

Specialized middle school in the health field and VET in health assistance - Dynamics of positioning and profiling of two functional equivalent education programs during the process of their institutionalization

Extended summary

Topic and aim

Given the skills shortage in health care, the labour market requires high qualified junior employees of all educational levels (SBFI, 2016). Referring to the latest predictions the yearly average need of tertiary qualified nursing specialists until 2030, amounts to nearly 3'200 (Merçay, Burla & Widmer, 2016). However, Switzerland isn't able to provide enough nursing staff especially on the upper qualification level (Maurer, 2013).

The Swiss education system offers two post-compulsory programs for health professions: the 2004 established specialized middle school in the health field (SMS Health) as part of the general education track and the vocational education and training in health assistance (VET Health) founded in 2002. These programs are functionally equivalent as they both offer their graduates the same access options to non-academic tertiary health professions.

In the discourse about the coverage of the skills shortage in health care usually the potential and the strengthening of the VET Health is pointed out, while - with exception of the "Masterplan Bildung Pflegeberufe" - the SMS Health remains relatively unnoticed (Dolder & Grünig, 2016; Merçay et al., 2016; SBFI, 2016). This even though, the SMS Health leads its graduates structurally into tertiary level education as its degree doesn't qualify to take up a profession. This raises the question why the SMS Health is hardly ever made a subject of these discourses, despite its potential to increase the recruitment pool for non-academic tertiary health professions.

The current state of research reveals that the two programs stand in a dynamic and competitive relationship (Capaul & Keller, 2014). Due to its higher costs for the cantons, the fact that it also prepares for professions (Kiener, 2004) and its functional equivalence to VET Health (Capaul & Keller, 2014) the legitimization of the SMS Health is repeatedly questioned by certain actors. Thus the SMS Health faces a steady situation of justification in which it has to delimiting clarify and legitimize its position and profile.

The overall aim of this project is to compare the two programs with regard to the dynamics of their positioning and profiling within the upper-secondary level in Switzerland.

Theory

For this purpose I refer to the theoretical framework of the "Sociology of Conventions" (Boltanski/Thévenot, 1999). Accordingly, in uncertain social situations actors - for coordination, evaluation or legitimization - rely on orders of worth and justification, so called "quality conventions" (Eymard-Duvernay, 1989) to justify their actions and decisions. Thus "quality" respectively "worth" must be understood as something attributed by actors and based on "quality conventions".

For this paper "quality conventions" can be seen as collectively shared (possible) ways of how actors justify the position and the profile as well as how they evaluate the specific "worth" of each program. Central assumption is the co-existence of conventions which means that "quality conventions" can be contradictory so that disputes, negotiations or conflicts arise and - in order to come to an agreement - compromises are required.

Research questions

This paper highlights the process of institutionalization of VET Health and SMS Health. In this time period both programs had to fundamentally work out their own position and define their profile in a delimiting way. The following two research questions will be examined:

1. *How do relevant actors justify the positioning and profiling of VET Health and SMS Health during the process of institutionalization?*
2. *What fundamental dynamics do characterize this institutionalization process?*

Regarding the first research question I am interested in the arguments and justifications used by the actors to define the "worth" of each program. The second question is looking for conflict lines, negotiations and disputes as well as for compromises that have been made during this time period. Following the concept of path dependency I assume, that these fundamental conflict and compromise lines during the institutionalization process still influence the nowadays relation between VET Health and SMS Health.

Design and method

The overall project is based on an interpretative-comparative multiple case study design (Yin, 2009). Relevant unit of analysis are four cantons from different Swiss language regions. These have been chosen along a maximum variation regarding the relevance of general education and VET programs. The selection criterion reflects the different social-historic and language region specific grown traditions regarding the relevance of these two knowledge forms. As well the two possible types of VET - dual-track VET and full-time (vocational) school - are considered in the selection.

The data source for this presentation comprises important documents of relevant policy makers as well as expert interviews with relevant actors. The data will be analysed on the epistemological basis of the "Sociology of Conventions".

Preliminary results

During the institutionalization process the actors found themselves in a highly uncertain situation regarding the future form of the two programs as well as relating to the subsequent tertiary level. Nonetheless the actors had to coordinate and reach agreements concerning fundamental future issues. Against the theoretical background of the "Sociology of Conventions" different fields of tensions can be expected during this period of time.

First analyses show that the consent to the new educational system for health professions must be seen as "a result of many years of preliminary work and as a toughly gained compromise between different actors" (Oertle Bürki, 2000; translated by the author). Conflicts occurred due to the fact that the VET Health had been adapted to the "regular" VET model and by this actors had broken with fundamental traditions of previous programs for health professions (Kiener, 2007). The traditionally school-based programs had been transformed into a VET program, primarily dual-organized and with a professional qualification degree. Furthermore, the traditional minimum age of 18 (a certain personal maturity had been considered necessary because of the exposure to critical and heavy situations in health professions' daily business) was lowered to 15 according to the "regular" VET model.

Both examples can be interpreted as (possible) strategies to position and profile the VET Health vis-à-vis the SMS Health. Lowering the minimum age ensured a subsequent transition into VET Health after compulsory education and created a further formal equivalence to the SMS Health. On the other side by mainly profiling the VET Health through practical experience the actors created a major horizontal

differentiation towards the general education providing SMS Health and thus profiled VET Health in a clearly delimiting way.

In the context of the new education system for health professions the validity of the SMS Health as an access path to non-academic tertiary health professions had been re-affirmed. Considering the staff shortage in the health care sector at that time, actors - referring to the industrial convention - legitimized both programs' position and profile by stressing the efficiency and functioning of the qualification system. They expected that the VET Health and the SMS Health both would meet a more or less equal demand and they didn't want to lose potential graduates (Kost, 2001). On the other hand existing efforts to establish a professional qualification degree likewise for the SMS Health had been undermined by relevant VET actors, based on the market convention-oriented argument of a further arising competition between the VET Health and the SMS Health.

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