



Original Article

Attitudes of Korean and Chinese traditional medical doctors on education of East Asian traditional medicine

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ABSTRACT

Background: The traditional medicine (TRM) of Korea and China share the same cultural tradition for thousands of years, and has experienced modernization process with respect to their distinctive social, cultural, and political influences. The purpose of this study was to analyze the attitude of Korean and Chinese TRM doctors on the current situation and future perspectives of the TRM education.

Methods: We analyzed the recognition on the current educational system, and needed curriculums from Korean ($n=188$) and Chinese ($n=118$) TRM doctors. The validity of the structured questionnaire was examined with exploratory factor analysis with varimax rotation and reliability with Cronbach α . The differences between Korean and Chinese TRM doctors were examined with t test.

Results: Chinese TRM doctors consider their educational system more positively as for the standardization and professional ethics than the Korean. The Korean and Chinese wanted more emphasis on the education of medical humanities, clinical skills, medical classics, and alternative medicine, although it was more prominent with the Chinese.

Conclusion: This study revealed the attitude of Korean and Chinese TRM doctors on their educational system, and discussed the implication of similarities and differences between them. It would provide foundations for the improvement of the TRM educational curriculums.

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1. Introduction

The traditional medicine (TRM) of Korea and China share the same cultural heritage, and the two countries are taking central role within the World Health Organization Western Pacific

Regional Office in terms of East Asian TRM. East Asian TRM employs acupuncture and herbal medicine as its major forms of treatment, and currently enjoys an important status within the global sphere of TRM along with their own domestic medical market.

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The Korean and Chinese TRM have experienced influences from each other during their respective development processes in the late 19th century. They share general similarities as for the cooperative relations between the East Asian TRM and Western biomedicine;¹ however, they have exhibited significant differences from the social and political influences during the 19th century modernization. Although their educational systems have large variations on school years, curriculum, and accreditation system in both the national and private levels, and have been satisfactory for their nations,^{2–4} there still lies a need for standardization in respect to the professionalization of the TRM in the world.

The Korean and Chinese TRM, which constitute the most developed forms of East Asian TRM, currently boast independent educational systems and programs ranging from 4 years to 8 years. The Korean and Chinese TRM have continuously pursued the modernization and standardization of educational programs since the onset of the modern era. Although the Korean and Chinese TRM have chased similar objectives, major discrepancies have emerged in terms of the major factors involved in the process of the modernization and standardization of educational programs.⁵

As for the Korean TRM, the modernized system of education and clinical practices has been implemented based on the market logic, and all the schools of the Korean TRM were established with a 6-year curriculum in private universities until the School of Korean Medicine opened at Pusan National University in 2008. During this process, the Korean TRM was exposed to a constant conflict with Western biomedicine, and established its own standardized educational programs comparable to those of Western medicine.^{6,7}

Meanwhile, the modernization and standardization of educational programs in Chinese TRM were led by the Chinese government with the intention of popularization and globalization of their cultural heritage.⁸ As a result, the Chinese TRM did not experience conflicts with other medical professionals of China. The Chinese medicine has schooling systems varying from 4 years to 7 years depending on specific situations and the popularization strategy of the Chinese government.⁹

As such, the educational programs associated with the Korean and Chinese TRM have been influenced by not only internal efforts to achieve development, but also by surrounding factors of cultural, social, and political circumstances. Recently, both Korean and Chinese TRM are actively seeking further improvement through standardization and professional specialization of their educational programs.^{10–13}

The medical education is currently focusing on the standardization as to provide essential competencies of medical professions,¹⁴ and has been a basis for their professional and social status.¹⁵ As for these, the opinions of the TRM professionals, who have trained for their clinical skills and knowledge with university educational systems, would be needed, since they have examined its practicality in everyday clinical situation and would steer the future improvement of East Asian TRM.^{16,17}

We examined the attitude of Korean and Chinese TRM doctors on their own medical education at the university level and the educational curriculums that should be emphasized for clinical competitiveness.^{16,17} For this reason, we reviewed previous studies and improvised questionnaires for measuring

those, including standardization of educational programs,^{18–22} professional ethics and medical humanities,^{21,23,24} philosophical theories of TRM, and its scientific approaches.^{25–27}

This study would contribute to the understanding of the current status of the TRM education at the university level, and would provide foundations for standardizing and expanding the established TRM educational system in the world.

2. Methods

2.1. Questionnaire for the recognition of the current situation of TRM education

As for the current situation of TRM education in the university, we used five items acquired from previous studies. The five items are related to the standardization of the educational program, uniqueness of the university, philosophy of TRM, sense of duty as a doctor, and professional ethics.

The detailed questionnaire items are as follows: the educational contents taught by universities of TRM are standardized, each university of TRM has its own uniqueness, students are instilled with the sense of mission that comes from being a TRM doctor, students have been taught the professional ethics that come with being medical specialists, and sufficient energy is being spent on the teaching of the philosophy of TRM. Each item is scored using a 5-point Likert scale from “not at all” (1) to “very much” (5).

2.2. Questionnaire for the recognition of needed curriculums in TRM education

We selected nine questionnaire items after the preliminary study using 11 items. Each item is scored using a 5-point Likert scale from “not needed at all” (1) to “very much needed” (5). The factors underneath the questionnaire were extracted using a factor analysis, and used for the comparison between the Korean and Chinese TRM doctor groups.

2.3. Data collection

The questionnaires were distributed using the conference meeting and personal contact. The e-mail distribution was also used for the Chinese TRM doctors. The survey was conducted from October 10, 2010 to November 15, 2010 for the Korean TRM doctors, and from December 2010 to January 2011 for the Chinese TRM doctors. The attitude on education of TRM, along with sex, age, and clinical experience, was collected.

2.4. Statistical analysis

After coding the required data, a descriptive statistics was used to describe the demographic features of the participants. Chi-square was used to examine the sex, age, and clinical-experience groups between the Korean and Chinese TRM doctor groups. An exploratory factor analysis with varimax rotation was used to find the latent factors inside the questionnaire, and the Cronbach α was used for the test of internal consistency of the factors and items.²⁸

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