

**ONLINE STRUGGLES FOR PROFESSIONAL JURISDICTION
AND CULTURAL AUTHORITY: AN ANALYSIS OF
PROFESSIONAL ASSOCIATION WEBSITES IN ONTARIO**

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Some professional groups, whether solidly established or nascent and alternative, have to wage battles to obtain or maintain professional jurisdiction over certain services. To claim jurisdiction, however, is more than simply having the knowledge and skill to perform these services; it is asking society to give them exclusive rights to perform those skilled acts (Abbott, 1988, p.59). The battle for jurisdiction is waged on several fronts at the same time. Abbott (1988) posits that there are three main areas where professionals fight for jurisdiction: 1) the legal arena, 2) the public opinion arena, and 3) the workplace arena (p.59). This means that one of the most commonly used strategies for advancing a professional cause is public opinion campaigns that include advertising and public relations. These campaigns can affect all three audiences simultaneously or, at the very least, affect one of the audiences which in turn pressure the others.

In the early days of professions, professional associations had a limited array of vehicles for advancing their causes. They would hold conferences and seminars; they would create journals; and they would publish their studies on “popular” national publications to make others aware of their scientific discoveries and of their knowledge (Shortt, 1983). Today, professional associations continue to use these strategies, but

multimedia has expanded their options. Radio, television, and online campaigns “educating” the public about a particular profession’s expertise or sharing their knowledge with lay persons are commonplace nowadays.

This paper is an exploration of professional association’s websites and their respective sections on public opinion campaigns. Some professional associations include within their website a section called “Media Room” (in some websites it’s also called “Communications” or “Resources”). These sections include different kinds of materials for their advertising campaigns: press releases, posters, brochures, videos, podcasts, etc. I will analyze these materials to see what kind of campaigns these associations are developing and what kind of strategies they use to get these across.

Professions

Trying to define the concept of “profession” requires a book chapter or an article unto itself. It is a controversial subject that has generated a substantial amount of literature. However, for the purposes of this paper, a profession can be defined, following Adams and Welsh (2008), as a “particular form of occupation, distinguished by its organization (the formation of professional societies that work in the occupation’s interest), social status, and educational/knowledge requirements” (p.253). Using this definition¹ as a stepping stone, we can

¹ I am aware that there are different definitions of professionalism that emphasize different things like power and control (Friedson 1984), for example. For the purpose of this paper, however, the focus will be on jurisdiction and cultural authority.

move to analyze professional battles of jurisdiction. It will become clear later on how those three elements are interrelated in claims of jurisdiction and authority.

As Adams and Welsh's definition explains, professions have their own organizations in charge of regulating the entry of individual practitioners, enforcing common standards and codes of conducts, and advancing the general interests of the profession. One of the main, if not the main, interests of a profession is the monopoly of knowledge in specific service areas. Farndale and Brewster (2005), summarizing two other researchers, contend that "Professions can thus monopolise an occupation, contrary to the principles of bureaucratic organizations and competitive markets ... This monopoly can lead to *economic advantage* and *social recognition* for professionals through the restriction of the supply of practitioners" (emphasis added, p.34). It is evident, at this point, how these three elements (organisations, social status, and knowledge) work together. As Farndale and Brewster explain, organizations strive to use their *exclusive* knowledge to *corner the market* in order to gain economic and social advantages. Of course, gaining "economic advantage" is not privative to professions only, as every occupation within a capitalist society works toward obtaining this type of advantage. However, it would be illusory to believe that professional associations are not considering market gains while they are advocating for a monopoly on specific skilled services. If professional associations, then, are moved by their interest in gaining economic advantages and social status,

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understanding what these two concepts entail will help us explain why these groups launch complex public relations campaigns in order to ensure professional jurisdiction.

I. Social prestige

When a profession is said to have social prestige or status, it usually means that they are highly regarded in society and that they are given special privileges and powers to diagnose and treat certain problems (Adams & Welsh, 2008, p. 254). This status provides professions with authority. Paul Starr (1982) defines authority as “the possession of some status, quality, or claim that compels trust or obedience” (p. 9). But Starr goes on to differentiate between two kinds of authority: social authority and cultural authority. He says,

Social authority involves the control of action through commands, while cultural authority entails the construction of reality through definitions of fact and value... In their capacity as cultural authorities, doctors make authoritative judgments of what constitutes illness or insanity, evaluate the fitness of persons for jobs, assess the disability of the injured, pronounce death, and even assess, after people have died, whether they were competent at the time they wrote their wills (p. 13-15).

In other words, society (which includes the state and the public) examines professionals’ claims of knowledge and expertise and delegates in them the power to define certain aspects of reality for others. It is not merely about fixing problems; it entails the redefinition of the parameters, the paradigms and the limits that govern people’s daily actions. For example,

the American Dental Association has a running campaign to get people to drink fluoridated tap water. They claim that fluoridated tap water is healthier for your teeth than non-fluoridated bottled water. They are also advocating for people to buy dental health products that contain fluoride². This re-interpretation of information (people drink bottled water based on medical fears as well) has the potential to change the daily drinking and teeth cleaning habits of a large part of the population.

Cultural authority, of course, should not be taken for granted. It is not eternal, indivisible or static. As we will see in later sections, the cultural authority of professionals is constantly being challenged. This is where professional associations step in. However, before turning to explore these challenges, it is important to understand the second part of the equation: economic advantages. To this we turn now.

II. Economic advantage

Some definitions of professionalism include what Gerard Hanlon (1998) calls the “social service ethos” (p. 49). This means that professionals are committed to providing services to people based on their needs rather than their ability to pay. According to Hanlon, this “social service ethos” was a crucial part of the definition of professionalism from the later 1930’s until the 1960’s. However, in the 1970’s and 1980’s, this element of professionalism has been seriously threatened. Hanlon explains,

² http://www.ada.org/public/topics/fluoride/infantsformula_faq.asp

In the 1970s and 1980s this definition of professionalism [social service ethos] came under attack and over the past decade or more there has been a struggle for the soul of professionalism... This contest reflects wider socioeconomic forces and represents a structural fragmentation of the service class based on different forms of economic sustenance (p.50).

This new, competing, definition is called “commercialised professionalism” and it stresses three important factors: 1) technical ability, 2) managerial skill, and 3) the ability to bring business or act in an entrepreneurial way (Hanlon, 1998, p.50).

This turn of events is, of course, not surprising. As we have already established, groups of professionals strive to obtain monopoly over a specific set of services. While they have this monopoly, their economic sustenance is not under attack. However, as soon as other elements move into the picture, professional associations need to find a way to keep those elements out and maintain that monopoly. Losing it also means losing part of that economic advantage that comes along with being the *only game in town*.

Both economic advantage and social status of certain professions come under attack consistently. Capitalism as a system encourages competition among economic actors. This means that every day new professions, new products, new discoveries emerge and challenge the established professions’ aura and their hold on certain skilled activities.

Before we examine these threats, however, it is important to understand who gives professions these privileges in the first place.

Audiences

Claims of professional jurisdiction do not appear in a vacuum; these claims must be directed at certain groups who can either grant or deny this jurisdiction. As mentioned earlier, Andrew Abbott (1988) has divided these audiences in three: 1) legal system, 2) public opinion, and 3) the workplace (p.59-60).

The legal system is comprised of the State and its apparatuses. Abbot contends that the battle for legal jurisdiction occurs in the legislature (Parliament in Canada), the court system, and the administrative and planning structures of the State (Ministry of Labour, for example) (p.62-63). Legal jurisdiction claims may include,

... a [legal] monopoly on certain activities, a monopoly of certain kinds of payments by third parties, and control of certain settings of work. They often include formal control of certain kinds of language, not only language that describes the tasks at issue and the groups attempting to perform them, but also even the language used to conduct the work (Abbot, 1988, p.62).

In other words, professions ask the State to legislate to give them, and protect their, legal authority to perform certain services exclusively. This is the kind of jurisdiction all professions (old and new) aspire to have because it protects them in front of the law against encroaching actors.

When Abbott speaks of “public opinion”, he refers to society at large. Claims of this kind can be brought back to Starr’s definition of cultural authority. Professional associations, then, use their resources to demonstrate to society that they are the adequate group to handle certain activities. In order to do this, professional groups use “newspapers and magazines... [educational] handbooks ... television” (Abbott, 1988, p.60-61). In other words, this is a battle waged in the media.

Finally, the last claim for jurisdiction comes within the workplace itself. Abbott argues that professionals who work in organizations sometimes have to compete against other professionals for jurisdiction. He says, “In the workplace, jurisdiction is a simple claim to control certain kinds of work” (p.64). This is especially relevant in today’s marketplace where managers and administrators are always thinking about the “bottom line” and how to “cut corners”.

It is in these three arenas where the monopoly of jurisdiction usually comes under attack. Let’s move on to examine these threats and the strategies professional groups utilize to dispel them and maintain their control.

Threats to professions

In reviewing the literature on professional jurisdiction, four threats to the economic advantage and status of professionals stand out above all others: 1) new and emerging professions, 2) immigration, 3) market products, and 4) declining faith in professions. Let’s examine each one individually.

I. New and emerging or alternative professions

It is not easy to claim to have a monopoly on a particular kind of knowledge when a new group of people announce to the world that not only do they possess that knowledge too but they can do an equal or better job at a lower price. Literature on inter-professional conflict is filled with stories of established professions having to cede control over some aspects of their practices to emerging professions. Ontario dentists must now contend with an autonomous dental hygienist profession (Adams, 2004); American ophthalmologists share their monopoly on eye care with optometrists and opticians (Maurizi, Moore & Shepard, 1981); British teachers face government legislation that would authorize school staff without the appropriate qualifications to teach (Wilkinson, 2005); and after waging a battle to claim control of reproductive medicine, North American obstetricians and gynaecologists must now again engage midwives in a struggle (Rushing, 1993).

Paul Wolpe (1985) provides us with an example of how these battles are waged. According to Wolpe, the cultural authority of the American physician was in severe jeopardy in the 1970s with the introduction of acupuncture and Chinese medicine into the United States. Wolpe states,

The impact of acupuncture on the United States in 1972 would be difficult to exaggerate. This miracle cure for everything from baldness to frigidity was reported in all the popular media, from *Life*...to *Vogue*... to the *National Review*... *Newsweek* (1972) ran a lead story with a cover

picture of a woman whose smiling face was studded with acupuncture needles (p.411).

Acupuncture “shocked and awed” the nation with an impressive and prominent display in the mainstream media of the United States. But acupuncture did not just wage the battle on the public opinion arena; soon the federal government and other prominent institutions like the National Institutes of Health (NIH) were funding research studies on acupuncture as well.

However, even with the backing of the State and the public opinion, acupuncture was unable to become firmly entrenched in American medicine. What did the physicians do to avoid this crumbling of their cultural authority and professional jurisdiction? Wolpe argues that American medicine co-opted acupuncture and stripped it of its powers. He explains,

Since acupuncture is too complex a modality to master quickly and efficiently, or to subjugate easily to biomedical explanations, it has been more expedient to discredit it. Rather than repudiate acupuncture and thus relinquish control over the modality, organized medicine claimed jurisdiction over the therapy and then severely circumscribed its claims (p.420).

They did this by using a two-pronged strategy: 1) funding research to incorporate the practice into the general belief system of biomedicine and 2) mounting propagandistic strategies to wrestle the acupuncture practice away from lay practitioners and into the hands of physicians (p.415).

Even though acupuncture was not understandable from the point of view of Western medicine and research methods, the medical researchers used these assumptions to investigate the practice. Using the discourse of Western science, then, American physicians were able to successfully control the spread of acupuncture in the United States.

It is important to note the two strategies employed in this struggle: co-option and discredit. The use of advertising and public relations was pivotal in getting these messages across. This information should prove useful in the analysis section of this paper.

II. Immigration

Some threats to practitioners come from within the ranks of their own profession. In many developed countries, immigration is an important issue. Many people with different degrees of occupational preparation move from their home countries in search of a better quality of life or better economic opportunities. Sometimes this process brings about a surplus of professionals in a specific field and the native professionals feel that their monopoly is being threatened.

Judith Shuval (1995) documents the case of immigrant physicians in Israel. After the dissolution of the Soviet Union, twelve thousand immigrant physicians arrived in Israel. Obviously, this led to resentment within the native medical population. According to Shuval, native physicians adopted three control mechanisms: 1) formal licensing examinations for general practice, 2) full control of employment options in the health care system, and 3) a diffusion of negative stereotypes regarding

the competence of immigrant doctors. It is interesting to note that Israeli doctors waged the struggle on all three of Abbott's arenas: the legal system, public opinion, and the workplace. The Israel Medical Association (IMA) lobbied intensely to get the Knesset to pass policies to control the entrance of the immigrant doctors into the Israeli field of medicine (p.558). Also, because of the structure of the health care system of Israel, the hiring of practitioners was in the hand of senior physicians who would give priority to native physicians and place immigrants on lower-status and lower-paying positions (p. 559). Finally, there has been a campaign of discredit run informally by the Israeli mass media and the veteran leaders of the profession (p. 560).

III. Market Products

In a capitalist economy, companies are always on the lookout for the next big commercial hit. Sometimes, those commercially successful products infringe on services performed by professionals. One of these types of products is the "do-it-yourself" kind. Currently, there is an entire industry of "how to" books, software that helps you file your own taxes, kits that let you bleach your own teeth, etc. Many of these products become affordable substitutes for professionals. For example, in places where dental care is expensive and not part of the universal health care system, teeth bleaching kits might be the only option many people can afford.

These, however, are not the only products that threaten professional monopoly. There are other products, like prescription

medicines, that can only be obtained via a certified professional yet are being advertised directly to the consumer. Though the professional is still needed in these cases, s/he is at risk of becoming a mere messenger. Wilkes, Bell and Kravitz (2000) explore physicians' attitudes toward direct-to-consumer (DTC) prescription drug advertising. According to Wilkes et al. medical doctors resent DTC because it shifts the balance of power between patients and doctors. They write,

Among the charges levelled by some physicians are that DTC advertising promotes inappropriate prescribing, strains the patient/provider relationship, increases the cost of care, and contorts the physician's professional role (p.120).

This quote clearly echoes the fears that we have been discussing all throughout this paper. According to the doctors interviewed by Wilkes et al., DTC infringes on their monopoly of knowledge by giving patients "misleading, biased view[s]" (p.119) of the healing process.

Wilkes, Bell and Kravitz (2000) offer the medical community a few suggestions on how to deal with this threat: 1) monitor the content of DTC advertising for accuracy and balance, 2) creating a systematic ongoing media literacy campaign to educate consumers, and 3) lobby Congress³. Another strategy, not mentioned by Wilkes et al, for dealing with this threat is co-opting the product (for example dentists trying to control teeth bleaching techniques; see Suleiman, 2008).

³ Interestingly enough, Wilkes and Kravitz are both members of the medical community.

IV. Declining faith

Finally, the last major threat to the professional's sphere of influence is the public's declining faith in the concept of professionalism. As early as 1982, Paul Starr had warned physicians that faith in their profession was eroding. Starr wrote, "But a concern with health has not always produced faith in doctors. On the contrary, many of those most disposed to take health 'into their own hands' are skeptical of physicians" (p.7). As I mentioned in the previous section, there is a myriad of products available in the market nowadays that gives consumers the option of not depending on the professional. The combination of declining faith and availability of commercial products spells trouble for the cultural authority of professionals.

Alan Brinkley (1998) delivered in 1997 a Presidential Lecture at the annual meeting of the American Academy of Neurology entitled "Faiths that failed? Professionalism, technology, and science in 20th-century America". On this address, Brinkley claims that there has always been a movement of people within the United States that have distrusted science, expertise, and organisations. To these people, "the reign of experts and professions and bureaucracies is not, as the progressives believed, a route to a better world, but a threat to freedom, autonomy, and democracy" (p.660). Brinkley argues that this latent feeling coupled with recent developments in the world of American health care have led the public to lose faith in the institution of medicine. He writes,

The medical world has become vastly more bureaucratized and depersonalized and specialized than it was a half century ago, even a generation ago; but the popular expectations of medicine have remained in part traditional ... Hence, when people with such expectations come into contact with the impersonal institutions of modern medicine, they react at times with anger and a sense of betrayal (p.660).

In essence, Brinkley is saying that the shift from a social ethos of professionalism to the commercialized conception of professionalism has brought on disillusionment and disappointment. Though this may be a problem too big for one profession to solve, associations might still benefit from advertising and public relations campaigns portraying their respective professions as caring and dedicated to improving their societies. Campaigns emphasizing community service could be expected.

The literature reviewed here is concerned with the status of professions in general. It describes the types of authorities professions have, the arenas where they battle for those authorities, and the threats to those authorities. Though most of these descriptions apply to all kinds of professions, it is important to acknowledge the dichotomization that exists between “established” and “alternative” professions. Some of these articles, though by no means all, look at the dynamics between professions as established professions that are being usurped by imprudent alternative professions. It is imperative to recognize that in quoting some of these studies this tone may have, inadvertently, also seeped through to this work. However, I must note that this process is a two-way street:

established professions tend to be the major roadblock for emerging alternative professions. Not only must emerging professions try to gain the favour of the public, create faith in their techniques, and contend with market products, they must also wage a battle to get the more established professions to cede some control over certain practices. They must deal with discredit campaigns that come from professions that still hold an edge in terms of public perception. They must also contend, in many cases, with wealthy associations that spare no expense in lobbying for their perceived rights. Keeping all this in mind, we should now move to the analysis of professional websites in Ontario.

Website Analysis

As mentioned above, professional associations now have a wide variety of media where they can diffuse their claims. However, in my revision of related literature I did not come across a single study analyzing the kind of content professional associations have on their websites, much less in their so-called “media rooms.” Considering the fact that Canada is one of the top 20 countries with highest number of internet users and boasts one of the highest Internet penetration percentages in the world (84.3%)⁴, it seems important to study how professional associations in Canada⁵ use their main presence on the web.

⁴ Internet World Stats: <http://www.internetworldstats.com/top20.htm>

⁵ It should be noted that the scope of this study is limited to the province of Ontario.

For the purposes of this study, I chose six different professional associations that had a website. Out of those six groups, three of them represented well-established professions: Ontario Dental Association (ODA), the Institute of Chartered Accountants of Ontario (ICAO), and Professional Engineers of Ontario (PEO); and three of them represented emergent or alternative⁶ professions: Ontario Chiropractic Association (OCA), Association of Ontario Midwives (AOM), and Ontario Association of Naturopathic Doctors (OAND). This was done to compare the strategies of professions on different areas of the cultural authority hierarchy.

These six associations were chosen based on the availability and accessibility of their media products. Out of twenty-three examined websites, these six were the ones that had the best sections devoted to campaign materials like press releases, advertisements, posters, brochures, etc. It is worth noting that this was usually easier to find in the websites of emergent or alternative professions. These “media rooms” were better organized, had a larger range of materials, and those materials were very often reproducible (PDF brochures and posters that you could print and hand out) and stylishly designed. Finding three associations of established professions that had comparable media rooms proved to be a difficult task. One possible explanation for this would be the lack of visible threats to these professions’ authority. To be sure, the three associations chosen,

⁶ Some of these professions are not new at all. However, they are looked at as “alternative” to highly regarded medical professions.

which have comparable media materials, do have to contend with emergent professions (dentists with dental hygienists; engineers with non-accredited technical workers) and market products (accountants with tax software).

In order to analyze these different websites, I will turn to discourse analysis. The linguist Teun van Dijk explains the purpose of discourse analysis: “More specifically, critical discourse analysts want to know what structures, strategies or other properties of text, talk, verbal interaction or communicative events play a role in these modes of reproduction” (p. 250). Norman Fairclough and Ruth Wodak (1997), on the other hand, explain the vision of CDA,

CDA [Critical Discourse Analysis] sees discourse – language use in speech and writing – as a form of ‘social practice.’ [...] discourse is socially constitutive as well as socially shaped: it constitutes situations, objects of knowledge, and the social identities of and relationships between people and groups of people. It is constitutive both in the sense that it helps to sustain and reproduce the social status quo, and in the sense that it contributes to transforming it (p 258).

With these elements in mind, I will now turn to explore the rhetoric and strategies utilized by these associations within their media materials.

I. Established Professions

As mentioned above, the established profession’s websites were, in general, more scarce in their media materials. With the notable exception of the Ontario Dental Association (ODA), the media rooms of most other

established professions consisted of fact sheets and press releases. In general, however, there does not seem to be an overwhelming preoccupation with making these “educational” materials more accessible to different kinds of public. Using videos, images or podcasts is one of the best ways to ensure reception by different kinds of publics: younger clients, busy clients with no time (or patience) to sit down and read through extensive fact sheets and documents, etc.

This is where the ODA differs from other established professional associations. The ODA, apart from the usual press releases and fact sheets, also included a section called “soundbites” which featured short podcasts where ODA President Dr. Larry Levin gives advice on different dental health care issues. Moreover, the ODA has created a portal (<http://www.youroralhealth.ca/kids/home/>) specifically designed for children. This is consistent with previous research (Adams, 2004) that has noted a very direct threat from dental hygienists to the jurisdiction of dentists. Conceivably, if a profession sees itself under direct attack from an emergent profession that is slowly gaining ground, it will do more to convince the public of their value to society.

Apart from what the organization and design of these websites tell us, there are some interesting findings associated with the content of these media materials. One of these findings is that all three associations have materials on their websites in which they appeal to the different audiences mentioned by Abbott (1988). The ODA, for example, writes in one of

their press releases about a new education campaign on the evils of tooth decay,

That's why the ODA has prepared a Special Report and is launching *an education campaign to reach the public and the government* – we have to do something about tooth decay today. Every single person should know that it's entirely preventable and even reversible when diagnosed early enough – the time to act is now (Emphasis added)⁷.

Similarly, the Institute of Chartered Accountants of Ontario (ICOA) has launched a media campaign trying to get the public and the government to understand the costs of litigation risks. One news clip (in which members of ICOA were interviewed), reprinted on their website, exposes the basic strategy of the accountants,

Saying the current system is imposing too much risk on accountants who audit company statements, the Institute of Chartered Accountants of Ontario is in the initial phase of a strategy to raise public awareness of the issue and lobby for legislative change, under the banner “CAs for Change”⁸

Finally, Professional Engineers of Ontario (PEO) also have media materials which are directed at both the general public and the legislative powers of the province. PEO news releases of past years evidence the preoccupation of the association in implementing new safety standards (Engineering regulator continues campaign to inform public on misguided

⁷ <http://www.youroralhealth.ca/content/view/151/214/>

⁸ Law Times, May 12/19 2008

government policies⁹). Current press releases provide continuation on these matters,

As the regulator of professional engineering in Ontario, it is PEO's role to assure the public that licensed practitioners take responsibility for the outcomes of their work," said CEO & Registrar Kim Allen, P.Eng. "These performance standards were created to protect the public by putting in place an accountability mechanism where none existed explicitly previously.¹⁰

It is important to note that all three of these examples are addressing, simultaneously, the general public and the legal authorities. This suggests the belief that public opinion and legislative activities intertwine. By convincing the general public, associations might be in a better position to lobby in Parliament to get favorable laws and regulations passed.

Another thing worth highlighting in these passages is the position of these associations. All three assume that they are the proper authorities in their respective matters. They believe that the information they have is invaluable to the public and the Legislature. There is a certain underlying notion of a monopoly of knowledge present in each of these statements. The phrases "education campaign", "raise awareness" and "protect the public" carry a strong sense of paternalism in them. There is no doubt in the minds of the members of these associations that they are *the* qualified "experts" and as such, the public and the State should listen to their input.

⁹[http://www.peo.on.ca/2007 News Releases](http://www.peo.on.ca/2007NewsReleases)

¹⁰ [http://www.peo.on.ca/2008 News Releases](http://www.peo.on.ca/2008NewsReleases)

These claims are backed, of course, by the credentials required by each of these associations. Each of the three groups has separate sections (except for the ICOA which includes these fact sheets in the media room) where they explain the education and experience requirements of each member of the group. These areas emphasize the types of academic degrees needed to practice the profession, the licenses, the accreditations and the government regulations that govern them. This section cements their professional competence in their particular fields.

Also, all three groups have media materials that address at least one of the main threats described in the literature review of this paper. For example, the ODA has tried to co-opt the practice of at-home teeth whitening. One of their most prominent sections in the media room is dedicated exclusively to this practice. The ODA writes, “Before purchasing any tooth whitener, you should consult your dentist. Taking into account your unique oral health conditions, your dentist will be able to determine what, if any, tooth whitener is the right one for you.”¹¹ This quote connotes the same fear that the physicians interviewed by Wilkes, Bell and Kravitz (2000) expressed: the fear of the alteration of the doctor/patient relationship. For this particular service, patients can now bypass the visit to the dentist completely. The ODA has responded by appealing to their monopoly of knowledge: even if you can do it in your

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http://www.youroralhealth.ca/index.php?option=com_content&task=view&id=103&Itemid=146

home, you still need the guidance only a dentist can provide. There is a clear anxiety over the prospect of losing patients to these products.

Another example of responding to these threats comes from the PEO. The PEO reports in one of their media releases,

Professional Engineers Ontario (PEO) today obtained an Order plus costs in the amount of \$3,500 against Rajca Jan, requiring that he refrain from holding himself out as engaging in the practice of professional engineering or offering services to the public that are within the practice of professional engineering and further that he refrain from using the titles “engineer” “professional engineer” and “P.Eng”.¹²

In this case, the PEO is using social closure to dispel the threat posed by certain immigrants. The man in question was not licensed to practice professional engineering in Ontario and if he had gotten hired he would have occupied a position that could have gone to an Ontario certified P.Eng. The press release does not mention whether or not Rajca Jan had studied engineering or whether or not he was capable of performing the tasks the job required. It merely hammers the point that he was not licensed in Ontario.

Finally, all three groups have materials that are geared towards restoring the faith of the public in their professions. As expected, all three have press releases highlighting charity work or community involvement. The ODA writes, “The Ontario Dental Association (ODA) will team up

¹² [http://www.peo.on.ca/ News Releases 2008](http://www.peo.on.ca/News_Releases_2008)

with international experts and stakeholders today to design a road map for better childhood dental care at home and abroad.”¹³ The ICOA actually has two running campaigns directed at changing the image of their profession. One is an “education” campaign letting people of low-income know that they can get a chartered accountant to do their taxes for free.¹⁴ The other is, literally, an image campaign designed to promote accounting as a “sexy profession”¹⁵ to attract the best and brightest students. Lastly, the PEO has countless press releases (in fact, this is the bulk of their “News release” section) announcing all the service awards that PEO members have won and how these are contributing to making Ontario better¹⁶.

II. Alternative professions

Contrary to their more established counterparts, the websites of the associations that represented emergent or alternative professions are more user-friendly. In all three websites, all the campaign materials – with the exception of press releases in the OAND website - are under one principal heading (“Communications” and “Resources”) When you click on these headings you are taken to a section of the website that is full of media

¹³ <http://www.youroralhealth.ca/content/view/130/177>

¹⁴ <http://www.icao.on.ca/MediaRoom/MediaReleases/2008mReleases/1009page8671.aspx>

¹⁵ <http://www.icao.on.ca/MediaRoom/MediaCoverage/2008mCoverage/1009page8527.pdf>

¹⁶ [http://www.peo.on.ca/ News Releases 2008](http://www.peo.on.ca/NewsReleases2008)

materials: press releases, posters, brochures, television advertisements, etc. All of these materials have been carefully and painstakingly designed. They are attractive, easy to read, and convey all the necessary information to understand the basic tenets of each of these professions. Also in two of these associations there are direct calls to action. The Association of Ontario Midwives (AOM) has these instructions in the first page of their Communications section:

The AOM has produced brochures and posters to promote midwifery care in Ontario. To view the posters or download a copy of the brochure, click on the links to the right. To order free materials shipped to you, download the order form and return by fax or e-mail cadmin@aom.on.ca.¹⁷

Similarly, the Ontario Chiropractic Association encourages clients to use the materials provided in their website:

We have created informative material and programs that contain valuable information about health and safety. If you have questions about this material please contact Jennifer Paige, Manager, Communications & Marketing at 905-62... or toll-free at 1-877-3... ext. 25 or by email at jpaige@chiropractic.on.ca.¹⁸

Clearly, there is a desire to attract as many people as possible to their web portal. The variety of materials also suggests a desire to reach different types of publics.

¹⁷ http://www.aom.on.ca/Communications/Promotional_Materials/

¹⁸ <http://www.chiropractic.on.ca/Resources/PublicEducation.aspx>

As with the websites of the first group of associations, there are some interesting findings that go beyond the design of the website. One of those findings is that all three associations are clearly trying to position themselves as an alternative to the more established professions. For example, AOM has created three advertisements in which they show themselves as a viable substitute for obstetricians and gynaecologists. In each of the three advertisements, there is an image of a smiling midwife accompanying the pregnant women. Each one emphasizes a different aspect of midwifery. The first one, “Excellent Care”¹⁹, emphasizes female empowerment by letting the woman know that she will be the decision maker in every aspect of the birth and that she will have a close, personal relationship with the midwife who will assist her. This is consistent with Rushing’s (1993) findings on the “ideology of feminism” in the re-emergence of North American midwifery. In the second ad, “Safe care”²⁰, the midwives position themselves as the equivalent of doctors and nurses. They emphasize the experience midwives have in assisting births and their university education. They make direct reference to doctors and nurses by saying that midwives, like doctors and nurses, are also regulated by the State. Finally, in the last ad, “Free care”²¹, they position themselves as an

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http://www.aom.on.ca/files/Pictures/Promo_Materials_2008/POSTER_EXCELLENT_LRG.jpg

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http://www.aom.on.ca/files/Pictures/Promo_Materials_2008/POSTER_SAFE_LRG.jpg

21

http://www.aom.on.ca/files/Pictures/Promo_Materials_2008/POSTER_FREE_LRG.jpg

economically viable option. They emphasize that midwife care is funded by the Ministry of Health, which serves the dual purpose of letting potential clients know that they do not have to worry about their finances and also reminding them that they are a legal practice regulated by the Government.

The OAND, on the other hand, directly attacks associations of traditional medicine to establish itself as a better option. For example, in one of their news releases they write,

According to Mesley's Marketplace segment, "Chasing the Cancer Answer" (Sunday, March 5, 2006), the Canadian Cancer Society spends only 10 per cent of its budget on prevention (largely on healthy diet and anti-smoking campaigns). "People are exposed to chemicals in so many ways. Naturopathic doctors educate patients that other factors, from drinking water to cosmetics to chemicals produced by the body due to stress, cause lasting effects. NDs are aware of many ways in which people are exposed to carcinogens in their everyday lives, beyond what most people consider ", states naturopathic doctor Thalia Charney.²²

Through this subtle, third party attack on the Canadian Cancer Society, the OAND is able to position itself as a better alternative for people who are interested in cancer prevention.

The OCA uses statistical evidence to show people how chiropractic medicine works and how people who go to chiropractors are in better shape than those who do not. In one of their brochures they write,

²² http://www.oand.org/Current_Affairs/06canceranswerrelease.aspx

- Members with chiropractic insurance coverage had lower annual total health care expenditures.
- Back pain patients with chiropractic coverage had lower rates of low back surgery, hospitalizations, and lower utilization of magnetic resonance imaging.
- Patients with chiropractic coverage had lower average back pain episode–related costs.
- Systematic access to managed chiropractic care not only may prove to be clinically beneficial but also may reduce overall health care costs.²³

Even though these three strategies seem to be somewhat different, all of them depend on “facts” (stats and science) to let the consumer know that what they do is legitimate, safe, and equivalent to traditional professions. They all use the discourse of knowledge to present themselves as feasible options.

The next important finding follows that same vein. All three associations emphasize their credentials in all of their campaign materials. Whereas two of the three associations of the established professions had separate sections where they explained to the public the degrees and credentials acquired, these three associations embed this information into every piece of advertising material. As we saw before, the posters of the AOM include a few statements letting people know that midwives are regulated by the state and that they obtain four year degrees at universities.

²³[http://www.chiropractic.on.ca/ChiropracticCare/ecms.aspx/\\$OCA/PublicResources/ChiropracticCanHelp_Singlefold.pdf](http://www.chiropractic.on.ca/ChiropracticCare/ecms.aspx/$OCA/PublicResources/ChiropracticCanHelp_Singlefold.pdf)

The OAND includes a paragraph in most of their press releases and all of their brochures that show the credentials of naturopaths:

Ontario's over 800 NDs are highly educated primary care providers who integrate standard medical diagnostics with a broad range of natural therapies. NDs obtain comprehensive and rigorous training in an educational structure similar to that of medical doctors. NDs require three years of pre-med university education, four years of fulltime study at an accredited college of naturopathic medicine and continuing education to maintain their registration.²⁴

Likewise, the OAC also includes this type of paragraphs in their brochures and press releases,

A Doctor of Chiropractic has spent four years at an accredited chiropractic institution, receiving more than 4,200 hours of specialized clinical training. The chiropractic curriculum at the Canadian Memorial Chiropractic College, in Toronto, includes studies in anatomy, pathology, biomechanics, chiropractic principles, diagnosis and adjustment techniques.²⁵

As evidenced by the paragraphs, these professions are very concerned with letting the public know that they are also well-educated professionals. The messages seems to be directed both at the public and at the better established professions that might want to discredit their training and educational knowledge.

²⁴ http://www.oand.org/Current_Affairs/06regulationnewsrelease.aspx

²⁵ [http://www.chiropractic.on.ca/ChiropracticCare/ecms.aspx/\\$OCA/PublicResources/ChiropracticCanHelp_Singlefold.pdf](http://www.chiropractic.on.ca/ChiropracticCare/ecms.aspx/$OCA/PublicResources/ChiropracticCanHelp_Singlefold.pdf)

As we have seen, the more traditional professions do not mention in their advertising materials cooperation with other professions. If they mention other professionals it is usually to attack or discredit them. However, the associations of alternative professionals make constant reference to their better established counterparts. The AOM, for instance, mentions in their brochure that “[m]idwives work closely with nurses and doctors when needed”²⁶. This is also consonant with Rushing’s (1993) findings on the “ideology of science” in the re-emergence of midwifery in North America. The OAND also mentions that naturopathic doctors “work in partnership with other regulated healthcare providers to ensure that patients receive the most comprehensive and effective care possible”²⁷. Last of all, the OAC has an ad, with the headline “We’ve got your back”, that is directed at medical doctors. Their claim is that there is no need for a turf war because chiropractors are there to help “ease the burden on the health care system”²⁸. They also write in one of their brochures that “[y]our chiropractor is well-trained to determine if your problem will respond to chiropractic care or if you require referral to another health care provider”²⁹.

²⁶

http://www.aom.on.ca/files/Pictures/Promo_Materials_2008/AOM_BROCHURE_2008.PDF

²⁷ http://www.oand.org/files/PDF/Brochures/OANDWhat_Is_NM_Brochure.pdf

²⁸ http://www.chiropractic.on.ca/ecms.aspx/29e78251-8e58-4bd8-9da3-52b06b972acc/Advertising+Document/WeveGotYourBack_Doctor_Poster.pdf

²⁹ http://www.chiropractic.on.ca/ecms.aspx/f1710dd7-2979-4aaf-8614-526c2ecde4f3/Patient+Information+Document/ChiropracticCareAndYou_Pamphlet_hi_res.pdf

A plausible explanation for the mention of these other professions might be the establishment of legitimacy by-proxy. By letting people know that they are backed by these better established professionals, these associations hope that this might calm any fears linked to alternative practices. This could also work to reassure traditional professions that they are not trying to “usurp” their jurisdiction but rather to help carry the “burden” of the surplus of work, as the OAC put it.

Finally, there is one major similarity between all six websites. All of them, both established and alternative, have products directed at government officials. They are all lobbying to get beneficial laws passed in Parliament.

Concluding remarks

Throughout this paper I have examined the concepts of professional jurisdiction, cultural authority, and economic advantage. I have also taken a look at the different elements that threaten that professional jurisdiction and how professional associations respond to these threats. As Paul Starr (1982) put it,

... the reserve strength of professional authority –when separate from the bureaucratic office- consists primarily of persuasion. For it is almost always to argument, rather than coercion, that independent professionals turn when their authority fails (p. 11).

It is precisely because professionals must persuade their publics that advertising and public relation campaigns take place. In this day and age,

and in this wired country of Canada, it is imperative to understand how these processes are happening on the Internet.

As I have shown in the analysis of these websites, established and alternative professions seem to have different strategies to obtain and maintain cultural authority and jurisdiction. In general, the websites of alternative professions seemed more interested in attracting different kinds of publics and educating them on the virtues of their professions. More established professions, with the notable exception of the ODA, seemed content to use straightforward press releases and fact sheets. Also, the better established professions used their materials to fend off threats which included the alternative professions. The alternative professions, however, tried to assuage their counterpart's fears by directing parts of their campaigns directly to them or at least making reference to working in cooperation with them. All these findings are compatible with earlier research.

One last point that needs to be made, however, is that these battles are not just for jurisdiction of services. As I have pointed out throughout this paper, this is also a battle for cultural authority. Adams (2004) indicates that if an alternative or emerging profession obtains a professional jurisdiction that is not really socially valued, then the cultural authority of these professions does not really increase (p.2251). So it is not just trying to perform a specific set of services but rather to be valued while performing those services. This is why there is this war of credentials and stories of community service or emphasis on prevention of

problems: to show that these professions are difficult, not everybody can do them, and that they are valuable to their societies. It is, in the end, a battle for money, prestige, power and social acceptance.

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