licensing examinations was delegated to a professional institute whose sole purpose was to conduct national licensing examinations.

Recently, a major change to national licensing examinations was announced publicly: specifically, it dictated that only applicants who enroll in nursing programs accredited by the national education board can take the national licensing examination. The article of the Medical Service Act detailing this issue was announced in 2012, although it will only be enforced in 2018 [8].

The nursing licensing examination was initially directly controlled by local governments, but ultimately came under the supervision of the central government as a result of Dr. Mildred Adams' summary report on nursing in the Republic of Korea. Dr. Adams was an advisory board member of the Korean Ministry of Education and

a member of the United States Operations Mission to Korea. In Dr. Adams report, he pointed out the importance of shifting from task-oriented nursing with lower-level entrance requirements for nursing schools to practice-oriented nursing via implementation of a nursing licensing examination [9]. The Korean government accepted and applied Dr. Adams's recommendations in a major nursing policy to improve the quality of nursing education. Since this historic moment, management of the national licensing examination has been taken over by a specialized national licensing examination institute [9]. This reform was enacted because the Ministry of Health and Welfare understood how essential nurses are for a healthy workforce, which in turn is necessary for national prosperity. Another important change was make it a requirement for nurses to regularly report their current employment, which can aid in effective planning of the national and local healthcare workforce to best meet communities' needs.

Name of Act (Enforcement Date and Number)	Content of Article
People's Medical Service Act (December 25, 1951, Act No. 221)	Article 4, License
	Article 51, Examination supervised by local governments
Medical Service Act (March 20, 1962, Act No.1035)	Article 16, License
	Article 56, Examination, supervised by central government

Table 2. Nursing licensing issuance and examinations by article of the Medical Service Act.

### Scope of nursing practice

The scope of nursing practice was originally limited to care of injured or sick people and assisting with medical treatment (according to Article 1 of the Enforcement Decree of the NMSA in 1951). These duties remained in the enforcement decrees of the 1962 and 1982 iterations of the Medical Service Act[10]; however, the 1982 iteration widened the scope to its current form, where in nursing practice also includes care of postnatal women and conducting health activities as prescribed by the Presidential Decree.

The scope of practice for different nursing specialties was defined for the first time in 1973 via a ministerial decree. At this point, only three specialties were recognized: public health nurse, nurse anesthesiology, and mental health nurse[11]. In 1990, two more specialties were added: nursing assistants and homecare nurses. At present, there are a total of thirteen specialty areas defined by various enforcement decrees.

Our analysis of legislation on the nursing profession revealed South Korea's socioeconomic development plan and its effect on nursing. After Korea's liberation from being a Japanese colony in 1948, the Korean government created its first constitution. However, just two years later, in 1950, the Korean War began and lasted for over three years. In the aftermath of this war, the Korean government focused on reconstruction and economic development. During this time, nurses were exported as a labor force to Germany so that the government could obtain financial loans.

Nurses' immigration to Germany led to a greater understanding of the differences in nursing education and nursing organizational culture between South Korea and Germany [12]. When this immigration ended in the mid-1970s, nursing personnel policy in South Korea had changed extensively, with the most notable change being the establishment of a nursing assistant system [12].

Specifically, because there was a shortage of nurses domestically in the late 1960s, the government created the position of nurse assistant to ensure a supply of substitute personnel. This nursing assistant system had its benefits and faults, with the most notable fault being a scope of practice that was limited to assistant activities. However, future ministerial rules enlarged nurse assistants' scope of practice to assisting in medical treatment, which has, unfortunately, resulted in a long-lasting problem of malpractice issues.

Name of Act (Enforcement Date and Number)	Content of Article
Enforcement decree of People's Medical Service Act (December 25, 1951, Presidential Decree No.11)	Article 1, Scope of practice
Medical Service Act (March 20, 1962, Act No.1035)	Article 7, Scope of practice
Medical Service Act (April 1, 1982 Act No.3504)	Article 2, Scope of practice including public health nursing
Enforcement decree of Medical Service Act (October 10, 1973, Ministerial Decree No.426)	Article 54, Three specialty areas
Enforcement decree of Medical Service Act (January 9, 1990, Ministerial Decree No.840)	Article 54, Four specialty areas
Enforcement decree of Medical Service Act (October 1, 2003, Ministerial Decree No.261)	Article 54, Ten specialty areas
Enforcement rules on the specialty nurse (July 7, 2006, Ministerial Decree No.364)	Article 2, Thirteen specialty areas

Table 3: Scope of nursing practice and definition of specialty areas by article of the Medical Service Act.

Nursing education was further developed in the 1970s, with the first doctoral program appearing in 1973. Furthermore, the Bachelor of Science in Nursing became the standardized entry-level education for nursing. This standardization was headed by Dr. Mo Im Kim with the assistance of her nursing mentor, Dr. Adams, and began in the mid-1960s. When Dr. Kim was a congress woman and committee member for health policy in the Korean National Assembly, the Korean Nurses Association organized an open public meeting to devise a legal basis for nursing education since 1980's [13]. Since then, the Korea Accreditation Board of Nursing Education (KABONE) was established in 2001 and subsequently approved by the Ministry of Health and Welfare of Korea in 2004.

### Self-regulation by a professional nursing association

The formation of a professional nursing association was mandated by the enforcement decree of the first Medical Service Act in 1951. This act also allowed the Ministry of Health and Welfare to provide short periods of training and conduct research at its own discretion. In 1982, an ordinance of the Ministry of Health and Welfare required the nurses' central association named the Korea Nurses Association to implement supplementary training programs as required to improve the competencies of its members.

Another duty was enforced in 1965: namely, nurses had to begin reporting their current state of employment and licensing [13]. Later on, in 2012, this duty was modified by adding an article mandating that nurses' reports are to be rejected if they have not completed

supplementary training; furthermore, a stronger punishment possibility of license suspension was added.

In terms of self-regulation of ethical issues, since 2012, there has been greater regulation of ethical committee activities by the central nursing association, and it is now requisite for healthcare institutions to ask the Ministry of Health and Welfare for suspension of a nurse's license to avoid undermining nurses' dignity [14]. Besides these self-regulation activities, the word for nurses was changed from *kanhowon* to *kanhosato* to improve nurses' social image and ensure that they were afforded the same respect as doctors [15]. The Korean word for nurse was originally *kanhobu*, with the ending *bu* meaning housewife, therefore it was replaced by *kanhowon*, designating professional or technical status in 1945. In response to Korea's sociocultural effects, the word for nurse was reformed to *kanhosa*, with the ending 'sa' connoting teacher, because ending words 'sa' referred to professionals as in *uisa* for doctor, *yaksa* for pharmacist. All of this word change was possible with the first Asian president of International Council of Nurses, Dr. Mo Im Kim's support to change societal recognition of nursing [16].

Name of Act (Enforcement Date and Number)	Content of Article
People's Medical Service Act (December 25, 1951, Act No. 221)	Article 20, Guidance of short training
Medical Service Act (April 1, 1982 Act No.3504)	Article 28, Mandatory supplementary training
Medical Service Act (April 19, 2012, Act No.10609)	Article 25, Rejection of reporting from nurses who have not completed supplementary training Article 26, Asking for suspension, undermining of nurses' dignity Article 66, Suspension of license for non-reporting nurses

Table 4: Supplementary training, reporting, and ethics by article of the Medical Service Act.

The self-regulation of the nursing profession was achieved with the delegation of registration, monitoring, and discipline of nurses to an autonomous professional organization by the central governmental. This organization has helped in ensuring delivery of quality nursing services to the general population [17]. The Korean Nurses Association was founded in 1923 and has seventeen regional chapters and ten affiliated organizations, including the KABONE. The Korean Nurses Association is committed to upholding Korean nurses' social positions and building nursing professionals' competencies. It developed its first code of ethics in 1972, which has been subsequently revised to the level of global standard [18].

Regarding the expansion of nursing practice, Dr. Mo Im Kim had a vision of a global-oriented humanistic approach to nursing practice. She placed particular emphasis on the necessity of public health nursing and has created a number of training programs for the same. Ultimately, her efforts contributed to the enactment of legislation on special measures for public health and medical services in agricultural and fishing villages [19], and revision of the Medical Service Act to include the specialty of community-based home care nurses. This community health practitioner system has become a critical element of the public health workforce in remote areas [20,21].

### Accreditation of nursing education programs

Since 1951, all applicants who have completed three- or four-year nursing programs have been able to take the national licensing examination (and thereby obtain a nursing license upon passing). However, only since the late 1970s has the nursing profession strived to establish standardized entry-level nursing education programs [5]. Through various bachelor's programs (e.g., the Bachelor of Science in Nursing), self-education programs, and the credit bank program, nursing education institutions strove to optimize entry level nursing education, which ultimately led to the creation of an accreditation system. When legislation on nursing education program accreditation was introduced, the medical and engineering fields already had fully established accreditation boards. Because effective accreditation requires some time to prepare, enforcement of this legislation will only begin in 2018, despite its promulgation being in 2012 [8].

The KABONE was established in 2004 to help in creating nurses with proven competencies and to improve nursing education as a whole. The KABONE creates the standards of education for entry-level nursing programs and requires these programs to establish measures for proving graduates' competencies in clinical practice [22].

Name of Act (Enforcement Date and Number)	Content of Article
Medical Service Act (August 2, 2012, Act No.11252)	Article 7, National licensing examination, graduates of accredited nursing programs beginning in 2018

Table 5: Accreditation of nursing programs by article of Medical Service Act.

Although the KABONE was initially directly supervised by the Korean Nurses Association, it is now included as a specialized institute under the supervision of the Ministry of Health and Welfare. It is involved in accrediting four year nursing programs to ensure that these programs provide quality education and meet all of the requirements of curriculum maintenance. Since 2010, the process of accrediting nursing programs has become mandatory and much more formalized compared to its beginning.

### Conclusion and Recommendations

This study conducted a retrospective literature review and identified relevant nursing-related legislation to clarify how the nursing profession in South Korea has developed.

In summary, self-regulation of the nursing profession has expanded with development of quality accreditation for entry-level nursing education, supplementary training and reporting of current employment after licensing, and the creation of a nursing-specific ethics committee in the history of Korean nursing profession. In the current health and nursing system, the nursing profession can regulate its personnel at all stages of their development, from nursing students to nurses.

### Competing Interests

The authors have no competing interests with the work presented in this manuscript.

### Author Contributions

Both the authors substantially contributed to the study conception and design as well as the acquisition and interpretation of the data and drafting the manuscript.

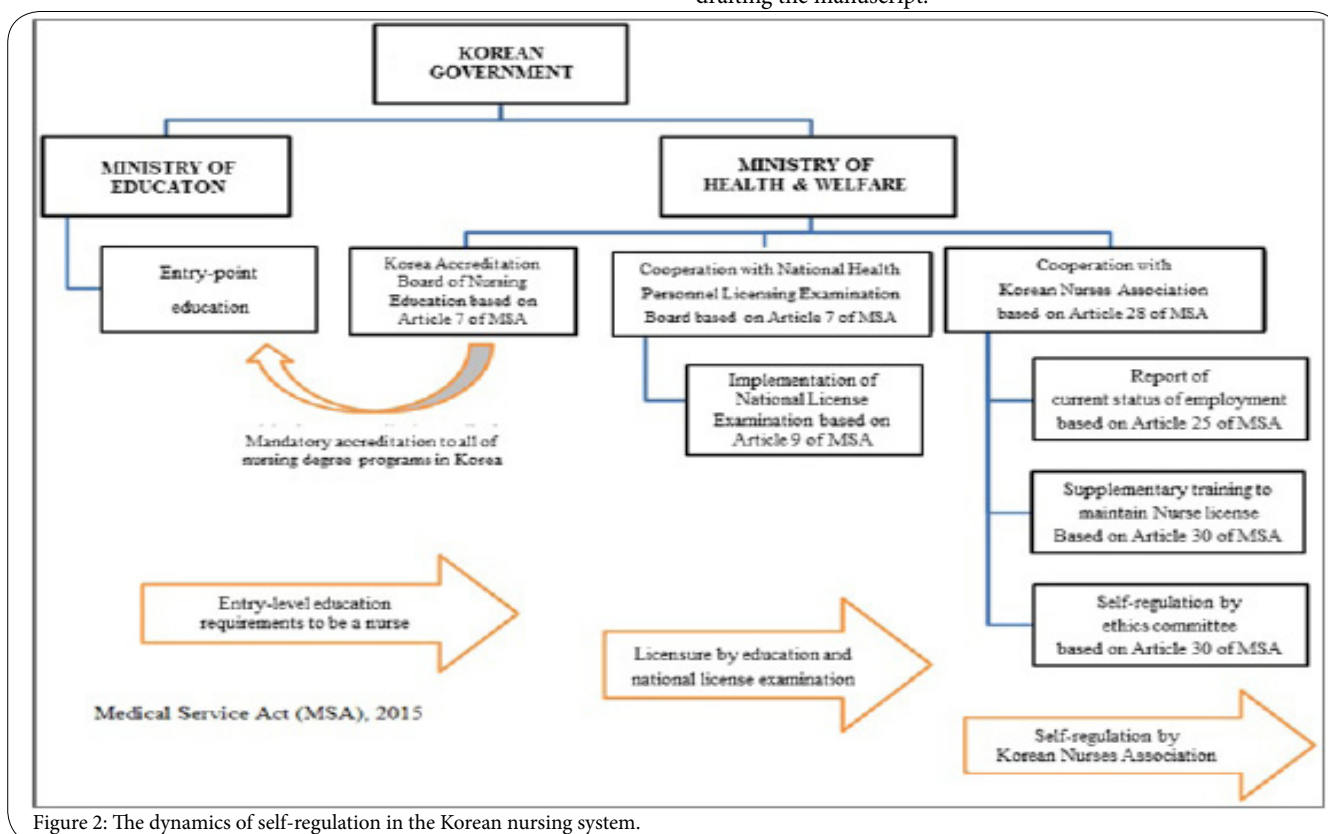


Figure 2: The dynamics of self-regulation in the Korean nursing system.

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