

# Knowledge & action: Academic education and professionalization of dietitians in Germany

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## Summary

In contrast to other countries, where dietitians have been trained in universities for years, academic education for dietitians has just started in Germany. Academic education is then often regarded as being of fundamental importance for the professionalization of dietitians in Germany. However, there has hardly been any scientific discussion within Germany of the professionalization of dietitians. By employing sociological approaches to professionalization, together with experience in the academic education of other healthcare professions in Germany, the present article discusses whether and to what extent academic education for dietitians can support the professionalization of dietitians and thus help to improve patient care. It can be concluded that academic education can make an important contribution towards the professionalization of dietitians and the care of patients and clients. However, it must be emphasized that an increase in academic knowledge alone will not lead to the professionalization of dietitians; dietitians' performances are also of central importance.

**Key words:** dietetics, professionalization, academic education, dietitians, healthcare professions

a course specific to an occupation (dual course), or in which a course specific to an occupation is added after the completion of occupational education (additive study course).

There are now both dual and additive study course concepts for dietitians in Germany. Both of these conclude with a Bachelor of Science degree in dietetics [1, 2]. Because of the current 1994 Law on Dietitians, undergraduate courses are not now possible in Germany, as § 4 Section 2 of this law lays down that education may only take place at "officially recognized schools". However, this does not mean universities, but officially recognized schools for the occupational education of dietitians [3]. There are high hopes of the new academic education of dietitians, including facilitated recognition of occupational qualifications in other [European] countries and especially improvements in patient care [4]. The expert report from the "Advisory Council on the Assessment of Developments in the Health Care System" [*Sachverständigenrat zur Begutachtung der Entwicklung im Gesundheitswesen*] recommends that education for healthcare occupations should be partially academic [5]. This is also the opinion of the "Alliance of Science Organisations in Germany" [*Wissenschaftsrat*], which considers that 20 % of members of healthcare occupations should be university graduates, due to the increasing complexity and demands in the health service [6]. It has been scientifically demonstrated that

## Introduction

Although there have long been specific first degree courses in Germany for healthcare occupations in [pediatric] nursing, geriatric nursing, physiotherapy, occupational therapy, speech therapy and midwifery, these have only just been started for dietitians [1, 2]. First degree courses for specific healthcare occupations not only lead to a first degree specific to this occupation, but also to formal registration. For example, courses in basic nursing lead to official registration as nurse. There are also dual and additive courses, in which the education is either dovetailed with

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there is a positive correlation between the quality of healthcare and possession of a bachelor's degree [7–9]. For example, in their international study, AIKEN et al. have shown that if the number of nurses with a B.Sc. increases by 10 %, this is associated with a decrease of 10 % in inpatient mortality [9].

As with all healthcare occupations which have started to provide academic education, the introduction of academic education for dietitians too is justified by the necessity of professionalizing dietitians. The term “professionalization” is a well-known expression that is often equated with improving the image of an occupational group or of providing a scientific basis for dietitians' work. Although the scientific discussion of the sociological implications of professionalization has only just started [10, 11], it has not yet been clarified to what extent academic education for dietitians can help professionalization in any way.

**However, it is very important to pursue a sociological discussion of the facts of academic education and professionalization, if this is to succeed and if the expectations are to be formulated and monitored.**

The present article will therefore examine the sociological significance of the constructs “profession” and “professionalization” in more detail. On this basis, it will then be discussed whether, or to what extent, academic education can support the professionalization of dietitians and to what extent the health service, and therefore patients, can benefit from this. As the discussion of the sociology of the profession is very complex, this article will be restricted to providing initial impulses towards a more extensive and profound discussion – if only for reasons of space.

## Work, Occupation and Profession

The German BROCKHAUS Lexicon defines the term “professional” (or “Profi”) as “a profession; someone who performs an action in a professional manner as a job” – as opposed to “amateur” [Original citation: “berufsmäßig; jemand, der eine Tätigkeit professionell als Beruf ausübt” – im Gegensatz zum “Amateur”] ([12] p. 520). If this definition is applied to the occupational group of dietitians, it can be concluded that dietitians are already in a profession and are professionally active. However, this conclusion must be modified if the occupational group of dietitians is considered in the context of the sociology of the professions (♦ Box 1).

### Professional Performance

Theories of the professions (♦ Box 1) are sometimes criticized for being orientated towards external characteristics, with little consideration of professional performances. This criticism of the classical theories of the professions is supported by OEVERMANN [21]. He considers that the aim of professional performances is to master crises – or the critical failure of normal practices – in an expert manner for the client or customer. Thus, a profession becomes active when everyday routines or practices no longer suffice to master individual problems. In other words, an individual suffers a crisis that he can no longer overcome alone. For example, this might be a criminal or traffic offence, which requires a lawyer, or a chronic disease, which requires nutritional therapy. In such a crisis, the professions move into action, although they continue to consider the autonomy of the client or patient. According to OEVERMANN, the crises in which professionals become active include the following areas of life:

- legal issues
- therapy and
- science [21].

OEVERMANN considers that professional performances in these areas consist in applying standard scientific knowledge to specific cases. It should be emphasized that, although the application of standard scientific knowledge is an essential component of professional performances, it is not the sole principle. It is very important for professional performances that case-specific application of standard scientific knowledge cannot be standardized, as each case is different.

**According to OEVERMANN, professional performances consist of developing suitable essentially non-standard solutions for essentially non-standard problems [21].**

If this approach is applied to dietitians, two questions may be asked:

1. Do dietitians work in crises? Do they then perform professionally?
2. How much standard scientific knowledge do dietitians possess?

### Professional Performances of Dietitians

Dietitians in Germany are active in various areas, but all with the feature that the performances center on nutrition [16]. Two different areas must be distinguished:

- Performances with direct patient or client contact (e.g. nutritional counseling, nutritional support team) and
- Performances without direct patient or client contact (e.g. food management).

As, according to OEVERMANN, professional performances are accompanied by direct patient or client contact, these areas of performances will now be considered in more detail, using nutritional counseling as an example.

## Differentiation between the terms occupation, professionalism and profession

In the sociology literature on professions, physicians, lawyers and theologians are seen as the classical professions and have thus been the object of numerous treatises. Although there are major differences in the view of the professions, it is generally agreed that the professions are a special form of occupation, with special opportunities for income, qualification and control, and which are therefore often accompanied by unusual social prestige [13]. In addition, professional work is related to central social values, such as education, justice, health and truth [14] and is predominantly focused on work with people (e.g. patients or people seeking advice) [14, 15].

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*„Professions are a special form of occupation, with special forms of income, qualification and control, and which are therefore often accompanied by unusual social prestige.” [Original citation: “Professionen sind eine Sonderform der Berufe, die sich durch besondere Erwerbs-, Qualifikations- und Kontrollchancen auszeichnen und daher oft ein ausgeprägtes Sozialprestige genießen.]“*

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On the basis of these primarily external characteristics, it may be concluded that the occupational group of dietitians only exhibit the characteristics of the professions to a limited extent. On the one hand, most dietitians work with people and concentrate on the central value of health [16]. On the other hand, dietitians do not have special opportunities for income or control. On the basis of the externally evident characteristics of a profession, dietitians are currently members of a so-called “semi-profession” or “mimic profession” [17]. However, the current status quo of semi-profession does not have to be retained indefinitely, as social changes can lead to the development of dietetics as a new profession. This development process is called “professionalization” [18].

### Professionalization

HARTMANN considers that professionalization is a continuum, on which work develops to an occupation and then eventually to a profession [18]. “Work” is regarded as a specific performance. If various different performances are bundled together, this gives an “occupation”, with its characteristic features. Finally, an occupation can develop into a profession, with the novel characteristics described above [18]. In this context, NITTEL emphasizes that there is no inevitable logical link between profession and professionalization [19]: “A profession is a social aggregate; professionalization is a social process with uncertain result.” [Original citation: “Eine Profession ist ein soziales Aggregat, und Professionalisierung stellt einen sozialen Prozess dar, dessen Ausgang unbestimmt ist.”] ([19] p. 49). If HARTMANN’S ideas are applied to the professionalization of the occupational group of the dietitians, it becomes clear that the development of the occupation – the agglomeration of specific patterns of work to give an occupation – is complete. In accordance with the continuum of professionalization, the academic education of the dietitians can be regarded as an additional step in the direction of a profession.

On the other hand, academic education is only one characteristic used to distinguish an occupation from a profession. However, the exclusive concentration on fulfilling the external characteristics of typical professions – such as academic education – has been criticized in the context of the professionalization of healthcare services, as it largely ignores the necessary “objective implications of the professionalization processes” ([15], p. 104).

As a consequence, there has been a change in perspective in the discussions on professionalization in the healthcare occupations. The perspective has been switched from the evaluation of the professional status of an occupation on the basis of the fulfilment of external professional characteristics to considering what each member of the occupational group actually does – so whether occupational performances are in accordance with the logic of professional performances [15]. As a result, the critical question has been put as to whether the status of the profession as primarily characterized by external features has any practical implication at all and whether professional performances are perhaps of very much greater importance. In other words:

**“Is there professionalism without profession?”**  
[20]



### The Example of Nutrition Counseling

The objective of nutritional counseling is to advise people about nutritional questions. These people may be clinically healthy or ill. Nutritional counseling employs knowledge from two areas: sociological knowledge on counseling and occupation-specific technical knowledge [22].

If someone consults a dietitian, he is in a crisis situation. For example, he may wish to change his nutrition due to illness, but does not know how to implement this. He contacts a dietitian to find a way out of the crisis. The task of the dietitian is then to provide the client with an expert solution, while still respecting his autonomy. As the counseling interferes with the client's normal life, it is essential that the dietitian understands the client. If the dietitian is to be successful in supplying counseling, he must understand each case. As however nutrition is a complex phenomenon influenced by numerous sociological and psychological factors [23] and becomes even more complex when the client is ill, this is really a multifaceted problem [24]. Each case is unique, so that nutritional counseling cannot be standardized. On the basis of standard scientific knowledge, possible individual solutions must be developed for each

patient or client [24]. These performances in nutritional counseling reflect the logic of OEVERMANN'S professional performance [21]. Thus, the performances of dietitians when providing nutrition counseling are in accordance with the logic of professional performance.

### Standard Scientific Knowledge

As already described, professional performances necessitate the application of standard scientific knowledge. However, one glance at the knowledge of German dietitians' makes it clear that they are at a pre-scientific stage of development – at least in some essential areas, such as nutritional counseling. This applies to approaches transmitted from experienced to less experienced dietitians and which are based on empirically established values. However, they are not scientifically proved and there are only examples of their efficacy [25–29].

However, if dietetics is to be established as a so-called normal science, fundamental ways of thought and accepted opinions (paradigms) must be created. These include generally accepted theoretical assumptions, principles and empirical generali-

zations, analogies, models and metaphors on the common object of research, as well as standards and values [25, 29]. Process-directed dietetic performances in the sense of the Nutrition Care Processes (NCP) is one such model and is a fundamental way of thinking that has been discussed in Germany too and which is to be implemented here [30]. However, the general paradigms must be complemented by specific paradigms [28]. These include examples – specific cases –, including application of the theories accepted by the scientific community, the evidently successful application of these theories, as well as aids, equipment, study methods and concept development [25, 29].

Thus academic education is of special importance in the establishment of dietetics as a normal science, as dietetics can only be established as a normal science in universities and technical colleges.

### Conclusions

Dietitians currently fulfil the external characteristics of the classical professions to only a limited extent. However, these characteristics are a social aggregate that can change during progressive professionalization [18, 19]. The developing academic education can then be regarded as an important step on the way to professionalization. On the other hand, evaluating the professional status of dietitians on the basis of external professional features neglects occupational or professional performances [15]. However, this is particularly important, as professionals must develop non-standardizable problem solutions that are suitable for non-standardizable problems. This takes place with reference to fundamental social values, while retaining respect for the autonomy of the client or patient [21].

According to OEVERMANN, professional performances require the application

of standard scientific knowledge, supported by an understanding of the individual case [21]. For dietitians providing nutritional counseling to the patient or client, the structures of professional logic are evident [24]. On the other hand, to some extent dietitians exhibit deficiencies in the level of knowledge required for a normal science. The establishment of dietetics as a normal science would therefore be an essential component in the professionalization of dietitians. However, it should be emphasized here that nutritional counseling was simply taken as an example. Performances in nutritional support teams or in prevention may follow the logic of professional performances, but have not yet been described in this respect.

## How Then Could Academic Education Support the Professionalization of Dietitians?

Current developments in academic education represent a major opportunity for the professionalization of dietitians. Only with academic education is it possible to understand the scientific principles specific to this field and to establish dietetics as a normal science. Thus, academic education can help to create scientific paradigms by which all dietitians can measure their activities. However, the possibility should be born in mind that academic education for dietitians may increase their knowledge and expertise, but will not necessarily mean that they will perform professionally. To achieve this, they must be taught how to understand individual cases, by education in the logic of professional performances.

In summary, it may be concluded that academic education of dietitians in Germany is an important step towards the professionalization of this occupational group. According to the present study results

on nursing, professionalization of healthcare occupations by academic education is not an aim in itself, but is intended to improve the healthcare provided to the patients and clients [7–9].

Professionalization of dietitians by academic education provides an opportunity to transform dietetics from its current pre-scientific stage into a normal science. However, the academically qualified dietitians must also be capable of performing professionally. Thus, academic education of dietitians should not be equated with simply increasing their knowledge, but should focus on their occupational performances.

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### Conflict of Interest

Daniel Buchholz ist im Rahmen seiner Tätigkeit als Wissenschaftlicher Mitarbeiter im Studiengang Diätetik für Diätassistentinnen und Diätassistenten an der Hochschule Neubrandenburg sowie in seiner Tätigkeit als Delegierter des Verbands der Diätassistenten – Deutscher Bundesverband e. V. (VDD) für die *European Federation of the Associations of Dietitians* (EFAD) an der Akademisierung der Diätassistentinnen und Diätassistenten in Deutschland beteiligt.

Prof. Dr. oec. troph. Jörg Meier ist im Rahmen seiner Tätigkeit an der Hochschule Neubrandenburg (Studiengang Lebensmitteltechnologie, Studiengang Bioprodukttechnologie) auch wissenschaftlicher Leiter der Arbeitsgruppe zur Einrichtung des Studiengangs Diätetik gewesen.

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