

Special Report

The Current Situation, Development and Challenge of Nursing and Midwifery Education in Far East Asian Countries, - China, Korea and Japan -

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Introduction

China, Korea, and Japan are neighboring countries, and have been influencing each other culturally and economically for long. On the other hand, each country has its own unique social system developed historically. Among the three countries, there are similarities and differences in nursing practices and roles with different styles of medical system development. The nursing communities of the three countries are considered to have mutual interests in one another; however, there have not been enough information exchanges among them.

Ishikawa Prefectural Nursing University

(IPNU) recently signed Memorandum of Understanding (MOU) with Nanjing University of Chinese Medicine (China), Jilin University (China), and Jeonbuk University (Korea). With this opportunity, the nursing forum of China, Korea and Japan was held on August 11th, 2017 at Kanazawa-city in Japan.

As globalization in nursing science is rapidly in progress recently, it should be worthwhile to exchange information about the current situations between these three Far East Asian countries. The purpose of this report is to present a short summary of the content of the Forum with a brief outline of nursing education and midwifery education.

Chapter 1 Broad Overview and Comparisons of Nursing and Midwifery Education in Three Countries

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1 An important occasion in the history of nursing and midwifery education.

A common factor among the three countries was that change occurred in nursing education through contacts with western style nursing prior to the year of 1900. Then, major historical

events such as war and revolution in the 1900's brought distinctiveness and diversity in the advancement of nursing education. Table 1 shows a timeline of the important events in nursing education.

Table 2 shows a timeline of the important events in midwifery education. Korea and Japan have a similar history of midwifery education system. Both countries have ancient names for birth attendants and a licensure.

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Table 1. Important events in nursing education

Events	China	Korea	Japan
Beginning of Western-style education	1887 (1 st nursing program) 1920 (5-year curriculum)	1892~ 1903: 2-year curriculum	1885
Influence of war and revolution	1966~ Many nursing school closed (the Great Cultural Revolution)	1945~ (U.S. Gov.) Includes “Public Health” and “Midwifery” into nursing education	1945~ (U.S. Gov.) Education system for “Nurses”, “Public Health Nurses” and “Midwives” established separately
Beginning of Baccalaureate program	1983: 5-year curriculum (reestablished), (3-years curriculum coexist)	1950’s: 4 & 3-year curriculum coexist 2017~ 4-year curriculum only	1952~: 4 & 3 year curriculum coexist
Master program	1992~present	1960~ present	1967~ present
Doctoral program	2004~ present	1978~ present	1969~ present

Table 2. Important events in midwifery education

Events	China	Korea	Japan
Beginning of midwifery licensure		1914: “Jo-san-sa” license	1899: “Sanba” license
Beginning of midwifery education	1929: 2-year curriculum 1935: 3-year curriculum 1952 Revocation of Midwifery school and establishment of health school.	1931 :1-year curriculum 1945 (U.S. Gov.): 3-year curriculum after completing junior or high school education	1945~ (U.S. Gov.): 6-month curriculum 1948: ”Sanba” → midwife
Introduction of certification test		1945~	1951~
Establishment of Midwifery education	2008~: curriculum of 3 years or over (midwives educated together with nurses) / No independent midwifery education system.	1962~(Revision of the medical law) Jo-san-sa = Nurse + 1 year education 1987~ “Jo-san-sa” →midwife	1948 ~ Midwife = Nurse + 6-month midwifery education
Relationship with RN licensure	RN can engage in midwifery work on passing “nursing practice examination”.	Only a person with a nursing license can enter the midwifery program of a training hospital.	Cannot work as a midwife without a nursing license.
National midwife licensure examination		1989~ New national midwife license examination	1951~

Under the U.S. governance for several years from 1945, midwifery education curriculum was modernized; however, China has a quite different development history.

2 Current education system

The current nursing curriculums are similar between the three countries as shown in table 3. The three countries are also putting great effort into continuing education.

Chapter 2 Current Situation, Development, and Challenges of Advanced Nursing Education in China: Present and Future

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1 The nursing education system in China

Traditional Chinese Medicine (TCM) was the

only form of health care in China until the early 19th century ¹⁾. In 1820, western

Table 3. Overview of current nursing education

	Undergraduate Nursing Education and Educational Challenges	Continuing Education
China	<p>Educational categories: General Fundamentals, Foundation of medicine, Nursing foundation, Nursing specialty, and Practice.</p> <p>Recently, the Ministry of Health directed reforms education to add communication, Sociology, Psychology, Aesthetics etc. to foster sense of humanity and human abilities (by 2010) .</p>	<p>1997, the Chinese Ministry of Health announced the "Continuing Nursing Education Provisions"</p> <p>Renewal of nursing licenses: 25 credits annually needed.</p> <p>5 nursing specialists are currently being trained: ICU, emergency, operating room, organ transplant, & cancer nursing.</p>
Korea	<p>The medical law in 2012 made all nursing schools get accreditation from the Korean Accreditation Board of Nursing Education by 2016. Example of education contents are Liberal arts, Basic concepts, Methodology of nursing, Pathology, Diet, Pharmacology, Body structure, Nursing specialties, Nursing management, Policy, Nursing research, Ethics, and Special topics.</p>	<p>13 nurse practitioner (NP) courses are provided (applicant should obtain a master degree with 40 credits).</p>
Japan	<p>"Act on Public Health Nurses, Midwives, Nurses" established in 1948 stipulates nursing educational curriculum. This Act was reformed several times to fit nursing education for social condition time to time.</p> <p>Educational categories: General fundamentals (Liberal arts, Social sciences), Foundation of medical & health sciences (Pathology, Anatomy, Physiology, Nosography, Epidemiology, Statistics, etc.), Nursing foundation, Nursing specialty, Nursing Integration and Practice, etc.</p>	<p>Renewal of nursing licenses: Unnecessity of nursing license renewal</p> <p>13 courses of certified nurse specialist (CNS) (applicant should obtain a master degree with 38 credits) and 1 course of nurse practitioner (NP) are provided in master program.</p> <p>21 courses of certified nurse (CN) are provided by Japanese Nursing Association.</p>

missionaries came to China and established missionary hospitals. In 1887, the first nursing education program began as a nursing training school at the Shanghai women's medical center. After that, a nurse training school was established in Fuzhou city in 1888 by Ms. E. Johnson, an American ²⁾. Hospital-affiliated nursing schools were subsequently opened in several major cities in China in association with the establishment of missionary hospitals. The Chinese Nursing Association was established in 1909 ²⁾. In 1920, Peking Union Medical College launched the first baccalaureate nursing program with a five-year curriculum. In 1930, secondary-level nursing education was introduced. However, when the China Incident involving a war between China and Japan broke out in 1937, the nursing bachelors program was canceled.

Nursing education at this time was structured in three forms: 1) apprenticeships for teacher training, 2) vocational schools in hospitals, and 3) government-run school education ³⁾. In the early 1950s, nursing education was restructured and became nine years of public education followed by a three-year nursing education program. The nursing education program still exists, although one more year has been added to the program ¹⁾.

However, there was a problem of fewer nursing staff members with increased medical needs, which intensified the burden on hospital nurses. As a result, nursing accidents occurred frequently, and the quality of medical care declined. For this reason, the Chinese Ministry of Health cooperated with the Chinese Nurse Association and established a specialized team to study this problem. Since this problem

happened, various media institutions reported on the nursing shortage and made it public ⁴⁾. The Ministry of Health issued the “Instructions on the Improvement of Nursing Duties”. The contents were as follows: 1) nurses should prioritize nursing tasks and delegate other duties to nursing assistants, 2) nursing education should be improved and training should be strengthened, and 3) the nurses’ promotion system, treatment, and benefit packages should be improved. This issue improved the quality of life ⁵⁾.

However, during the Great (Proletarian) Cultural Revolution decade, which began in 1966, nursing education was deemed unnecessary and many nursing schools were closed ⁶⁾.

After these events, nursing education resumed. In 1979, the Ministry of Health of China issued the “Opinion on Strengthening

Nursing Education Operations”, which introduced the consolidation of nursing schools and on-the-job training ⁴⁾. Further, with advancements in medical technology, expectations for nursing personnel at the university level increased. The baccalaureate program was reestablished in 1983 with a five-year undergraduate course. In 1992, the first master’s program was launched, and the first doctoral course began in 2004. Fig. 1 shows the nursing education programs in China.

2 Policy for nursing education development

The nursing education system in China consists of the following. 1) Secondary nursing college education: This is a 3-year education system with admission requirements of a junior high school diploma or higher. 2) Higher education: This consists of junior college and main curriculum, with high school diploma or

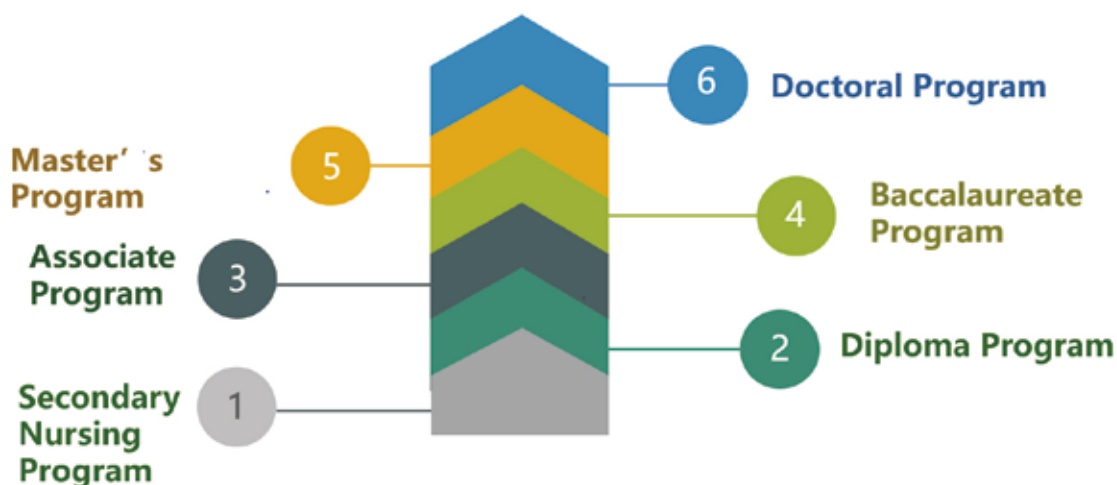


Fig. 1. Nursing education programs in China (Li: Nursing education development in China ¹⁾)

Table 4. Registered nurse’ education in China

Levels of education	Pre-requisite	Duration of study
Secondary	Junior high school	3 years
Diploma	Senior high school plus passing the NTEE ^{※1}	3 years
Bachelor degree	Senior high school plus passing the NTEE for BSN or RN plus passing the ANTEE ^{※2}	4 or 2 years for RN-held diploma

※1: NTEE: National Tertiary Entry Examination
 ※2: ANTEE: Adult National Tertiary Entry Examination
 (Li: Nursing education development in China ¹⁾)

higher as the entrance requirement. 3) Adult nursing education developed two types of educational systems: Correspondence education and college education for occupational nurses. The university degree or bachelor's university courses were studied and the educational background was strengthened. Table 4 shows a registered nurse 'education in China.

Since 1993, the Ministry of Health has required that students graduating from nursing programs at the health schools and those with university diplomas must pass the National Nurse Qualification Examination (NNQE). Before 2008, all nursing students, regardless of the level of nursing education, had to pass the NNQE. The Instructional Committee for Nursing Education of the Ministry of Education (ICNE) was established in 2007 to assume control of the National Professional Program Accreditation in Nursing.

The nursing education curriculum in China is usually divided into categories of general fundamentals, foundation of medicine, nursing foundation, nursing specialty, and practice. Although nursing education reforms have been conducted since 1996, many nursing higher education institutions used medical education models, so their expertise was not adequately reflected in the nursing education curriculum formation.

As a result, the Ministry of Health, as a goal of nursing education reform until 2010, increased the basic subjects contributing to enhanced humanity and human ability development such as sociology, psychology, communication, aesthetics, etc. in the current curriculum proposed by the Ministry of Health.

In response, Nanjing University of Chinese Medicine has Nursing of alternative medicine, (TCM-nursing courses), Humanities and social sciences, and a Quality development course. It is focused on training students' critical thinking ability, problem solving skills, communication skills, team consciousness, and cooperativeness⁷⁾.

Health schools provide a three-year nursing program for students who have graduated

from junior high school. Before 2000, health school-based nursing training was the dominant form of nursing education in China. Nursing was previously considered below clinical medicine as a second-class subject. Nursing remains challenged by many constraints in terms of research engagement, policy influence, and access to resources. The Chinese Ministry of Health and the Chinese Nursing Association have been studying the nurses' licensing system for a long time. As a result, the scale of higher education for nursing in China has increased. The number of nurses who received higher education increased from approximately 5.94 million in 1996 to 11.43 million in 2002⁶⁾. In 2011, the nursing discipline was granted the status of a first-class subject (Academic Degrees Committee of the State Council). Today, nursing enjoys an independent status, allowing the admission of postgraduate students as an autonomous discipline.

However, educational methods and contents were not said to meet the development and needs of modern nursing. In vocational schools, there was somewhat of a nursing theoretical shortage, and in university education, the theory and the practice were said to deviate. In the universities, teachers who are not nurses (medical teachers, doctors) or nurse teachers who do not have a university education oversee nursing education. These facts appear to affect the quality of nursing education⁴⁾. For this reason, in the China Nursing Career Development Plan (2005-2010), the problem was clearly defined in the Chinese field of nursing education and a macro objective policy was set⁵⁾.

Based on this objective policy, each nursing educational institution was required to set the curriculum formation structure according to each educational goal, the education method, teacher training, and cooperation with hospitals and in each area.

3 Further nursing education

Because nursing education was interrupted during the Great Cultural Revolution, there

Table 5. Continuing education credits in China

Learning activities	Type 1	Type 2
National level programs	3 hours of lecture attendance =1 credit	
Provincial level programs	6 hours of lecture attendance = 1 credit	
Organizational level programs		1-2 hours of lecture attendance = 0.5 credit

(Li: Nursing education development in China ¹⁾)

was a shortage of educators specializing in this field. To enhance nursing education that responds to social needs, it appeared necessary to train educators first. There was an urgent effort to train nurses with high expertise to fill the role of practical leaders in hospitals, and educational and research nurses who nurture nurses to become leaders. For nursing professionals to be acknowledged as professionals in society and to develop as professional occupations, it was necessary to continue education in which nursing staff could continuously improve their levels. In 1997, the Chinese Ministry of Health announced the "Continuing Nursing Education Provisions" ⁵⁾. Further education policies have required nurses to accrue 25 credits annually to renew their licenses.

Table 5 shows a continuing education credits in China. Type 1 credits are the higher level of credits and cannot be replaced by Type 2 credits. RNs must attain 3-10 Type 1 credits and 15-20 Type 2 credits. Only a small number of medical universities and their teaching hospitals are accredited to provide Type 1 programs. Only tertiary hospitals (above 500 beds) have the authority to offer Type 2 credits. All non-tertiary hospitals have been completely excluded as program providers.

This system is a coalition between the UK medical organization and the nurse education organization. It has become possible to maintain the quality of adult education after formal training by establishing unified test standards in the region and the entire country. To secure nursing resources, the Chinese government clarified the nursing qualifications

and attempted to improve nurses' social positions and treatment in five ways: 1) To clarify the job title of the nurse, 2) to establish a pay ration system, 3) to award an "honorary title" to long-time employees, 4) to establish a "day of nursing", and 5) to promote reinstatement to nurses ³⁾. The specialized nursing professional system in China was proposed in the "China Nursing Career Development Plan" (2005-2010) and specialized nurses are currently being trained in five specialized nursing fields: ICU, emergency, operating room, organ transplant, and cancer nursing.

In the China Nursing Career Development Plan ⁵⁾, the goal is to develop a continuing education system for nursing teachers. However, it has also been reported that there are few faculty members who have actually received it, because of human labor shortages and for economic reasons. In Japan as well, there are several inhibitors to the development of the continuing education system. There is a lack of practical nursing faculty manpower. The university's educational philosophy has not fully reflected on clinical nursing educational practice because of insufficient exchanges between universities and clinical faculty members. In fact, it is suggested that they are engaged in educational practice without a solid idea of their educational philosophy ²⁾. Therefore, we believe that it is necessary for both countries to devise a means to both enhance continuing education and secure training time for the continuing education curriculum development of clinical nurses in the future.

Chapter 3 The Current Situation, Development, and Challenges of Midwifery in China

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1 The current situation of world midwifery

Providing professional midwifery services to every pregnant woman can effectively reduce the morbidity and mortality of mothers and neonates. Midwives play an important role in the protection of their health. More than one third of all women in the world have little or no access to professional care during childbirth (fig. 2). Most complications causing maternal death occur during pregnancy, the majority of which could be prevented or cured^{8,9)}.

2 The current situation and development of midwifery in China

Maternal and child mortality rates in China are around the average in the world, while there is a great regional difference. Birth defects in China are becoming increasingly obvious. The rate of cesarean section is high in China. Additionally, children's nutrition needs to be further improved^{8,9)}.

2-1 The development process of Chinese midwifery

The development process of Chinese

midwifery can be divided into 4 periods: the origin period (1929-1949), development period (1949-1979), unclear positioning Period (1979-2008) and subordinate care period (2008 to the present).

In 1929, the National School of Midwifery was founded by the midwife law and midwives' ordinance in Beijing. At this time, it was a two-year secondary school, which became a three-year college in 1935. In 1952, the first midwifery school abolished, provincial and municipal health bureau set up the health schools. From 1954 to 1956, the maternity hospital training midwives was decentralized throughout the whole area.

However, since this time the midwifery team has gradually shrunk and its professional independence and policy introduction has weakened over time. In 1979, the number of personnel for prevention of infectious diseases increased and the training of doctors and senior nurses was promoted. In 1994, the nursing system, registration, and title promotion in full accordance with the practicing standards of nurses were separated.

In 2008, nursing and midwifery candidates

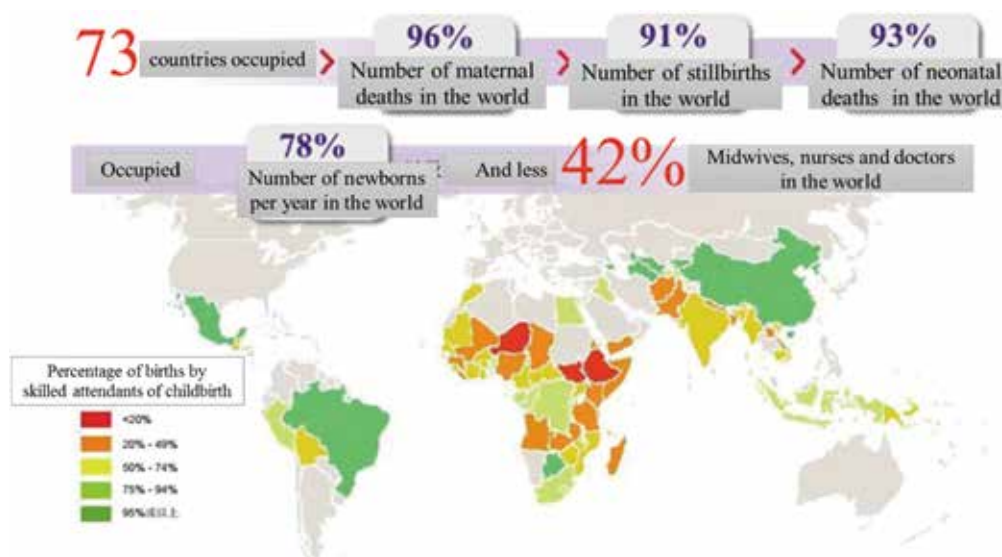


Fig. 2. The Percentage of births by skilled attendants of childbirth (UNFPA: The State of the World's Midwifery 2014¹⁰⁾, Partial modification)

were educated more than 3 years before the corresponding academic certificate were obtained. Additionally, Tianjin Medical University runs undergraduate midwifery education and set up midwifery classes. In 2010, 78 colleges and universities set up professional education for midwifery. Registered nurses passing the nursing practice examination obtain a “maternal and child health care technology assessment certificate” through the practices in the maternal and child health care assessment and, as a result, can engage in midwifery work ⁸⁾.

2-2 Problems in the current situation of midwifery in China

There are four problems in the current situation of Chinese midwifery: 1) insufficient number of midwives, 2) no perfect midwifery education system, 3) blurred midwifery duties, and 4) necessity of innovation in midwifery. According to the National Midwifery Technical Human Resources Analysis of the Status report (2011), the number of midwives per 1,000 people in china is 0.03, which is considerably lower than in other countries ^{8,9)}. The number of fertile women per midwife is 4000, which is considerably larger than that of other countries. The “Two Children” Policy was fully implemented in January 2016. Along with this, it is predicted that the number of births will increase, so the increased number of midwives is expected accordingly. On the other hand, midwifery education system is far from perfect. The number of clinical midwives with midwifery professional certificate is extremely limited. Graduates of nursing

colleges with experiences in the nursing professions worked for a period as nurses and then transferred to the midwifery profession. In addition, the midwifery profession has been slow to develop. There is no national unified midwifery certification system in China ⁸⁾.

3 Innovation of the midwifery profession in China

At present, there is no independent midwifery education system in China, which is mainly a part of nursing specialty courses. The midwifery education in undergraduate is just beginning to develop. Special midwifery courses include embryology, surgery, home care, maternal and child health care, in addition to midwifery. There is no uniform norm for either training objectives, or the curriculum of these courses. To improve this situation, there are some new movements. Eight colleges and universities carried out full-time midwifery undergraduate enrollment pilot training in 2014. Eight hospitals officially became a standardized training center for midwives and the Ministry of Education announced the newly revised “Higher Vocational Education (specialist) Professional Directory (2015)”, and formalized midwifery, nursing, and other professions in 2015. It is necessary to construct an appropriate Chinese midwifery education system, to formulate midwifery management practices recognized by the national health authorities and midwifery academic groups, and to promote midwife legislation providing clear practice guidance and legal guarantee for midwifery from now on ⁸⁾.

Chapter 4 The History of Nursing and Midwifery Education in Korea

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1 Korean nursing education

1-1 Traditional nursing education in Chosun Dynasty (1392-1880)

The Medical Woman Training Program began from 1406 in Chosun. Tens of young women were selected and educated every year

in Jesangwon (a national hospital established in 1397), later in Hyeyeminsoe. They learned Confucian texts, medical text reading, pulse analysis, blood vessels and energy flow system, herbal medicine, acupuncture, medication, meridian treatment, and so on. Their roles

included the roles of doctor (usually for women), doctor's assistant, and nurse ^{11,12)}.

1-2 Nursing education of the western style nursing (1880-1944)

The first western style women hospital began to educate Korean female doctors from 1892 and established the first western style nursing education system (2-year program) in 1903. In 1891, the first western nurse, Ms. Heathcote, arrived in Korea from England. Ms. Shields, an American missionary nurse, came to Korea in 1897. She was called Korean Nightingale because she established the western style nursing system in Korea with her endless efforts. The subjects of nursing education program included human body structure, blood and circulation, anatomy, physiology, dietary treatment, drug and medication, hygienics, addiction and detoxification, midwifery, obstetrics, otolaryngology, surgery, infectious disease, the life of Nightingale, qualifications for nurses, nursing ethics, rules for hospital, and so on ¹¹⁻¹³⁾. Korean National Hospital, the predecessor of Nursing College, Seoul National University, started its nursing school in 1907. It included more Japanese subjects because Chosun government was advised and managed by Japan from 1905. The medical school of Kyungung Imperial University established its nursing training school for nurse and midwifery in 1928. Subjects such as hygiene law, self-discipline, Japanese language were also included in curriculum ^{11,12,14)}.

Severance Nursing Training Center, the first private nursing school in Korea and the predecessor of Severance Medical College, started in 1910 and later extended its nursing program to four years. The number of missionary nursing school increased to 8 in 1932. Private nursing education was dominated by missionary schools in the period ¹¹⁻¹³⁾.

1-3 Nursing education under the U. S. military government (1945-1948)

After the liberation from Japanese

colonialism, the U. S. military government began from 1945. Under the military government, nursing affairs included public health and midwifery and was considered as important as medical affairs. The Military Government organized a committee to professionalize nursing education system and to improve the levels of nursing education with better curriculum. The Military Government introduced 3-year nursing high school system which accepted only the graduates of middle school from 1946. The curriculum included liberal arts and professional subjects such as nutrition, pharmacology, anatomy and physiology, bacteriology, medication, nursing history, personal hygienics, nursing ethics, bandage and dressing, nursing for internal medicine, and so on. Related practices were also included ¹¹⁻¹³⁾.

1-4 Nursing education during the early Korean government (1948-1960)

After the independent Korean government was established in 1948, it gave up the nursing professionalization policy of the U.S. military government. It shortened the length of nursing education to two-years during the Korean War with the aim of producing more nurses to take care of more wounded soldiers. After the Korean War, all nursing schools became a 3-year Nursing Technical High School again. In the 1950s, some universities such as Yonsei University opened 4-year nursing program. Both 3-year and 4-year nursing programs coexisted, but the curriculum of both programs were very similar. The 4-year nursing programs included more liberal art subjects, ethics, nursing history, and philosophy ^{11,12)}.

1-5 Nursing education during the rapid economic growth (1961-2000)

In 1960, the first master program of nursing was established and the first doctoral program was also established in 1978 at Ehwa Women's University in Korea. The spread of graduate programs and more educated professors stimulated more international and national

nursing conferences and nursing scholarly journals in Korea. The publication of nursing texts was also multiplied ^{11,12)}.

The Korean government introduced the nurse aide education in 1967 ¹¹⁾. The curriculum of the nurse aide program was only 9 months program and these programs were managed by private institutes or nurse aide training centers. In 1976, all nursing high schools were abolished and only 3-year nursing program in colleges or 4-year nursing program in universities were allowed ^{11,12)}. Many nursing departments became independent from medical school and established as an independent nursing college.

The title of nursing subjects were also changed, Internal & Surgical Medicine was changed into the Adult Nursing, Nursing for Obstetrics and Gynecology into Maternity and Women's Health nursing, Nursing for Mentally Ill Patients into Psychiatric Nursing and so on ^{11,12)}. Subjects such as Nursing History, Nursing Theory and Nursing Philosophy became more important than before, because these subjects were accepted as the base to strengthen the scholarly base of nursing. Even though the curriculums of 3-year and 4-year programs during these periods were similar, 4-year program included more liberal arts and scholarly subjects such as theory and methodology ¹¹⁾.

Until the 1970s, nursing was dependent on the disease-oriented medical treatment. But many nursing theories which emphasized the uniqueness of nursing knowledge as total care were introduced and spread in the 1980s. These new nursing theories emphasized that nursing should consider not only the illness of the body but also social and cultural environments, human support system, and patient-community- professional interactions ¹¹⁾.

1-6 Current nursing education in Korea (2000~ Present)

1-6-1 Nursing education of the undergraduate program

The medical law in 2012 made all nursing

schools get accreditation from the Korean Accreditation Board of Nursing Education by 2016. The goal of accreditation is to ensure that all nursing college education meet the acceptable level of quality. Only graduates from accredited nursing college can take the National Board Examination for Registered Nurse. After 2017, all nursing schools in Korea transformed into 4-year program to improve the quality of nurses and all 3-year nursing programs were abolished. Now only graduates of 4-year nursing college or departments can take the nursing license examination ¹¹⁾.

In the case of Nursing College of Seoul National University, nursing students learn liberal arts and basic courses in the 1st year. In the 2nd year, students learn basic concepts and methodology of nursing, pathology, diet, pharmacology, body structure (anatomy and physiology), and nursing specialties (major nursing subjects). In the 3rd year and 4th year, students learn nursing specialty subjects, nursing management and policy, nursing research, nursing ethics, and special topics ¹¹⁾.

1-6-2 Nursing education of the graduate program

Korean nurse practitioner system was introduced in 2000 and 13 advanced nursing specialty programs, which give nurse practitioner license, have been established. The advanced specialty program include public health, anesthesia, psychiatry, home nursing, infection management, industrial nursing, emergency nursing, elderly nursing, critical care nursing, hospice care nursing, cancer nursing, pediatric nursing and clinical nursing. In order to get nurse practitioner license, the applicant should have 3-year clinical experiences in the related area during the past 10 years and should get the master degree in the specialized domain with 40 credits. After graduation, they should pass the national board examination, writing and practice examinations. If passed, they get the nurse practitioner license and work for the advanced nursing or as nursing leaders in clinical or

public health nursing. Each nurse practitioner specialty program has different subjects. However, they should take 6 common subjects such as advanced nursing theory, advanced nursing research methodology, role and policy about nurse practitioner, advanced physical assessments and practices, advanced nursing pharmacology, and advanced patho-physiology. Recently the numbers of nurse practitioners in home care, public health, and geriatric nursing are growing fast ¹¹⁾.

1-6-3 Nursing education of the general master and doctoral program

General master programs aim to produce more knowledgeable clinical nursing leaders ¹¹⁾. If nurses have master degree, they are considered as advanced expert in general. With master degree, they take the role as more advanced clinical nurses, clinical nursing leaders, nursing administration managers or leaders, policy makers, or educators. Some students in the master program aim to enter doctoral program to become researchers or professors ¹¹⁾. Master and doctoral programs, in many schools, were integrated into one curriculum ¹¹⁾.

In the case of Nursing Graduate Program of Seoul National University, nursing master program requires 30 credits, and nursing doctoral program requires 30~36 credits. Their curriculum includes subjects such as nursing theory (philosophy), nursing research (research methodology, statistics), nursing history, dissertation writing, and so on. They also provide specialized subjects. Students usually take common subjects about theory, methodology, and history and choose their own specialized subjects according to their own specialty ¹¹⁾.

1-7 Nurse Aide Program

Private institutes and education centers can open one year nurse aide program. High school graduates can enter this program. Their curriculum includes nursing management, elementary anatomy and physiology,

elementary medication, elementary nutrition, elementary dentistry, elementary herbal medicine, basic principles of nursing, adult nursing, maternity nursing, pediatric nursing, geriatric nursing, elementary nursing for emergent treatment, public health education, public health administration, environmental public health, industrial public health, disease management, delivery, mother-baby health, community hygiene, medical rules and laws, and hospital nursing practices. There are also 38 technical high school programs for nurse aides. They teach the same nursing subjects of private training institutes for nurse aides. After getting nurse aide license, they usually work in private hospitals, elderly hospitals and nursing homes ¹¹⁾.

2 Korean midwifery education

2-1 Midwifery education for San-pa (1914-1950)

Regulations on midwifery (San-pa) were first introduced by Japanese Colonial Government in 1914 and it institutionalizes the midwifery license system. Acquisition of the license required either graduation from a designated educational institute such as Korean National Hospital, midwifery departments of provincial Hospitals or passing the licensure examination. The education period was set at one year minimum in 1931, and the standards for educational curriculum were designated. In 1945, the U.S. military government stipulated the qualification to enter a nursing school to be graduates from junior or high school, and midwifery education to be three year program and to practice at least with 20 cases in the last year as practical training year ^{15,16)}.

2-2 Midwifery training for Jo-san-won (1951-1986)

Jo-san-won (midwifery clinician) certification test was introduced from 1945, and many people who had practical experience in midwifery became Jo-san-won after passing this test. The first independent program of midwifery education in Korea was established

at the Busan Ilsin Women's Hospital (subsequent Busan Ilsin Christian Hospital) by the MacKenzie sisters in 1953¹⁷⁾. It was originally a six-month program, but was extended to nine months in 1958, then to one year because of the revision of the medical law in 1963. This hospital offered high-quality midwifery education and produced 2,599 Jo-san-won by February 2009, when it stopped the program by the same year^{17,18)}.

Upon the revision of the medical law in 1962, the midwifery license was issued only to those who had a nurse's license and completed a one-year midwife training course of a medical institution acknowledged by the director-general of the Department of Health and Social Welfare¹⁶⁾. Since the standard for a designated medical institution as the place of training midwifery was either a training hospital for gynecology and obstetrics or a training hospital for young and adolescent children that handles 100 or more childbirths per month on average and the enrollment of trainees was limited to 1/10 of the number of childbirth, there were only five designated institutions (Busan Ilsin Christian Hospital, Seoul Medical Center, etc.)¹⁸⁾.

2-3 Midwifery training for Jo-san-sa (1987-)

The medical law was revised in 1987 and the title of Jo-san-won was changed to Jo-san-sa. New national midwife license examination has been implemented from 1989, and only those who successfully pass the examination are able to acquire the license.

2-3-1 Curriculum of midwifery training course at Busan Ilsin Christian Hospital

The curriculum covers the preparatory course, neonatal nursing (normal and abnormal), midwifery (normal and abnormal), family planning, obstetric anesthesiology, pathology, home childbirth, maternal and child health in community, infection control, safety control, medical ethics and manner, and regulations on midwifery and consists of 217 hour lectures¹⁸⁾.

Practical training includes midwifery (lecture on midwifery in both normal and abnormal cases as well as actual nursing management), birth assistance, method to manage expectant and nursing mothers before and after childbirth, parenting method for new born and immature babies, maternal and child health and related regulations, family planning and instruction for mothers' class, consultation method for parenting, lactation method for mothers and children, and instruction for rooming-in system (2,228 hours)^{19,20)}.

3 Challenges of nursing and midwifery education in Korea

Korean nursing scholars worry about the decline in the quality of nursing education because of sudden increases in nursing and hospitalization facilities and also in nursing students. With the amendment of the medical law, all nursing college and department should get the evaluation for accreditation every 5 years. Increase of nursing students raises a question of sufficient quality clinical training. In order to do good quality nursing education, Korea needs a curriculum structure suitable for changes in the health care environment and also high-quality clinical practices.

Although Korea has only 100 years of modern nursing education, Korean nursing education has been greatly improved and produced excellent nurses and scholars. The quality of nurses and nursing scholars has grown to the world level. But nursing is still considered as subordinate part of medicine. The total care understanding of human and nursing cannot be implemented in this situation. It should be allowed to open independent nursing clinics and nursing should be considered the same level of independent profession for total care as medicine. Through more advanced specialty nursing and services, nursing can provide more advanced total health service for people²⁰⁾.

In midwifery education, only a person with a nurse license can enter the midwifery program of training hospital. After the program, they

can take the national examination. However, this midwifery program of training hospital has many limitations. Midwifery curriculum, program management and practices are not well organized. In order to improve the

midwifery program, it needs an independent department at medical or nursing colleges. Or nurse practitioner program for midwife is a better alternative ²¹⁾.

Chapter 5 The Current Situation, Development and Challenge of Nursing Education in Japan

Kazuyo KAWASHIMA (PhD, RN)

The education for the nursing profession will be referred to as the “Nursing Education System”. The “Nursing Education System” in Japan is separated into “Basic Nursing Education” and “Continued Nursing Education”²²⁾. “Basic Nursing Education” consists of “Public Health Nurse Education Curriculum,” “Midwife Education Curriculum”, “Nurse Education Curriculum” and “Assistant Nurse Education Curriculum”. In “Public Health Nurse, Midwife, and Nurse Education Curriculum”, students can obtain licensures by passing the National Exam, while in “Assistant Nurse Education Curriculum”, by passing the Prefectural Exam²³⁾.

The “Specified Regulation for Public Health Nurse, Midwife and Nurse’s Training School” established for nurse education curriculum is a joint ministerial ordinance between the Ministry of Education, Culture, Sports, Science and Technology and the Ministry of Health, Labor and Welfare. The nursing education system in Japan has diverse courses: college education; three-year junior college and vocational school; five-year high school integrated program for assistant nurse; junior college and entrance course from assistant nurse to nurse.

Table 6 summarizes the history of the nursing education system in Japan²⁴⁾. The nursing education system in Japan began with “midwifery education”, after which the western nursing education was introduced. Subsequently, the rise of the medical department brought changes in nursing education by doctors. After the Second World War, under the guidance of the Allied Forces General Headquarters (GHQ), legislation was

enacted to establish a nurse training system, which gradually achieved education by nurses.

In recent years, nursing education has advanced to university level education. However, due to a matter of law, there remains an insufficient recognition of the importance of higher education for nursing occupation. This is exemplified by the fact that “Three-year Nurse Education Curriculum” and “Assistant Nurse Education system” are left unchanged, resulting in the continuation of fundamental problems in a nursing profession.

After World War II, Japan became under GHQ occupation. There was a Public Health and Welfare Bureau at the Supreme Headquarters of GHQ, established in the Nursing Division, and the first manager, Ortho, took office and vigorously promoted the reform of the nursing system. This led to the establishment of both the “Act on Public Health Nurses Midwives Nurses” and the Health and Welfare Ministry of Nursing, and to the birth of the Japan Nursing Association. Meanwhile, during the post-war reconstruction period, large hospitals were constructed and the shortage of nurses became a serious problem. As a measure to solve the problem, “Assistant Nurse Education System” was established, and the number of Assistant Nurses increased rapidly.

In 1950s, first 4-year university course came into existence in the University of Kochi, Faculty of Home Economics (1952). Subsequently, in 1953, the health nurse department started at Tokyo University. Around 1959 to 1962, hospital strikes occurred frequently in Japan. “Curriculum Improvement Campaign” began in conjunction with the

subsequent unstable social situation, and discussion for revision of Nurse Education System developed. In nursing education, it was an era when nursing students were incorporated into hospital labor. Based on Article 1 of the “Act on School Education” there had been recommendations that “Basic Nursing Education” be carried out in schools, and that improvement of the “Assistant Nurse Education System” should be a primary focus of consideration. However, these recommendations were not acted upon.”

Since 1964, health nurse department was established in high schools, nursing teacher training was also conducted at the Faculty of Education, and a nursing teacher with a high school teacher’s license was born. Furthermore, the nursing school attached to the medical department changed to medical technology junior college. In 1975, the first nursing department was born at a national university (National Chiba University School of Nursing). Until this time, Japan was also in a period of high economic growth, and the increase in higher education institutions led to a large number of nursing leaders.

In the 1980s, a postgraduate doctoral course was established at St. Luke’s College of Nursing, which has a tradition as a nursing educational institution, and the academic

foundation is in place (1986). Since the 1990s, the number of 4-year universities has rapidly increased, and as of 2016 there are 256 schools. In addition, graduate school education of certified nurse specialist was also started. In the 2000s, an increase in the turnover of new graduate nurses became a problem, so the importance of collaboration between educational institutions and hospitals was pointed out, and clinical training for new graduate nurses was institutionalized.

Today, Japan has experienced various changes in social situation such as super-aged society, population decrease, increased medical expenses, etc. Therefore, there is a demand for change from hospital-centered medical care to community-based medical care. Basic Nursing Education needs a paradigm shift to education that can respond to social needs.

Table 7 shows changes in society and reform of contents of nursing education ²⁵⁾. Along with the expansion of the concept of nursing and the changes in social situation, the liberal arts subjects became important, and specialized subjects of nursing have been developed and increased. On the other hand, it has been pointed out that practical training time has been greatly reduced, making it difficult to obtain experience necessary to cope with the diverse medical and nursing needs. Therefore,

Table 6. History of nursing education system in Japan

<ol style="list-style-type: none"> 1. Nursing education system in Japan started with midwifery(maternity nurse) education. 2. Nursing education system in Japan ¹⁾ started after being imported from the West. Kanehiro Takaki, the founder of Yushi Kyoritsu Tokyo Hospital (renamed to The Jikei University School of Nursing), opened the Nursing Education Center (Nightingale Method of Training) in October 1885, which later spread all over Japan 3. Increased number of nursing education facilities with medical faculties and associated hospitals, with nursing education <u>medical initiatives</u> established in law. 4. Deterioration of public health and spread of tuberculosis due to impoverishment from the long war lead to the birth of the public health nurse education system. 5. After the Second World War the “Act on Public Health Nurses, Midwives, and Nurses” was enacted under the guidance of the General Headquarters of the Allied Powers, and the education system changed and developed into the nursing initiative. 6. In recent years nursing education has rapidly changed to be done through universities, and there are other issues, such as the 3 years education period and whether to continue the assistant nursing system.
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*1: The terms for public health nurse, midwife, and nurse were changed to be non-gender specific terms in the 2001 legal reform

This table was reconstructed based on Chikada K ²²⁾

Table 7. Changes in society and nursing education revisions
(Specific regulation revisions 1967- 2008)

Item	1 st Reform (1967)	2 nd Reform (1989)	3 rd Reform (1996)	4 th Reform (2008)
Target of Specific Regulation Revisions	<ul style="list-style-type: none"> •Comprehensive Medical Treatment •Integrated Nursing •Enlarging the Concept of Nursing from the Framework of Medicine 	<ul style="list-style-type: none"> •Yutori Education (Cultivating decision making and practical skills) •Equal Education for Men and Women •Progress of the Ageing Society (Over 10% old age population) 	<ul style="list-style-type: none"> •Declining Birthrate & Ageing Society •Limit of family nursing •Sudden Rise of Medical Expenses •Stressed Society •Increase of Nursing Universities 	<ul style="list-style-type: none"> •Safe, Reliable Medical Treatment •Demand for Increase in Practical Nursing Skills
Revision Details	<ul style="list-style-type: none"> •Systemization of Nursing Education •Introduction of General Education Subjects •Consolidation of 4 Fields which Separate Growth and Development •Full-time Teaching Staff •Practical Placements <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Specialty General Nursing Science Adult Nursing Child Health Nursing Maternity Nursing </div>	<ul style="list-style-type: none"> •Discretion of Basic Subjects •“Gerontological Nursing” •Women’s Health Nursing Practicals, male students allowed to take the course •Reduction of Study Time <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Specialty Fundamental Nursing Adult Nursing Gerontological Nursing Child Health Nursing Maternity Nursing </div>	<ul style="list-style-type: none"> •Independence of “Home Care Nursing” and “Psychiatric Mental Health Nursing” •Change from Time to Credit System •Increase of Full-time Staff <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Specialty Fundamental Nursing Adult Nursing Gerontological Nursing Child Health Nursing Maternity Nursing Home Care Nursing Psychiatric Nursing </div>	<ul style="list-style-type: none"> •Establishment of “Integrated Fields” and “Integrated Subjects” and Increase in Credits <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Specialty I Fundamental Nursing Specialty II Adult Nursing Gerontological Nursing Child Health Nursing Maternity Nursing Psychiatric Nursing Integrated Fields Home Care Nursing Integrated Practical Nursing </div>
Teaching Time/Credits (Practical Time/Credits)	3,375 hours (1,770 hours)	Over 3,000 hours (Over 1,035 hours)	Over 93 credits (23 practical credits =1,035 hours)	Over 97 credits (23 practical credits =1,035 hours)

This table was reconstructed based on Takahashi M²⁵⁾

faculty members need to apply faculty development to improve educational contents more effectively.

The current state of Basic Nursing Education in Japan can be summarized as follows: 1) There are various courses to acquire nurse licenses. 2) Rapid increase of nursing universities since 1990, over 20 fold increase in half a century. 3) Continuation of the “Assistant Nurse Education system”. 4) Advances in medical treatment, ageing society, advances in in-home care, etc., lead to an increased role of nurses (expanding training of advanced nurse specialist). 5) Ability for cooperation and support among various occupations is even more necessary than before.

Furthermore, the tasks in Basic Nursing Education can be summarized as follows.

- 1) Many students from nuclear families, raised in a wealthy period, with few life experiences, have difficulty imagining the lifestyles and diseases of others. In order to carefully study the progress of medical treatment and the lifestyles and diseases of others, it is necessary to

extend the basic nursing education period.

- 2) Security has been emphasized because of upgrading of medical care and growing awareness of patients’ rights in hospitals. Therefore, it is becoming difficult to secure practical training facilities for nursing students.
- 3) Visualize the attainment level on nursing practice abilities of nursing students at graduation, and clarifying the quality assurance of basic nursing education.
- 4) In the future, it is necessary to cultivate certified nurse specialists, certified nurse administrators, nursing educators and researchers, and public health nurses who can make policy recommendations. Basic nursing education that nurses continue motivation for life-long learning is considered important.
- 5) The basic nursing education is a requirement that graduating from high school, and it abolished “Assistant Nurse Education Curriculum” in Japan, promote the standardization of nursing education.

Chapter 6 Trends and Challenges in Japanese Midwifery Education

Kohko HAMA (PhD, RN, Midwife)

1 Post-war transitions and challenges in midwifery training

Since the end of the Second World War, the training of midwives in Japan has been changing in concert with the obstetric medical care system and birth rate trends. With the rise in facility-based deliveries and preventive activities as a result of health examinations under the General Headquarters of the Allied Forces, Japan became one of the countries with the lowest national birth and premature mortality rates in the world ²⁶⁾.

While the training period for midwives after the war was for a long time quite short, at only 6 months or more, even this could not compensate for the retirement of midwives trained under the previous system, and by the early 2000s the number of working midwives had fallen from 55,000 to 22,000 ²⁷⁾, which was insufficient to surmount the shortage (Fig. 3).

For many years, basic midwifery education in Japan was handled as a specialized subject in 1-year courses in vocational schools and for junior college majors. In addition to the government's official Designated Regulations and Standards for Public Health Nurses, Midwives, and Nursing Schools and Training

Schools, individual training schools have also been working to enrich their respective curriculums. However, the shift to university-based nursing education took place at the same time as the arrival of declining birth rates in 1990 ²⁸⁾. Along with this shift, basic midwifery education also began to be offered at the university level, where some midwifery studies subjects were positioned as elective subjects and others were replaced by nursing science subjects to fulfill the Designated Regulations and Standards. However, the short period required to complete the midwifery qualification and the insufficiency of practical midwifery skills in clinical settings remained apparent.

Since the improvement of the midwifery curriculum and the training of personnel continued to be urgently required, the minimum length of courses offered at midwifery schools in the 2009 revision to the Act on Public Health Nurses, Midwives, and Nurses was extended to 1 year or more. Then, after the figure of 2,000 people was cited as the target number of successful candidates passing Japan's national midwifery examination under the following year's proposal for obstetrics and gynecology health care reform

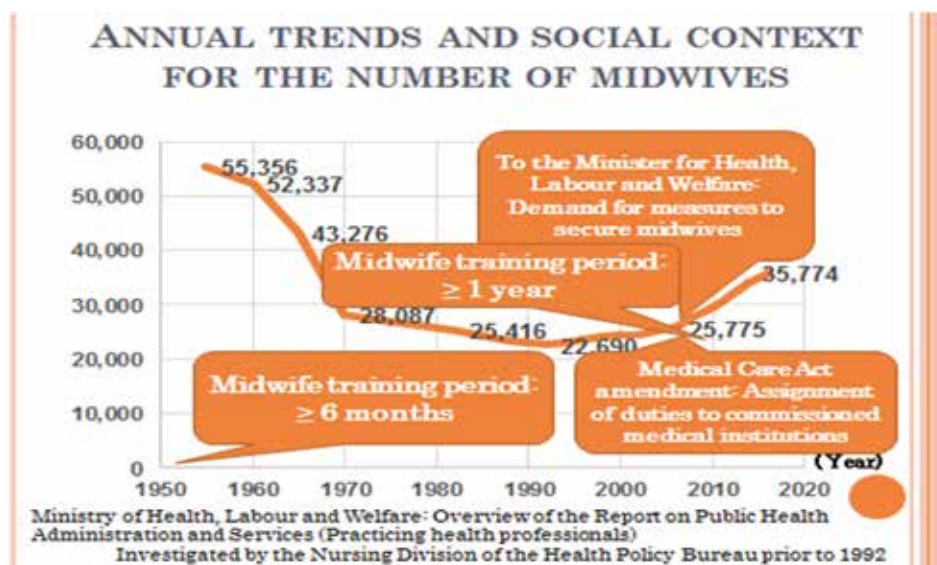


Fig. 3. Annual trends and social context for the number of midwives ^{29,35,37)}

in Japan, the number of working midwives rose to approximately 35,000²⁹⁾ (Fig. 3).

Although training schools engaged in midwifery education have now expanded to include university undergraduate faculties and graduate schools (which account for approximately 40% of the total)²⁸⁾, various challenges remain, including the lack of supervision systems, the difficulty of incorporating practical training that is focused on assisting with maternal delivery, and balancing this with the preparation of master's dissertations.

2 Challenges for midwifery education and the current situation of the obstetric medical system in recent years

In Japan, which lacks any placement criteria for midwives, many graduates choose to work in hospitals for the training systems and benefits packages they offer, while few midwives find work in clinics. In fact, as hospitals are operating with only 80% of the optimal number of midwives and clinics with only 40%³⁰⁾, the situation is one of absolute shortage. At hospitals, as well, the closure of maternity wards and the incorporation of their activities into mixed departments has resulted in an increase in midwives carrying out only nursing duties. Many midwives also leave their jobs to have children, and the number of potential midwives that exists is approximately half that of those currently working³¹⁾. In the absence of instructor midwives and role models, it is becoming more difficult to secure practical midwifery skills in individual midwives. In other words, as noted above, it has become necessary to cultivate a midwifery workforce commensurate with the state of midwifery training and the actual conditions of employment at institutions. In addition, the uneven distribution of midwives is a current situation, along with a shortage of obstetricians, a declining number of delivery facilities, and an increase in pregnancies among older adults. Accordingly, it will be desirable to work towards securing an obstetric medical care

system grounded in the needs of birthing locations (i.e., communities).

Based on the substance of what has been presented by the state and professional organizations regarding improvements to practical midwifery skills and demands for an obstetric medical care system around midwives, the following challenges for midwifery education have been mentioned.

2-1 Promoting student and graduate education based on improvements in practical midwifery skills

In 2006, the Japanese Midwives Association presented “Mandatory Practical Skills for Midwives” as core competencies for midwifery practice³²⁾ (Fig. 4). Furthermore, “A Statement by Midwives” clearly stated the role, responsibilities, and specific practices of midwives corresponding to these core competencies, and these practices were introduced at the time of the revision of the new curriculum in Academic Year 2012. Currently, however, individual training schools are still left to set their own course contents and achievement targets for graduation or completion.

Consideration for the responsibilities of individual facilities to ensure practical training for nurses was shown in the “Act on the Partial Revision of the Act on Public Health Nurses, Midwives, and Nurses and Act on Assurance of Work Forces of Nurses and Other Medical Experts” (2009). However, the establishment of training systems is left to the discretion of individual facilities, and differences remain in terms of the extent of provision arising in part from facilities’ own philosophies and ideas about training.

As a new attempt, a system has been launched involving the certification of the practical skills of individual licensed midwives by the Japan Institute of Midwifery Evaluation, entitled the “Clinical Ladder of Competencies for Midwifery Practice Level III” (2015)³³⁾. Use of this system, amidst concerns about the decline in midwives’ practical skills as a result

of changes in the obstetric medical system, allows the strengthening of those skills and heightening the social recognition of midwives as “able to engage independently with midwifery practice on both an inpatient and outpatient basis”. From the fact that as many as 30% of working midwives, or 11,000 individuals, have already been certified, it would seem that the adoption of this system is spreading rapidly.

2-2 Reorganization of an obstetric medical system in which midwives can exercise a role

First, prompted by the issue of internal examination by unqualified individuals, the Japanese Midwives Association (2006) submitted a request to the Ministry of Health, Labour and Welfare (MHLW) regarding measures to secure the number of midwives³⁴⁾. With the revision to The medical care act³⁵⁾, birthing centers have since 2007 been obliged to stipulate a contracted medical institution (Fig. 3). Additionally, in a document on “Issues with Physician Supply and Demand,” the MHLW also presented a “system in which midwives carry out independent midwifery

care³⁶⁾”. “Independent midwifery care” was defined as “care and determination of normality/abnormality performed with respect for the desires of the pregnant and parturient woman and her family and in collaboration with doctors in the event of an emergency”. From this time forward, backed by emergency systems stipulating maternal transport destinations, open systems and the operation of birth centers began to be introduced in which midwives were able to provide consistent and expert prenatal and postpartum care.

Furthermore, the “Vision to Secure Reliable and Desirable Medical Care” (MHLW 2008)³⁷⁾ recommended the proliferation of in-hospital birthing centers and outpatient midwifery and presented measures to increase the number of midwives and improve the quality of midwife personnel (Fig. 3). In response to this, prefectural governments began engaging with projects supporting the handling of deliveries and maternal health checkups by midwives in the form of in-hospital birthing centers and outpatient midwifery. In addition to assisting with deliveries and ordinary health checkups, the aim here has been to continue to strengthen the flow of inpatient care by being responsive

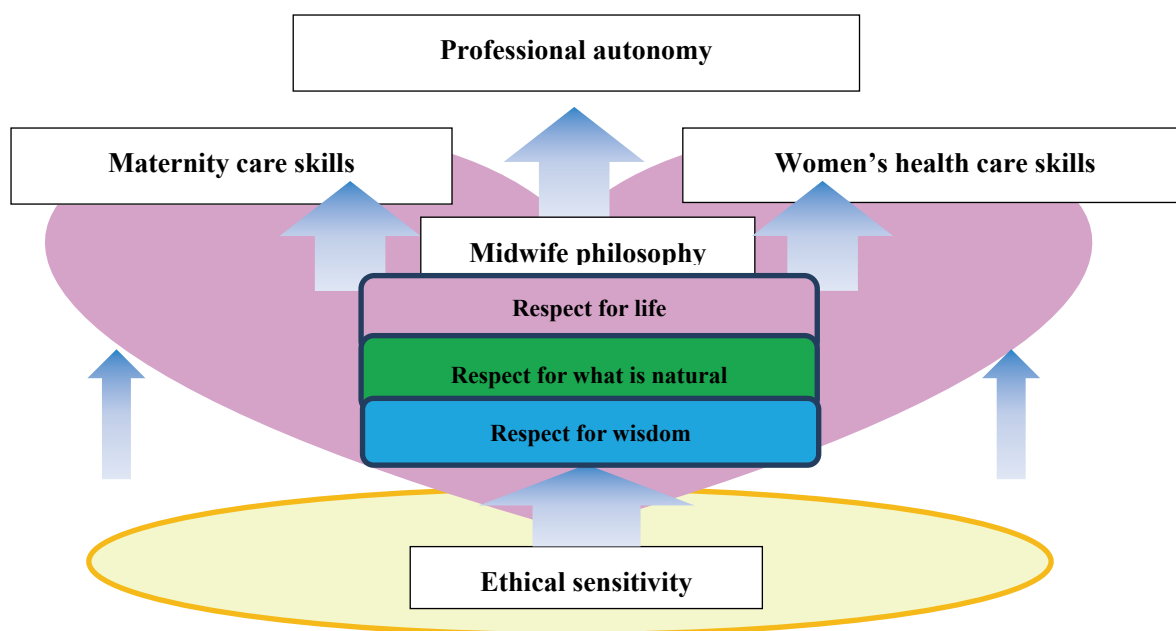


Fig. 4. Mandatory practical skills for midwives (Core competencies for midwives) (This figure was reconstructed based on Japanese Midwives Association³²⁾.)

to the needs of pregnant and parturient women, including childbirth preparation and parental counseling. However, to date the installation rate of in-hospital birthing centers has increased from 3% to only 10%, and outpatient midwifery from 30% to only 50%³⁸⁾.

3 Quality assurance in midwifery education

In Japan, we are promoting projects to secure midwives so that the handling of deliveries can be adequately addressed against the background of a declining birth rate, and the number of working midwives is indeed on the rise. However, it cannot also be said that these personnel are fully able to exercise their abilities in facilities as midwives. Within the obstetric medical system, midwives are required to have 1) the ability to obtain independent work trusted by both low-risk and high-risk pregnant and parturient women and collaborate with medical personnel. While the target goals and course contents of midwifery education are left to individual training schools, continuing education after graduation is necessary to maintain the quality of midwife personnel. This includes, for example, 2) endeavoring to enhance the training of midwives by working together with educators and clinical practitioners. In the future, it will also become necessary to 3) heighten social awareness of the role of midwives through education and the spread of midwifery activities. We propose the above three points with the aim of improving the quality of midwifery training³⁹⁾.

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