Health and social care teachers' descriptions of challenges in their teaching at upper secondary school

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Abstract

Since vocational teachers not only mediate theoretical and practical knowledge, but also ideals concerning the professionals' personalities and actions, the aim of this study is to analyse if and how these ideals influence the highlighted challenges of teaching. The study is drawing on a social constructionist perspective; the method used involves 17 qualitative interviews. The challenges mentioned were as follows: lack of motivation, language and cultural factors, low status of the occupation and plagiarism. Underlying ideals rooted in the health care sector were that students should become a carer because of an inner desire. Moral and ethical values were other ideals that underpinned themes such as dealing with plagiarism and the problems experienced with non-native Swedes. An underlying fact is also the low traditional status of the nursing assistants, a challenge the teachers try to handle without effective tools. In the order to understand the challenges and handle them, the teachers construct categories of differences. This is visible when the categorisation of students is made based on motivation and ethnicity. The findings highlight the importance of courses in vocational training that focus on understanding various norms and categorisations.

Keywords: vocational education, challenges, cultural aspects, ethnicity, social status

Introduction

It could be argued that teaching is a complex profession that is highly influenced by both policy governance and societal changes and expectations. Every day, teachers meet students with different abilities and motivation for studying, and they are supposed to promote everyone's learning and development (The Swedish National Agency for Education, 2013). They are expected to have a democratic approach, establishing a good classroom climate and meeting every student with respect. In the classroom, many things happen simultaneously, and teachers need to make quick decisions and manage multiple ongoing tasks at the same time (Goodson, 2003). Doyle (1986) describes how a primary-school teacher has over 500 exchanges with individual students in a single day. This means that teachers need to relate both to individuals' behaviour (The Swedish National Agency for Education, 2013), and deal with the class as a whole, and also be able to predict the consequences of their own actions. Hence, the profession entails a high degree of unpredictability (Dahlkwist, 2012), which means regular challenges and problems to consider and manage.

There are few studies that concern vocational teachers' classroom practice in Sweden. Current studies highlight vocational teachers' conceptions of core content in vocational education (Lindberg, 2003; Berglund, 2009; Rehn & Eliasson, 2015; Lindström, 2016), assessment of vocational knowledge (Tsagalidis, 2008; Gåfvels, 2016; Lindström, 2016), health care teachers' use of simulation (Leibring, 2015) and vocational teachers' work in apprenticeship training (Lagström, 2012). These studies illustrate that expectations and traditions of working life affect vocational teachers' teaching and assessment practises, which aroused our interest in the challenges vocational teachers conceive in their work. Further, although all teachers conceive challenges in their work, our reflection was that perhaps the challenges vocational teachers describe can be affected by the vocation they are teaching. They mediate vocational knowledge to students, where the knowledge consists of theoretical and practical knowledge but also conceptions and ideals concerning a professional's personality and action (Robson, Bailey & Larkin, 2002). Since occupations in Sweden and other countries are often class and gender coded, the conceptions and ideals are often related to these categories (Huppatz, 2012). Consequently, in this text we are interested in exploring what experiences a group of vocational teachers express concerning challenges at work. We find it important to explore how teachers' descriptions of challenges can be understood in light of professional ideals, not just as general teacher problems.

Vocational teachers are not a homogeneous group, but train students for different occupations which, in turn, affects how vocations are taught. In this study, we examine experiences of challenges of a specific vocational teacher group, namely the health care teachers. The health care teachers were selected

because they train nursing assistants in fields where there is a strong female gender-coding (Huppatz, 2012; Rehn & Eliasson, 2015). They also teach an occupational group that has always been on the bottom of the health care hierarchy, which requires adaptation to other professionals (Lindgren, 1992; Byström, 2013; Thunborg, 2016). Furthermore, health care is a sector permeated by many ethical and moral questions (Croona, 2003; Vetenskapsrådet, 2003). These circumstances have produced, and are still producing, conceptions of caring, which makes it interesting to explore the possibility that these conceptions are connected to challenging situations in teacher practice. The intention is to relate the challenges highlighted by health care teachers to conceptions of what it means to work as a nursing assistant.

Our language is full of ideas and conceptions of societal life. Consequently, ideas and conceptions form a basis of how we categorise people and our environment (Bowker & Leigh Star, 1999; Hacking, 2000). In this article, the theoretical base is that teachers' understandings of students and what occurs in the classroom are affected by categorisations. In encounters with students, teachers set priorities, and develop different approaches to different groups of students. By conceptions of similarity and difference, categorisations and distinctions are produced, which contribute to how different people are valued and characterized in relation to each other (Hacking, 2000). Although categorisations are inescapable as phenomena, they are never neutral and they affect our thoughts and actions (Bowker & Leigh Star, 1999). This theoretical standpoint makes it interesting to examine how categorisations contribute to teachers' understandings of challenges.

The aim of the paper, therefore, is to *describe and analyse the underlying conceptions and ideals regarding students and their future work in the health care sector emerging from the health and social care teachers' descriptions of challenges.* The questions this article seeks to answer are: What challenges are described by the health care teachers? What conceptions of the health care student and the future occupation are visible in the teachers' descriptions of challenges? Do teachers use specific categorisations in their descriptions of challenges and, if so, in what situations? The intention is not to neglect the actual challenges the teachers experience and have to deal with in their work, but to focus on what their descriptions reveal about their conceptions of students and their future work in relation to actual research about vocational knowledge of nursing assistants.

When it comes to conceptions about care workers, Herrman (1998) found that students in the health and social care programme believed that the personality traits of care workers were just as important as their knowledge. According to Herrman, possessing the right knowledge can be understood as a negotiating tool in a legitimisation game where, for example, the right view of human life, class distinctions, compassion, and femininity might be what separates a good care worker from a bad one. The emphasis on the care worker's personali-

ty has also been found in several other studies that examined questions of what training and expertise are needed in health and social care (see, e.g., Drugge, 2003; Ahnlund, 2008). Törnquist (2004), for example, illustrate that nursing assistants' personalities are conceived as more important than vocational knowledge by health care managers. Relational competence, such as ethical behaviour and communication abilities in patient encounters, are seen as especially important for nursing assistants. This is obvious in interviews with health care workers, health care teachers and health care managers (see e.g., Bennich, 2012; Elmersjö, 2014; Rehn & Eliasson, 2015; Lindström, 2016).

Colley, James, Diment, and Tedder (2003) illustrate that students of health and social care are also assessed on the basis of informal criteria, such as level of friendliness, and that considerable emotional demand are placed on their relationships with patients. The sacred femininity is the ruling ideology, in health care, is linked to emotions and moral rectitude. Skeggs (1997) illustrate how health care students in England are valued, and value themselves, based on the extent to which they appear 'respectable', that is to say, thoughtful, caring, and responsible. Johansson (2009) has made similar findings about the norm in a Swedish context. Huppatz (2012) argues that feminine capital is considered valuable in health care occupations; the woman's body, emotional competence, and caring dispositions provide symbolic capital in the working life and influence women's choice of occupation. At the same time, men in the same professional category hold most of the top positions in the health care sector, and there, the feminine capital is not dominant, nor an asset, in the same way.

The paper is organised into five main sections. The first focuses on the health and care context. The second outlines the theoretical perspective and analytical concepts. The third presents the method and data analysis. The fourth presents and discusses the findings, which are organised into four themes. The final section offers an analytical discussion related to conceived challenges.

The context – students and teachers

Students in the Swedish upper secondary school health and social care programme should, upon completion of the programme, possess the required knowledge to work in both health care and social services (The Swedish National Agency for Education, 2011). As of autumn 2011 (Prop. 2008/09:199), the programme should have a more vocational focus than before, which means that students should be able to start their occupational career as soon as they complete their training. According to statistics from the Swedish National Agency for Education for the school year 2014/15, 19% of the students at the upper secondary school health and social care programme were men. 65% of these students had parents whose highest level of education was upper secondary school. In terms of the proportion of applicants born outside Sweden, the health

and social care programme was the vocational programme that had the highest proportion for the school year 2014/15. The statistics highlight that the health and social care programme is one of the programmes with a clear structural impact in terms of gender, ethnicity, and class.

Courses in health and social care are also given in municipal and private adult secondary education, where it is the most popular occupational field (The Swedish National Agency for Education, 2014). The training period in adult secondary education varies between 3 and 4 semesters, and the courses can be studied fully or partially by correspondence. The largest group of students in adult secondary education is women aged 20–24, and the proportion of students born outside Europe is about 20%. In metropolitan areas, the proportion of students of non-European origin is much higher.

Teachers at the Health and Care programme in Sweden are often based in the nursing profession, consistent with historical traditions. The profession 'health care teacher' emerged due to the need of teachers at nursing schools (Eliasson, 2009). When nursing assistants were eventually considered in need of education, the pedagogically educated nurses were seen as a natural choice for teachers. Since the 1970s, people such as physiotherapists, social workers and occupational therapists could also become health care teachers, but nurses were still the dominating profession in this regard (ibid.). The teacher education reform in Sweden in 2011 entails increased opportunities for nursing assistants to become teachers of their own occupation.

Theoretical perspective

The study is based on a social constructionist perspective (Barlebo Wennberg, 2001; Burr, 2003). This means that what is considered valuable in a specific occupation is developed within a social and cultural context, changeable over time (Rehn, 2008; Eliasson, 2009). Accordingly, the vocational education always has a significant socialisation content that aims to shape specific vocational identities. This socialisation process is affected by hierarchical structures within health care and the strict boundaries concerning which professional group performs which task. Different tasks can be said to not only be socially and culturally constructed, but also indications of position and status.

The informants' statements can therefore be seen as embedded in a social and cultural context (Lave & Wenger, 1991) where ideals from health care and the teacher profession are integrated in the teachers' understanding of their assignment. In interaction with other teachers and professionals from the health care sector, a mutual understanding of what nursing assistants have to know as well as how they should act are constructed. Furthermore, an understanding of how teachers can be a part of the construction of the 'good' employable nursing assistant, e. g. determining what teaching actions are valuable, can also be part

of the negotiation. Our theoretical underpinning is that these constructions also influence teachers' experiences of challenges. In this study, we are primarily interested in how ideals from the health care sector might potentially influence what challenges are highlighted.

In summary, we argue in line with Burr (2003): First, we take a critical stance toward taken-for-granted ways of understanding the informants' statements. Second, challenges and ideals, mentioned by the teachers, are seen as products of history and culture. Third, the views of challenges and ideals are seen as products of interactions, for example between teachers and teachers or teachers and health care professionals. Fourth, the constructions invite specific actions from the teachers; therefore, some patterns of social action are sustained while others are excluded.

A concept used in the analysis is 'constructions of differences' (Gruber, 2008). As mentioned in the introduction, we categorise the world and classify both ourselves and others in categories defined and valued in relation to each other (Bowker & Leigh Star, 1999). Categorisations embody different expectations, are a part of our daily lives, and are often taken-for-granted and invisible (Hacking, 2000; Fairclough, 2003). They guide human interaction and affect encounters, conditions, and circumstances surrounding people's lives. Regarding the school context, Gruber (2008) argues that categorisations of students were strongly associated with the school's institutional assignment, to mediate knowledge and foster. This means that categorisations that were considered irrelevant to how students succeeded in school were not highlighted. These constructions of differences are a part of societal power relations, for example gender, ethnicity and class, making conceptions of differences visible (Hacking, 2000). In her study, Gruber (2008) indicates that categorisations guide teachers' attitudes and behaviour towards students, how they understand them and what expectations they have for their performances. This means that the categorisations also produce differences (Fairclough, 2003).

It became obvious that the teachers in our study often made categorisations of the students when they talked about challenges at work. The categorisations seemed to be tools to understand and explain challenges and problems that arose in teaching situations. The use of the concept in this study is an attempt to problematise the categorisations, without neglecting the challenges conceived by the teachers.

Method

The article is based on qualitative interviews with health and social care teachers conducted in 2012. An initial contact was made during an organised meeting of supervisors for prospective health care teachers. We informed about the project, and the teachers who wanted to participate completed a form. The

teachers were subsequently contacted and scheduled for interviews. At this stage, we considered it necessary to include more teachers. Through the teachers that were already a part of the study, we gained access to more informants, a so-called 'snowball sampling' (Dalen, 2007; Eriksson-Zetterquist & Ahrne, 2012). In total, 17 interviews were made with female health and social care teachers with varying degrees of experience in the profession; from 2 years to 20 years. A majority of the teachers had a professional background as a nurse, but there were also backgrounds as a nursing assistant, social pedagogue, physiotherapist, retirement home director and leisure time teacher. Some of the teachers worked in the Stockholm area and others in cities in central Sweden.

Each of us interviewed about half of the teachers, using a thematic interview guide. One question was about conceived challenges in teaching situations. The questions were open-ended and follow-up questions were posed to enable clarification and development of arguments. Each interview lasted for approximately 45 minutes to 1 hour and was recorded on a dictaphone. We transcribed our own interviews and then read each other's transcriptions. As a first step, the interviews were processed by conducting a general review of the various statements made about challenges in order to have an overview. Second, an in-depth reading focused patterns and sorted statements of challenges in different preliminary themes, themes that subsequently changed during the research process. From the collected data, six themes of challenges were constructed. Two of the themes, which concerned, the age of the students and theory and practice in harmony, seemed to be more general, and we could not find any specific connections to conceptions of vocational knowledge for nursing assistants, so the themes were deleted. The final reading was done with the aim of analysing the teachers' statements of challenges, in order to identify ideals they have of students and their future work. In the process of analysis we used prior research addressing conceptions of important vocational knowledge for nursing assistants, to examine if there were connections to the teachers' experiences of challenges. This part can be viewed as a discussion of the possibility of a relationship between vocational knowledge and conceived teacher challenges, not as a stable conclusion. During the process, we also explored when and in which ways constructions of differences were made by the teachers and what implications these categorisations could have.

In summary, the themes of challenges concern the following: 'creating motivation and interest', 'dealing with plagiarism', 'language and cultural factors' and 'the status of the occupation'. The four themes reflect the variation in the teachers' statements, which means that both common and more individual statements have been included.

Creating motivation and interest

Concerning the question of what challenges there are as a teacher, the most common response is to make all students benefit from the training. They consider it an important task to motivate the students regarding both studies and their future occupation. Those who express this often feel that there is a large spread in the groups, both in terms of knowledge and attitude towards the studies.

> ... Well, the challenges are... mainly to get everyone involved. I feel like we have three groups of students. We have the motivated ones who want this occupation. And then we have the ones that society has forced to come here in order to get their support... or the ones... from the employment agency. And then we have the ones who go here for social reasons... who think it's fun to come here, and when we're having coffee or lunch... then they go home. [...] But to make all of them understand that this is an occupation that requires an education... (Informant 3)

What this statement expresses is the teacher's own experiences that have contributed to a construction of differences, which in turn contributes to a categorisation of the health care students' motives. The students are not considered a homogeneous mass, and the teacher feels to varying degrees that there are different student categories that live up to the teacher's ideal of a health care student. The students who are considered to be motivated and have actively chosen this education – those who explicitly want to be health care workers – set the standard and are put forward as ideal students who are there for the 'right' reasons. Then there are students who are considered to be in the programme for the 'wrong' reasons, and it is also described how there are different levels of 'wrong' reasons; one might say they are outside the bounds of what it means to be a student. Students are expected to fit the existing norms of what a health care student is supposed to be, which do not include neglecting their education in favour of social interaction or being there mainly for labour market reasons. It is clear from the statement that those who deviate from the norm in various ways create problems for the teacher, who feels forced to relate to students who may not have actively chosen this education. In line with Gruber (2008), it is obvious that the teacher constructs differences between students due to the problems identified in the teaching situation. Gruber (2008) mentions both the assignment of mediating knowledge and fostering, and perhaps it is more about fostering, when the teacher emphasises that it is important to make all students understand the value of the occupation for which the training prepares them, that is a kind of schooling in the conditions of both the occupation and the training. In summary, the teacher expresses that the social reality of the health care programme is not in line with ideals of the health care sector.

The ideals that advocate the importance of an inner desire to care can be traced to the emergence and formation of the nursing profession in the 19th century when the idea of the profession as a calling was used in the creation of a

professional identity (Andersson, 2002). Women who aspired to become nurses were expected to be powered by an inner desire to care for other people and also be a carrier of certain qualities and characteristics. Although the idea of a calling is no longer pronounced and explicit in the nursing profession, studies illustrate that some influences still exist. For example, Malchau (1998) describes that in modern caring theories the idea of a calling was re-actualised during the 1990s, although in a more secular form (cf. Furåker, 2001). Similarly, Frykholm and Nitzler (1993) highlight how teachers in the nursing programme mediate a strong, idealistic view that nursing and caring should be fulfilled by people with a strong inner conviction of doing something of greater importance. It is reasonable to assume that nurses, the most common professional background of health care teachers, have, and, to some extent, mediate these ideals to nursing assistants during their training.

The interviews also reveal that the teachers consider it a challenge to make students understand that the theoretical knowledge is closely related to the knowledge required in the occupational activities.

> Well, I guess the challenge is to make them understand that they shouldn't just know this when they submit their assignments to me or when they're taking an exam, but that they have to know this later when practising their occupation. (Informant 10)

This quotation reveals how vocational teachers meet students who are used to performing mainly to pass exams, where the knowledge is often disconnected from a context. A key element of the teaching job is thus to try to convince the students that they have to make sure to acquire knowledge that will benefit the patients in their working lives. In other words, the students' performance should be related to the future occupation rather than the current school situation.

Another informant provided the following answer to the question of what challenges she sees in health and social care education:

> Creating a desire to learn is what makes the job fun, and it's a challenge in and of itself to create exams and find forms of instruction that are more surprising and create curiosity [...] trying to find an education that settles in the stomach, heart, and mind, that gives them courage, strength, and some wisdom. (Informant 9)

The informant speaks of the importance of arousing desire and interest, and it is clear that she sees curiosity as one of the most important sources of motivation and an important cornerstone for more lasting knowledge. Moreover, the teacher emphasises that she wants the training to leave a lasting impression on the students. The desire to learn should be aroused from within, create dedication, and give the students a positive feeling, while also influencing their personality traits. Thus, it is not only the more fact-based knowledge for which the informant wants to create motivation in her teaching, but the forms of instruc-

tion should also stimulate and develop the students' wisdom and ethical behaviour – what Aristotle calls phronesis (Gustavsson, 2000). Similarly, there are strong links to Dewey's progressive pedagogy, where 'growth' is used as a metaphor to describe a development that far exceeds the acquisition of a predetermined content of knowledge or skills (Dewey, 2007, orig. 1916). Using Bourdieu's (1984) habitus concept, what happens may be considered a change in the habitus, which includes a personal development not only focused on the future occupation, and yet, this development is expected to become an asset in working with people in need of care. There is also a connection to research that highlights that personal, feminine-coded traits are considered a central part of the vocational knowledge for health care givers (Lindgren, 1992; Wreder, 2005; Huppatz, 2012; McDonald, 2013; McIntosh, McQuaid & Munro, 2014; Rehn & Eliasson, 2015). However, in this citation there is also a significant difference when the informant talks about courage and strength, traits that are seldom a part of a feminine caring disposition.

Dealing with plagiarism

A couple of teachers describe that there is a problem related to plagiarism that is difficult to solve. The informant below argues that there is no clear policy among teachers, as some believe that it is enough for a text to pass through Urkund (a tool to discover plagiarism), in spite of doubts about the originality.

> But then I think the big challenge – we don't have any tests, no written exams or anything, we only have take-home assignments, that is, assignments that they have to submit. And what I find difficult is that they cheat. Because I can tell that they do. They have to submit their assignment through Urkund, one of those... systems that scan ... and they might come back with 0 per cent there. But I can see that this woman who can barely say 'sorry I'm late, I had to pee' is writing about pylori, and her text might say 'thus, it is not in the nature of'. Then I might feel that she didn't write this, this isn't her language, but I have no ... it's difficult for me since Urkund said zero ... (Informant 6)

Copying a text/plagiarism could be seen as a way to deal with a lack of understanding and the difficulties in communicating with linguistic shortcomings. Language problems may thus lead to the student not acquiring the adequate vocational knowledge during training, which may in turn pose a danger to the patients' health and well-being. Through language, we develop and formulate knowledge and insights, as well as communicate our experiences and observations to other people (Säljö, 2010). If a student does not have a sufficient command of the language of instruction, this will lower their ability to appropriate knowledge and insights from textbooks and lectures, as well as the ability to create inner representations based on an understanding of the external communication. But plagiarism can also be seen as a way to try to get through the training in spite of conceived weaknesses. To the teachers, it is probably not

only a matter of a lack of knowledge, but of the importance of knowing right from wrong, of having the right morals. Since morals and ethics are considered an important part of health care (Vetenskapsrådet, 2003; Numminen, Leino-Kilpi, van der Avend & Katajisto, 2010), students who are suspected of plagiarism may also be considered to have a flawed personality, that is not having the right personality to work in health care.

Historically, requirements of high morals mainly concerned nurses (Andersson, 2002). For example, one of the Swedish pioneers of nursing, Bertha Wellin, emphasised that you can never compromise with dependability.

> It is important that a nursing student is healthy and strong but that can never compensate for moral defects. A characteristic that you under no circumstances can bargain with is the reliability. (TAM archive, 1925).

The emphasis on ethics and morals has gradually been transferred to the occupation of nursing assistants. As an example, in the objectives of the health care program in upper secondary school (The Swedish National Agency for Education, 2000, p. 9) it states that '…ethical aspects are especially important, and permeate the program as a whole.' According to Johansson (1988), it is clear that nurses' ideals and values concerning patient care, influence the content of health care in upper secondary school.[1]

Language and cultural factors

Another challenge mentioned in the interviews is dealing with students' language difficulties, which might be a reason students have difficulties achieving the goals of the training. Especially in adult education, students with a native-language other than Swedish are common. This means that the teachers have to adapt the teaching to a heterogeneous group of students with differences in language skills and various insights into Swedish society.

> So, we get many of these women with very... little language and communication skills and ... letters and synonyms and all that, and how Swedish society has been and so on. So, that's a challenge. Considering the focus we have on the elderly, you can't just go in and care for an elderly person. You have to communicate, and for that you need language skills. [...] So, that's a challenge. We have students who don't have good language skills, don't have much tradition and so on in Swedish society, and then we have Swedish students who have all that and want to move at a faster pace. That's a challenge. (Informant 7)

This statement illustrates that the teacher conceives an important part of the vocational knowledge for care givers to be a capacity to communicate with care takers (Wreder, 2005; Rehn, 2008), as well as knowledge about Swedish traditions. Language difficulties and the cultural backgrounds of students are not only seen as a problem related to teaching, but also as a potential problem in the labour market. This can be seen as an example of how vocational teachers

consider it an important task to create a professional health care giver that is able to adequately relate to and function in the relevant society and context. The need to be able to communicate with the elderly can be understood from both a safety perspective and an ethical treatment perspective. The statement also reveals how health care teachers have to balance the knowledge content of the subject, so that students who already have good Swedish language skills and cultural knowledge are not held back in their learning process, while those who need to improve in these aspects are given the opportunity to do so. In addition, the quotation creates a construction of differences where ethnic Swedes are categorized as a unified and unproblematic mass that 'should move at a fast pace'. This statement ignores the fact that even Swedish students may have difficulty keeping up with the studies, or that ethnic Swedes might have values that do not fit the norm. Native Swedish women are portrayed as a group with valuable assets in the form of language skills and knowledge of the Western cultural heritage. In another way, Swedish students are in an unproblematised manner included in a conception of what it means to be Swedish.

Another statement reveals the same dilemma when it comes to the importance of adapting to fundamental values in Swedish society:

> Because, to work in health care you have to be able to treat both men and women. You need to have the humanist view of humanity; it has to permeate the entire training, all the time, regardless of which subject they're studying. And hopefully they will realise eventually that nothing is based on sex, 'that's a man and I can't treat him because I'm a woman', but it's a person just like you, who needs help and care. Now, if it's about hygiene, then you'll have to deal with it. But it's a very big challenge, because it isn't always enough to explain this, as some people have their attitude and it's difficult to change. (Informant 14)

Creating a professional health care giver includes improving language skills and teaching the norm of Swedish culture as 'protection' for the patient. This is also a matter of defending central values that are considered important in both the occupation and society, and about not letting one's own cultural views of men and women become an obstacle in occupational practice. The reasoning could be described as what Gruber (2008) calls an assimilatory position, which means that values that are distinguished as non-Swedish should be neutralised. The non-Swedish students are supposed to adapt to Swedish norms (Elmeroth, 2008). Differences that could be an asset in a society of plurality are not requested. It is obvious that a Swedish norm such as equality between men and women is a value to emphasise, but there is still a risk of being unaware of one's own ethnicity as a middle-class[2] white, Swedish teacher, and values that are not a part of policies and guidelines can acquire the status of legitimacy. The informant also remarks on the stability of the students' cultural beliefs, and that such change does not always happen. This has a clear link to a conception of a consistent, inner personality that complicates the teacher's efforts to gain support for the importance of certain values.

The status of the occupation

The low status of the occupation, and the notion that training in the field is not valued the way it should be, are thoughts that come up in the interviews in relation to the question of challenges for the teacher.

> But to make them all understand that this is an occupation that requires an education. That it's ... to take care of mom and dad or grandma and grandpa ... it's not the same thing. And the county council is no problem; the county council sets limits, while the municipalities still pick people off the streets. And that... that... I think is the greatest concern. […] And many start working during the education. And sometimes they disappear because of getting a job. And I understand, it is important to earn own money, but they don't value, they don´t understand that they need this education because … the employer doesn't require it. (Informant 3)

In the quotation, municipalities and county councils are constructed as evil/good when it comes to maintaining the status and value of the education and occupation. The municipalities' strategy to employ persons without education is viewed as problematic because of the underpinning idea of a non-qualified occupation where education is not necessary. Students who do not complete their education appear as a dilemma for teachers because this signals that they do not value the knowledge that the education provides. This challenge is also related to the theme of motivation and interest. If there is an ideal of a care giver as driven by an inner desire to care, it is problematic to allow money be an obstacle to their fulfilling of the education. There is to some extent still an ideal in certain caring occupations, such as in the nursing profession, where the acceptance of a low salary is a sign of a genuine interest in caring for others (Frykholm & Nitzler, 1993; Huppatz, 2012).

Another informant point out how the low status of care work makes it difficult for teachers to make the students value the occupation and the vocational knowledge required.

> Well, there's so much disparaging, so you always have to raise it and emphasize that it's a good occupation, that it's very valuable; this is something I feel we've had to deal with all these years. Still, and now it's worse than ever for the care programme, it's really important. And to encourage these students who come from the municipality, who get validated, and those who are studying to become assistant nurses, them you really have to encourage. Now that there has been so much in the media about Carema, some of the girls said that you don't even dare to tell people you work in elderly care anymore. It's awful that it has to be that way. (Informant 13)

The focus here is not only on an occupation with low status and low pay, but also on a media coverage concerning the mistreatment of elderly people. Even if criticism focused on the owners' profit interests, a shadow fell on the assistant nurses who accepted and adapted to conditions that may be considered non-humanistic. Here we can also see a train of thought concerning how teachers feel a responsibility to educate personnel that will be able to work in health care and, indirectly, a responsibility to right the wrongs they know exist in health

and social care. The feeling that the occupation the programme leads to has a low status makes the teachers feel a responsibility to show students how important the occupation is, which, paradoxically, contributes to giving the occupation a low-status label. By speaking of the occupation as being valuable, they draw attention to the fact that this is an occupation that does not necessarily have status – which can be compared to, for example, the medical profession, which does not need to have its status pointed out. This affirms the subordinate status of both the occupation and the training, while attempts to raise their status are, of course, made with the best intentions.

However, the status of an occupation is difficult to change by speaking of it as an important occupation. For example, Svensson and Ulfsdotter Eriksson (2009) have found a broad consensus among people concerning the status of different occupations. Factors such as age, gender and class had no or a small impact on how they ranked different occupations. In their study, the nursing profession was ranked as a middle-status occupation while nursing assistant was ranked as a low-status occupation. When asking the respondents which status occupations should have, the nursing assistant occupation was ranked higher with reference to its important role in society. A similar view seems to be represented by the teachers in our study. The status of an occupation is among other things related to salary, career opportunities, working conditions, education, resource allocation and position in an organisation (Abbott, 1988; Berglund & Schedin, 2002). During the last two decades, the nursing assistants' assignments have been narrowed. Medical-technical tasks, previously included in the duties of a nursing assistant, can now only be performed via the delegation of a responsible nurse (Byström, 2013). The question of whether or not the low status of the occupation is a natural consequence of the hierarchical organisation of health care, with doctors on top and nursing assistants at the bottom, can also be raised (Dyer, McDowell & Batnitzky, 2008; McDowell, 2009).

An analytical understanding of the challenges

The aim of this study has been to describe and analyse the underlying ideals regarding students and their future work in the health care sector emerging from the health and social care teachers' descriptions of challenges. The study illustrates that the teachers consider it important that the students really want to be nursing assistants based on their own will. The importance of the will can be tied to the ideas of Florence Nightingale and the nature of the nursing profession, including the notion of the profession as a calling. This likely still influences expectations for students regarding their reasons for choosing this occupation (Malchau, 1998; Andersson, 2002). This can also be considered in relation to what Huppatz (2012) has found in interviews with social workers, nurses and enrolled nurses. When nurses and social workers with a middle-class back-

ground spoke of their choice of education, they emphasised a desire to meet and care for patients/clients, while nurses with a working-class background mostly spoke of a desire to make money and have a permanent job. Since most of the quoted teachers can be seen as middle-class due to their educational background, it can be problematic that the student has not made an active choice to 'want to be a nursing assistant' (cf. Huppatz, 2012). Unmotivated students are always a problem for all teachers, but the lack of motivation can be conceived as even more problematic here if work in the health care field is expected to be based on an inner desire to become carers. From the teachers' point of view some students can be said to lack the right attitude for the occupation, and here creating motivation becomes part of developing a vocational identity that is viable in the occupation. Historically, the idea of a calling counteracted good salary growth, since working in health care was supposed to be motivated by will, not money. As mentioned before ideals and values from the nursing profession have been transferred to nursing assistants (Johansson, 1988; The Swedish National Agency for Education, 2000).

What also emerged in this study is that the teachers try to understand and manage problems discovered in teaching situations by categorising students according to their purpose of study. These constructions of differences are linked to conceptions of the occupation, and are expressed as some students understanding and appreciating the occupation while others do not (cf. Gruber, 2008). When students are categorised by their reasons to undergo training, it can affect teachers' expectations through, for example, their requirements and assessment of the students' achievements. Likewise, the problems can be located with the students, for example the outcomes could be considered a reflection of the lack of motivation. Other explanations and ways of understanding, such as difficulties in understanding and a lack of background knowledge, can thus remain undetected. As Bowker and Leigh Star (1999, p. 5) posit, '… each category valorizes some point of view and silences other.' There is also a risk that the teacher fails to see their own impact on the outcomes. This picture is partially contradicted by the informants' statements when they emphasise the importance of making it possible for all students to succeed in training. This may in turn be related to a 'caring' identity, where more emphasis is placed on assisting rather than assessing, which can also constitute the risk of substandard results being approved. Nevertheless, the constructions of differences in motivation can be an obstacle despite of good intentions.

This theme can be linked to an understanding of the importance of the occupation, which is believed to be made difficult by factors such as personnel without training being hired in the municipalities and media coverage of poor conditions in elderly care. As mentioned before, even though the value of good care is not questioned in society, there are many factors that contribute to the classification of a low-status occupation, such as the salary level and the work-

ing conditions. Because of this, the teachers' desire to raise the status of the occupation may not always seem credible to the students. The teachers' commitment to raise the status of the occupation and the education also can be understood in the light of how their own status is affected by societal values. Historically, health care teachers educated nurses. From the 1950s they functioned as teachers to both nurses and nursing assistants, but in the 1990s they were only authorised to teaching nursing assistants, because of the academisation of nursing education (Eliasson, 2009). The nursing assistant occupation has always had a low status in society, something that can be related to tasks associated with a close patient care (Rehn, 2008). Patient-centred care has traditionally always been less valued than duties that are closely associated with doctors and areas such as technology and medicine. Gustafsson (1987) concludes in his thesis that nursing assistants can be described as the hands and feet of health care. He claims that they have always been an important but poorly valued base in medical organisation.

Since many exams are, nowadays, completed at home, plagiarism is a concern for teachers at various educational levels. In this study we discuss how plagiarism can be experienced as especially problematic due to the ethical codes of health care. Further research could potentially explore how vocational teachers experience and handle plagiarism, and if there are connections to ideals and values of the professions.

As more schools reflect the multicultural Swedish society, the teachers' responsibility becomes more complex. Consequently, teachers have to neutralise students who deviate from the acceptable values in order for them to fit in and function within the Swedish system. Behind this training we can sense an idea of the importance of health and social care to function on routine, which requires that all care workers are relatively unified, and that they are able and willing to perform all required actions, which also makes them interchangeable. The categorisation that is made between Swedes and non-Swedes also entails a risk of obscuring and marginalising other factors that can influence student outcomes and conceptions, such as class and prior education (Gruber, 2008). The teachers' expectations and demands on learning outcomes of non-native Swedes can thus be low despite of individual differences. There are also conceptions of homogenous values if the students are from the same part of the world. Although a society is dominated by certain values and opinions, there can be a wide range of opinions regarding certain citizens, perhaps even more likely in a world with many political refugees. The categorization can also lock the students in a particular ethnicity despite their own experiences of being Swedish, Iranian, Swedish-Iranian etc. Santoro (2009) argues that teachers and student teachers have to discern their own ethnicity and position, which is often invisible and implicit. Without an awareness of what a Western identity means,

it is difficult to distinguish the core values of the governing documents from their own preconceived opinions.

In summary, this article discusses how traditional ideals of health care can influence how teachers conceive challenges in their teaching work, which may also influence expectations and attitudes towards students. It is therefore important that teachers become aware of their own conceptions based on vocational traditions. It is possible to assume that similar findings could appear in other vocational educations connected to ideals relating to specific occupational traditions. Courses in vocational teacher training that focus on understanding of various norms and categorisations is therefore of importance.

Endnotes

[1] Johansson was one of the experts in the planning of the new health care program in the 1990s.

[2] Health care teachers usually have two university degrees, one in a health care profession and one in teaching. We are aware of that the social class of an individual is not only based on education level, although it is an essential part. Nonetheless, in this study we assume that these teachers with their university educations represent a middle-class perspective. (See Rehn & Eliasson, 2015, for more detailed explanation of the approach.)

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