Carving Space for Staff Agency in a Faculty of Medicine: A Foucauldian-inspired discourse analysis of administrative staff and faculty relations

by

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A thesis submitted in conformity with the requirements for the degree of Doctor of Philosophy
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Abstract

Administrative staff in higher education have been described as invisible (Eveline, 2004; Szekeres, 2004) and often characterized as being “non-academic, non-faculty, non-teaching, [and] non-professional” (Losinger, 2015, p. 157). These characterizations manifest within health professions education (HPE) contributing to the undervaluing of staff and staff contributions.

While administrative staff are present on campuses or within the virtual workspace, staff often remain absent when it comes to HPE documents, literature, and reports. With few exceptions, if staff appear in the HPE literature it is as a passive object, often as a resource, a possession, or a liability. If staff appear in institutional reports, it is often within an acknowledgement section rather than a list of authors. These absences are also felt in the everyday staff experience: staff are sometimes
overlooked in meetings, may not feel comfortable contributing knowledge, and may feel devalued or invisible in their roles.

At the same time, the neoliberal university system has led to the increasing professionalization of staff roles, occurring as health professionals experience their own shifts in power and prestige. These changes affect staff and faculty relationships in the health professions education space - at times, leading to tensions if not toxicity.

Throughout this thesis I build and examine an archive of published literature, archival documents, interview data, and my reflections and lived experience as a staff member to conduct a Foucauldian-inspired discourse analysis. Specifically, I conduct a “history of the present” (Foucault, 1977; Garland, 2014) to identify discourses that regulate the work of and power relations between administrative staff and faculty in a faculty of medicine. I discuss what these discourses make possible for staff to do, be, or say and what these discourses now make impossible. I explore the material effects of discourse, very purposefully centering staff voices within this text. Using feminist and decolonial critical theories throughout my analysis, I engage with the historic and hierarchical structure of academic medicine that constructs the largely feminized administrative staff cohort as having limited agency in HPE. To navigate the tensions produced by discourses and structure, I work to rebuild agency through staff voices, resistance, and recommendations for practice.
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Chapter 1: Introduction

This thesis is an exploration of the discourses that regulate the work of and power relations between administrative staff and faculty in health professions education (HPE). Throughout this thesis I build and examine an archive consisting of published literature, archival documents, interview data, and reflections and lived experience to conduct a Foucauldian-inspired discourse analysis of this topic.

This opening chapter is intended to introduce the subject area, detail the research problem, describe my chosen approach and research questions, introduce my location and ontological and epistemological positioning, demonstrate the significance of the work, and explain the organization of the thesis.

1.1 The Problem

The work of the administrative staff in HPE is undervalued in practice; staff experiences are underexplored in institutional reports and in scholarly work. Staff have been described as invisible (Eveline, 2004; Szekeres, 2004) and as “non-nons”, meaning “non-academic, non-faculty, non-teaching, non-professional, and non-classified” (Losinger, 2015, p. 157). While administrative staff are present in meetings, in offices, and on campus, we are largely absent when it comes to the HPE literature. With few exceptions, if we appear in the HPE literature it is often as a resource, a possession, or a liability. We appear as passive objects of research, rather than active participants. If we
appear in institutional reports, its often within an acknowledgements section rather than a list of authors. These constructions of staff roles lead to the contributions of administrative staff as being largely invisible and often undervalued in health professions education.

On a day-to-day basis, administrative roles are not invisible. Staff are present. Every day we create agendas, take minutes, plan meetings, contact faculty, guide students, advise residents, arrange for space, offer technical expertise, write reports, secure resources, gather data, write budgets, send communications, and design strategy. A faculty of medicine cannot operate without staff. However, representations of staff are often muddy in practice. Staff seem to be cast as anything from a gate holding secretary to an office “mom”, a bureaucrat to overcome, or a valued professional colleague. Staff may be one, all, or none of the above. The role of staff and the value of staff contributions are varied, significant, and impactful; administrative staff and their contributions should be both valued and visible.

The health professions education space is complex. A Faculty of Medicine is a dominating one on campus. Its budgets are large, and it draws in donations and funding, attracts expertise, and contributes to institutional rankings and perceptions of excellence. Learners and faculty within medicine are balancing the expectations of not only a department or a university but a hospital and a health care system. They balance technical expertise with compassion, research studies with patient charts, and the needs of the people right in front of them – their patient, families, or students – alongside the
needs of their communities. A Faculty of Medicine is an intricate working and learning environment: where words such as interprofessional, social responsibility, competency, or equity may spawn committees, taskforces, and endless reports, where historic professional responsibilities and academic hierarchies collide, and where the most cutting-edge research may be done anachronistically, in a crumbling building surrounded by asbestos. A Faculty of Medicine is full of juxtapositions, movements forward, retrenchments, breakthroughs and, increasingly, reflections. It tends to look forward, outward, and with strategy: to health breakthroughs, patients, potential donors, and the communities it serves, towards the research that will save lives, and the new generation of health professionals who embody the values it believes worthy to instill in them. This thesis looks in a different direction: it looks inward, behind the office doors, at some of the people who enable the faculty to run at all: it looks at staff. This thesis explores why staff roles are often invisible and why the value of staff contributions is often obscured.

1.2 Approach and Research Questions

Through using Foucauldian-inspired discourse analysis, I articulate the discourses that regulate the work of and power relations between administrative staff and faculty in health professions education. Specifically, I conduct a “history of the present” (Foucault, 1977; Garland, 2014) to identify which discourses have come to develop over time such that they have made some things possible for administrative staff to do, say, or be, and have likewise made other things impossible. I very purposefully centre this narrative on staff, examining the literature and archival material
for the presence of staff and their contributions as well as interviewing and centering staff voices within this text. Through this history of the present, and through an equity lens, I actively seek to problematize, if not disrupt, an ongoing narrative: that staff contributions need not be visible because what we do as staff is done in service to faculty members.

1.3 Reflexivity Statement

My research question, methodology, and analysis have been affected by my professional and social locations and my ontological and epistemological beliefs. In this section I detail these for the reader to better understand why this topic matters to me and how my own experiences have afforded me the opportunity to conduct this work. The reader will also be able to see through this expanded reflexivity (McCabe & Holmes, 2009) how this work is an act of co-construction: of my own limited perspective, that of the perspectives available to me through my data, of the perspectives built through the interview process, of the feedback given to me by others as I have conducted this work, and of the perspectives of its readers.

This study is born out of my 20+ years of working as a unionized administrative staff member at the University of Toronto including my 16+ years working in health professions education. Much as a clinician may view their clinical work as their inspiration and the purpose behind their research interests, my research interests have been developed over time through my employment as a member of staff at the University of Toronto. My first role at the University was as a student advisor in the
Faculty of Applied Science and Engineering. I then moved to the Faculty of Medicine in 2006, taking on a maternity-leave replacement position as the Undergraduate Medical Education Admissions and Academic Awards Coordinator. In this position I began to also manage other staff roles. From 2007-2013 and from 2016-2017, I worked as the Administrative and Project Manager for the Office of the Education Vice-Deans. Since 2013, most of my work has been as a Research Coordinator, first for the Department of Family & Community Medicine and now for the office of Continuing Professional Development. Across all these roles, I have held full-time staff-appointed positions at the University and been a member of the United Steelworkers Union, Local 1998.

These varying roles have had an impact on me. Over time and with exposure and experience I began questioning that which was around me. When I sat in a room with some people, why did they behave the way they did? Why did their behaviour change when other people entered that space? Why did I change my behaviour when some people entered but not others? Ultimately, this brought me to be interested in the question of how power flows in HPE.

In 2013, I submitted my reflections on my role as an administrative staff member in my master’s final research paper titled *Weaving with Foucault: Exploring the warp and weft influences of a graduate student and administrative staff member* (2013). I realized through that process that the construction of the role of graduate student allowed me to say, be, or do certain things that the construction of my role as staff did not. The reverse was also true. As a staff member, at times I could say, be, or do certain
things that as a student I could not. Overall, I found that the role of staff was far more constraining. Since I completed my master's degree, I moved away from certain types of roles and instead pursued roles that allow me to focus on research and scholarship. These roles allow me to ask more questions.

In my time working with and observing countless staff and faculty interactions over time across the faculty, I became more and more interested in the question of power. As I read published paper after published paper about the processes within a faculty of medicine – e.g., about admissions criteria, evaluation mechanisms, and curriculum delivery – I became increasingly uneasy about the absence of staff. Our names were rarely on the papers and our roles were rarely mentioned. It was as if there was a magical invisible force that pushed student applications to faculty file reviewers and admissions committees. Where did the administrative staff go? I knew where we were though. We were hard at work. Why didn't our work seem to matter?

At the same time, my increasing academic qualifications and shifting roles within the university have made me and my work more visible than ever. I have several first author papers, my second book chapter is in press, and I have presented at many academic conferences. I am the same person I was before, a staff-appointed member of the university, but my growing scholarship has changed my relationships with faculty and other staff. I feel seen now in ways I rarely felt before: as a colleague, a co-author, and, at times, as an expert. Although I no longer manage staff and I took a demotion to work in positions related to research and scholarship, I increasingly occupy what has
been described as a “third-space professional” position, especially as I have worked towards this credential - the PhD. My formal position in the university therefore is as a member of the administrative unionized appointed staff, and my reflections throughout this thesis are influenced by this position. However, I am increasingly a “third-space professional” as I build my own academic profile. My positioning and perspectives are therefore affected by what I am learning in this process too. The very act of working towards this doctoral degree shifts my position from a ‘pure’ administrative staff member to something else – towards an identity that I can’t quite yet explain. I act professionally, build on my academic credentials (through degree status, publications, networks etc.) and occupy a permanent role within the unionized staff at the university.

While at the beginning of my graduate work I felt somewhat invisible, over time, through my graduate work and intentional shifts in employment, I can no longer say that. My voice is out there. I feel heard. I know that my perspective is somewhat unique although I am by far not alone. Colleagues of mine who do not hold similar positions still express that their work is hidden from view. I know how that felt, I still feel that sometimes, but I recognize I’m speaking from a different perspective than I once was.

I also come to this thesis from a particular social location beyond my professional role. I am a white cis-gendered able-bodied female who was born in Scotland and grew up in Canada. I am an immigrant and a settler in a colonized land. I am a daughter, a sister, a wife, and a mother of two sons. Unlike many of my younger colleagues, I am privileged to now have a level of financial security through the nature and duration of my position at the University and through my family relationships. I have many weeks of
vacation, a healthy pension, and benefits that I can combine with the benefits afforded to us by my husband’s unionized position. We bought a small house in Toronto before costs exploded. These privileges afford us a level of comfort that many of my staff colleagues do not have, and I am aware and thankful for these privileges. It is because of these privileges that I have been able to pursue graduate degree work. I have been able to take weeks off as vacation to write and edit whereas many of my colleagues could not. My children are now of an age such that I can do this work without worrying about nighttime feedings, or childcare pick up schedules, or the need to find babysitters (although I have done many readings while sitting at the side of a soccer field). These privileges also allow me to write quite freely here with the additional level of comfort granted by my seniority and years of service to the university. I have had the affordances to hone my voice with the support and help of a close-knit family and a small and supportive group of friends. As I write later about misogynistic and hierarchical colonized spaces and give space to the voices of people who have experienced pain because of them, remember that I can give voice to these experiences (some of which are or mirror my own) because my own social and professional location protects me from much of the harm. In the chapters that follow I occasionally return to my social location where necessary to once again explain why I approach a subject in a certain way or analyze it in the way that I do.

In this work there are a set of ontological and epistemological underpinnings that have been developed out of my social and professional locations. These also shape the narrative you read here and the arguments I ultimately build. I believe our
perceptions of the world are socially constructed. There can therefore be multiple perceptions of what is "real" depending on the person and their perspectives. What feels very “real” to me may not feel “real” to you. While physical objects do exist, our understanding of what they are or how they may be used is socially constructed and can change over time.

From an ontological perspective, power is not a material object. However, it is socially constructed in a way that feels “real” and has a resulting effect on our relationships. Power is something that we all perceive but in different ways that change over time. How I perceived my power alongside a faculty member ten years ago is different from how I perceive my power now. Power that people may think they have can just be their or others’ perceptions as well. Power is socially constructed and can change over time. It operates and circulates within the social world and while real things happen because of it, power, itself, is not ‘real’ in the same way a physical table is real.

Likewise, a written job description that an administrative staff member may have or a document that refers to them by name is not the "real" person. These documents represent text-based formal perspectives that are valid at one time and in one place for a specific purpose. The role of staff, or their job description, or how I represent staff throughout this thesis is also never going to be the sum of a person. Rather these are just some perspectives of their being, where other perspectives might include their roles in their family, their community, or their social circle. Ontologically, there are multiple realities and no single essential truth.
The epistemological underpinning of this thesis is that we can only come to know something (or can only come to create knowledge) through these social interactions which are infused with power. We each move through the world with our own understandings of our places and roles within it. Therefore, if I want to come to know about the roles of administrative staff members, I will need to engage in reflection (interacting with text and my own experiences) and social interactions with different people through my reflections of these experiences, reading texts they wrote, or through interviews. If there are multiple realities, then I can only come to know of them by engaging with these multiple perspectives. Even still, it would be impossible for me to come to know everything from every possible perspective. I can, at best, only gain a partial perspective (Haraway, 1988). Haraway writes:

I am arguing for politics and epistemologies of location, positioning, and situating, where partiality and not universality is the condition of being heard to make rational knowledge claims ... I am arguing for a view from a body ... versus the view from above, from nowhere, from simplicity. (p. 589)

This view from a body also means that there were two people in every interview room, with two sets of perspectives, aims, and motivations for being there. I recognize that I acted as a form of “pastoral power” (Foucault, 2003d), guiding the interviewee through a process of exploration and possibly transformation. And at the same time, I was also engaged in my own “technologies of the self” (Foucault, 2003c), transforming myself in the process (McCabe & Holmes, 2009). With each step in the methodology, as
I write and edit this work, and as I prepare to defend it, I am increasingly transformed into a “third space professional”, even perhaps an academic, and increasingly moving away from the administrative staff member once chastised for serving weak coffee at a committee meeting. Thus, what you read here are not impartial or universal statements but rather views from a body. They are built through social constructions and interactions and many partial perspectives: of myself, the writer; you, the reader; and from the texts and voices and knowledge claims raised within these texts (written by people) and through interviews (conducted with people). This thesis is rooted in a place with the intention to make voices heard and to transform a space.

1.4 Significance of the Study

This work brings together several lenses in HPE and applies them to my area of focus: administrative staff. It uses Foucauldian discourse analysis to examine the inner workings of a faculty of medicine in order to better understand the complexities of staff and faculty relationships that are rarely exposed to view. It applies an equity lens to the historic and hierarchical structure of academic medicine in the aid of understanding current experiences of staff members and current relationships between staff and faculty. While discourse analysis and equity frameworks are increasingly used within HPE, they are not, as a rule, used to understand the work and positioning of its administrative staff. This study seeks to change that practice and contribute new knowledge to the higher and health professions education fields.
This work benefits, first and foremost, unionized administrative staff. It problematizes the long-present, often-assumed, and rarely spoken "norm" that has led to staff contributions being largely undervalued and unseen. To spend a career supporting scholars and enabling scholarship but never being considered worthy enough of scholarship yourself is a difficult thing. I hope that administrative staff see themselves or their colleagues in this work. To my colleagues: I know that the work that you and I do daily has an impact. It has value. It is worthy of analysis as well.

This work also benefits the faculties of medicine in which staff work. It may help explain why some staff or faculty members may feel tension in some places or on some projects but not in others, or why some work goes smoothly, and other work seems riddled with difficulties. This work provides a new understanding of why these tensions may exist for some and begins to provide a roadmap on how to navigate these tensions going forward.

There have been discussions about transitioning out of a pandemic era towards a ‘new normal’ with respect to education, foregrounding an as yet not fully known way of doing things (Namboodiri, 2022; Pacheco, 2021; Xiao, 2021). To that end, academic medicine is having hard discussions about equity and inclusivity, about wellness, about ambiguities, and about the structures in place that make movement difficult (Burm et al., 2022; Luong et al., 2022; Paton, Naidu, Wyatt, et al., 2020; Van Dooren & Noordegraaf, 2020). Administrative staff are just as much a part of the working and learning environment as the faculty and learners within academic medicine and so it is
imperative that staff are present, our voices valued, and our contributions visible and explored as these discussions evolve, and as the next iteration of academic medicine unfolds.

1.5 Organization of the Thesis

Following this introductory chapter, Chapter 2 examines the literature around administrative staff in health professions education, discusses the professions and professionalism, and explains the shifts in power in health professions education. Chapter 3 details the critical theoretical lenses of feminism and decoloniality, how these have been applied in the context of HPE, and how these agentic lenses can be integrated with the post-structuralist approach of Foucault. Chapter 4 then presents Foucauldian-inspired discourse analysis while Chapter 5 describes and explains my specific methodological choices. Chapters 6-8 form the "history of the present", introducing the linear and serial histories of the faculty of medicine and the role of staff,
articulating three discourses, and discussing their implications and materiality. Chapter 9 focuses on staff voices, presenting the material effects of these discourses. Chapter 10 discusses the limitations to the research and offers some conclusions and recommendations. Lastly, the appendices provide background information about the methodology including the interview guide, consent form, and letter of recruitment.
Chapter 2: The Literature

While the role of administrative staff in health professions education has been underexplored in the literature, there have been significant shifts in power within the space of higher education that might lead one to expect more attention be paid to staff. In this chapter, I will first define administrative staff and then present literature related to the positioning and power of administrative staff within higher and health professions education. I will then move to discussing the professions and professionalization, followed by an exploration of the neoliberal turn and how this has contributed to shifts in power of administrative staff and health professionals within higher education.

2.1 Definition of administrative staff

The people who occupy positions as the ‘administrative staff’ within a university have been called many words over time, including secretaries, clerks, support staff, administrators, and administrative professionals. These terms are discursive, contested, shifting, and loaded with power (Sebalj et al., 2012; Vered, 2019; Whitchurch, 2008). It is thus important to define what I mean by administrative staff. Throughout this thesis I describe administrative staff as the people who are employed by the university and who operationalize its academic functions. Administrative staff work across the university in units, divisions, and departments and hold roles that are generally considered to
support its academic and research functions, e.g., program administration, student support, research administration, and executive assistant roles.

In the context of the location of this thesis research, the University of Toronto, employees have been divided into groups: faculty, librarians, United Steelworkers (USW) (including full and part-time administrative and technical employees), non-unionized administrative staff (including "professional and managerial" groups and research associates), "other" unionized staff (including daycare workers, caretakers, lab technicians, casual employees, hospitality workers, campus police etc.), and trades and services (e.g., carpenters, mechanics, plumbers) (University of Toronto, 2020a).

Similar, although not identical, divisions and categorizations of academic, “non-academic” and technical staff exist across the other five faculties of medicine in Ontario (Council of Ontario Universities, 2021). Outside of Ontario, the University of British Columbia divides administrative roles through various collective agreement arrangements and by campus location into multiple groups, including “administrative support staff working in executive offices, [and] human resources”, and a separate category of “Clerical, secretarial, clinical and library support staff” (University of British Columbia, 2022). An additional group, called “Management and Professional Staff” (M&P) are “staff who are the hiring managers of other staff on campus, as well as those who provide a range of professional services that determine policies and rules that determine how work is performed on campus” (University of British Columbia, 2022). At McGill University, staff are represented by an association called the “McGill Non-
Academic Staff Association” that represents the interests of “non-academic, non-unionized employees” (McGill University Non-Academic Staff Association Representing McGill, 2019). While there is no apparent consistency around terms, what is consistent is that administrative staff roles are, by and large, divided from “management” and “faculty”.

To clarify the focus of this thesis: it is primarily about administrative staff appointed to the United Steelworkers union in the Faculty of Medicine at the University of Toronto. It also discusses their managers (appointed within the professional and managerial groups), faculty members who hold clinical appointments with the Faculty of Medicine, and, due to the nature of the study location and shifting boundaries, also includes some representation of individuals who occupy positions that look like USW positions but who are not in the union because of the nature of their employment contract (this is explained in more detail in Chapter 5).

2.2 The undervaluing of staff work

The work of administrative staff is undervalued and hidden from view within the modern Eurocentric university system. Joan Eveline (2004) describes administrative staff and managers as "largely invisible" (p. 2), writing that administrative staff, along with

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1 On September 24, 2020 the Faculty of Medicine at the University was renamed the “Temerty Faculty of Medicine” in recognition of a $250 million donor gift (UofT News, 2020). As this data was primarily collected before the name change, I primarily use the name “Faculty of Medicine” throughout this thesis. Any references to “Temerty Faculty of Medicine” or “Temerty Medicine” refer to the same organizational structure.
teaching and research assistants and lower-level academics, operate in the “ivory basement” of the “ivory tower”. This ivory basement keeps the work of staff largely hidden from view. Pearson (2008) also comments on the hidden nature of administrative work in a university, further stating that it is a “devaluation of our work’s worth” and writing that the “lack of professional respect” is “debilitating” (p. 128). She highlights work such as ghostwriting, shadow editing, and some data entry as work that is uncredited, and calls the work of administrators “professional work carried out in the shadows” (p. 134). Faculty and students are centred within the university world and the role of an administrative staff member, “linked to a generic job position” (p. 134), leads to the identity of the administrative staff being “subsumed into the support we give to strengthen an academic’s personality” (p. 134).

While it may be devalued, staff work has significance. Eveline (2004) calls some of this work “glue work” (p. 138): relational skills used daily that operationalize university processes. Eveline emphasizes that this work is neither recognized nor fully valued and is often taken for granted by management or seen as an “optional extra” (p. 37). Likewise, she asserts that “companionate leadership” is a form of leadership often used by staff, and that it too remains hidden from view. This form of leadership emerges from collaboration and “focuses on the everyday acts through which people manage changing work practices, take risks to initiate change, and set the pace in reshaping their workplace and work identities” (p. 35). She highlights that relational "glue work" and collaborative "companionate leadership" both have “gendered associations with the
domesticated capacities expected of women” (p. 35). The notion that this work is
gendered and therefore unimportant contributes to its continuous devaluation and thus
to its stagnation within the ivory basement. While this work is crucial, “universities
depend on basement practices and skills that remain unseen, relatively unrewarded,
and are judged insignificant and extraneous” (Eveline, 2004, p. 139).

The positioning of staff in the basement is related to long-held hierarchical
structures of the university system. This hierarchy has been described as “feudal” (Scott,
1980; Houck, 1990; Losinger, 2015), exemplifying the stratification of various groups of
people within the larger structure of the university. Scott (1980) positions presidents
and provosts as royalty, middle-level collegiate administrators as lords, squires and
yeomen, and the other “non-exempt” staff as peasants. Houck (1990) positions
university and department academic leaders as royalty and barons, assistant professors
and research staff as knights, graduate students as squires, and staff as craftspeople
(who provide their services in return for money and stand apart from the others). This
hierarchical structure can be juxtaposed with the claims of the university system that
they work towards inclusivity, neutrality, equity, and the promotion of freedom of
speech (Eveline, 2004; Losinger, 2015). This hierarchy limits mobility and tests loyalty
(Scott, 1980; Losinger, 2015) and contributes to the invisibility of staff and the

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2 Although this work focuses on gender within the academic spaces of HPE, it is important to note that
these constructions are representative of broader expectations of women to perform relational “glue-
work” prevalent within dominant Eurocentric societal and workplace ‘norms.’ See Roper (1994), Ridgeway
(2009) and others.
undervaluing of our work, albeit masked by a constructed “rhetoric of collegiality” (Eveline, 2004, p. 137) between faculty and staff.

Within this complex hierarchical structure, some groups of staff receive more recognition (be it acknowledgement or salary) and power than others. Those who occupy ‘caring’ roles (such as student advisors and teachers) have less perceived power than those who occupy more technical roles (such as computer programmers and researchers), and this phenomena is the same whether one is a faculty or a staff member (S. Acker et al., 2008; Abbott & Meerabeau, 2020). This is partly due to the gendered nature of the work and the persistent undervaluing of women’s work. Within the ivory basement, there are levels. To further demonstrate this hierarchy, I note that subcultures exist among staff groups too. For example, there are two categories even “below” the staff-appointed administrative staff levels: custodial staff and casual employees.

Peter Magolda, who was Professor Emeritus in the Department of Academic Leadership at Miami University, conducted an in-depth ethnographic study of custodial staff at two US colleges (2014, 2016). Custodial staff are set apart from administrative staff in the organization of human resources within the university, grouped separately, and (in the context of the location of my own thesis work) represented by a different union than administrators at the University. Magolda met with, interviewed, and cleaned with custodial staff. His work emphasizes “that universities remain segregated and hierarchical” (Magolda, 2014, p. 6).
Part of the growing precarious workforce in the Canadian university sector (Shaker & Shaban, 2018), “casual” employees are also undervalued within the administrative staffing structure of the faculty. United Steelworkers Union Local 1998 represents 8000 fully-appointed staff across the University of Toronto and an additional 3500 "casual" staff. In other words, 30 percent of all employees represented by the union are "casual" (Casual Unit: Things to Know, 2022). "Casual" employees, in the context of the Faculty of Medicine, are formally considered to be “non-staff” according to the collective agreement (Collective Agreement for the “Casual” Bargaining Unit, 2017). Historically, “casual” staff have also been excluded from celebrations of staff accomplishments that invite only “appointed full-time & part-time administrative, research & technical staff” (bolding mine) (Faculty of Medicine Staff Recognition BBQ, 2019). They are similarly excluded from the ability to receive recognition through the Faculty Staff Impact Award structure (Temerty Faculty of Medicine, 2021) that awards recognition only to “appointed” staff. While this thesis focuses on appointed unionized administrative staff it is important to recognize that the entire university system is hierarchical, encompassing faculty and staff stratified across a constructed set of levels that have real effects on precarity, pay and benefit structures, visibility, and power.

These studies and data indicate a problem: staff contributions within the current university structure are hidden from view, relegated to the so-called “ivory basement” in part due to historical, hierarchical, and misogynist interpretations of the value of their work.
2.3 The absences of administrative staff in reports and published literature

Not only is the work of staff groups often invisible within the institution, but it is also often invisible in reports and published literature. Losinger (2015) describes this absence as a form of exclusion that “is endemic to the literature of higher education” (p. 156). She writes:

university staff is often an after-thought, or more practically speaking, a non-thought. Indeed, the term “non-non,” surely the most cryptic of terms found in the American literature of higher education to describe university staff, reveals the universities fixation on defining a large percentage of its workforce by what it does not do: non-academic, non-faculty, non-teaching, non-professional, and non-classified. ... Indeed, there is a lack of sincerity (or perceived value) in gaining any measurable appreciation for university employee’s daily working environment. (p. 157)

She adds that staff stories by and large are not recorded and data about staff is neither gathered nor analyzed. Staff as a “non-thought” is indeed a concern and Losinger is certainly not the only one who recognizes this absence. This absence is linked with the hierarchy present in higher education, where “most of the literature scrutinizes the upper dimensions of the university workspace and ignores the ivory basement” (Eveline, 2004, p. 10).
Reports that may capture information about the university population may just ignore staff entirely. One example from within the context of this thesis is an intended series of “Voice of” surveys designed to better understand the learning and working environment. While students (MD Program, 2019), residents (PostMD Education, 2017a) and faculty (Department of Laboratory Medicine and Pathobiology, n.d.) within the Faculty of Medicine were surveyed about their learning and working environment, the survey was never deployed to staff.

Even where staff are included, they are diminished. Szerkeres, writing in 2004, reflected that while “administrative staff continue to be pretty much invisible” (2004, p. 20) they were made visible in studies often only in a negative light and positioned in competition or conflict with the work of academic faculty. Eveline (2004) describes one institutional report that specifically sought female staff voices at an Australian university, however it was “largely ignored by rank-and-file academic staff” (p. 131), and “seen as less important” (p. 131) because it didn’t seem to matter for teaching and research.

As part of this analysis of the literature base as it relates to staff in HPE, I conducted a MEDLINE search for various terms that represent administrative staff, students, and faculty within keyword and abstracts within the HPE and medical education literatures (see Appendix A for search string). There were 9062 citations about learners, 5916 about faculty, and just 62 about staff. While this rough search was
not intended to capture all the literature, it provides some indication of the distribution of its focus.

When staff are mentioned in these documents, they are often constructed as an object designed to serve or as something belonging to a faculty member or learner. For example, one study surveying Program Directors in Emergency Medicine notes that 92% of surveyed respondents reported that they “had a program coordinator, and 35% stated that they had both a residency secretary and a program coordinator” (bolding my own) (Beeson et al., 2006, p. 168). Other papers constructed staff work as costs, for example, as “hours” (Silver, 1988) or “overhead” (Franzini et al., 1999) that need accounting. These constructions cast administrative staff and their work not as people, but as possessions, resources, or liabilities.

In other studies staff are objects of the research but not involved in the research itself. For example, in a paper by Hendelman & Byzewski (2014) administrative staff (here grouped with ‘non-clinical hospital staff‘) are identified as contributors to student difficulties in a study of professionalism lapses documented by medical students. While it is important that staff are included in this study, they are not represented in the authorship team or cited within the acknowledgement section. This construction casts administrative staff as objects of the research, and as a group that cannot speak back to power (Spivak, 1988).

In contrast there are a few studies that do capture the administrative staff perspective, either individually or as part of the larger community. One study, for
example, intentionally seeks HPE staff as participants in a workshop aimed at gathering input for the development of new learning spaces (Billings et al., 2022). They further centre the staff experience by including staff as one of seven stakeholder groups whereby workshop participants identify potential needs or challenges. Including a range of stakeholder groups was a “deliberate approach to foster community and co-construct knowledge” (p. 6). Staff are also included as interviewees in a study which aims to assess issues and challenges in a community-based education curriculum (Choulagai, 2019). Choulagai references community development as the reasoning for their unusually broad reach, noting that since there are multiple sectors of representatives involved in the educational experience, it is “important to involve the communities” (p. 477) in the study itself. In both examples, staff are constructed as members of a larger community within HPE; in so doing, the researchers indicate that staff voices and perspectives matter in the development of that community.

MacLeod et al. (2017) not only include staff contributions in their study but call out the invisibility of their work. They carefully examine the materiality of the operationalization of distributed medical education, calling into focus the audio-visual (AV) professionals who connect geographically distant sites through technology. They highlight that the AV professionals strive to be "undetectable". “Yet, this invisibility separates them, to some degree, from the human aspects of the job, which made the establishment of relationships complicated” (p. 629). MacLeod et al.’s discussion shows how the structures of work demanded of AV staff in the medical school make the formation and maintenance of community (to use Billings’ and Choulagai’s language)
difficult for this group. This attention to the conditions of staff work by MacLeod et al. is nuanced, careful, and rare within the larger HPE literature.

2.4 The neoliberal turn and shifts in power

At the same time as staff contributions are being masked, with comparatively few instances of the presence of HPE staff in the literature, there has been a simultaneous shift in power in higher education. Emerging from a history of high status and power, the faculty member in health professions education is also encountering a decline in (real or perceived) power.

Many faculty members in health professions education are health professionals. Thus, to enable this discussion on the turn towards neoliberalism and shifts in power, it is important to first lay out some distinctions between being a member of a regulated health "profession" (including an embedded requirement to achieve a level of competency as a "Professional," and the behaviours embodying what has come to be known as "professionalism". While all of these concepts seem to use the same words, they have different meanings and implications.

The concept of professionalism has been taken up through varying sociological frameworks over time: it has been identified as a list of traits and behaviours, as a role played in society, as a social construction, and as a means of social control (Martimianakis et al., 2009). The concept of professionalism should, then, not be considered “a stable construct that can be isolated, taught and assessed, but [instead, seen] as something that is socially constructed in interaction” (Martimianakis et al.,
2009, p. 835). And although texts within health professions education frequently discuss “professionalism” and the “role of professionals,” the distinction between which kind of professionalism they are referencing is not often made. Furthermore, the distinction within administrative staff groups as we increasingly become more "professionalized" too is also unclear (the tensions that these differing distinctions bring are outlined beginning in chapter 7). Therefore, for the purpose of organizing this thesis, I will frame the concept of "professionalism" using only some of these constructs. I recognize this is somewhat precariously done as I am attempting to straddle both the health professions space and that of higher education administration. For the purposes of this thesis, I refer to two categories of meaning of the terms “professional”: as connoting membership in a regulated health profession and as a description of behaviour.

### 2.4.1 "Professional" as membership in a regulated health profession

The professions developed over time from the medieval university and guild movements (Abbott & Meerabeau, 2020; Freidson, 2001; Krause, 1999; Larson, 2020). Through increasing organization, regulation, and control over their own expertise (Abbott & Meerabeau, 2020; Adams, 2018; Freidson, 2001; Krause, 1999; Larson, 2020), the professions, including medicine and the professoriate, amassed considerable autonomy, power (Abbott & Meerabeau, 2020; Freidson, 2001; Larson, 2020) and varying degrees of prestige (Hindhede & Larsen, 2020). Faculty members in the Temerty Faculty of Medicine can, therefore, be constructed as a member of the teaching profession with most also being a member of a
health profession.\(^3\) In contrast, with very few exceptions (such as accountants (Council of Ministers of Education, Canada, 2022)), administrative staff are not part of a regulated profession as we lack a professional regulatory body, an agreed upon discrete body of knowledge, and fixed entry credentials.

In Ontario, the health professions are regulated. Within the focus of this thesis, faculty members who are anesthetists or psychiatrists fall under the jurisdiction of the Ontario Medical Association (Ontario Medical Association, 2022) and those who are physical therapists fall under the jurisdiction of the Canadian Physiotherapy Association (Ontario Physiotherapy Association, 2022). Workers within these roles form a profession as they have “specialized knowledge … [and] the power to organize and control their own work” (Freidson, 2001, p. 1). These self-regulating bodies govern their standards of practice, investigate complaints, and, if needed, discipline their members (Ministry of Health and Long-Term Care, 2018).

The self-regulating professions maintain “control over training” in part through the “creation of a training credential that becomes a prerequisite” (Freidson, 2001, p. 84). In medicine, for example, this is the MD degree (or its equivalent based on varying credentialing systems). The formalization of the “particular kind of knowledge and skill

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\(^3\) The Faculty of Medicine also appoints PhD-educated individuals who hold faculty positions within its departmental structures. These individuals are professionals due to their association with the teaching/academic profession (Perkin, 2018), work within a “professional faculty” at the university, but would not be individually recognized as a member of a health profession because they do not hold the appropriate health professional credential.
claimed by an occupation and ... [the] intellectual basis for its jurisdictional claims and its relation to other occupations” becomes “the primary source of the status of its members and their personal, public, and official identities” and contributes to “the development of commitment to the occupation as a life career and to a shared identity, a feeling of community or solidarity among all those who have passed through” (Freidson, 2001, p. 84).

In medicine and physical therapy, this control is most saliently felt through the structures that control curricula and entry to practice. The Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada accredit teaching and learning programs within medicine under the CanMEDS (Frank et al., 2015) and CanMEDS-FM (Shaw et al., 2017) competency frameworks. These frameworks include the competency of “Professional”. The Canadian Physiotherapy Association similarly requires entry-to-practice physiotherapists to have the competency of “Professionalism” (Canadian Physiotherapy Association, 2017). To become a member of these regulated health professions, one must achieve this competency.

Through control over training, male dominated professions (such as medicine) are able to achieve “occupational closure” through patriarchal acts that both exclude and demarcate professions dominated by women (such as nursing and midwifery) (Witz, 1992). Women in these so-called “semi-professions” have been considered as the male physician’s “willingly compliant and tractable subordinates” (Witz, 1992, p. 60). While attending to all of the complexities of the gendered nature of the health professions is
beyond the scope of this thesis, it is important to this thesis to recognize that this
gendered exclusion and demarcation of the professions continues to have ramifications
in society today. For example, a recent ruling by the Court of Appeals in Ontario cites
discriminatory practices by the Ontario Government that suppressed pay for those in
the gendered professions, such as midwifery (Association of Ontario Midwives, 2022;
Ontario (Health) v. Association of Ontario Midwives, 2022). There are also arguments
that the current legislation in the province of Ontario limiting pay increases to 1%
(Protecting a Sustainable Public Sector for Future Generations Act. First Session, 42nd
Parliament. Ontario, 2019) also discriminate against female-dominated occupations and
professions (Wilson, 2021). While the pay of nurses and the administrative staff of
universities are affected by Bill 124, physician salaries (and those of other male-
dominated areas such as policing or firefighting) are excluded from this legislation. The
1% limit in salary and compensation increases is particularly constraining as inflation
rates have since risen to 7.6% in Canada as of July 2022 (Government of Canada, 2022).
These gendered aspects\(^4\) of the professions bear increasing importance through this
thesis as the discourses of what it means to be a professional (largely embodied in
medicine as male-dominated) comes into tension with evolving discourses in the largely
feminized cohort of university administrators.

\(^4\) There are also racialized aspects of occupational closure and control. For an example on how healthcare
reproduces ‘whiteness” through discourses of “Canadianness”, see Mickleborough & Martimianakis
(2021).
“Being a professional” through one’s membership in a regulated health profession therefore brings all of this to bear: a historical connection with a rising community of experts tracing back to the medieval ages, the demarcation of a distinct body of expertise, increasing organization and self-regulation, occupational control, and significant gender ramifications.

2.4.2 “Professional” as behaviours embodying professionalism

As noted above, there are other categories of “professional” circulating within HPE beyond the “health professional”. Professionalism, as a set of behaviours, directs and controls the conduct of individuals (Abbott & Meerabeau, 2020; Martimianakis et al., 2009). Professional ‘traits’ and behaviours as they apply to physicians in the Canadian context include “honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality” (Royal College of Physicians and Surgeons of Canada, 2022). Further behaviours such as “accountability,” “commitment to excellence”, “self-awareness” and demonstrations of “ethics” are similarly aspects of being a “professional” (Royal College of Physicians and Surgeons of Canada, 2022). When embodied and assessed, such behaviours partially fulfill the competency standard of “Professional” in CanMEDs, the current dominant assessment framework in Canadian medical education. This competency framework guides the behaviours of physicians, and further leads to them being constructed as either “professional” or “unprofessional” within their self-regulating profession.
Not all agree with this positivistic approach to being a “professional” and there are many scholars actively problematizing the concept. For example, Martimianakis (2009) writes that the “focus on individual characteristics and behaviours alone [such as those noted above] is insufficient as a basis on which to build further understanding of professionalism and represents a shaky foundation for the development of educational programmes and tools” (p. 829). With proclamations that trait- and behaviour-based frameworks may be built more on “faith” than on evidence (Whitehead & Kuper, 2017), there are movements to deconstruct the positivist and seemingly continuous development of “professionalism” within medicine, and to reveal the tensions inherent within the dominant discourses of “professionalism” (Lefkowitz et al., Pending). The ethical dilemmas many health care workers faced during the COVID-19 pandemic has laid bare more of these tensions such as when being "professional" and performing one’s “duty to care” came into tension in the absence of personal protective equipment (Zaidi et al., 2021). These tensions are no doubt still being played out across the health professions in spaces where health care providers have been chronically underfunded (or funded but underspent), leading to dangerous under-resourcing and possible moral injuries (Yalnizyan, 2022). The proverbial black box of “professionalism” has been opened wide.

For staff, the box of professionalism is still under development. Noordegraaf (2007) details staff professionalism as “hybridized professionalism”. This is not the same form of occupational professionalism as a physician upholds within the profession of medicine, but embraces multiple fields, including “management staff, project
management staff, administration staff, technical contractors, and clerical and sales staff” (p. 774). Individuals use their judgement and sense-making behaviour in hybridized professionalism and apply “soft and selective standards” (p. 779).

Professional behaviours for staff include thoughtfulness and rest on “ideologies of integrity, independence, service and expertise” (Noordegraaf, 2007, p. 779 citing Grey 1997, p. 705). Hybrid professionalism is relational in that those who embody hybridized professionalism understand organizations and inter-organizational logics. It is a way to “establish institutional legitimacy” (p. 775) in that instead of ‘being’ a professional, it is “about showing that one is becoming professional without necessarily ever becoming one” (p. 775). Finally, like physicians, professionalism for staff relates to identity, such that hybridized professionals “cope with trade-offs between individual demands, professional claims, and organized action” through forming a “communal or social identity” of a professional (p. 780). Hybridized professionalism offers staff the opportunity to “become professional” through enacting specific professional behaviours, developing legitimacy, and forming a new identity.

2.4.3 A brief nod to the professional identity formation (PIF) literature

I mention above that I focus my attention on two aspects of "professional" in the literature: as membership in a regulated health profession and as a behaviour. In addition, I note that many discussions of what is or is not considered to be “professional” are surfacing within the emerging literature about the concept of professional identity formation (PIF). There have been studies of how one comes to act
and see oneself as a “professional” both in medicine (Jarvis-Selinger et al., 2012; Cruess et al., 2014; Wyatt et al., 2021) and, to a lesser extent, in higher education (Whitchurch, 2008; Caldwell, 2022).

However, I am more interested, within the confines of this thesis, in exposing discourse: examining what the discourse of being a professional allows or does not allow, rather than how one becomes a professional. I do intersect with this concept of “formation” at times, such as within my presentation of the discourse of staff as professional in Chapter 7 when I discuss strategies used by staff to “mark” themselves as “professional” (e.g., see 7.4.1) but I do not purport to have completed a study on professional identity formation in staff. Perhaps this is a precarious positioning, as one may “become” a professional by exhibiting the behaviours of a professional (and I certainly discuss those). Higher education is, however, still early in its process of theorizing professional identity formation for staff.

2.4.4 Neoliberalism and threats to the power of the professions

All of these various notions of who can call themselves a “professional” or not are currently being challenged by neoliberalism. Whereas at one time in health professions education only health professionals or those in the teaching profession could call themselves “professionals” (and amass the prestige and status that go along with that term) this has changed due to neoliberalism, and in particular through the rise of the academic capitalist knowledge/learning regime (Slaughter & Rhoades, 2004). The effects of this regime “entails a redefinition of public space and of appropriate activity in
that space" (Slaughter & Rhoades, 2004, p. 306) and affect our patterns of work, hiring practices, and relations within higher and health professions education.

Noam Chomsky comments that neoliberalism "is an attempt to impose business models" and "state capitalist principles" “on the whole of society” (Spooner & McNinch, 2018a, p. 58). There have been many perceived negative effects in higher education that have been attributed to neoliberalism, including the privatization of higher education, the commodification of intellectual property, rising managerialism, shifts towards constructing the student as a ‘consumer’, the branding of higher education (Slaughter & Rhoades, 2004; Spooner & McNinch, 2018b), and last but not least the “sharp increase in administrative staff versus teaching and research faculty” (Lincoln, 2018). The power that an academic may have once had in their department is therefore actively slipping from their grasp. Neoliberalism thus threatens the historical control and power of the professions. As Slaughter and Rhoades (2004) write, “faculty are being decentered” (p. 320).

Neoliberalism has brought about new management models in healthcare and education where the role of the [academic] middle manager, such as a Vice-Chair in a department, once considered to be “pivotal” (Thomas-Gregory, 2014, p. 623), is being decentred and embedded in a “political minefield... involving cooperation, conflict and compromise” (Thomas-Gregory, 2014, p. 624). Middle managers are not only managing the relationship between their leaders and the other faculty in the department; they are also navigating and running into conflict with neoliberalism. Increasingly under pressure
to compete for research funds and to generate income to prove their value to this new form of university (Muzzin & Martimianakis, 2016), with the exception of the ‘elite’ research stars, these professionals’ ability to control their own workflow is no longer as strong as it once was (Thomas-Gregory, 2014). There are calls for faculty to be ‘re-empowered’ in the face of these changes (Kenny, 2018). Unionization, called “an instrument of power of the working class” (Larson, 2020, p. 236) is said to have added supports for some faculty groups (Karram Stephenson et al., 2017). However, this is unavailable to the clinical faculty in the Faculty of Medicine (which encompasses most faculty within the context of this thesis) who are excluded from membership in the University of Toronto Faculty Association (which represents most other University of Toronto faculty members) due to the nature of their employment relationship with their affiliated hospitals (University of Toronto Governing Council, 2004).

Change has not only affected health professionals and professors. Managers are increasingly donning the title of "professional" (Noordegraaf, 2007) and, indeed, across my university, the administration is largely divided into two groups: unionized employees and "Professional and Managerial Groups” (University of Toronto, 2020a). Due to neoliberalism and increasing academic capitalism, there are more administrative managers taking on roles within "the ivory tower" and increasing numbers of contract faculty moving to the ivory basement. Eveline writes:

both academic and general staff must develop complex and flexible skills and knowledge, as old divisions between employment categories shift and blur.
Academics are no longer the sole or privileged occupants of the ivory tower, and the basement now includes more levels of academic work. The tensions caused by such shifts affect the morale and satisfaction levels of both individuals and groups. (Eveline, 2004, p. 206)

The hybridized professionalism described by Noordegraaf (2007), and which many staff (managers or not) now embody, has resulted in an upending of previous boundaries between who calls themselves professional and who does not. Brandsen (2009) writes quite simply: "the distinction between professionals and managers is unclear and increasingly blurred" (p. 264). Neoliberalism is not just modifying the roles of professionals who are becoming more like managers, but it is modifying managers who are becoming more professional.

2.4.5 Third-Space Professionals

Not only have “professional managers’ emerged but so too have so-called ‘third space professionals” (Whitchurch, 2018). This group typically have academic credentials or teaching or research experience, work in "quasi-academic" functions, specialize in institutional initiatives, and have the possibility of moving into an academic manager role (p. 3). While third space professionals may appear like traditional faculty members they operate not dissimilarly to administrative staff. For example: “rather than drawing their authority solely from established roles and structures, they increasingly build their credibility on a personal basis, via lateral relationships with colleagues inside and outside the university” (p. 15), here mirroring ‘glue work’ (Eveline, 2004). These third
space professionals have been characterized as “super-administrators”, some of whom have qualifications equal to those of a professor (Conway & Dobson, 2003) or “para-academics”, upskilled administrators, such as an IT professional, quality assurance advisor, or academic developer who has taken on tasks that had traditionally been bundled within the role of a faculty member (Macfarlane, 2011). Third-space professionals have more recently been described as “non-guild-route academics”, individuals with careers outside academia who later take on academic roles (such as those in marketing or business positions) (Macfarlane & Jefferson, 2021). These individuals “resemble professionals, as they are educated knowledge workers, with credentials and certifications, applying expertise in service to others” (Adams & Livingstone, 2020, p. 12).

As a result of these perceived encroachments of ‘traditional’ academic work by ‘para-professionals’, some faculty roles have been characterized as being “deskilled” and roles that were once complex and multifaceted are now more singular (Macfarlane, 2011). These new third-space professional roles have the potential to change the traditional boundaries of what a university does and how it operates, one argument being that these new professionals, hired for an expertise faculty do not have (such as in communications or marketing), are not there to intentionally “usurp” the faculty, but to “extend” them (Hazel, 2012, p. 188).

However, in Canada there is evidence that increasing market controls over higher education have led to what has been called the “vertical fragmentation” of
academic work where traditional tenure-stream professors maintain favourable status and working conditions through the use of part-time contractual academic employees with less power (Jones, 2013). This fragmentation is exemplified through these different kinds of roles, appointments, and statuses (including third-space professionals): “a single academic unit may employ academic staff who occupy quite different types of positions, fulfilling different functions, and with quite different conditions of employment, levels of job security, and remuneration” (Jones & Jefferson, 2022, p. 12). In the case of third-space professionals who are considered to be ‘academic staff’, they often occupy the ‘lower’ roles on this vertical ladder.

Within these third-space professional roles, there are moves to interrogate power. Smith et al. (2021), themselves ‘third space professionals’ within higher education, use a narrative technique to explore their roles. They emphasize that their boundary-crossing positions in these liminal spaces offer opportunities “for agency and creativity” (p. 514) and suggest that institutions need to map out these complex staffing structures to fully understand the roles and opportunities that third-space professionals bring.

Vered (2019) explores the impact of neoliberalism (manifesting as either ‘new managerialism’ or ‘corporatization’) on professional and managerial (P&M) staff at the

5 The University of Toronto has a similar “Professional and Managerial Staff” group (University of Toronto, 2021d)
University of British Columbia (UBC). She first seeks to identify the P&M group, citing the shifting, confusing, and undefined nomenclature around these roles. She notes that the professional and managerial staff, who hold various positions across the university, and who often have advanced degrees, specialized credentials, and significant expertise and experience, are “sandwiched between faculty members and unionized staff, ... [and] occupy a blurred space affecting their occupational and organizational roles and identities” (p. 2). Reflecting on her own experiences as a “third-space professional” as P&M staff, Vered relates being excluded from decision-making bodies of both faculty-centric committees and from unionized-staff committees. She describes herself as “not fitting in neatly” through her “confusing and blurred positioning” within the university structure (p. 10).

Vered’s research notes another consequence of neoliberalism: the number of unionized clerical positions at UBC declined between 2008-2017 by almost 10%, while the P&M roles increased by 54%. This shift is representative of the rising costs of university administration (Leslie & Rhoades, 1995), but Vered notes that part of the shift is also due to increasing precarious work among the P&M roles. She notes that positions that had previously been unionized are increasingly being reclassified as P&M staff because, in contrast to unionized roles, P&M roles can more easily be terminated (p. 82).

Third-space professionals thus experience a blurring of boundaries within their roles, holding neither the position of faculty nor unionized staff. This can lead to an ‘us
vs them’ mentality as well as to actual conflict (Vered, 2019). The participants in Vered’s study who held stronger professional identities and had more autonomy were better able to make sense of their roles and positions within the organization compared to those who did not have a strong identity or who had less autonomy. These individuals did so through “collegial relationships, higher communication levels with both those higher and lower in the hierarchy, and greater collaboration” (p. 202). However, the higher up in the organization the P&M staff was positioned, the greater the conflict they experienced between their occupational and organizational identities. This group tended to “have the highest credentials but generally felt powerless and unrecognized” (p. 200).

Vered suggests that effective collaboration between third-space professionals and faculty (and, I would argue, also with unionized staff)

requires changing the dynamics in university governance, committees, projects, etc. and looking at who, what, when, how, and why voices and participation are included or excluded, and who is in charge and who takes direction, and who gets recognized and rewarded. (p. 197)

She advocates for further research from “other employee groups” to make “sense of occupational and organizational positions and identities” (p. 214). She also suggests the need to explore gender as a factor in the jobs and job levels that people occupy in the private or public sectors.
It is perhaps already clear from this brief review that while administrative staff may still be largely absent from the literature base and their work still relegated to the ivory basement, this is not the case with third-space professionals who are increasingly visible, have increasing agency within the university, and are contributing to the literature about the systems in which they work. Administrative staff as a whole are “increasingly educated, politically aware, and less deferential” (Losinger, 2015, p. 169) and want “to be recognized as being an integral part of the university rather than a silent, unacknowledged, or ‘back-stairs’ group” (Losinger, 2015, p. 161). While it is important that third-space professionals are visible in the higher education literature and certainly worthy of the calls for increased attention into these university-based staffing structures (C. Smith et al., 2021), all staff experiences, from all levels of an organization, need to be captured (Losinger, 2015).

The neoliberal turn has changed power structures within HPE. Professions such as teaching and medicine have had to adjust to a loss in status while increasingly professionalized roles in higher education are somewhat experiencing the reverse. These shifts in power influence definitions of professionalism, relationships, community-building, and everyday interactions within the space of health professions education. The lines are blurry, and the ground is shifting. While some gaps in knowledge are being filled, there is significant work still to be done.
2.5 Summary

When I first began writing and reading about administrative staff in health professions education, I saw very little literature capturing our experiences. While it is clear from the literature that there are still major gaps, absences, and at times, erasures, the situation is beginning to change. Academic capitalism has created a noticeable shift in the rising power of the professions, possibly making room for administrative staff to gain some power. There is also increasing acknowledgement that staff are part of the learning and working environment in HPE (as opposed to being there only to “support” it). Due to these shifts in the landscape, it is more important than ever not only to do research about administrative staff but to have staff included in, if not be authors of, that very research.
Chapter 3: Theoretical Approaches: Poststructuralism, Feminism, and Decoloniality

Over the last two chapters I have introduced my research questions, my ontological positioning, and detailed the substantive literature around various content areas, including the undervaluing of staff work, absences of administrative staff in the HPE literature, professions and professionalism, the neoliberal turn in higher education, and third-space professionals. In this chapter I start to introduce the theoretical positions towards which I have been sensitized which have guided me throughout this dissertation: the critical theories of feminism and decoloniality and post-structuralism. I explain why I have come to this approach and introduce some of the existing literature in HPE applying similar approaches. As my next two chapters discuss Foucauldian-inspired discourse analysis and methodology, this chapter in particular offers insight into the additional theoretical commitments shaping this work.

3.1 Critical Approaches

The undervaluing of staff contributions, the absences of HPE staff in the literature, and shifts in power structures can be informed and problematized through critical approaches. These approaches are a suite of theories and knowledges that are increasingly used to critique and inform discussions about power in higher and health professions education. Here I introduce two of these critical approaches – feminist theory and decoloniality. However, there are multiple approaches (see Table 3-1) that
can be used alone, combined with each other, or combined with more “traditional’ (i.e., hegemonic, Eurocentric) theoretical frameworks to explore the power structures present in higher education and HPE. Further still, intersectional approaches (Carbado et al., 2013; Collins, 2015; Crenshaw, 1989, 1991) which combine elements of numerous critical approaches can also be used to show how multiple forms of oppression are cumulative.

Table 3-1: Critical Approaches

<table>
<thead>
<tr>
<th>Approach</th>
<th>Focal Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical Race Theory</td>
<td>Critical race theory (Crenshaw, 1989, 2011; Du Bois, 1897) is rooted in the understanding that race is a key social construct (as in, race is something that has been created, legitimized, and used to divide).</td>
</tr>
<tr>
<td>Queer Theory</td>
<td>Queer theory (Achmat, 1993; G. E. Anzaldúa, 2013; Butler, 1986) is a family of theories that disrupt the Eurocentric model of dualism. They see sex and gender identity not solely as male/female or man/woman but instead a “third-space” (G. Anzaldúa, 1999; Dahms, 2012) or, more recently, an ontology of becoming that takes into account the diverse, multi-faceted nature of sexuality as a series of temporal experiences, attractions, desires, sensations, practices, and identities (Houghtaling, 2013).</td>
</tr>
<tr>
<td>Decoloniality</td>
<td>These approaches (Mignolo, 2007; Quijano, 2000) disrupt the hegemony of the Eurocentric model by making visible how colonialism by European governments and monarchies continues in the present through the ideas and ways of knowing that still permeate dominant understandings of the world.</td>
</tr>
<tr>
<td>Indigenous Knowledges</td>
<td>These Knowledges (Bartlett et al., 2012; Kapyrka &amp; Dockstator, 2012; L. T. Smith, 1999) disrupt the stability of the Eurocentric model. Models of Indigenous health practices, for example, challenge the biomedical model upon which academic medicine has been built in colonizing countries. Many also challenge the focus that Eurocentric models of research (critical discourse analysis among them) have on the individual, arguing instead for more collective, holistic, community-based approaches to understanding and resolving social problems.</td>
</tr>
<tr>
<td>Feminist Theory</td>
<td>Feminist theories (G. Anzaldúa, 1999; Butler, 1990; D. E. Smith, 1987) disrupt the male-centric tradition of Western philosophy, arguing instead for perspectives centred around the female experience. Feminist theories are used to grant agency to individuals who otherwise are constructed as passive (Martimianakis, 2011).</td>
</tr>
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3.1.1 Feminist Theory

To make sense of feminist theory in health professions education, one must first make sense of feminism. First-wave feminism in Canada is generally said to begin in the late 19th and early 20th centuries. These movements, coming after struggles fought and won in the UK and USA, focused on consciousness raising and ensuring women gained the right to vote. First-wave feminism also socialized women towards education – if not for themselves then to raise their children to be educated and move into middle upper class or professional ranks in society (D. E. Smith, 2008). The patriarchal structures, however, went unchallenged. Although (as part of the legacy of first-wave feminism) many women in Canada won the right to vote federally in 1918, this did not result in increased societal or structural equity and many women remained as mothers and carers (Bacchi, 1982) and did not pursue work outside the home. It was still a long time until women across the country could vote: women in Quebec were not given the right to vote provincially until 1940, legal restrictions that prevented some non-Indigenous racial and religious groups were not lifted until the late 1940s, and Indigenous women were not given the right to vote until 1960 (Franceschet et al., 2018).

The 1949 publication of The Second Sex by De Beauvoir (2010) precipitated the rise of second-wave feminism. De Beauvoir’s work explains how women have been ‘othered’ by a patriarchal society, details how sex and gender differ, and how becoming a woman is something one learns rather than something into which you are born. “For
Simone de Beauvoir ... gender is not only a cultural construction imposed upon identity, but in some sense gender is a process of constructing ourselves” (Butler, 1986, p. 36).

Taking inspiration from De Beauvoir (Dijkstra, 1980), it was Betty Friedan’s *The Feminine Mystique* (1963) that is said to have spurred the rise of second-wave feminism in Canada in the 1970s (D. E. Smith, 2008; Thompson, 2002), teaching women to apply the concept of oppression to ourselves (D. E. Smith, 2008). Some of the issues tackled by feminists at that time were sexual freedom, pay equity, domestic abuse, and the proportions of women in power and politics (D. E. Smith, 2008; Thompson, 2002). But much as first-wave feminism may not have shifted the patriarchy, second-wave feminism also did not lead to equity. Sidler (1997) writes that second-wave feminists were “torn between two conflicting messages: raise a family or be economically self-sufficient ... driven by a sense of independence and a need for equality, [they] struggled to break down that either/or dilemma” (p. 26).

While some women may have felt that second-wave feminists achieved their goals of pay equity and sexual freedom, this apparent freedom was only available to some. In a powerful article in Ms. Magazine about the Clarence Thomas hearings, Rebecca Walker (1992) wrote “the fight is far from over”. She argued that the dominance of male, white power needed to be problematized, stating that Black women had not yet reached parity. Her article concluded “I am not a postfeminism feminist. I am the Third Wave” (p. 39). Writers, activists, and theorists such as Patricia Hill Collins (1986), Audre Lorde (2007), Kimberlé Crenshaw (1989) bell hooks (1981), Donna Haraway (1988) and Sandra Harding (1992) continued to build and expand the
paradigms of third-wave feminists. Third-wave feminists recognized that along with the patriarchy there were systemic injustices based on race and class.

Building on the third wave’s introduction of intersectionality (Carbado et al., 2013; Crenshaw, 1989, 1991), fourth wave feminism began in the late 2000s and early 2010s in Canada. Writing just at the cusp of the fourth wave, Diamond (2009) called it a “narrative still in process” ... that “must integrate the unfinished issues and contradictions of the last three waves in an overarching vision that combines spiritual practice with political action and economic power and the insights derived from psychoanalytic theory and practice” (p. 216). The fourth wave, although still in the process of becoming, challenges sexism and misogyny through collective (largely digital) activism and attends to intersectional differences (Gardiner et al., 2019, p. 321). The viral #MeToo Movement that began in 2006 by Tarana Burke (Me Too. Movement, 2022) is one example of fourth-wave feminism, challenging sexism through digital media and attending to diversity. Sara Ahmed’s body of work (some examples being Ahmed, 2009, 2010, 2012, 2017) further embraces intersectionality, asking us to interrogate the purported origins of feminist theory itself (i.e. academic, Eurocentric), and encouraging us each to “bring it home” in order “to make feminism work in the places we live, the places we work” (Ahmed, 2017, p. 10).

It is unclear what happens next. The landmark legislation of Roe v. Wade that protected abortion rights for American women for 49 years was overturned by the Supreme Court of the United States in June 2022. In its immediate aftermath, feminists
are calling this anything from “a crack in the foundation of mainstream liberal feminism” (Atler, 2022) to a possible “patriarchal death rattle” (Jordan, 2022). Intersectional feminist Kimberlé Crenshaw (2022) reminds us that “[t]hey are coming for contraception, LGBTQ rights, gay marriage next”, urging all equity deserving groups to “fight back because our lives depend on it”. Canadian Deputy Prime Minister Chrystia Freeland, meanwhile, has vowed to uphold the right to abortion in Canada, noting that “[a]bortion is a human right. Feminists in our country fought for that right. And it has made the lives of women and girls so much better” (Freeland, 2022). Meanwhile, there are continued calls for “vigilance” in Canada, articulations of current gaps in care (Varner, 2022), and advice to strengthen enforcement of the Canada Health Act where abortion is regulated as a medical procedure (Planned Parenthood Toronto, 2022).

While it is far too soon to tell where this will lead, it is very clear that global feminist movements are surging even in the face of increasingly legitimized opposition.

With this history in mind, there is a substantial literature about gender in higher education that is representative of these waves of feminism (Witz, 1992; Ng, 1993; Eveline, 2004; S. Acker et al., 2008; McTavish & Miller, 2009; Hazel, 2012; Johnson, 2014). Administrative staff roles within the “gendered underworld” (Pearson, 2008) of the university have been interrogated using feminist approaches. In Australia in particular, the role of "general" or “professional” staff in universities have been approached using a gender lens. Female staff experience limited career opportunities, bias, and a lack of recognition of their roles and contributions (Castleman & Allen, 1995; McLean, 1996; Wieneke, 1991). While parity is being reached in some areas, women still
seek out more non-managerial roles than managerial roles compared to men (Strachan et al., 2013). Women who work part-time in higher education, which they often must do in order to manage family responsibilities that disproportionately fall on female parents, also experience eroded advancement towards higher level staff positions (Bailey et al., 2017).

Hazel (2012) applies Joan Acker’s (1990) model of gendered organizations to her doctoral research of mid-level professional staff (i.e. managers and supervisors) in an American institution. She notes that the largely feminized work force within this group performs a wide range of roles within the university, “are the operational backbone of the university” (p. 186) and are often positioned as extensions of faculty. However, the gendered nature of the organization remains unchallenged. Hazel concludes that while “women are making important and valuable contributions to the university ... these positions typically do not lead to the senior leadership” (p. 190).

There has also been substantial literature focusing on gender within the health professions (Biringer & Carroll, 2012; Hui et al., 2020; Lorello et al., 2021; Muzzin & Limoges, 2008; Soklaridis et al., 2017; Tsouroufli, 2012). Feminist pedagogies have been applied in contexts including distance learning (Jiménez-Cortés & Aires, 2021), scholarly productivity (Mountz et al., 2015), speaker representation at medical conferences (Lorello et al., 2020), hierarchical microaggressions (Young, 2021), and teaching practices (Light et al., 2015).
In the context of academic medicine, women are still underrepresented in (academic) leadership positions, receive less funding than men in national health research funding competitions, are less likely to be listed as senior authors, and are more likely to work in lower paid and undervalued areas of medicine (Tricco et al., 2021). Racialized and minoritized women in particular experience hostile work environments and face increased barriers to mentorship and promotion (Blackstock, 2020; Najeeb et al., 2019). In a recent study on medical training, Browne (2020) notes that Black female medical students experience multiple intersectional challenges to well-being, including “a general lack of safety at the institution due to racism and sexism” (p. 59), the need to navigate multiple roles, experiences of exclusion, and the burden of representation.

The patriarchal medical education culture is being actively interrogated through feminist approaches including understanding gender issues and the lived experience of women in medicine (Sharma, 2019). Increased attention through post-structural feminist approaches which challenge the “potentially oppressive logic of binary thinking” (Bleakley, 2013, p. 65) may shift the needle towards increased equity. However, “academic institutions continue to create a culture of medicine and medical education that is rooted in patriarchy, with the perspectives of women, and especially women of colour, pushed to the margins” (Sharma, 2019, p. 575). Feminist and intersectional approaches challenge medicine’s “culture of whiteness” (Wyatt et al., 2021) and may enable the field to confront its own privilege (Sharma, 2019), but these approaches remain underutilized in HPE (Finn & Brown, 2022).
While the patriarchal and hierarchical structures of higher and health professions education are increasingly being challenged, the work of university administrators within HPE still remains as an “absence” (Paton, Kuper, et al., 2020). If feminist approaches require “socially situated” knowledge claims (Harding, 1992), then surely addressing the entirety of all people situated within the experience of HPE will be required for social change – not only the experiences of academics and managers.

While one can easily advocate for inclusivity, as I do above, there is a long history of feminist movements excluding those outside of the dominant white mainstream norm. As noted above, Ahmed (2017) advocates for intersectional approaches to feminism. She writes “intersectionality is a starting point, the point from which we must proceed if we are to offer an account of how power works” (p. 5). Power in North American Eurocentric university institutions is held by white men and white women. “Whitestream feminism” (Grande, 2003), which would encompass much of the “history” of feminist waves I have detailed above, is “a feminist discourse that is not only dominated by white women but also principally structured on the basis of white, middle-class experience” (p. 330) and “continues to define the public face of feminism” (p. 332). It has been justifiably critiqued for continuing the colonial project and the supremacy of the white experience. Grande notes further that whitestream feminists use postmodern theories (such as Foucault’s work) to critique patriarchy yet fail to actively engage with or centre marginalized voices, and that they are “unwilling to examine their own complicity in the ongoing project of colonization” (p. 346). She explains that they remain too theoretical, too academic, and insufficiently attentive to
the lived experiences of marginalized women (for further expansion on decolonial feminism, see 3.1.2 below). In keeping with Grande’s argument, at this point in my thesis chapter, the narrative needs to shift – to a discussion on decolonial theory and its implications on higher and health professions education.

### 3.1.2 Decoloniality Theory

Decoloniality is another theoretical lens that is increasingly being applied to the higher education and HPE literatures. Like feminist theories, theories related to colonialism have evolved over time and context. Decoloniality emerged as a response to colonialism and postcolonialism. When speaking in the context of the current dominant Eurocentric model of higher and health professions education, European colonialism began in the sixteenth century by European powers and encompassed people and territories across Asia, Africa, Australia and New Zealand, and the Americas. Colonialism refers to the practice of domination where one group of people subjugate another (Kohn & Reddy, 2017). This practice, enabled through the conquering of territory and the acquisition of land by European powers, led to “cultural genocide, linguicide and epistemicide” (B. L. Hall & Tandon, 2017). Imperialist powers exported the ideas of the Enlightenment and much of what the modern university now positions

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as legitimate, ‘real’ and ‘true’ is positioned from this colonial dominant norm (B. L. Hall & Tandon, 2017).

The ideas of the Enlightenment constructed the now dominant worldview that “human reasoning could discover truths about the world, religion, and politics and could be used to improve the lives of humankind” (Duignan, n.d.). This way of thinking is built on a canon of thought “based on the knowledge produced by a few men from five countries in Western Europe (Italy, France, England, Germany and the USA)” (Grosfoguel, 2013, p. 74) and on a structural foundation evolved from late 15th century conquests of territories and religious genocides (Grosfoguel, 2013). The philosopher René Descartes and other Enlightenment thinkers split from the previously dominant construction of a Christian God as the foundation of all knowledge and instead constructed a mind-body dualism whereby “the mental and the physical – or mind and body or mind and brain – are, in some sense, radically different kinds of thing” (Robinson, 2020). From this point on, “‘I’ replaces God as the new foundation of knowledge” (Grosfoguel, 2013, p. 75) and man can establish objective truth.

A “zero-point epistemology” - where “an ‘I’ [...] assumes itself to be producing a knowledge from no-where” (Grosfoguel, 2013, p. 76) now dominates higher and health professions education (Castro-Gómez, 2001; de Sousa Santos, 2008; T. Naidu, 2021a).

The zero point is a reference to the avowedly objective stance of how white Western science produced knowledge: the ‘truth’ scientists seek is both nowhere and everywhere; we would claim it just ‘is’, as a zero point. It is an
‘imaginary position of those who claim neutral objectivity for themselves—an unseen position that presumes to see all’ (Soldatenko, 2015, p. 140). Within this frame, science is constructed as a search for a neutral objective truth where ‘it is possible to achieve objectively valid knowledge about the physical and social world by merely using the appropriate method’ (Castro-Gómez, 2001, p. 149) (Paton, Naidu, Wyatt, et al., 2020, p. 1109)

By framing science and truth through this lens, the material and social interests of the white men who monopolized “the privilege and authority of canons of knowledge production in the Westernized university” (Grosfoguel, 2013, p. 87) were greatly privileged. Dualism afforded these men epistemic privilege: power over how knowledge is structured (Robinson, 2020).

This epistemic privilege created ways to legitimize further European expansion of both territory and forms of knowledge (Quijano, 2000). Eurocentrism and its “modern” Western zero-point epistemology can be viewed through a lens called the Colonial Matrix of Power (Mignolo, 2007; Quijano, 2000). This matrix centres knowledge, racism, patriarchy, and capital as the basis of modern global power developed through colonialism. This system imposed interdependent spheres of power (subjectivity, gender and sexuality, authority, and the exploitation of land and labour) as instruments of domination. These spheres operate in relation to one another, and uphold and reproduce the modern construction of global power (Quijano, 2000).
Through the colonial matrix of power, “the very foundational structure of Western civilization” (Mignolo, 2011, p. 16) and “the logic that generates, reproduces, modifies, and maintains interconnected hierarchies” (Mignolo, 2011, p. 17), the ideologies of the Enlightenment – positivism, universalism, and rationalism – dominate Western thought, science, and education models (Freire, 2000; Gieryn, 1983).

Unsituuated objective knowledge claims based in zero-point epistemology form the “criteria of validity for science and knowledge production”, whereas any situated knowledges were “discarded as biased, invalid, irrelevant, unserious, that is, inferior knowledge” (Grosfoguel, 2013, p. 76).

Furthermore, (dominant) science-based constructions of race (i.e., that individuals from different races have biological differences, and that one race is therefore naturally inferior to another) legitimized forms of labour control (slavery included) and led to continued domination and exploitation (Quijano, 2000). As Yancy (1998) put it, Western philosophy “functions as a site of white cultural hegemony, sustained and perpetuated in terms of the particularity of race and gender related institutional power” (p. 8). The white men (and later women) who benefit from this dualistic form of knowledge – through creating boundaries of science and non-science (Gieryn, 1983), of truth or non-truth, constructed further division – i.e. “us” vs. “them”, “white” vs. “black”, “West” vs. “East” – thereby ensuring their continuing privilege (Said, 1979). In the Western Eurocentric university, the embedded, privileged, advantaged, and accepted norm has historically been that “science” is true and based on “evidence” while anything “non-scientific” is less privileged, less valued, and less important (Gieryn,
1983). Instead, science should be seen as a “moral and political discourse” (Denzin, 2018, p. 45) and a form of “governmentality in the government apparatus” (p. 50) that brings with it its zero-point epistemic origins.

Decoloniality has many intersections with feminism (Lugones, 2007, 2016). The colonial project’s focus on “categorial, dichotomous, hierarchical logic” (Lugones, 2016, p. 742) that constructs binary thinking perpetuates not only the patriarchy but also the dominance of the aforementioned “whitestream feminism” (Grande, 2003). Decolonial and intersectional feminisms such as African feminism (Amadiume, 2001; M. Naidu, 2013), Latinx and Latin American feminism (Pitts et al., 2020; Rivera Berruz, 2021), Black feminism (Collins, 2002; hooks, 1981; Lorde, 2007), Indigenous Feminism and Native Feminist Theories (Arvin et al., 2013; Grande, 2003; Green, 2007) continue to interrogate colonialism, white supremacy, and the “mainstreaming” of the white feminist project.

3.1.2.1 Implications of colonial hierarchies on higher and health professions education

Norms, based on colonial structures, have led in part to the development and perpetuation of the stringent hierarchical structures within higher and health professions education, the devaluing of staff work, and continued discrimination and microaggressions experienced by staff and in particular, racialized staff.

At the University of Toronto, 84% of librarians, 73% of faculty, and 52% of staff identify as white (Office of Institutional Research & Data Governance, 2021, p. 102) and
75% of librarians, 65% of staff, and 47% of faculty identify as female (Office of Institutional Research & Data Governance, 2021, p. 103). A 2014 survey of staff and faculty at the University of Toronto shows that 77% of unionized staff members are "somewhat" or "very" satisfied with being an employee of the university. In comparison, the satisfaction level of the Canadian public sector norm is 70%, indicating higher satisfaction levels at the university. But in contrast, all other reporting employee groups at the University report slightly higher satisfaction levels than staff: teaching and tenured stream faculty at 80%, non-unionized staff at 81% and librarians at 85% (Office of Institutional Research & Data Governance, 2021, p. 101). These surveys paint one picture: a diverse, primarily feminized staff cohort at the University who are largely satisfied in their work. However, 17% of unionized staff report being "somewhat" or "very" dissatisfied with being an employee at the University of Toronto, and there is evidence to show that working and learning environments are troubled.

In 2016, a survey of medical residents conducted at the University of Toronto’s Faculty of Medicine showed that 89% rated their program as either "excellent" or "very good". And yet 28% of residents had experienced some kind of harassment within their programs, and 25% “believed their program tolerates harassment or are not sure whether or not it does” (PostMD Education, 2017a). A 2019 survey of MD students showed similar harassment numbers, with a quarter of students indicating they had experienced harassment and 40% of students indicating they had experienced discrimination. Almost half of the students (45%) attributed their harassment to faculty, with the majority of these negative experiences taking place in clinical settings but 17%
of them occurring on campus (MD Program, 2019). These two surveys within the Faculty of Medicine spurred the faculty leadership to take action. However, as already noted, staff were not included. While we know that staff overall at the university are largely satisfied, we also know that harassment occurs. Institutions routinely commit to inclusive, healthy work environments for learners, faculty, and staff (Hannah-Moffat, 2021; Memorial University, 2022; University of British Columbia, n.d.) but gaps remain. Not everyone feels included, not everyone is satisfied.

In a qualitative study of hierarchical microaggressions experienced by staff in a diverse urban American university, 52% were attributed to devaluing based on their roles (Young et al., 2015). Staff reported being left out of meetings, being made to feel that their expertise was not valued and that they were unimportant. These “microaggressions .. cause harm when someone takes a job expecting to be valued for what s/he brings to the job, only to learn once employed, that s/he is devalued because of the position itself” (p. 66). Thirty six percent of the microaggressions are attributed to ignoring, excluding, or interrupting individuals because of their roles. For example, while faculty members may greet each other in a meeting, staff members may be ignored and feel invisible. Ten percent of the microaggressions were experienced when people changed behaviour depending on with whom they were interacting. For example, a faculty member berates an assistant for the timing of a meeting, however, when told that it was the department chair who changed the timing, the same faculty member laughs it off. Within this institutional hierarchy “people in a position of privilege at the university interact differently with people in the same role versus people in lesser roles”
Finally two percent of the microagressions related to terminology related to work positions. A ‘work-study’ student, for example, reports feeling devaulated because the role is considered to be underskilled, despite them doing the same work as a full member of staff. In this context, “microaggressions are reinforced because of the privilege conferred on those with a doctoral degree in this setting, and the lack of privilege associated with those with lesser or no degrees” (p. 69). In a later exploratory study by the same authors, there is further evidence of the deprofessionalization of faculty due to microaggressions towards both race and gender (Young, 2021). Young et al. call for further research to focus inquiry on lived experiences of “marginalized groups in professional roles,” examine the interplay between identities, and explore (if not dismantle) the “interconnected structures of inequality” (p. 93).

Further calls to recognize and dismantle the colonial foundations of HPE continue to be made by scholars in HPE (Bleakley et al., 2008; Hardeman et al., 2016; Whitehead, 2016; Richardson & Murphy, 2018; Sharma, 2018; Anderson, 2019; Paton, Naidu, Wyatt, et al., 2020; Bracken et al., 2021; Wyatt, 2022). There are some ways forward that have been proposed. Establishing formal dialogue spaces to generate a shared and common language around decolonization projects is important to overcome potential difficulties (Amosun et al., 2018). In the field of physiotherapy, Arcobelli (2021) suggests the need for a national vision of an anti-colonial, anti-racist, and culturally safe curriculum, the establishment of a national Indigenous physiotherapy association, and the co-creation of engagement strategies to ensure an Indigenous led conceptualization of such a curriculum. Browne’s (2020) thesis on the experiences of Black female medical
students concludes that academic medicine “leaders must acknowledge and identify the specific ways in which their schools reflect White [sic] hegemonic norms to the detriment of all learners” (p. 96). She further asserts the need to implement transformative frameworks to create “institutional cultures that refuse to tolerate prejudice and discrimination” (p. 97). Such frameworks would centre around justice and equity, prioritize the safety of the minoritized (p. 92), acknowledge and interrogate traditional academic medicine norms, and ensure that minoritized students, staff and faculty are centred in any resolution process.

While decoloniality is a powerful tool to potentially destabilize, if not dismantle, long-standing structures of domination and exploitation, there is still a need to incorporate HPE staff into this work. This would not only ensure their voices are represented but also help in establishing the commitment of those who have skills in doing the ‘glue work’ across a faculty; likewise, it would harness their unique expertise so that the working and learning environments for all can be truly transformed.

### 3.2 Critical Theories and Post-structuralism

As seen in the first section of this chapter, critical theories such as feminist and decolonial theories can be used to interpret and problematize the social world, including that of health professions education. In this latter section, I will describe how I interweave these critical theories with post-structural paradigms, leading to the ‘tool box’ (O’Farrell, 2005) of Foucauldian-inspired discourse analysis which I present in Chapter 4.
In the qualitative research ‘tradition’, methodologies are situated within distinct paradigms (Guba & Lincoln, 1994), however, these historical and traditional boundaries between paradigms, theories and methodologies are increasingly fluid (Denzin & Lincoln, 2018). The epistemological and ontological paradigms underpinning this work embraces what Guba and Lincoln call a “new paradigm inquiry” (Guba & Lincoln, 1994, p. 108).

Critical theories and post-structural theories can be complementary (Gannon & Davies, 2012). Critical theory, which originated from the Frankfurt School of Social Research in the 1920s and 1930s, “rejected fixed notions of hierarchies” and critiqued the “the supposedly objective ‘view from nowhere’” (Gannon & Davies, 2012, p. 68). Critical theories, such as feminist theory and decoloniality, dismantle these fixed objective views and bring with them a view from ‘somewhere’ instead. These theories are intended to be emancipatory and are used to create social change. “The goal of critical theorists”, write Gannon and Davies, “is not only to interpret social life but to transform it” (p. 69).

Post-structural theory focuses less on the emancipatory actions needed for social change and instead on the “constitutive power of discourse” (Gannon & Davies, 2012, p. 72). Post-structural theory troubles individualism and seeks to describe how subjects are formed through discourses within structures of power relations (p. 74). For post-structuralists, discourse is everywhere. We cannot step outside of it. We cannot exclude ourselves from it. We cannot choose when and where to apply it.
Critical and post-structural theories can be combined – taking the emancipatory aims of critical theories and tying them with the discursive lens of the post-structural. The concept of discourse has become how I see the world around me. Identifying and reflecting on discourse is how I make sense of tensions, explain inequities, and identify opportunities for positive change. I see the social world as a set of discursive constructions — not just a theoretical or paradigm model which I use to build this thesis but a language and way of thinking within which I continuously operate. At the same time, the emancipatory aims of critical lenses offer a movement away from ‘only’ discourse and into social change. In the section below, I offer my reflections on why I use this combination of approaches in my methodology, combining poststructuralist Foucauldian inspired discourse analysis with critical theories.

3.3 Reflections on embracing both post-structuralism and critical theories

My formal postsecondary academic training has spanned over thirty years. I started an undergraduate degree in English and History in the mid 1990s, a master’s degree in Health Professions Education in the late 2000s, and doctoral studies in Higher Education in the mid 2010s. When I started my studies as a young woman, I would not have described myself as a feminist, was unfamiliar with decoloniality, and did not see the world discursively at all. During my undergraduate studies, I was engaged in discussions about ‘colonialism’ and ‘postcolonialism’ but words such as ‘decoloniality’ were just not available to me. We didn’t talk about it. I didn’t question it. I wouldn’t have called myself a feminist either at the time, it felt more like a political opinion than a
personal one. Discourse at the time only meant engaging in conversation. Even writing deeply personal paragraphs like this one in a formal academic document would have felt impossible. Instead, I embraced a tradition, situated from within the context in which I was studying and learning. As a result, I took a much more positivist stance, writing as if I was a neutral objective bystander. But traditions and people change.

In contrast, my experiences as a masters and doctoral student have been very different. Social theories were introduced to me for the first time, and the expectation that I be neutral or objective was replaced by an expectation that I be subjective. As my teachers introduced me to thinkers such as Deleuze, Bakhtin, Bourdieu, and Foucault, it felt like they were unlocking social code to me, a different way of looking at the world entirely. It felt freeing.

I learned about research paradigms and methodological choices as well. For example, I learned about and from Dorothy Smith who introduced institutional ethnography (IE) as a practice by which the social and working world could be explored. As I was planning this doctoral work, the idea of using IE (D. E. Smith, 2005) greatly appealed to me but in the end I struggled with its focus on workplace texts. Discourses felt bigger, more omnipresent, and I felt that exploring discourse instead of the ruling relations that coordinate our work would allow me to bring in more material than I could have for an IE study. Approaches such as grounded theory (Charmaz & Belgrave, 2012), which I have been asked to apply in studies I have done in my staff role, felt too disconnected from the people themselves. They moved away from generating social
change towards generating theory. I felt like taking a grounded theory approach would discount, if not compromise, my own lived experiences as staff.

I was briefly introduced to other forms of discourse analysis. Critical discourse analysis (CDA) combines linguistic analysis and social theory (Rogers et al., 2005). It analyzes language and views “texts as a moment in the material production and reproduction of social life” (Fairclough, 2013, p. 304) where texts are “the linguistic/semiotic elements of social events, analytically isolable parts of the social process” (Fairclough, 2013, p. 348). In Fairclough’s version of CDA, the research focus tends to be on the language structures - syntax, individual words, and structures at the sentence level (Fairclough, 2015) and how they relate to the social world. Discourse in the Foucauldian sense, however, is even more omnipresent. It is the social world, not one part of it:

The central difference between [Fairclough’s] critical realist discourse and the various forms of poststructuralist discourse analysis [e.g., Foucault] is that the former not only acknowledges the distinction between the ‘discursive’ and the ‘non-discursive’ aspects of social reality, but sees its central task as the explanation of the relationship between them. (J. Newman, 2020, p. 436)

As interesting as Fairclough’s work is, Foucault’s ideas just felt right. As an individual who once trained in the use of words and important dates, the idea that the importance of these words and dates were determined by power relations was life changing, as was the concept of a discourse that was everywhere. I was able to critically
look at a problem and reveal the discourses behind it. The first book of Foucault’s I read, *Discipline and Punish*, helped me understand very personal feelings around my own child’s education (Paton, 2016). Again, it felt entirely freeing. During my master’s degree, I wrote about how Foucault’s words and theories helped me process the very different experiences I was having with my two subject positions of graduate student and as a member of staff in HPE (Paton, 2013). Not surprisingly, therefore, this thesis is inherently poststructuralist and will use Foucauldian-inspired critical discourse analysis – because it reflects what and how I think, who I am and how I make sense of the world. It does not sit apart from me. I do not take my writing off a shelf, put on a cloak of interpretation as I write, and set that cloak down again when I finish. I now just see the world discursively.

At the same time, however, seeing the world discursively as a post-structuralist doesn’t always allow one easy access to social transformation. As all our assumptions are challenged through post-structuralism, stable categories can collapse (Gannon & Davies, 2012) and the tools we may have thought we had to promote social transformation seem to slip through our fingers. The very concept of what is ‘true’ and what is ‘right’ and what is ‘just’ can feel much more slippery when one only uses post-structural theories. Instead, critical theory offers a way to bring agency and materiality into these slippery categories that post-structuralism has helped to expose. In other words, you can expose through post-structuralism, and re-build through critical theory.
In my studies, critical theorists and interpretations of critical theory from people such as Walkerdine, hooks, Butler, Haraway, Razack, Anzaldúa, Wilson, Bhaba, and Freire were introduced to me by my teachers during my masters and PhD course work. Discussions about feminism and exploring the literature of the professions through the lens of critical theories caused shifts in my thinking early on in my doctoral studies. I could more easily see how centuries of injustices had been embedded within our structures; and how these structures were racist, misogynist, ableist, and colonial. Much more recently, scholar Dr. Thirusha Naidu introduced me to the work of Mignolo and the shift from postcolonialism to decoloniality. Learning about Mignolo’s work and the colonial matrix of power then helped me better understand the work of Indigenous scholars to whose work I had been exposed earlier, such as Linda Tuhiwai Smith and Shawn Wilson. These Indigenous scholars actively decolonize research methodologies and practice, suggesting there are other ways to do things that do not fall within traditional Eurocentric academic research norms. Although these theorists and scholars do not necessarily all play in the same sandbox, their uses of critical theories or ways of knowing all enabled me to see the importance of perspectives that were not necessarily my own but that affected how I was socially embedded in the world, the hierarchies formed by structures, and how I had the privileges I had as a white immigrant settler in what is now called Canada. Much the same as I now see discourses all around me, critical theories allow me to better see privilege and oppression and the hierarchical, colonial, and misogynist structures that perpetuate them.
Critical theory is a movement towards social transformation. It is about improving people’s lives. It does not live in the ether, but it lives in people’s everyday experiences with one another and with the structures that surround us all. Seeing privilege and oppression “better” is a hard thing. It often feels exposing and uncomfortable. Unlike discourse, seeing privilege and oppression is a cloak that my privilege allows me to take on and off. I do not wear this cloak always. I sometimes forget it is there. At times I resist this urge, and I try to sit with the understanding of privilege and oppression. But I also know that for my most part, I can send my (white, male) children into the world and it is unlikely they will get questioned about who they are, where they come from, or how they move so confidently within it. I have never had to have a conversation with them about complying with a police order at a roadside stop so they don’t get tazed or murdered. As a woman, an immigrant, and as a sort-of-but-not-quite “non-non” who works within a Professional Faculty, I sometimes wear this cloak, seeing privilege and oppression and the structures that surround us, but I do not have the same lived experience as a Black person, for example, confronting a racist society every day, or as an Indigenous person whose land and traditions have been subject to cultural genocide. I am the colonizer, not the colonized.

I firmly believe, however, that it is my responsibility to work towards social change, to share the hard work of applying critical theories to spaces and contexts in which change is needed, and to act as an ally where I can. I do not want to be complicit in another’s oppression. Therefore, in this thesis, I resist the urge to take the potentially more comfortable approach, and deliberately put the cloak on here. I am choosing to
include equity theories within this work and choosing to work through how feminist and
decolonial perspectives are interwoven with the discourses I hope to expose. I don the
cloak of privilege and oppression very purposefully. Perhaps most uncomfortably, I sit
with that cloak on knowing that it is a cloak for me and that, unlike many other people, I
have the privilege to be able to take it off. Exposing our privileges and our practices of
oppression is a responsibility for me: it is an obligation to transform our institutions and
dismantle the structures that lead to this oppression.

I write all of this to explain why there is an interweaving of critical theories and
poststructuralism. It is perhaps not an unusual mixture to weave critical theory and
poststructuralism but weaving Foucault with decoloniality may feel strange to some.
Using a French philosopher who named his own position in one of the highest
institutions in France does not necessarily combine well with individuals who work to
dismantle those very institutions, knowing that their importance comes from colonial
and misogynist power. I will attempt to interweave these, perhaps not always evenly,
and I invite the reader to question this interweaving and challenge this attempt along
the way.

3.4 Conclusion

Post-structural theories inform not only how I conceptualized this study, the
steps that I took, the research questions I asked, the strands that I chose to draw out (or
not), and how I interpreted the findings, but post-structuralism also frames how I see
the world discursively. Critical theories, on the other hand, have largely been used to
interpret findings and conceptualize potential actions that could be taken. Feminism and decoloniality are used very purposefully to orient the reader and this work towards potential social transformation.

This chapter has described the theoretical framing of my thesis. I also use post-structuralist Foucauldian-inspired discourse analysis as methodology. In the next section, I describe this form of discourse analysis in more depth, explaining some of its key tenets, how it has been applied in other works, and the steps that one can use to implement the tool kit it provides.
Chapter 4: Foucauldian-Inspired Discourse Analysis

Foucauldian-inspired discourse analysis takes its inspiration from the post-structuralist ‘tool kit’ suggested by the many works of Michel Foucault. Foucault was born in France and lived from 1926 to 1984. He held the Chair of the History of Systems of Thought at the Collège de France, and was known as a philosopher, an activist, and an intellectual radical (O’Farrell, 2005). He resisted labels and was unwilling to cast himself as either a theorist or a methodologist. His work spanned historical records on the history of knowledge (The Archaeology of Knowledge, (1972)), corporal punishment (Discipline and Punish (1977)), the clinical and legal documentation of a confessed murderer (I, Pierre Riviére, having slaughtered my mother, my sister, and my brother: A Case of Parricide in the 19th Century (1975)), sexuality (The History of Sexuality (1978), and the nature of the self (The History of Sexuality (1978) and The Essential Works of Michel Foucault, volume 1, Ethics: Subjectivity and Truth (1997)). This list, while not inclusive of all his work, demonstrates the range of subjects with which he grappled.

Foucault’s contributions have been significant and continue to be far-reaching in influence, range, and complexity even though it is characterized by his notoriously

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8 Sections of this chapter have been copied or adapted with permission from the following book chapter: Critical discourse analysis: Questioning what we believe to be ‘true’. Morag Paton, Thirusha Naidu, René Wong, Cynthia Whitehead, Ayelet Kuper. In J. Cleland & S. J. Dunning (Eds.), Researching Medical Education (2nd ed.). Wiley. (In Press)
dense and nebulous writing style. Foucault’s work explains the social world through uncovering and contesting long-held assumptions. The methodology of Foucauldian critical discourse analysis became more popular after his death (O’Farrell, 2005) and is frequently used within medical education (Hodges et al., 2014). In the next sections I lay out some of the central tenets of Foucauldian discourse analysis.

4.1 What is a discourse

A discourse is a set of statements that form what we accept as ‘true’ and that thereby regulate our practices. These statements are constructed and made visible through documents and texts, through verbal declarations, and non-verbal gestures. The discourses we have consciously or unconsciously learned, and which operate and circulate within ourselves and each other can be handed down within a family – from a parent to a child – or by a system – from a teacher, from a respected professional, or from an institutional leader to their students, patients, and employees. Discourses may circulate and operate within groups, from employee to employee, or from sibling to sibling, governing our conduct as we move through our days. A discourse may last for decades or centuries or may develop quickly and fade just as fast.

Foucault defines the idea of discourse variously “treating it sometimes as the general domain of all statements, sometimes as an individualizable group of statements, and sometimes as a regulated practice that accounts for a certain number of statements” (Foucault, 1972, p. 80). It is in this last definition that I will frame discourse analysis - as a regulated practice that accounts for a number of statements. By
employing different discourses, our practice, our work, and our sense of self are regulated.

As Foucault tends to do, he further defines discourse in part by defining what it is not: a discourse is not the linguistic and grammatical elements of a sentence that make meaning; they are not the words that allow us to convey the weather to a friend, or the words I am using now in this text to explain my process. They’re more than that. Discourses are bigger. They are a suite of statements that regulate us. As Foucault (1972) writes, “‘[d]iscourses’, in the form in which they can be heard or read, are not, as one might expect, a mere intersection of things and words: an obscure web of things, and a manifest, visible, coloured chain of words” (p. 48), but how objects are ordered “as practices that systematically form the objects of which they speak” (p. 49). Discourse, then, is a practice, made up of statements that form objects.

As an example from Foucault’s work, in *Discipline and Punish* (1977) he traces the development of disciplinary power and the modern day education system. He explains how the penal system moved away from sovereign power (the power of a king or queen) and their associated public spectacles of torturing prisoners or killing them at the scaffold to the establishment of French penal codes in the 1700s. These codes shifted away from bodily torture towards increased public surveillance. Foucault explains how this punishment shifted to “an economy of suspended rights” (p. 11). This increased surveillance produced objects such as wardens, doctors, chaplains, psychiatrists, and educationalists who cast judgements on individuals and who meted
out appropriate punishments. As violent crimes fell, there was more “moral value placed on property relations [resulting in] stricter methods of surveillance, a tighter partitioning of the populations, [and] more efficient techniques of locating and obtaining information” (p. 77). Rather than ‘justice’ being meted out towards an individual condemned of theft or murder, the new system was expansive, reaching throughout society, and contained “a whole set of assessing, diagnostic, prognostic, normative judgements concerning the criminal” (p. 19). Detention, not death, became the favoured form of punishment by the early 1800s, and the prison system was formed. Prisoners were observed, categorized, and marked. Activities were regulated and designed to ensure the prisoner was obedient, even moral. The reach of this new disciplinary method spread outside the walls of the prison.

The body of a prisoner and then the body of a citizen became something that could be controlled, “subjected, used, transformed and improved” (Foucault, 1977, p. 136). A docile body became a useful one. The education system was built on these principles of disciplinary power. Physical spaces were controlled and partitioned, people were ranked and classified, and “the school became a machine for learning” (p. 165). The discourses of our standardized education system were formed out of this. Within this discourse of education, it is possible (and therefore acceptable) to be observed, grouped, ranked, and classified. It is possible to be punished when one falls outside the expected ‘norm’. When one is not transformed or improved or when one is not docile or controllable, one is now considered to be not ‘normal’. The discourses of education, of punishment, or of what is ‘normal’ or ‘moral’ persist to this day (Deacon, 2006). For
example, a homeschooled child playing on a playground at 10 am on a ‘school day’ may at first glance to a truancy officer be considered a deviant and rule-breaker (Pattison, 2015) because this breaks from the expected norm – a docile body sitting behind a desk in a physical classroom under the gaze of a teacher. Finally, objects exist in our education systems today that mirror the penal systems – e.g., report cards, grades, student rank lists, and attendance forms. Such objects would not be out of place in a prison.

Discourses pervade society and govern our conduct. They control what is thought to be “normal”, what is acceptable, what is possible, and what then becomes an impossibility. A Foucauldian discourse analysis seeks to identify the discourses that have become so pervasive that they have become hidden from view. Often a discourse analysis will seek to identify the dominant discourses – those discourses that many in a certain society have come to accept as ‘true’ and that are so implicitly accepted that people may no longer even question why it might be so. Truth is created through discourse. Foucault writes:

‘truth’ is to be understood as a system of ordered procedures for the production, regulation, distribution, circulation, and operation of statements. ‘Truth’ is linked in a circular relation with systems of power which produce and sustain it, and to effects of power which it induces and which extend it. A ‘regime’ of truth.

(Foucault, 1984b, p. 74)

A discourse analysis seeks to understand that regime.
4.2 Foucauldian Critical Discourse Analysis

There is no single overarching methodology that sufficiently explains Foucauldian discourse analysis. There is no textbook. There is no static body of work. Foucault wrote one book that laid out a methodology (Foucault, 1972) and then immediately proceeded to change it in his next books. Rather than one Foucauldian theory, there are multiple. Some have even described them as a methodological ‘tool box’ (O’Farrell, 2005) but they all (eventually) align towards one concept — the ‘history of the present’ (Foucault, 1977; Garland, 2014) — how what we understand to be ‘true’ is constantly constructed and reconstructed through discourse.

Analyzing statements that form discourses is not solely a review of statements: for Foucault and those who conduct critical discourse analysis using his tools, it is about understanding how a certain set of statements became to be accepted as the ‘truth’. It is about how those statements formed discourses, and sometimes how a discourse comes to be dominant. To conduct a Foucauldian critical discourse analysis means one needs to consider power.

For Foucault, power is not something that one person holds, nor is it strictly a form of domination. In the context of higher education, for example, power is not held solely by a dean or a manager over a staff member or a student. Instead, power is an energy that circulates. We are all always “undergoing and exercising this power” (Foucault, 1980, p. 98). Power is therefore a relation between people, and these relations are “mobile, reversible, and unstable” (Foucault, 1997, p. 292). Power
“traverses and produces things, it induces pleasure, forms knowledge, produces discourse” (Foucault, 1984b, p. 61). These power relations construct how our society is ordered, and how we come to accept discourses as true.

Discourse analysis is about understanding this order. It is about identifying the rules, seeing how these rules are formed, what legitimates them, and how they change in different contexts (i.e., time and space). Foucault writes:

we must grasp the statement in the exact specificity of its occurrence; determine its conditions of existence, fix at least its limits, establish its correlations with other statements that may be connected with it, and show what other forms of statement it excludes. [...] we must show why it could not be other than it was [...] what is this specific existence that emerges from what is said and nowhere else? (Foucault, 1972, p. 28)

We trace discourses through the Foucauldian methods of building an archive and genealogy. The researcher who uses this form of discourse analysis as a method moves back and forth between these stages, constantly adding new knowledge to their archive as they explore in the genealogy how the discourses they are analyzing came to be formed.

4.3 Building an archive

An archive is the “system of statements” (Foucault, 1972, p. 128) that form “the law of what can be said” (p. 129). We use the archive to map statements of truth and to
identify shifts or discontinuities in the discourse (Hodges et al., 2014). The texts gathered in an archive mark the statements as relational, connected, and operational within a specific context.

In Foucauldian discourse analysis, the researcher gathers their archive by selecting texts that form and transform statements that form discourse. These texts can take many forms. Many researchers use published material to identify discourses. Sukhera et al. (2022) used discrimination and harassment policy documents from Canadian medical schools to identify asymmetries of power, detailing how these policies operate discursively to reinforce the status quo rather than alter it. Donohue et al. (2021) used government policy to identify how the Aboriginal and Torres Strait islander communities were discursively constructed to be vulnerable during the COVID-19 pandemic, therefore justifying government-imposed mobility restrictions. Mickleborough (2020) used professional journals and participant interviews to understand professional identity formation among Canadian internationally trained pharmacy graduates. Wong (2020) too used participant interviews in his work, also adding in clinical practice guidelines in his exploration of discourses guiding diabetes care. But the researcher is not limited to published work or interviews. Sam (2019) used social media posts on Twitter to understand how the public began to disapprove of common core curricula in the United States’ education system. Whitehead (2011) combined published data and archival documents to understand how the “good doctor” was discursively constructed in North America. Hodges (2009) used a combination of publications, institutional websites, visits, and interviews in his discourse analysis of the
objective structured clinical examination. Paul (2018) used archived hospital records, meeting minutes, website text, interviews, and his own field notes in his discourse analysis of the economic and management logics of the leadership of academic health science centres.

4.4 The Use of Interviews

A ‘pure’ Foucauldian discourse analysis may form an archive with only text-based data upon which to draw. However, as noted above, many studies move beyond using just text. Some scholars argue for the inclusion of the material effects of discourse within studies, and state that lacking reference to materiality may condemn a discourse analysis to a set of words that can easily be dismissed (Hook, 2001). These scholars recommend that analysis shift from the study of the pure text towards more fulsome understandings of the material effects of that text.

Writing in 1970, Foucault rejected the use of interviews, writing: “[i]f there is one approach that I do reject [...] it is that [...] which gives absolute priority to the observing subject, which attributes a constituent role to an act, which places its own point of view at the origin of all historicity” (Foucault, 1984c, p. xiv). Following these guidelines, some researchers elect to conduct what they consider to be a ‘purer’ Foucauldian discourse analysis, choosing also to reject the use of interviews (Fadyl & Nicholls, 2013). For these researchers, the interviewee is a subject of the discourse, and therefore without agency.
However, a number of researchers (Hodges, 2009; Martimianakis, 2011; Paul, 2018; Wong, 2020) have chosen instead to expand their archives by using interviews within their own discourse analyses. Of note, this expansion to include interviews in the archive signals a move away from ‘pure’ Foucauldian discourse analyses to Foucauldian-inspired discourse analysis. Those who chose this path suggest that interview participants can be framed as “discoursing subjects” (Hodges, 2009; T. Mickleborough, 2020), and that interviews provide opportunities to see these discoursing subjects “operating within the constraints of the discourse” (T. Mickleborough, 2020, p. 106). This allows a researcher to access a dominant discourse through interviewing the discoursing subject. These interviews allow for probing questions and explorations of the dominance of a particular discourses, and they may provide opportunities to witness the struggle between potential discourses (Martimianakis, 2011).

Martimianakis’ use of interviews in her thesis (2011) is another example of using interviews within a Foucauldian discourse analysis. She studied the formation of ‘interdisciplinarity’ using Foucault, building an archive and conducting an archaeology and a genealogy. Martimianakis undertook “a critical post-structuralist reading of written and verbal texts” (p. 8) to understand the impact of discourses on people’s careers and experiences. She writes that

the goal was to develop an understanding of how the identity of individuals is shaped by and or recognized through the dominant discourses associated with interdisciplinary knowledge production [and] planned to explore the experiences
of individual faculty members negotiating everyday responsibilities and major turning points in their careers. (p. 8)

Martimianakis uses Foucault’s later works, specifically those about aspects of identity formation, agency, and resistance, to bring in the subjectivity of her participants (p. 9). Her research therefore frames the interviews within the Foucauldian genre as means to understand knowledge production. Within this orientation, power is re-conceptualized from something that is held by one subject over another as something that constitutes individuals as both subjects and objects of power (Tamboukou and Ball, 2003 as referenced in Martimianakis, 2011). Martimianakis refers to her own methods as combining “a Foucauldian discourse analysis approach with a modified lived experience approach” that allow her to “bring in the materiality as experienced by knowledge-makers” (p. 295).

Taking these notes as inspiration, I would refer to my own methods as using a Foucauldian-inspired discourse analysis approach too, bringing in the text-based objects (books, reports, journal articles), the material lived experiences of ‘discursive subjects’ (interviews with staff and faculty, my own lived experiences), and the reflexivity of a knowing subject (my own reflections and analysis).

My reasons to include interviews are indeed rooted in my own lived experience. I am embedded in the very discourses that govern how faculty and staff relate to each other every time I read or answer an email, attend a meeting, or collaborate on a research project (Paton, 2013). I am a subject to the very discourses I seek to explore.
Foucault acknowledged that there are different subject positions, writing that “the positions of the subject are also defined by the situation that it is possible for him to occupy in relation to the various domains or groups of objects” (1972, p. 52). He names different kinds of subjects, including listening, seeing, observing, and discoursing types (Foucault, 1984c). However not “all the discursive strategies are equally possible” and are dependent on “a whole hierarchy of relations” (Foucault, 1972, p. 73). In this thesis, I am a listening, seeing, observing, and discoursing subject – embedded within the discourses alongside the interviewee participants – as well as a knowing subject, someone with agency, and someone who wants to create change.

In a 1978 interview later published as Questions of Method (Rabinow & Rose, 2003), Foucault is asked how his analysis of the prison system in Discipline and Punish had been received by social workers in the prisons – the people who want to create change with the system. The interviewer specifically questions if the logic within the work led to an “anesthetizing effect” (p. 254) with no room for initiating change. Foucault’s response shows some concern with this effect. “If only what I have tried to say might somehow, to some degree, not remain altogether foreign to some such real effects. ... And yet I realize how much all this can remain precarious, how easily it can all lapse back into somnolence” (p. 255). Here, Foucault appears to be arguing for some kind of shift following a discourse analysis, something with ‘real effects.’ He opens the prospect for creating change. He goes on that those who work within the system “are not likely to find advice or instructions in my books that tell them ‘what is to be done’” but rather “my project is precisely to bring it about that they ‘no longer know what to
do,’ so that the acts, gestures, discourses that up until then had seemed to go without saying become problematic, difficult, dangerous” (p. 256). The purpose of the discourse analysis here is to expose - not for someone to act upon what it exposes. He offers another subject position next: “the subject who acts – the subject of action through which the real is transformed” (p. 256) – and argues that

[i]f prisons and punitive mechanisms are transformed, it won’t be because a plan of reform has found its way into the heads of the social workers; it will be when those who have a stake in that reality, all those people, have come into collision with each other and with themselves, run into dead ends, problems, and impossibilities, been through conflicts and confrontations – when critique has been played out in the real, not when reformers have realized their ideas. (p. 257)

I hope this discourse analysis, that what it exposes, does not lead to an anesthetizing effect but rather an understanding that as staff and faculty members, we do work in the ‘real’. We have a stake in our reality. We have a stake in how we function as individuals and on teams. And change can happen.

4.5 Delimiting an archive

Within Foucauldian discourse analysis, once a format is initially decided upon (with the understanding that this early ‘decision’ may shift over the course of the research), it is then important to delimit the archive according to time. A frequently used timeframe in studies related to North American medical schools is to reach back
just over a century to when significant reforms were recommended by Abraham Flexner’s 1910 *Report on Medical Education in the United States and Canada* (Flexner, 1972). This year, for many researchers, is set as the starting point upon which to build an archive. In a study of the ‘good doctor’ in North America, Whitehead (2011) writes that, because of the Flexner Report, 1910 has become “the accepted historical starting point for North American medical educators” (p. 50) such that “discursively, ‘in the beginning was the word of Flexner’” (p. 51). Other discourse analysts in North America may choose to delimit their archives much earlier, using narratives reaching back to pre-colonization. This archive would enable one to better see how Indigenous知 were then suppressed by the Eurocentric settler biomedical model (Paton, Naidu, Wyatt, et al., 2020). Analysts in other parts of the world would likely find either of these timeframes to be meaningless and would instead need to identify a timeframe that is right within their own contexts from which to build their archive. Pande (2010) comments that 1836 is sometimes seen as a starting point of medical education in the context of Bengal as this is the reported date of the ‘first’ dissection of a cadaver at the Calcutta Medical College. However, in her analysis, she suggests that this timeframe is insufficient too as “centuries before this, an Indian medical text had described the art of studying the human body through dissection” (p. 66). Her archive therefore reaches back much further than 1836, to the beginnings of Ayurvedic medicine as she carefully traces the discursive construction of medical knowledge in Bengal. Instead, 1836 marks but a shift in the discourse from the Indigenous知 that came before. It is important to recognize that an “archive cannot be described in its totality” (Foucault,
Delimitation has to occur at some point to make the research effort feasible and meaningful.

### 4.6 Genealogy

With the archive formed, the genealogy is where researchers trace the statements that form discourses. Foucault originally conceptualized this phase as an archaeology (Foucault, 1972).

Archaeology was Foucault’s term for a method of research and analysis in the history of thought that he himself had developed: one that digs down into the past, uncovering the discursive traces of distinct historical periods and re-assembling them, like so many distinct layers or strata, each one exhibiting its own structured pattern of statements, its own order of discourse. (Garland, 2014, p. 369)

The archaeologist would seek to uncover the underlying logic behind the differing layers of discourse, or as Foucault rather lyrically put it, archaeology “is to define discourses in their specificity; to show in what way the set of rules that they put into operation is irreducible to any other; to follow them the whole length of their exterior ridges, in order to underline them the better” (Foucault, 1972, p. 139).

Beginning with his work *Discipline and Punish* (Foucault, 1977) in the late 1970s, Foucault switches to the language of genealogy (a term he borrows from Nietzsche). Both archaeology and genealogy are designed to critique the present, but while
archaeology is intended to dig and explore the various layers that form discourses, genealogy takes this one step further, showing how those discourses continue to affect the present (Garland, 2014). To conduct a genealogy is to trace descent – “to identify the accidents, the minute deviations – or conversely, the complete reversals ... that give birth to those things which continue to exist and have value for us” (Foucault, 1984a, p. 355). Foucauldian critical discourse analysis lets us trace these ‘accidents’ by which discourses emerge and then allows us to ask: why does one discourse exist now, and from where did it emerge? Foucault’s genealogy “is to trace the erratic and discontinuous process whereby the past became the present” (Garland, 2014, p. 372).

Discourses are not standalone words, but they are made up of statements that are formed by a set of rules. The researcher would therefore trace the statements in their archive that form truth statements, trying to see how far back they reach in time and in which contexts they may appear.

An important feature of a Foucauldian-inspired analysis is its approach to history. In a traditional approach to history, called "linear history", progress is continuous, traced over long periods of time, marked by events and dates, and objectively recorded as a series of forward taking steps towards the attainment of, for example, "excellence" or "civilization". This linear path to progress is approached differently in Foucauldian discourse analysis because “the traditional devices for constructing a comprehensive view of history and for retracing the past as a patient and continuous development must be systematically dismantled” (Foucault, 2003a, p. 360). Instead, how order comes to be “is a profusion of entangled events” (Foucault, 2003a, p.
that are “differing in amplitude, chronological breadth, and capacity to produce effects” (Foucault, 1984b, p. 56). History is not linear but "serial" and must be examined “in terms of its own evident arrangement” (Foucault, 1984c, p. 218). This history “curves into itself to displace the eternal possibility of a predestined flux of time” (Sampath, 1995, p. 140) and if one begins with a search for an “origin”, the origin just retreats (Sampath, 1995) and cannot be found. In a serial history, events happen in context, are layered one on top of each other over time, and collide with each other.

In conducting a Foucauldian critical discourse analysis, the researcher identifies the discursive shifts in a serial history – what Foucault calls discontinuities. Foucault asks: “how is it that at certain moments and in certain orders of knowledge, there are these sudden take-offs, these hastenings of evolution, these transformations which fail to correspond to the calm, continuing image that is normally accredited” (Rabinow & Rose, 2003, p. 302)? Foucauldian analysis thus involves identifying these discontinuities in the discourses. Where and when and how do these discourses shift? To identify a discourse means to trace its pathway from formation to continuation or cessation. As Foucault says

[e]ach moment of discourse must be welcomed in its irruption as an event; in the punctuation where it appears; and in the temporal dispersion that allows it to be repeated, known, forgotten, transformed, wiped out down to its slightest traces, and buried far from the eye in the dust of books. (Rabinow & Rose, 2003, p. 400)
For Foucault this transformation that signals a discontinuity indicates one discourse’s “transition from obstacle to practice” (Rabinow & Rose, 2003, p. 395). What new discourses are formed that contradict another? From where do statements begin to appear and alongside which other types of statement can they be found?

Bourke and Lidstone (2015) outline four steps to the archaeology. The first step is to look for ‘surfaces of emergence’, mapping the archive to see when similar statements emerge or when new statements begin. The second step is to look for contradictions or distance between sets of statements, how they start to differ, and where these differences appear. The third step is to see where the different statements cross paths – how and where these statements interact and intersect, as well as what was happening at those times and places that permitted some statements to be present and others to not be present. Their final step is to analyze all of these different elements together (the appearance, disappearance, contexts, and connections of similar statements) to identify the discourse - the ‘regime of truth’.

Extending this to the idea of genealogy, one then needs to analyze how what is present today has been shaped through relations of power (Rabinow & Rose, 2003). What governs these statements? How has one regime of truth been legitimated over another? What struggles have existed between competing discourses? Where and from what forces do these ideas emerge? Which rules have been constructed to perpetuate them? Which systems have been created that legitimize them, and who created them? Which voices have gained power, and which have been silenced? Foucauldian critical
discourse analysis is about identifying the groups of statements, following their line(s) of descent, and identifying where and how they emerge.

Foucauldian critical discourse analysis allows us to dig into taken-for-granted assumptions: that a good doctor is scientific (Whitehead, 2011), that common core educational standards are inherently beneficial (Sam, 2019), or that interdisciplinarity in research is a way to solve important questions (Martimianakis, 2011). Foucault writes that “the search for descent is not the erecting of foundations: on the contrary, it disturbs what was previously considered immobile; it fragments what was thought unified...” (Foucault, 1984a, p. 356). Assumptions can be changed through explorations of discourse.

4.7 Summary

In summary, this thesis combines post-structuralist and critical theories and applies the ‘tool box’ of Foucauldian-inspired discourse analysis. Although Foucault’s ideas can be complex and difficult to follow at times, an archaeological/genealogical analysis generally follows a series of steps: building and delimiting an archive, tracing statements in text within that archive, identifying their contradictions and intersections, and finally analyzing it all together through the lens of relations of power. In so doing, one can uncover regimes of truth, raise questions of how these may have come to be, and destabilize long-held assumptions. In the next chapter, I detail the steps I took to complete a Foucauldian-inspired discourse analysis on staff and faculty relations in health professions education.
Chapter 5: Methodology

In order to identify the discourses that regulate the work of and power relations between administrative staff and faculty in health professions education, I first compiled an archive using various text-based resources and interviews with staff and faculty participants. I then conducted an archaeology and genealogy to identify the discourses and to understand how these regimes of truth were formed through power. This chapter will outline the steps I took to conduct the study, beginning with ethics and permissions, building the archive, delimiting the archive, selecting the documents used, and carrying out the analysis.

5.1 Ethics and Permissions

Prior to receiving ethical approval to conduct this study, I needed support and permission from various sources.

First, I needed to approach the Departments of Psychiatry, Physical Therapy, and Anesthesia\(^9\) to ask for their support for the study. This was needed for the Research

\(^9\) The department has undergone several name changes since its establishment, including moving from the Anglicized spelling “Anaesthesia” to the more North American spelling “Anesthesia” in 2004 (Office of the Governing Council, 2004). The most recent name change was in 2020 when the department was renamed "The Department of Anesthesiology and Pain Medicine" (Office of the Governing Council, 2019). These organizational changes are indications of continued evolution and influences on the field. Except for the language used upon its establishment in 1951 or in citations, I use the language “The Department of Anesthesia” (or "anesthesia" if in reference to the field) throughout this thesis for brevity, continuity, and clarity. However, this is no longer the exact title of the department at the University of Toronto.
Ethics Board application and was a requirement to access restricted records in the University of Toronto Archives. The then Vice-Dean Post-MD Education, Dr. Sal Spadafora, sent an email to the Department Chairs and Vice-Chairs Education of these three departments as a way of introduction as well as a request to facilitate the research process if agreeable. My administrative boss, the Director of Continuing Professional Development, Mr. Trevor Cuddy, sent a similar email to the administrative leads of the departments. I drafted both letters for them and conducted all follow up communications. All departments replied favourably to the requests. One department administrative lead requested that I present my research plans at a staff meeting prior to participant recruitment of staff there.

Following an initial review by the University of Toronto Research Ethics Board in 2018, I was then asked to seek further permission for the study from a University Vice-Provost. Dr. Cynthia Whitehead, the Director of the Wilson Centre and a member of my thesis committee, sent an introduction to this work by email to Dr. Heather Boon, the University of Toronto Vice-Provost, Faculty & Academic Life. Dr. Boon and Dr. Kelly Hannah-Moffat, the University of Toronto Vice-President, Human Resources & Equity kindly provided a joint letter granting permission for me to access staff and faculty for research purposes.

The ease by which these introductions and approvals were made by and with senior levels of staff and faculty are not necessarily representative of the compelling arguments made in the letters I drafted but are more likely indications of my experience
working with the individuals involved, the “glue work” expertise developed by an administrative staff member with over 20 years of experience and the authority they hold within the institution. If, as a staff member or faculty member, you have ever had to make a request to a busy academic leader, you may appreciate that having positive responses from all three departments on the same day of the request (one only 62 minutes after the initial email was sent out) or having a letter of access signed by two Vice-Provosts within a week is unusual. What made this possible? It is a combination of a seemingly “natural” workflow of draft writing and emailing, an expectation of professionalism, and an activation of both authority and collegiality.

Firstly, having worked as a staff member for both Dr. Spadafora and Dr. Whitehead, I have ample experience drafting letters and communications on their behalf, changing my tone and vocabulary to convey the authority they both hold. Having done so effectively for many years, it seemed quite “natural” for them to ask me to draft these letters and for me to do so. In both cases, the letters were sent onwards with little to no edits. In one case, I sat with the writer’s executive assistant when it was being sent. As a current staff member working under Mr. Cuddy, it seemed also quite a natural “fit” to provide him with a template to draft such an introduction. These are the typical expectations in roles that I have held as an administrator and an example of the “ghostwriting” described by Pearson (2008).

Second, as someone who has worked within the Faculty of Medicine for over sixteen years and with some of the letter recipients as a more senior administrator on
committees, there would have been an expectation of professionalism. While the letters were written to support my graduate work, they began with a note about my previous role working with the Vice-Deans of Education. The effect, I assume, would have been that I am a ‘known entity’, experienced in the Faculty, familiar with the culture, apparently trustworthy and loyal, and newly engaging on a more academic level. In short, I would have felt like a safe bet.

Third, the reaction to the authority of a Vice-Dean or Director is certainly a privilege I had that another graduate student or administrator may not. As already explained, the university is a hierarchical institution and imbued with collegial and hierarchical relationship structures. In the case of the department chairs and vice-chairs, a letter was sent from a then Vice-Dean (i.e., a ‘higher’ authority) and I received an almost immediate positive response. In all three cases, the email was sent in a collegial way, framing an introductory email as a way of supporting a developing scholar. These are also very ‘natural’ ways that work gets done in a university, activating both authority and collegiality as a way of doing work. In my work as an administrator, I have very deliberately activated authority in email requests with words such as “On behalf of XXX” or “Dr. X has requested that I ...” Likewise, I have activated collegiality as a way of also getting work done expediently. These are ways of communicating that are learned on the job and through experience. Because of these knowledges, I very likely bypassed weeks, if not months, of effortful work.
Following the successful consent of the departments and the Vice-Provosts, this study was reviewed and approved by the University of Toronto Research Ethics Board (Protocol 36845) in 2018 (and renewed in 2019, 2020, 2021 and 2022) (see Appendix B).

Another ethical consideration was deidentification. Following Martimianakis (2011), as the study location of the University of Toronto or its three departments cannot be anonymized, I have taken care to present interview data in a way to “not completely locate” the participants (p. 40). Numbers of staff in some departments are low and therefore it was important to aggregate findings as much as possible to ensure they cannot be re-identified. I use general descriptions and purposefully do not attach any individual study participant to any individual department. Further, interview participants have been given ID numbers to protect their identities. In addition, invited study participants could be current or former staff or faculty in the named departments, which further helps to deidentify individuals by widening the pool of possible participants.

After an initial draft of this chapter was reviewed by my committee members, they noted that many studies choose to anonymize the institutions as well as the participants. I chose not to anonymize the institution or departments within this study. As the archive for this study is formed from text from archival material, published books, and my own lived experiences, being able to name the institution, the departments and the named staff and faculty where permissible is important. It forms the context of the discourse analysis. A Foucauldian-inspired discourse analysis does not purport to be
identifying universal truths but a regime of truth within a certain place, at a certain time, within a certain set of power relations. By exploring discourses in operation in three departments across the Temerty Faculty of Medicine, this does not necessarily mean these discourses occur in all departments, in other faculties of medicine, or in other Canadian institutions of higher education. Lessons learned from this study cannot be simply applied in another context. This isn’t that kind of research. Citing documents from this place is important and developing a pseudonym for the institutions and departments seemed to take away from the importance of context. This is why I have chosen to name the context in which this work takes place.

In addition to obtaining Research Ethics Board approval, I also signed a Research Agreement with the University of Toronto Archives. This document details permissions to access restricted files as well as requirements for data retention, and it also outlines restrictions to the disclosure of personal information. These terms stipulate that personally identifiable information can only be published if it is about individuals confirmed to have been dead for at least 30 years. However, individual’s jobs are not considered in this category so one can include reference to their roles (such as the Chair of a department or an Assistant). Due to these restrictions, individual names and other personally identifiable data have been removed. Other archival material used in my archive for this study, such as the Dean’s Reports, are publicly available online, and as such do not fall under this Research Agreement. Personally identifiable material such as names can be, and have been, quoted from these documents.
As my research specifically addresses the discourses that enable the ‘absence’ of staff as something that is taken-for-granted, it is important to my own research aims that I make staff members and their contributions visible where possible. I name staff members only when the authority of the university and the conventions of this thesis allow me to. I use IDs when I cannot. As this research also aims to highlight the agreed upon convention that staff contributions remain hidden from view, I chose not to give ‘those who cannot be named’ invented pseudonyms. They already have their own names and don’t need me to reinscribe them again.

Although the deidentification of interview participants was covered through the initial ethics approval in 2018 (and subsequent renewals), the ability to explicitly name the University of Toronto, the three departments, and named staff and faculty members identified in publicly available documents within the study was confirmed through a 2022 amendment submitted and approved by the University of Toronto Health Sciences Research Ethics Board (see Appendix B).

5.2 Delimiting the Archive

5.2.1 The first delimitation of the archive

In framing the study as an exploration of the discourses at work in health professions education between staff and faculty, my personal experiences as a staff member within HPE situated at the University of Toronto deeply affected now only how the research question came to be but also how the methods unfolded. I work, live, and raise a family in Toronto. My full-time employment is in Toronto. I do not receive
funding for my doctoral studies outside of some tuition reimbursement support through my employer in Toronto. Apart from two month-long ‘vacations’ (which I spent writing sections of this text), I conducted this research largely using vacation time, personal days, weekends, evenings, and at the end, time generously offered by my employer in support of the completion of my thesis. Conducting this study outside of the University of Toronto would neither have been practical nor feasible for me. Therefore, my archive quickly narrowed: I would explore the discourses at work in health professions education within the context of the Faculty of Medicine at the University of Toronto, Ontario, Canada.

5.2.2 The second delimitation of the archive

The Faculty of Medicine at the University of Toronto is a big place. At the onset of data collection in 2018, the Faculty of Medicine had 26 academic departments or institutes (Office of Planning & Budget, 2018). As of July 2017, there were 8141 faculty members, 7902 students, residents, and fellows, and 871 administrative staff. Administrative staff therefore make up 5% of people affiliated with the Faculty and of those staff members, 72% were female and 28% male (Faculty of Medicine, 2019).

How to then explore a place with 26 departments and over 16,000 people? I have worked in the Faculty of Medicine at the University of Toronto since February 2006. I've held positions in Undergraduate Medicine (MD) and Continuing Professional Development (CPD), the office of the Education Vice-Deans, and the Department of Family & Community Medicine (DFCM). I thus have a variety of experiences working
within the Faculty, primarily within the educational programs (MD, CPD) but also within a department. Furthermore, my doctoral supervisor, Dr. Ayelet Kuper, is a member of the Department of Medicine (DOM) and one of my committee members, Dr. Cynthia Whitehead, is a member of the DFCM.

The DOM and the DFCM are two of the largest departments in the faculty and would typically be ripe for explorations of staff and faculty power relations, but these were also two of the closest to me and my committee. As discourse analysis involves questioning the taken-for-granted assumptions of a place, I therefore intentionally moved away from places that were the most familiar – hopefully allowing me to more easily make visible hidden assumptions and connect through interviews with people I have not worked directly for or closely alongside. While my experiences as a staff member certainly contributed to the formation of this thesis, interviewing close colleagues, even friends, would have been an ethical leap too far for me. In effect, as a committee we agreed that my focus should move away from the most familiar spaces in order to better ‘make the familiar strange’ (Brecht, 1964; Mills, 2000; Kumagai & Wear, 2014) and for me to maintain my reflexivity (Harding, 1992).

Instead, I focused attention on three other departments within the Faculty of Medicine: the Departments of Psychiatry, Physical Therapy, and Anesthesia. I selected clinical departments (as opposed to basic science departments or institutes) because that is where the power of the health professions begins to intertwine with the practice of higher education. As members of a regulated profession such as medicine or physical
therapy, faculty members in these departments would have autonomy in their clinical work within their scope of practice. Most faculty members in Anesthesia and Psychiatry retain clinical duties alongside academic responsibilities. Faculty members in those departments engage with administrative staff and health professional colleagues at the university as well as in their clinical practices. In Physical Therapy, tenure-stream faculty tend not to have clinical duties (although many have had them in the past) while non-tenure stream faculty have both clinical and academic responsibilities. The split between these two groups is estimated to be about 50/50. Whereas clinical work in the medical disciplines can be beneficial to ones’ financial earnings, clinical work for physical therapists is compensated highest in the private sector and hospitals compared to community work (Cott et al., 2011). Unlike highly paid physicians, working solely within academia may be more financially attractive in physical therapy. However, no matter which health discipline one may be in, faculty engage with administrative staff located at the university as well as their health professional colleagues. Focusing on faculty who retain some connection to other health professionals and clinicians allowed me to see how their professional responsibilities may affect how they speak of or contrast the roles of administrative staff and other faculty.

The navigation that these health professionals have to do as they work in or interact with both academia and the clinic can be stressful and personally gratifying (M. Hall et al., 2015; Steinert & Macdonald, 2015) I also wondered if these challenging environments affect (or build) possible discourses that construct staff in one way and
faculty in another. Looking at basic science departments would not allow for this exploration.

I quite purposefully selected one department from the rehabilitation sciences as an avenue to explore and be able to further make strange the experiences of those within a medical discipline. I hoped that this would allow an exploration of the experiences of staff and faculty within a largely feminized field (MacLean & Rozier, 2009). I was also mindful that traditional power structures position the rehabilitation sciences with a lower status compared to medicine (Coburn, 2006; Freidson, 2001; Hindhede & Larsen, 2020; Nugus et al., 2010; Sabus, 2010). The inclusion of a department from the rehabilitation sciences thus held possibilities for laying bare interprofessional and interdepartmental hierarchies that affect faculty and learners as well as staff.

Within medicine, there are also variations of (real or perceived) prestige and status (Manners, 2017). Just as an MD student may select a discipline for residency training because of such prestige or status (Wiesenfeld et al., 2014), so too have I, in this study, purposefully selected different disciplines within medicine with different perceived levels of status and prestige. Anesthetists in Canada earn more in gross fees than psychiatrists, although still less than surgeons (Canadian Medical Association, 2018). The low supply of anesthesia jobs (Siu et al., 2016) has also been reported as a barrier to learners pursuing anesthesiology as a career. Psychiatry is ranked at the bottom of the medical prestige hierarchy (Hindhede & Larsen, 2020) and psychiatrists
report stigma against both mental health patients and their medical discipline (Wiesenfeld et al., 2014). Psychiatry and Anesthesiology therefore have different perceived levels of prestige and status, and I hoped that this contrast might expose different perceptions of power and discursive constructions of administrative staff.

As the objective of the study is to understand discourses and lived experiences with power relations between university administrative staff and clinical faculty, I also excluded faculty members who did not interact with administrative staff at the university (for example, there are some members of faculty with clinical appointments who only practice and teach at hospital sites). It is conceivable that their interactions with members of the university clinical department is solely through other faculty members (for example, through their hospital division or department head, who would also be a clinical faculty member). While their perspectives may be useful to an extent, their knowledge and experiences working with university administrative staff are not at the level that I would need to develop information power (Malterud et al., 2016).

5.2.3 The third delimitation of the archive

I initially chose to focus my attention within the study on administrative staff and, for interview purposes, solely on current unionized appointed administrative staff. This was for several reasons. First (and perhaps most obviously at this point) is my own lived experience of being an administrative staff member for over 20 years. It is a role I care deeply about, an opportunity I have enjoyed, but also an area that has been underexplored in academia. Over time the names that staff have been given has
changed, so I largely delimited the archive to work or types of roles that current appointed unionized administrative staff do – as assistants and coordinators across the education and research enterprises within a faculty of medicine. In so doing, I initially excluded the work of managers or the more traditional ‘academic’ or ‘quasi-academic’ roles of hired research assistants in labs, demonstrators, or librarians.

I also initially decided to study staff in *appointed* positions over those holding casual positions. In my experience, administrative staff in appointed positions hold positions for longer periods of time, which I had thought might afford me deeper insight into staff and faculty relations. Appointed staff are supposed to have some level of security and are considered by the institution to be ‘staff’. This is partly structural. As previously outlined, casual employees are not considered to be ‘staff’ according to the institution. Casual employees at the University of Toronto who hold the same role for specific periods of time are supposed to be converted to an appointed position (*Collective Agreement for the “Casual” Bargaining Unit, 2017*). As casual employees are not considered to be staff, nor intended to hold these positions for longer periods of time, I initially excluded them from the research project. I also imagined that there would be less inherent risk in participating in this research for appointed staff. With an appointment and some level of job security, should there be any unintended consequences from participating in this research (e.g., being upset about experiences of mistreatment discussed in the interview, or being worried about the risk of possible reidentification), the appointed staff member would have more resources and more
security compared to the casual staff member. Casual staff positions are much more precariously held.

I also delimited this archive initially to *current* staff, which was largely a logistical decision as I did not have access to updated contact information for previous staff. Despite the job security that may be afforded to me as a member of the appointed staff with a lot of seniority, for various reasons, I also did not feel sufficiently safe to request previous staff contact information from Human Resources (HR). I also did not know if such records were kept by HR or if they could be shared for participant recruitment. I expected any such request to have been denied. If this would not have been the case, I apologize for these assumptions.

As my interviews progressed, however, these delimitations changed. This is further detailed in 5.4.3.

5.3 The Archive

I used multiple sources of material to form the archive of statements made about the work of, and power relations between, administrative staff and faculty. My archive was formed from the published literature, archival documents, interview data, as well as my own reflections and lived experience.

5.3.1 Forming the Archive - the published literature

I began by gathering English-language literature related to higher education, administrative staff, and faculty at the University of Toronto and the Faculty of
Medicine. I first searched for books and articles related to the formation of the university, the beginnings of medical education in Toronto, the introduction of administrative staff to medical education, and the beginnings of the selected departments. I primarily sourced this material using the search capabilities on the University of Toronto library website and through basic searches on databases such as ERIC, PubMed, and Google Scholar.

Books such as *The University of Toronto – a history* (M. L. Friedland, 2013), *Partnership for Excellence: Medicine at the University of Toronto and Academic Hospitals* (Shorter, 2017), *A Commemorative History of the Department of Anesthesia* (Byrick, 2004), *A Century of Learning, A Century of Caring: Department of Psychiatry Centenary History, 1907–2007* (Wasylken et al., 2008) and *Restoring the Spirit: The Beginnings of Occupational Therapy in Canada, 1890-1930* (J. Friedland et al., 2011) were particularly useful in the archaeology. This initial grouping of texts permitted me to learn about the history of the university and health professions education in Toronto.

I did not begin with a predetermined timeframe; however, the University of Toronto received its charter in 1827, the medical school at King’s College opened in 1843, and the ‘modern’ Faculty of Medicine was established at UofT in 1887. I therefore began my search for literature and documents related to faculty and staff in the Faculty in the 1800s as there were neither faculty nor staff prior.

I read these texts and kept notes in either MS Excel or MS Word. These notes formed the linear history – containing ‘facts’ and milestones (dates of department
establishment, changes of Chairs or milestones related to specific individuals etc.) as well as any mention of staff ‘presence’. I came to build an understanding of the formation of the university, the beginnings of formal medical education in Toronto, and the incorporation of medical education into the faculty. Biographies (Duffin, 1999; Godfrey, 1998; R. B. Kerr & Waugh, 1989) also helped me learn about the lives of those who trained and led within these spaces. This was important to understand the context in which potential discourses may begin or be sustained.

I also moved away from the local context to search for literature about the establishment of the North American university system. Some of this material had been presented to me during my Master’s or PhD coursework as foundational texts in the study of higher education (Kerr, 1964; Newman & Turner, 1996; Tierney, 1993), medical education in general (Beck, 2004; Duffy, 2011; Flexner, 2002), and the role and power of professions (Brown, 1979; Freidson, 2001). I primarily read these texts to identify if and how they referred to administrative staff in order to start to understand the types of statements that could be made about staff and faculty.

My readings of these works were intended to help me conduct a ‘history of the present’ (Foucault, 1977) – to understand how present day roles of, and relationships between, staff and faculty have been shaped through the discourses that formed well before the construction of concrete and glass buildings at the corners of University and College. What appeared natural in these texts? What statements said in these texts could be “linked not only to the situations that provoke it, and to the consequences that
it gives rise to, but at the same time, and in accordance with a quite different modality, to the statements that precede and follow it” (Foucault, 1972, p. 28).

As I read through these texts, I struggled to locate anything more than a passing mention of a secretary or a member of the “support staff”. While the history books were replete with mentions of faculty accomplishments and left no doubt as to faculty members’ or physicians’ contributions to the formation of medical education, I was searching for a very small needle in a very large haystack for mentions of staff. Even when there was a mention of a member of the ‘administration’ it was usually about a faculty administrator (e.g., a Chair or a Dean). The notes I made on these books were thus primarily of the milestones they recorded, rather than any mentions of staff. They rarely contained any mention of staff, never mind descriptions of who they were or what they did. The description by Losinger (2015) of the administrative staff as being the “silent, unacknowledged, or ‘back-stairs’ group” (p. 161) rang true. I was only reading about the voiced, acknowledged, and front-of-stairs. While it was easy enough to identify what could not be said about staff in these published texts (for there was so little said about them at all), I needed to look elsewhere to find what could be said.

5.3.2 Forming the Archive – archival material

My work as a staff member at the University has often involved writing meeting minutes, contributing to reports, or drafting policy. So, I went next to the repositories of such documents. I quickly identified that archival material held either physically or
online through the University of Toronto Archives may be a primary source of material to identify the presence and contributions of staff.

The first set of archival material I used contained the publicly available digitized records of the Faculty of Medicine and the University of Toronto. These primarily include the *Report of the Dean* (University of Toronto, n.d.) which were produced annually within the Faculty of Medicine. These documents were digitized and made available online in 2018. Available digitized archival records reviewed for this thesis span from the academic year of 1923/24 to 1972/73.

The second type of archival material include restricted records available within the University of Toronto Archives and accessed through the Thomas Fisher Rare Book Library. This material was accessed through the research agreement described above between me and the Archive. These are physical records that are searchable through a finding aid on the University of Toronto Archives website (University of Toronto Libraries, 2022). Unlike the previous sources, these are not publicly available. According to the research agreement, there are some restrictions on listing names of faculty and staff members in publications or presentations, including within this thesis. I searched the database of archival records for files related to administrative staff (or secretaries or support staff) in medical or health professions education, or to any of the three departments within the study.

While I did contact the Archivist at the Centre for Addiction and Mental Health (CAMH) for information about documents related to the history of the Department of
Psychiatry, a comparison of notes showed that the records housed in the University of Toronto archives were more likely to include reference to staff within the University compared to hospital-based archives. In addition, there was significant overlap, therefore I used only archives housed within the University.

**5.3.3 A note on “absence research” and archival records**

As detailed, I turned to the archives once the published literature did not contain many details about staff. Foucault’s theories and methods allow one to examine both what can be said within a particular discourse and also what cannot be said. Conducting a discourse analysis is therefore about examining both this presence and this absence. However, it is difficult enough to qualitatively analyze data that is present in published literature – to look at what is there and identify statements that may form discourses that govern what is possible to say, do, or be. It is particularly difficult to analyze data for what is not there, to identify statements that aren’t present that form discourses that govern what is impossible to say, do, or be.

The idea of ‘absence research’ (Balmer & Rappert, 2016; Paton, Kuper, et al., 2020) allows us to meaningfully and carefully examine this lack of ‘something’ in any given phenomenon. Absence research involves more than exploring where the voids are, but exploring why these voids exist, and how absence is implicated by presence (and vice versa) (Balmer & Rappert, 2016, p. 11).

When conducting research for this thesis, I would use a finding aid on the University of Toronto Archives website, identify the accession number of the desired
files, head into the archives, submit a requisition slip, and wait for the archivist to bring me the boxes. Sometimes there would be one box, sometimes four. I’d place a box on the table beside me and lift the lid where there would usually be a stream of labelled file folders. I’d pull out the folders in order. Sometimes there were letters, sometimes meeting minutes, sometimes newspaper clippings, or conference pamphlets, invitations, or books. These boxes are a tangible example of work. Someone, someday, handwrote a letter, someone else typed that letter up, someone placed it in a file, someone labelled the file, someone decided it should be archived, someone transported it to the archive, someone categorized that file in the right box and listed it in the right finding aid, someone digitized the finding aids, someone maintained the archive at the optimal conditions for preservation, and eventually, someone – me – wrote down that finding aid number of the file folder and box that contained the letter. These are all aspects of work that could be labelled as academic or administrative but, while the files and folders are tangible objects, the work is largely invisible.

Then I think of the administrative work that I myself do for the university. The files and folders are no longer tangible objects that someone is likely to pull from a box in half a century’s time, they are instead digital records scattered across servers and laptops. Which of the reports that I’ve toiled over will become part of a permanent record? The University of Toronto file-plan would seem to indicate few (if any) of my own work records would require archiving. Only a very limited set of administrative records which “document the support or ‘housekeeping’ functions of the office” (University of Toronto Libraries, 2021) would be preserved. My academic work,
however, will be treated differently. This doctoral thesis will be retained, it will be made publicly available on the university thesis website, and it may be “harvested” to appear in the Government of Canada’s Thesis repository (Library and Archives Canada, 2021). This thesis will have a presence. My other work will be absent. This work clearly matters, but why does the other work not seem to matter?

What gets archived (which documents will have a presence) and what does not get archived (which documents will be absent) are choices that people have made based on power. “Archives are social constructs” (Schwartz & Cook, 2002, p. 3) and the decisions about which documents get to be archived are dependent on the values and the information needs of an organization’s leaders. A department chair’s correspondence can often be found in the archived file folders, but rarely do you see correspondence between administrators. An academic organization such as a university places more value on academic work (e.g., this thesis) and the correspondence of an academic than it does on administrative work (e.g., my paid work) or the correspondence of an administrator. Our memories and our ability to go back and (re)discover the absences are thus controlled by the people who get to decide what to archive and what to destroy (Schwartz & Cook, 2002).

There is a gendered aspect to this as well. Much of the archived material I reviewed for this work was written for men. “We enact feminism in how we relate to the academy” (Ahmed, 2017, p. 15) and what gets written and archived can also be viewed through enacting feminism. Those who held power in the academy – for
example, the chairs of the committees whose minutes I reviewed and the addressees of
the letters which I read – became the names on the boxes and files I had in front of me.
Many of the archived documents I accessed appeared as storage spaces for an academy
built for men. While women likely recorded, stored, and categorized many of these
documents, the work of women still felt like an absence in the archives. Rarely were the
letters written to women and rarely was the correspondence about women. It is not
only that there is an absence of data pertaining to administrative staff, but as many of
the staff were and continue to be women, there is an absence of data pertaining to our
experiences, accomplishments, and contributions.

It is important to recognize through this methodology that when examining not
only what is there, but also what is not, all the material located in archived documents
have already been filtered through the values and information needs of those in power.
What is present from the archive within this text is limited to what was written down in
the first place, what was filed, what ended up in an archive to be boxed or scanned, and,
of course, what I choose to represent here in this thesis. What is absent is everything
else.

5.4 Forming the Archive – Interview Data

The next grouping of the materials that form the archive comprises the
interviews I conducted with current and former members of the Departments of
Anesthesia, Physical Therapy, and Psychiatry. Below I will detail the participant pool,
participant selection, identification, and recruitment, additional considerations of confidentiality, and interview guide.

5.4.1 Participant Pool

In 2018, when I initiated data collection, the Department of Psychiatry listed 403 full-time Faculty (Department of Psychiatry, 2017) and 12 departmental administrative staff members (Department of Psychiatry, 2018). The Department of Physical Therapy listed 30 full time faculty members (Department of Physical Therapy, 2018b) and 10 named departmental administrative staff members (Department of Physical Therapy, 2018a). The Department of Anesthesia listed 260 full-time Faculty (Department of Anesthesia, 2016) and 5 departmental administrative staff members (Department of Anesthesia, 2018). Based on the department staff and faculty listings noted above, the total initial potential participants as of 2018 were 693 Faculty members and 27 staff members across the three departments.

5.4.2 Participant Selection

I followed recommendations by Malterud, Siersma, and Guassora (2016) and, instead of aiming to reach ‘saturation’ in my data, I determined the tentative participant number for interviews through the concept of ‘information power’. Malterud et al. suggest that the sample size can be determined by five factors: study aim, sample specificity, use of established theory, quality of dialogue, and analysis strategy. The aim of the study is focused by having three departments that are within one faculty at one university. The interviews were planned to ask about work, roles, interactions with staff
or faculty and about perceptions of self. These are questions that are not specific to a certain role or to a group with specific experience and the sample must be large enough to capture these variations. My theoretical framework for the initial discursive analysis was set. The quality of the dialogue would be enabled through a semi-structured interview guide and potential probing questions to elicit meaningful narratives. The analysis would be guided by Foucauldian-inspired methods as already outlined.

Information power could be furthered by interviewing a cross section of staff and faculty, so I sought individuals in varying stages of their career (as measured by seniority, experience, role, and/or permanency) in the hope that this would allow me to compare how different discourses construct roles differently and make visible discourses that I may not have seen had I interviewed fewer people or people all holding the same role. However, as there is information power in everyone as discourses circulate among us all, while I wanted a cross-section of staff participants it was nonetheless more important to ensure that the interviews themselves were rich conversations.

I initially sought to interview 12 staff and 12 faculty members for a total of 24 interviewees. I had an initial plan to identify further individuals who might also be interested in participating through snowball sampling (Morgan, 2012), potentially extending the participant group to 30. These numbers are in line with Martimianakis (2011) who interviewed 20 participants and Paul (2018) who interviewed 26.
5.4.3 Participant identification

I identified staff and faculty individuals using a “Directory” that had, at the time, been available through the Contact Us page on the Faculty website (Temerty Faculty of Medicine, 2022) and circulated twice a year to administrative staff over email. Interviewees were identified through the January 2019, August 2019, and January 2020 directories.¹⁰

The Directories listed everyone’s job title, name, phone number, physical office address, and email address and were grouped by administrative units or departments. Names of staff and faculty are listed together however the first name in a departmental listing was typically the Department Chair, followed by their (staff) assistant and the departmental Business Officer. There are no ‘markers’ of status that may help one identify if someone is a member of the Professional and Managerial staff (other than perhaps a title that contains the word Manager, although that does not always signal a PM position either). The directories also do not indicate if a staff member is a casual or appointed employee. As a result, I interviewed at least one ‘casual’ staff member (they were unsure of their status when asked in the interview).

Snowball sampling also identified a member of staff who no longer worked in the Faculty. I decided I wanted to include this perspective, realizing that staff members who have left the faculty might offer a different perspective on their experiences compared

¹⁰ Directories are no longer circulated within the Faculty or posted on the Contact Us page of the website
to those still embedded within it - a perspective I personally cannot bring to this work given my continued employment within the faculty. Further, I came to understand that interviewing a former staff member might also allow them to feel safer offering an unfiltered perspective, free of potential repercussions or discomfort that a current staff member might feel. After filing an ethics amendment and gaining approval, I was permitted to include this former staff member and later interviewed additional former members of the Faculty.

As the interviews progressed, I also realized the importance of interviewing individuals who held roles in the “Professional and Managerial” groups. Their role as serving as a conduit between the faculty leadership and the unionized staff has been evident in my own lived experience and was named as an important relationship by some of the interviewees. Indeed, it became difficult to ignore their presence in this study of power relations within HPE. Therefore, after another ethics amendment and approval, I had permission to interview members from this group as well. I conducted a total of three interviews with current and former members of the PM group.

**5.4.4 Confidentiality and Interviews**

Due to the nature of this study and the location, confidentiality is very important. Despite delimiting the archive to departments in which I have not worked (as described in 5.2.2), I knew that due to my roles within the Faculty, I may still be known to potential interview participants and vice-versa. I assured the invited participants that confidentiality would be maintained in published reports or presentations by
aggregating data and identifying respondents using a unique identifier or generic descriptors only. All identifying information (name, email address, role) was kept in a single password-protected tracking document in Excel (Microsoft) and kept separately from all other study documents. My thesis supervisor and committee members did not have access to personally identifiable data.

As noted above in Section 5.1., given the comparatively low numbers of staff across these departments, I have chosen not to provide additional demographic information about the interview participants (departmental affiliation, gender, or race). While the higher numbers of faculty across these departments could have permitted me to provide demographic information, it would further dehumanize staff if I were to provide this for faculty but not for staff. As a result, I chose not to do this for either group. Again, as the numbers of staff are low, I would rather protect their identities than add further potential context to their narratives although I realize that this limits the analysis and interpretation of the findings. While there are times within this work where I would like to emphasize an individual’s gender, for example, to exemplify a typical “gendered” reaction or comment, I do not. I can add that I interviewed faculty and staff who presented as both male and female, of all adult ages, some who presented as white and some who presented as a member of a racialized group.

Once interviews were transcribed, personally identifiable information was removed and replaced with the unique identifiers or generic counterparts. For example, references to specific people were replaced with a descriptor of their role (i.e., instead
of Dr. Smith I would write ‘departmental faculty member’). References to roles, such as “the Chair” or “the Dean” remained. References to specific hospital or teaching sites were referred to as either a “fully affiliated hospital”, “community affiliated hospital” or “non-hospital clinical site” as was congruent with Faculty of Medicine practice (University of Toronto, 2018).

5.4.5 Participant recruitment

I began participant recruitment in April 2019. All potential interviewees were approached in writing by email from me with a letter of request that contained information about the study and a request to consent to participate (see Appendix C). No incentives were offered. Interviews were voluntary, conducted in person if possible (or by videoconference if not) and at a location of the interviewee’s convenience. I coordinated with the interviewees by email and phone to set up a time. In the event of a non-response, I followed up the initial email with subsequent email invitations sent out 1 week and 4 weeks after the initial request.

By January of 2020, I had sent invitations to 27 staff members across three departments by email. One department had asked me to present on my research at a staff meeting prior to recruitment but this did not garner further participants. I had completed 9 interviews with staff as of January 2020. Twelve invited participants did not respond to my emails after both attempts to follow up and two individuals had left the faculty and were similarly non-responsive. Three individuals informed me they were not interested in participating. I scheduled one further interview after additional attempts
to follow up. In February 2020, I sent out one final invitation to all non-responsive staff, but these did not garner any additional interviews.

By January of 2020 I had invited 19 faculty members across the three departments by email and had completed 9 interviews with faculty members. Eight invited participants did not respond to my invitation after multiple follow ups and two responded to say they were not interested.

After initial data analysis and consultation with my committee, I invited a further 3 staff members who hold or had held Professional and Managerial (PM) roles to participate in the study. Two consented and were interviewed in February 2021. These interviews were conducted on the videoconferencing platform Zoom (Zoom Video Communications, California) due to COVID protocols in place limiting face-to-face in-person data collection.

All participants were asked to provide either written or verbal consent to the interview (see Appendix D).

**5.4.6 Interview Guide**

Based on my review of the literature and my own lived experience, I developed a 10-question semi-structured interview guide (Appendix E) aimed at exploring staff or faculty roles, working relationships, work functions and autonomy, descriptions of roles as 'service' or 'support', and challenges and opportunities within the role. Five of the questions on the guide differed slightly in wording depending on whether they would be
posed to a faculty member or a staff member. The other five questions were identical in wording.

Questions about individual roles, functions, working relationships, and autonomy were posed to enable the interviewees to use their own words to describe how they fit within the organization, how their work functions, how much autonomy they perceive themselves to have and how they handled challenges and disagreements. I asked these to identify their perceptions of status and hierarchy and power and to start seeing how staff and faculty roles may differ in their discursive constructions.

I asked questions about ‘service’ and ‘support’ because through my own lived experience and after reading the literature I was attuned to variability in how staff roles were named or described. Where "service" has often been used as a pillar of a faculty member’s contributions to the faculty and seems to bring with it a level of esteem, the term "support" has often been described as what a staff member contributes, or the term "support staff" has been used to describe the roles that staff do. Staff are seen as being "supportive" of faculty and faculty initiatives. This choice of language indicates a power relationship, that staff "support" instead of "lead"\(^{11}\). I hoped that questions

\(^{11}\) The exclusion of “lead” is not always the case. A 2022 call for nominations for the newly created “Exemplary U of T Ambassador (EUTA) Awards” (The Division of People Strategy, Equity & Culture, 2022a) does require the nominee to have “supported the strategic priorities of the individual’s unit, department, faculty, or division” however it later acknowledges that accomplishments such as “[l]eads or supports initiatives” can be included. Of note: casual employees are eligible for this award however custodial employees are not listed as eligible.
about "service" and "support" would engage the “discoursing subject” in a discussion around hierarchy, power, and agency.

I asked questions about offering advice to a new member of staff or faculty, hoping that the interviewee would provide insight into the structure of the organization. What connections need to be made to ‘fit’ within the structure of HPE? What experiences does one staff or faculty member have that could be shared to support a smooth transition for another? I hoped to draw out possible discourses around roles and status within organizations.

As this was a semi-structured guide, part way through my interviews I began to ask interviewees if they would describe themselves as a ‘professional’. This question was informed by the literature on the professions and discussions of declining professional status through neoliberalism. This was also informed by earlier interviews where staff or faculty would have difficulty identifying as either providing ‘support’ or ‘service’. I thought perhaps an identity as a ‘professional’ might be more familiar, particularly for those in a regulated health profession. I wanted to know if staff or faculty described themselves as a professional, and if staff or faculty differed as a group in doing so.

I piloted the interview guide first with a colleague who was a staff member who had worked in a clinical department within the Faculty of Medicine but who had moved on to another position within the University. No changes were made to the guide following the pilot.
5.4.7 Interview Results

I conducted a total of 21 interviews: twelve were with current or former staff members (3 of them with individuals who held or had held management positions), and 9 with faculty members. The interviews took place between May 2019 and February 2021. All were conducted in English.

Fifteen of these interviews took place in offices, meeting rooms, or empty classrooms on the University of Toronto campus. I chose these settings because they were conveniently located for the interviewee and myself and ensured them privacy. I purposefully did not invite interviewees into my private office, nor did I suggest we meet in theirs in order to ensure their identity and their participation in the research would not be compromised. Many of the meetings were booked in spaces that were available for booking at no cost by any staff member of the university. One more in-person interview took place in a coffee shop near campus. This location was chosen by the interviewee. Five of the interviews took place over Zoom (Zoom Video Communications, California) either due to clinical requirements of the faculty member preventing an in-person meeting or the COVID-19 pandemic and resulting public health guidelines limiting in-person interaction.

Interviews ranged from 25 minutes to 1 hour and 45 minutes. The longest interview of 1h45m was conducted over two separate sessions. After informed consent was obtained from participants either in writing or (if on Zoom) verbally, interviews were recorded on a password protected Apple iPhone.
I would like to thank these twenty-one individuals for their willingness to be part of this study. As this work partially emerged out of concern about the invisibility of staff contributions and the erasure of names from the historical record, it is with some regret that the nature of this work requires the names of these interviewees to remain confidential. They are inspiring people and their contributions should be celebrated. However, I also recognize that the interviews, at times, involved difficult topics and painful experiences and understand the ethical need to protect their identities. I am grateful to them for placing their trust in my ability to tell their stories while remaining confidential.

5.5 Forming the Archive – Reflections, Lived Experiences and Tacit Knowledge

The last sources of material that form this thesis are my own lived experiences, reflections, and tacit knowledge. I have been a staff member at the University of Toronto for over twenty years, most of those within the Faculty of Medicine. I have experience and knowledge with documents and policies related to the Faculty. I use some of those documents in this work as examples of how staff and faculty are being discursively constructed. For example, I quote from my own collective agreement as a USW member because this is a document I refer to in my administrative role and through my various roles within the Faculty. I also have knowledge of other policies that guide and shape staff and faculty hierarchies and relations, so I bring these policies and documents to the forefront here as well. Note that this is exactly the kind of tacit knowledge that faculty or other staff draw upon when asking staff members to find or
recall documents, policies, or previous decisions. This knowledge forms part of what people sometimes call “institutional memory”.

As discourses construct staff members as being able to say, do, or be certain things, these same discourses have similarly constructed me. I am, essentially, a material effect of the discourse. I am myself a ‘discoursing subject’. My lived experiences and conscious (and some surely still unconscious) understandings of the discourses that operate affect every stage of this research, from establishing the initial research question, to approaching faculty and staff to participate, to coding text, analyzing materials, and deciding what to include in this written account and what to solely remember. As the author, I do not stand separate from the discourses that operate around me for I am part of them. I have been disciplined by them and in turn I discipline others around me.

I have previously tried to better understand “how truth games are set up and how they are connected with power relations” (Foucault in Rabinow & Rose, 2003, p. 38). I have practiced doing so (Paton, 2013). So, although I am a ‘discoursing subject’, as I have already laid out, I am also a ‘knowing subject’. I am here, again, “playing a certain game of truth, by showing its consequences, by pointing out that there are other reasonable options, by teaching people what they don’t know about their own situation, their working conditions, and their exploitation” (Foucault in Rabinow & Rose, 2003, p. 37). As a ‘knowing subject’ I have also been attuned to documents such as job descriptions that seem to use selected vocabulary to construct staff positions. I started
saving these job descriptions in 2013 and have assembled my own archive of over 200 University of Toronto job descriptions which are no longer available on the public facing careers site. I use some of them in this thesis to show how these documents discursively construct possibilities and impossibilities for staff.

And so, as a ‘knowing subject’, I am clearly quite close to the data. Therefore, I have taken steps to ‘make strange’ with it. I have specifically chosen departments that are not within my own lived experience to that I could more easily separate myself from the discourses. I traced unfamiliar statements through history rather than confining myself to familiar ones in the present day. As I assembled the archive, I also added my own thoughts and reflections within my notes, some of which are shared in the analysis here. I was always trying to pay attention to the games of truth, questioning not only what I was reading in the texts, but also what I was reflecting upon. At times, especially during interviews, I was also able to reflect on my own taken for granted assumptions that I had rarely, if ever, questioned. While I may be both a discoursing and knowing subject, my perspective too is limited by the regimes of truth.

5.6 A note about timing and the pandemic

I began collecting publicly-available data for this thesis in the Fall of 2018, got initial ethics approval in November 2018, pulled Reports of the Dean in February 2019, accessed the University of Toronto Archives between August 2019 through to mid-February 2020, and conducted interviews beginning in May 2019. By mid-March 2020 I had completed nineteen of the eventual 21 interviews analyzed in this thesis, and I had
also reviewed and taken notes on over 100 pieces of archival data including the *Reports of the Dean* and various accession numbers from the University of Toronto Archives.

Following the WHO declaration of a pandemic, the Government of Ontario issued a declaration of an emergency. Subsequent public health directives closed indoor spaces considered to be “non-essential” (Office of the Premier, 2020). These spaces included much of the physical campus of the University of Toronto as well as the University of Toronto Archives. The Archives remained closed to in-person research visits until November 2021, when they opened under reduced capacity.

Working on this thesis during the pandemic was a significant challenge; family needs and considerations related to my paid employment in the Faculty of Medicine quite simply took precedence. My data collection process and analysis halted early in the pandemic as I attended to these other pressing concerns.

Upon discussion with my supervisor and committee, we agreed to move from the data collection phase to data analysis – essentially ending any further attempts to collect data from physical archives. Again, by this point I had reviewed over 100 pieces of data from the archives, about half of which was only available in the physical files. I had spent many hours there reviewing the boxes and folders and had reached sufficient ‘information power’ (Malterud et al., 2016). As technology allowed, interviews were able to continue, and so I proceeded to conduct two interviews during the pandemic over Zoom.
Although the pandemic was a significant disruption to the flow of this work, eventually I was able to find the time and focus needed to continue analysis and writing. It is worth repeating here my appreciation to my supervisor, my committee, my work colleagues and supervisors, and my family and friends for helping me shepherd this document to its current form during lockdown after lockdown and the strain it put on all of us in so many ways. Thank you also to members of our research lab, many of whom were balancing not only family needs and studies during the pandemic but also their roles as healthcare providers at this very difficult time. Your dedication is inspiring, our conversations were engaging, and your words helped push me along.

Although I had begun some analysis prior to the pandemic, with the data collection phases deemed completed, I moved onto further analysis, all of which is described in the section below.

5.7 Data Analysis

My analysis of the archive traced Foucault’s suggestions to:

- grasp the statement in the exact specificity of its occurrence;
- determine its conditions of existence;
- fix at least its limits;
- establish its correlations with other statements that may be connected with it,
- and show what other forms of statement it excludes. ... we must show why it could not be other than it was ... what is this specific existence that emerges from what is said and nowhere else?

(Foucault, 1972, p. 28)
I also closely followed Bourke and Lidstone’s (2015) outlined analysis steps. In the chart below I trace both sets of methodological hints and then, in the section below that, I detail how I enacted these in my research.

Table 5-1: Analytical Steps

<table>
<thead>
<tr>
<th>Foucault (1972)</th>
<th>Bourke and Lidstone - Steps to Analysis (2015)</th>
<th>Task Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>“grasp the statement in the exact specificity of its occurrence; determine its conditions of existence”</td>
<td>Identify surfaces of emergence, and when similar statements emerge or when new statements begin</td>
<td>Grasping the statements</td>
</tr>
<tr>
<td>“fix at least its limits, establish its correlations with other statements that may be connected with it, and show what other forms of statement it excludes”</td>
<td>look for contradictions or distance between sets of statements, how do they start to differ, and where do these differences appear?</td>
<td>Fixing its limits</td>
</tr>
<tr>
<td>“we must show why it could not be other than it was”</td>
<td>Identify where the different statements cross paths – how and where do these statements interact and intersect, what was happening at those times and places that permitted some statements to be present and others to not be present</td>
<td>Showing why it could not be other than it was</td>
</tr>
<tr>
<td>“what is this specific existence that emerges from what is said and nowhere else?”</td>
<td>analyze all of these different elements together (the appearance, disappearance, contexts, and connections of similar statements) to identify the discourse - the ‘regime of truth’</td>
<td>Identifying the discourse</td>
</tr>
</tbody>
</table>
5.7.1 Grasping the Statements in the Published and Archival Documents

To first ‘grasp the statements’ and identify the surfaces of emergence, I started with a careful reading of the published literature, specifically looking for references to administrative staff roles. As this research was born out of noticing an absence of staff in the literature, I read the published texts with a particular interest in how they discussed staff, if or how they recorded a staff presence in the historical record of HPE, or how they discussed staff contributions.

To understand the surfaces from which statements might emerge, I read about the history of the university, the faculty, and the departments and the beginnings of health professions education in Toronto. I paid attention to information about the structure of HPE organization and administration. I began analysis with building an Excel chart of important dates and milestones in the formation of HPE in Toronto, the university, faculty, and departments, making notes about references to changes in leadership or administrative oversight. Again, I carefully looked to identify the presence or absence of staff in these works.

For general books on higher or health professions education, I made notes and wrote down relevant quotations in MS Word (Microsoft) documents about the history, formation, and structures of HPE, the purposes of higher education, and references that may indicate possible power relationships or status and hierarchies within. Again, I noted the presence or absence of staff.
With these published texts, I found it difficult to ‘grasp the statements’ when it came to statements about staff. There were so few. Staff were rarely mentioned in any substantive way in these texts, therefore there was little to note in terms of references to staff presence. I gained a stronger understanding of the "linear history" of the organizational structures in which staff work, understanding timelines, major influences, and leadership of the three departments, the faculty, and the university. Most notes taken in this initial analysis were timelines and data that provided a picture of how health professions education in Toronto came to develop over time.

As noted in Section 5.6, Foucault thought linear history, tracing a line from event to event, was too traditional and preferred a serial history, tracing continuities and discontinuities of ideas and discourses (Foucault, 1972). However, I found it helpful to my analysis (and frankly, my organizational ability) to plot moments in time against the statements I was able to locate. While I was still embracing the idea of a serial history, the linear history was still important to my organization and thought processes. I also recognize that my own education has largely been formed around the idea of linear history, of important dates and milestones and events. Therefore, throughout this thesis you will see reference to these events, and at times, I have distinguished the linear history sections in their titles, but I use these for the purpose of presenting discursive continuities or discontinuities. For example, while there are generally agreed upon dates of a world war that affected the Faculty of Medicine in significant ways, I do not analyze the data in terms of specific dates, but rather draw upon the discursive continuities and
discontinuities of the war – here, the idea of structured hierarchies and the increasing attention to rank.

To continue to ‘grasp the statements’ I moved to archival material instead. I pulled Reports of the Dean from the archival website as text documents (as opposed to PDFs or image files), imported them as plain text into MS Word (Microsoft) and then imported them again into NVivo 12 (NVivo qualitative data analysis software; QSR International Pty Ltd. Version 12, 2018) for analysis. I used NVivo because it is a useful tool with which to code and sort text from multiple sources of data, and I had access to a license through my affiliations with the University of Toronto.

I read the Reports chronologically and repeatedly. I noticed that the reports were similarly structured, beginning with a report from the Dean themselves, followed by reports from students, and then each department chair in turn reported on their annual activities. I read these reports to identify the surfaces of emergence – whose voices were speaking, and in which contexts were staff addressed or not? I also looked for indicators of authorship of the reports. I read them in this way knowing that formal reports in the present are often written by staff, but we are not always listed as the ‘authors’ and sometimes are not listed at all. I wanted to get a feel for ‘voice’. Similarly, I looked for changes in the statements, shifts in patterns, or differences in voice. For example, at times the Dean’s reports were forceful and political (for example, during wartime or at times when the faculty was put under pressure financially) while at other times the voice seemed calmer, more introspective, and laudatory. In NVivo I coded
references to specific departments, department chairs, events, or changes that were being discussed within the narratives. For example, I would code ongoing discussions of a Chair’s concerns about a lack of physical space, or how a war affected staff, faculty, and students.

I categorized each Report to a decade as well so I could more easily trace changes over time. This initial analysis helped me better understand the development of health professions education in Toronto and major events or concerns that were worthy enough to have been written down in such a document and shared with an audience.

I was able to use these publicly accessible archival reports of the dean to ‘grasp the statements’ however, due to the purpose of the reports, there was little to no staff voice. Staff were occasionally talked about (although this too is rare) but were never the ones doing the talking. I looked next to the more restricted private departmental and faculty files contained within the University of Toronto Archive.

During my visits to the Archives, I would read through the documents held within the various files and boxes and once again try to ‘grasp the statements’. I looked especially for references to staff, or indications of staff ‘presence’ (hand-written notes, correspondence, or requests to or between staff members). For each accession number, I kept notes in a separate Word document, writing down reflections, summarizing text, or capturing direct quotations. On occasion I would take photographs of documents.
The initial analysis of these texts helped me build a frame of reference of how the Faculty and the Departments operated: what committees were running within these departments, where staff were or were not obviously in attendance, what activities were occurring, and who was corresponding with whom. I was able to find statements that referred to staff or that were written and recorded by staff. There was a presence of staff here.

I then imported these notes from the files and folders of the more restricted archival records into the same data set as the *Reports from the Dean* in NVivo, read them again, and coded them in the same way as the Reports, adding codes as needed. I could also then compare these codes to the more traditional linear timelines I had already developed in order to identify which statements occurred when.

At the end of this initial phase, I had a list of statements “in the exact specificity” of their existences, and I had an understanding of their “conditions of existence”. I knew what was said about staff and where it was being said. I identified surfaces of emergence: coding statements that referred to staff or faculty, coding references to gender, hierarchy, or ideas such as "service" and "support". I coded specific mentions of staff names. I also coded statements where staff were being discussed but not named. From these codes, I was able to identify the terms that would often refer to staff and the terms that would more often refer to faculty or deans and chairs. I tracked which kinds of statements came from which set of documents. In addition to a set of timelines, I then had organized all of the archival data into one NVivo dataset that I coded and
then organized into large thematic groupings: descriptions of administrative staff, descriptions of faculty, descriptions of Deans and Chairs, and references to "service", "support", "professional", and gender.

5.7.2 Grasping the Statements in the Interview Transcripts

I uploaded the recorded interviews into a password-protected temi.com dashboard (Rev.com, California) for transcription. Temi.com is an automatic (computer-enabled) transcription service. I chose to use temi.com due to my previous experience using the tool, its ease, speed of transcription, and its low cost. I then deidentified transcripts within the temi.com platform using the embedded editing tools. I removed references to names and specific tasks or reports or scenarios that might identify the interviewee. Deidentified interviews were then exported from temi.com and imported into a new NVivo 12 dataset for analysis. I used a separate NVivo dataset for interviews than I did for the published and archival data. I had kept these separate thinking it may be important to separate the ‘recorded and official’ version of the "history" (i.e., what was retained or shared in the archival or published records) versus what was being presently discussed by staff and faculty.

I began analyzing interviews as the interviews were completed, transcribed, and deidentified and so was consistently adding to the dataset as time went on. Given the flexibility that a semi-structured interview holds, I could then have earlier interviews inform the next ones, allowing me, for example, to bring in questions of professional
status or to ask probing questions about situations that seemed similar to those in interviews I had previously reviewed and analyzed.

I identified the statements and their surfaces of emergence within the interview transcripts by tracing statements that staff or faculty made about their statuses or relationships or hierarchies and structures, noting which statements appeared, from where, and from whom. I coded statements that staff or faculty made when speaking about working with one another (what kinds of roles did they mention, how did they speak of staff or faculty, in which contexts did they mention either staff or faculty as having power). I coded indications of resistance (to understand how power flows and in which situations they applied resistance) and references to hierarchies or status claims (to identify the contexts in which they were raised). I coded statements that referred to when staff or faculty felt they had a voice or when they felt silenced (to understand the surfaces on which power relations and possible resistances appear). I coded statements where faculty or staff indicated a possible identity – including how they described their own roles or the roles of the other group (for example, if they identified as a professional, or if they identified as providing "service" or "support") to understand from whom these concepts emerged.

This initial analysis of interviews generated many codes which I grouped into the following categories: casual positions, faculty/staff relationships, identity, organizing work practices, recognition, resistance, space as a dividing practice, structure/culture/hierarchy, time as a construct, timeframes, and voice. Sometimes the
same statement was coded in multiple categories. These early categories were largely driven by the interview data, rather than by the literature, archival documents, or reflections. At this stage, I was trying to capture the kinds of statements that were made and the contexts in which they were made.

**5.7.3 Fixing the Limits**

I next looked to fix the limits of the statements I had identified. I looked for contradictions and distance between sets of statements. I produced a long narrative document in Word, initially containing only the published and archival coded dataset. I intersected these coded statements with the timelines and milestones I had previously developed. I analyzed these ‘truth statements’ within this long narrative document to identify connections or exclusions. This allowed me to more easily see where and when statements appeared, and what statements might differ from statements that had come previously.

I analyzed the interview data to also identify possible correlations and exclusions: what seemed possible for staff or faculty to say, do, or be and what seemed impossible, looking particularly for contrasts between how staff referred to themselves or their roles and how faculty did. I analyzed the coded transcripts to see how people in certain roles were able to make statements (such as, for example, “I am a professional”) and people in other roles could not. I looked at how statements differed depending on department, on length of employment, or on gender.
5.7.4 Showing why it could not be other than it was

To show why these statements could only be made where they were, I looked to where certain statements interacted and intersected. I took the long narrative document I had produced after the analysis of published and archival documents and began to weave in the statements identified from the interviews. I noted where similarities occurred (for example, the contexts in which interviewed staff would describe themselves as ‘quiet’ or ‘silenced’ and where text-based documents may have neglected to mention that staff were present, or the contexts in which staff might describe themselves in terms of ‘mothering’ and where staff functions were described similarly in published and archival documents). I also noted intersections of context and statements made about staff or faculty (for example, how staff were described in one way before the war and shifted soon after; or how the way documents referred to staff during times of budget constraint differed from how documents described faculty during the same time).

I included reflective notes where I could perceive a staff member may have been present in the formation of a report or document (for example, they may have drafted a report but not been named on the list of authors). I placed these next to statements from interviews where staff explicitly detail their presence or absence in reports and events or where faculty detail the perceived role of staff in ‘supporting’ their work. I placed statements made in the current context said during an interview next to historical statements from a one-hundred-year-old Report of the Dean. This placement, while misaligned according to a typical historian’s linear timeline is encouraged in
Foucauldian analysis as the project sought to develop a ‘history of the present’. Placing similar statements together in this way, without regard for time period, allows one to better see how what we know or think to be true has been shaped by what has come before (again, more on linear and serial history in the next chapter).

I produced multiple iterative versions of this document, shifting statements to enable me to better see intersections and interactions.

**5.7.5 Identifying the discourse**

The last step in my research was analyzing the appearance, disappearance, contexts, and connections of similar statements together to identify the discourse – the ‘regime of truth’. I identified possible discourses which continued to slightly change in meaning or specificity as I examined and re-examined the texts and codes against one another. I examined these regimes of truth through a lens of power, looking for examples of where and from which forces these ideas emerged, how they were legitimated or sustained, and how discourses competed with one another.

As I continuously fed these possible discourses back to my committee members, they encouraged me to always think deeply and reflexively about the connections I was making. They encouraged me to keep writing since writing forms part of my own process of analysis. They encouraged me to try to make more connections, to name the discourses I was seeing in the data, and to try to identify what I wasn’t seeing at all and why that was so.
With the encouragement of my committee, I wrote and rewrote the long narrative document, continuing to weave statements in and out until the regime of truth became clearer and more specific and the legitimating forces became more identifiable. I paused at times in my analysis, not only to focus on my paid employment, but to grant myself sufficient time and space away from the document so I could then reengage within it in a more focused way. To "make strange" with data for me also meant time away from the focused analysis followed by a concentration of focus once again.

The last step in this analysis was to move the long narrative document that contained statements that built potential discourses out of the context of my computer and into a more material form. Again, this was encouraged by my committee members as a way of potentially seeing things in print that I might have been unable to see in digital form. I printed out the written words about the texts, statements, quotations, possible discourses, reflections, and notes about the legitimating forces. I then took these words, which were already on many sheets of paper, and physically cut them up. Each piece of paper contained a statement that I laid down on a large table, placing them next to each other, analyzing if different statements being juxtaposed formed part of the same discourse or not. I took these pieces of paper and started paperclipping them together as the discursive connections became clearer. I added headings to these paperclipped groups – and eventually when I felt I could move things around no more, I used staples to group them together in a more permanent way. In this way I created
sets of clipped statements that form discourses, the regimes of truth that regulate our conduct.

5.8 Conclusion

Over the last three chapters I have detailed the theories and approaches from which I formed the methodological format of this work. I explain why I chose to use critical theories alongside Foucauldian-inspired discourse analysis, what I have identified as the concepts important to this discourse analysis, and why I chose this methodology over others available to me. In this chapter I detail the steps I took to identify and assemble an archive, analyze the archive, and identify the discourses reflected therein. I consider ethics and privacy and detail the disruption and challenges of doing this work during the COVID pandemic.

Out of this theoretical approach and this methodology, I emerged with quite different sets of data. I had a traditional linear history of the departments and how they came to be formed; I also had a set of stapled statements of truth grouped into a set of three discourses which emerged from the linear history in different ways and at different times. Within these stapled statements, I had also included my own reflections on what was potentially absent – i.e., what the discourses exclude.
The next four chapters of my thesis present these findings. Chapter 6 details the discourses of *staff as devoted caregiver* and *staff as controlling matriarch* and Chapter 7 details the discourse of *staff as professional*. Then I begin the genealogical analysis, weaving back in the question of power and explaining how the present day continues to be shaped by these discourses. In Chapter 8 I discuss the impossibilities of the discourse – of what cannot be said or done, or what staff or faculty cannot be. In Chapter 9 I more forcefully discuss the question of power while giving space for agency through the lived experiences of some of my interview participants. In that chapter I discuss tensions that exist because of the discursive constructions of staff and faculty relations and begin to layer back in the theories of feminism and decoloniality.

Figure 5-1: Types of data presented in thesis

<table>
<thead>
<tr>
<th>Linear</th>
<th>Discourse</th>
<th>Absences</th>
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<td></td>
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Chapter 6: Discourses of Staff in Health Professions Education: The Caregiver and Matriarch

The next two chapters answer the question: What are the discourses that regulate the work of and power relations between administrative staff and faculty in health professions education? I map out three discourses identified through the analysis of published material, archival records, interview data, and reflexive notes.

This analysis will show three different ‘truths’: staff as devoted caregivers, staff as controlling matriarchs, and staff as professionals. These different truths are linked to power relationships within higher and health professions education (and the larger society beyond). These “regimes of truth” thereby come to regulate what a staff member can do, say, be, or even think about how they work, as well as regulate how staff and faculty interact within the HPE environment.

These chapters allow staff, faculty, learners, and other members of the health professions education community to understand how staff roles are constructed discursively within the departments of anesthesiology, physical therapy, and psychiatry, and how these discourses act to structure staff and faculty relations within HPE. These discourses are part of the ‘history of the present’ (Foucault, 1977; Garland, 2014) – they do not exist solely in an archival record nor do they get consciously enacted by staff and faculty during a fixed period of time, discussed in a research interview, and then fade away. These discourses actively construct staff roles, how staff are made visible (or not),
how staff are heard (or silenced), and how staff contributions are valued (or obscured). Even the most distant historical constructions of staff roles continue to act on current experiences. The regimes of truth presented in this chapter remain viable and active to this day.

6.1 Sources

As outlined in the methodology (see Chapter 5), the documents examined for this project come from published material pertaining to the history of higher education, health professions education, the University of Toronto, the Temerty Faculty of Medicine (or its predecessors) and the three departments included within the study. Archival records of those departments, the Faculty of Medicine, and the University of Toronto form a second set of sources from which these regimes of truth have been identified. These records include the annual Report of the Dean and archived records containing correspondence, meeting minutes, and reports within departmental and faculty files. The above sources also form the linear history of the department and faculty from which the discourses emerged or through which they transformed. Transcripts from the twenty-one interviews I conducted form another set of material through which discourses are identified. Again, I conducted twelve interviews with current or former staff members and nine interviews with current faculty members across the departments of Anesthesia, Physical Therapy, and Psychiatry. Finally, my own lived experiences and reflexivity form another lens through which I identify these discourses. Within this last category I include tacit knowledge and the texts in which I have engaged in my lived experience as a staff member and/or graduate student at the
University of Toronto, including university or faculty policies, job descriptions, collective agreements, and the like.

### 6.2 Chapter Structure

In this chapter, I trace two of the three discourses. The third discourse is traced in the chapter following. Across these two chapters I use the sources listed above, identify discursive beginnings through a linear history, and provide examples from the source material. Throughout the chapters I intermingle the various types of source material; I relate the linear history of health professions education, bring in words uttered in interviews, retell stories from my own experiences, and weave in words lifted from fragile pieces of archived ‘onion skin’\(^\text{12}\). This structure is not intended to present a neat and tidy history of a department nor to link a particular event or moment in time to a particular discourse (i.e., I do not claim that discourse X emerged from event Y). The linear history “is not to be understood as the compilation of factual successions or sequences as they may have occurred” (Foucault, 1984c, p. 219). Instead, I purposefully interweave parts of the linear history with statements to illuminate how a truth statement – a *discursive* construction – was produced, regulated, distributed, circulated, and operationalized. I then ask: What circumstances led to its production, in what forms did the discourse circulate, and how does it continue to regulate our conduct in HPE?

The elements of linear history that I do mention – e.g., the dates of departments being

\(^{12}\) Archivists referred to paper used in making carbon copies, common to office work in the past, as ‘onion skin’. For more information, see: https://psap.library.illinois.edu/collection-id-guide/paper.
founded, or the nature of changes in leadership, or the existence of a war – therefore become moments within the discourse. They help create, sustain, and change discourse; they are not outside of discourse.

Although my narrative generally proceeds in a linear way, tracing the earliest beginnings of health professions education training and moving forward to the present day, the discourses do not necessarily do the same. The “rhythm of transformation doesn’t follow the smooth, continuist schemas of development” (Foucault, 1980, p. 112). Indeed, the earliest discourse identified in this study, that of *staff as caregiver*, is still very much present in the current practices in the Faculty. It is materially present in the box of tissues many staff members keep in their drawer for a crying student or digitally present in a text on one’s phone from a supervisor that reads “can you please come downstairs to drop off that parking pass, I’m in my car outside”. As one reads about the linear history and the three discourses identified below, one needs to hold multiple truths simultaneously: staff can be caregivers, matriarchs, and professionals at the same time. Each discourse produces its own regime of truth creating both possibilities and impossibilities.

While reading about the events and dates and years and people involved in the Faculty’s historical development, one must also hold on to one additional truth. These events are the ones that have been written down, preserved, and made available for a student such as me to one day pick up and reproduce. The events or meeting minutes named below are only ever going to offer a partial perspective (Haraway, 1988) and
many truths will never be reproduced here. As you read through the various discourses, you may note that the discourse of staff as matriarch has minimal sources and limited uptake in the interview material. There are very few ‘matriarchs’ in the archived records, with a very limited presence, and while present in the interview material, it is not voluminous. In contrast, the staff as professional discourse, the focus of the next chapter, is a much richer ground for investigation, with many examples taken from interview material especially. Because of the presence or absence of material and the timing of the discourses themselves, one discourse becomes much easier to trace than another. The more dominant present-day discourse is just that: much more present and much more dominant. While you read about events, documents, stories, and discourses, remember that there are countless others not present in this text – there are staff members who worked their entire career within the faculty and whose presence cannot be found in an archived record, whose contributions are untraceable, whose names cannot be found, and whose contributions to health professions education may never be fully known or appreciated. There are likely discourses that I have missed because they are just not present in the material, or in the interviews, or my own perspectives and lived experience have created a blind spot I have been unable to overcome. This is all also part of the regime of truth. Not everything is recorded or archived. Perspectives are limited. What follows is a record of only the material available to me.

6.3 Staff as Devoted Caregiver

The discourse of staff as devoted caregiver was produced and originated through a history of largely feminine “supporters” for the traditional male physician “norm” in
HPE. Administrative staff were thus regulated to act as caregivers, attending to the needs of students and faculty as would a mother at a bedside, or a subordinated nurse within the strict hierarchical structure of health care practice. As an introduction to this first discourse, a linear presentation of how HPE began locally is helpful to illustrate how staff as caregiver became a regime of truth still enacted to this day.

### 6.3.1 The beginnings of health professions education in Toronto – a linear history

A traditional history detailing the development of HPE in Toronto positions the early training opportunities for what would become "health professionals" as local apprenticeships, and if desired, higher level training positions in large European hospitals such as those in Edinburgh, Paris, or London (Abbott & Meerabeau, 2020; Flexner, 1972). In North America, the first medical school was established through a professorship in medicine in Philadelphia in 1765 and such programs grew in numbers through the late 1700s and early 1800s. Medical school programs became increasingly formalized, and “guaranteed certain standards and ideals” (Flexner, 1972, p. 6) for students and their future patients. Pursuing medical training was relatively inexpensive and those who could pay the fees to attend the lectures were rarely turned away (Flexner, 1972).

The Canadian university system was still just forming in the early 1800s. The first charter to form a university in what later became Canada was issued in 1821 to McGill (MacLennan, 1960). King’s College, which would eventually become the University of Toronto, was granted its original charter only in 1827. King’s College was led by
members of the Church of England and was designed to offer instruction in religion, literature, and the sciences (M. L. Friedland, 2013). After the Charter was signed in 1827 there were efforts to create a Faculty of Medicine. However, due to the low prestige of medicine at the time, there were concerns that it would not attract enough students. The Rebellion of 1837 further disrupted efforts to create a medical Faculty (Primrose, 1906). However, after “much negotiation and controversy” (Primrose, 1906, p. 174) the Faculty of Medicine at King’s College University opened in 1843 with a total of six appointed professors (Primrose, 1906). The University of Toronto itself was established in 1850, subsequently moving away from King’s College’s formal connection with the Church of England (M. L. Friedland, 2013).

Between 1850 and 1853 there were continued discussions about the appropriate governance structure for the University of Toronto and the positioning and authority of denominational colleges such as St. Michael’s College and Knox College. In 1853 a new University Act was passed, making the university “effectively controlled by the government” (M. L. Friedland, 2013, p. 39) and the authority of newly created chancellor and vice-chancellor positions. That same year, the university eliminated both the Faculty of Law and the Faculty of Medicine, retaining its ability to confer those degrees, but transferring teaching duties for medicine to other schools within the city: Trinity Medical College, the Toronto School of Medicine, and Woman's Medical College (Duffin, 1999; M. L. Friedland, 2013). John Rolph, who led the Toronto School of Medicine and served in the cabinet of then Premier Francis Hincks, is said to have
influenced the decision of the university not to house a medical school on its own (M. L. Friedland, 2013).

As the organization of medical education was changing shape in the mid to late 1800s, so too were medical practice and medical instruction. By 1880 there were 15 general hospitals, one “home for incurables” and five mental hospitals in Ontario, with an estimated 1700 practicing physicians (Sawyer, 1980). Medical techniques were increasingly sophisticated (e.g. general anesthesia was first used in Canada in 1847 (Duffin, 1999)). In the Toronto of the mid-1800s, however, physicians were not expected to have a robust educational background, nor were they expected to have significant scientific knowledge. They were instead expected to have a “high moral standing … [and] a sense of responsibility, duty and judgment” (Godfrey, 1998, p. 38).

Medical training was developing in the city but was still very much an uncoordinated heterogenous practice. For example, one Ontario physician, Dr. Langstaff (b. 1825), studied medicine for two years under the tutelage of Dr. John Rolph who led the Toronto School of Medicine, and then spent two years in England in postgraduate study between 1846 and 1848 (Duffin, 1988, 1990). Training medical students at this time largely consisted of the student being under the direction of a preceptor, when he ‘walked the rounds’. It also included being in the office of an established physician, observing the different types of cases, the manner of making a diagnosis and the treatment of the distressed person. (Godfrey, 1998, p. 104)
While much of their training was indeed, related to medicine, a medical student apprentice could also have been used as “a stable boy and a bill collector” (Godfrey, 1998, p. 104). Training was neither consistent nor guaranteed.

Dr. Langstaff ended his training and began his practice in medicine, obstetrics, and surgery in 1849. Just one year into practice, Langstaff was listed as a teacher himself at the Toronto School of Medicine; later on he welcomed students to train with him in his practice (Duffin, 1988). By his fifth year of practice he was seeing up to 7 patients a day (travelling sometimes up to 10 miles to visit them) and, from his accounts, practiced almost no preventative medical care, almost exclusively seeing ill patients (Duffin, 1988). Hospitals at the time were considered to be dirty and unsafe and the practice of medicine was more often than not done in the home (Sawyer, 1980). Dr. Langstaff mentions hospitals only 8 times in 40 years of medical notes (Duffin, 1999).

Langstaff’s medical practice relied on assistants. In an account of his life, Duffin writes about Langstaff’s obstetrical practice: "Scant remarks throughout the records reveal the importance and continued presence of women attendants, though not surprisingly their names and exact duties are rarely described and the word 'midwife' is never mentioned" (Duffin, 1999, p. 185). At times, Langstaff’s records note a patient’s female family member acting as an assistant to him at their bedside. In other records it is noted that he employed a number of servants in his household over the years. Eventually his son, who also became a physician, helped him with the increasing demands of record keeping and billing (Duffin, 1999).
The demands for more billing records and other forms of medical record-keeping mirrored the increasing formal organization of medical practice in Canada. The profession was reorganized in the 1860s, with the establishment of the General Council of Medical Education and Registration in 1865, the formation of the College of Physicians and Surgeons of Ontario in 1866 and the Canadian Medical Association in 1867, and the merging of all examining boards in 1869 (College of Physicians and Surgeons of Ontario, 2021; Duffin, 1999).

Medical training was similarly becoming more organized. The three for-profit and fee-supported proprietary training schools in Toronto were finding the costs of educating health practitioners to be on the rise: “medicine was slowly moving away from medicine as an ‘art’ to medicine as a ‘science,’ and that meant laboratories, equipment, and staff” (M. L. Friedland, 2013, p. 128). Students were opting to study elsewhere to receive a more scientific education. The medical exams required by the University of Toronto to confer degrees were also getting more difficult for the students from the proprietary training schools to pass. In 1887 the Toronto School of Medicine merged with the University of Toronto, creating a Faculty of Medicine once again at the University of Toronto with 29 faculty members. W.T. Aikins, a former teacher at the Toronto School, was elected its first Dean for an initial five year term (Primrose, 1906).

Under pressure from students and faculty to raise teaching standards (Godfrey, 1998; McMurrich, 1929), Aikins introduced microscopes and other forms of lab-based instruction and increased the amount of clinical instruction. There were also continued
discussions about the quality and location of medical teaching space. In the early days of the Faculty, students attended lectures in one building (on what is now St. George campus) with their clinical work done miles away. The only hospital close to that campus was the Hospital for Sick Children; the Toronto General Hospital was far away from both of these sites (M. L. Friedland, 2013). By 1892 there were 34 teaching staff and space was increasingly a concern. A dedicated medical school building opened on campus in 1903 when there were 56 faculty members. The students’ most frequently accessed clinical site, the Toronto General Hospital, did not move closer to campus until 1913 (M. L. Friedland, 2013).

The remaining proprietary medical schools eventually closed or merged with the new Faculty. Trinity Medical School merged with the Faculty in 1903, bringing the number of teaching staff at the University of Toronto from 56 to 87 post-merger (M. L. Friedland, 2013; Primrose, 1906). The Women’s Medical College, which had been part of Trinity, had hoped to continue under the leadership of Dr. Augusta Stowe-Gullen as Dean, but the request was rejected by the University of Toronto. The Faculty of Medicine was then required to admit female students to medicine after a government commission in 1905, leading to the closure of the Women’s Medical College in 1906 (Shorter, 2017).

With very little space and frequently changing administrative structures, the duty of the running of the medical school fell to the physician leaders. Staff administrators were few. In the academic year 1901-1902, records indicate that the
Faculty of Medicine at UofT consisted of 12 professors, 12 associate professors, 3 lecturers, 21 demonstrators and assistant demonstrators, and 6 “general service” staff. These general service staff included the Faculty Secretary and Assistant secretary (both roles occupied by a physician), two caretakers, a sessional attendant in the Department of Anatomy, and a “boy messenger and attendant” (University of Toronto, 1902, p. 24). All six staff were male. By 1905, there were 20 professors, 18 associate professors, 41 demonstrators and associates, and the “general service” staff complement had more than doubled since just three years prior with 13 listed positions. These staff included the Faculty Secretary and Assistant secretary, 1 caretaker, 1 chief engineer and two assistant engineers, 1 janitor, two anatomy department attendants, two ‘Laboratory boys”, 1 stenographer (Miss M. Armour) and one library assistant (Miss. M.E. Foote) (University of Toronto, 1905).

Men ran the medical schools just as men increasingly took on leadership positions with the developing hospital system. The practice of caring for people’s ills became increasingly male, and power began to consolidate within larger well-funded ‘scientific’ institutions. The Hospital for Sick Children, which had opened in 1875 as a female-run charitable mission and run by female volunteers and nursing staff, was taken over in 1891 by a newspaper owner named Robertson who installed a Board of Trustees that “included powerful men from all walks of life in Toronto and the province” (Wright, 2016, p. 68).
Paralleling the push to a more scientific form of medicine at the university, the Hospital for Sick Children focused on modern surgical techniques, led by physicians not nurses, to grant it credibility (Wright, 2016). In a history of The Hospital for Sick Children, Wright (2016) comments: "Surgery, in some key psychological respects, became all about control. The routine and ritual of antisepsis, the precise attention of the new era of surgery in closed, sterile environments, contrasted with the mayhem of the streets outside" (p. 94). As the male dominated medical programs grew, formal, professionalized nursing programs were also increasingly established in the late 1800s, moving away from self-trained individuals to women molded to become professional (subordinated) nursing staff (Wright, 2016).

A hierarchical structure was starting to take shape: the (male) surgeon at the top, his female ‘assistants’ well below. Wright (2016) comments

male doctors - and they were all male doctors - were eager to have highly trained women who acted in a professional but also a subordinate manner. Women's presence reinforced the modern nature of the hospital and its appeal to middle class clientele, but at the same time the nurses' subordinate position did not challenge male medical authority. (p. 92)

This was not so different from Langstaff’s experience fifty years previously, but in the late 1800s the male as dominant / female as subordinate dualism was increasingly institutionalized and formalized within medical practice. While the nursing staff were cast as angelic and self-sacrificing caregivers, surgeons were cast as the brave pioneers
of science (Wright, 2016). For those women who were able to complete their MDs, it was difficult to get a staff position and, as a result, many pursued paths in scientific research "where there was some degree of freedom from the existing hierarchy" (Wright, 2016, p. 120). These hierarchies continue to influence health professions education to the present day.

By the turn of the 20th century, the staff cohort within the Faculty was small, with only a handful of people in administrative roles performing mostly secretarial duties. In medicine, the male physician leaders in the departments were very much used to having women in roles subordinate to themselves, either as nursing staff, as a parent at a child’s bedside, or as their servants in their home. While the men went about the important business of doing ‘science’, the women were left with providing care.

### 6.3.2 The discourse of staff as devoted caregiver

So now we move away from this linear history and into the first of three discourses I identified through my analysis. As I detailed above, the concept of ‘woman as caregiver’ had already been well established in academic medicine. However, such caregiving was not limited to the hospital wards. The growing numbers, complexity, and bureaucracy of the educational structure that grew to govern HPE needed staff, and one of the discourses that was produced, regulated, distributed, circulated, and operationalized is staff as devoted caregiver. This discourse can be traced in the historical records of the Dean’s Reports and in departmental records, and is further
exposed in present-day interviews with staff and faculty as still regulating what staff can say, do, or be (or, conversely, not say, do, or be).

From very early on in the history of administrative staff involvement in HPE, staff have been discursively constructed as caring and accessible, oftentimes in contrast to the Faculty members running the programs. Stella Clutton worked for 25 years as the secretary to Dr. Duncan Graham, who was Chair of the Department of Medicine from 1919 to 1947. For a biography of Dr. Graham, Ms. Clutton recalled her experiences for the biographers. In one narrative that took place after an office move:

Graham told her that, now that they were near the hospital, she was to maintain an open door to students and residents. It was Stella herself who became that open door, skillfully calming apprehensive visitors who, as often as not, were terrified at the thought of an encounter with the formidable 'Prof'. (R. B. Kerr & Waugh, 1989, p. 70)

This discursive construction, of staff who perform a calming or welcoming effect for individuals who are visiting faculty members, appears and reappears in the archival material. As a nervous faculty member or student went to meet with their Chair, it was mostly female administrators who were cast in the role of caregiver, expected to offer them their calming, kind presence as they entered and exited the room.

It was often only upon the death or retirements of staff that staff became visible in the archival records, and it was on these occasions where the role of staff as devoted
caregiver became more explicit. The 1944-1945 Report from the Dean (University of Toronto, 1945) marked the occasion of the death of assistant Miss Wilma Jones with the following words: “Generations of our graduates will remember her and recall the never failing understanding and kindness with which she met their problems” (p. 11). Another staff member, Miss Olive Russell, who worked for the Faculty for 46 years was similarly described upon her retirement by then-Dean MacFarlane in terms of her kindness towards students:

Miss Olive Russell, who came to the medical office as an assistant in 1913, has left the chair from which she so often rose with a smile to meet visitors in the office. Graduates will all recall her uncanny memory as she greeted them after years of absence, not only calling them by name, but remembering where they practised, whether it was Africa, Georgia or the Arctic. We wish her years of happy and healthy leisure to enjoy the many things in which she is interested. (University of Toronto, 1959, p. 7)

In the same document, Dean MacFarlane describes the work of the secretarial staff as “cheerful” (University of Toronto, 1959, p. 7), a word that would be used on numerous separate occasions to describe staff between 1947 and 1961. In 1960-61, Dean MacFarlane describes his secretarial staff as follows:

I have also been unusually fortunate in a secretariat, the members of which have regarded the daily duties of office administration as a pleasant and all-absorbing task. The devoted and tireless service, the grace and good cheer, the always
courteous and helpful attitude of these young women to those who seek their help, have established with staff, students, and graduates a splendid tradition of friendliness and efficiency. I am personally greatly indebted to them for their help through the years. (University of Toronto, 1961, p. 7)

A devoted caregiver is one who is courteous, cheerful, and helpful. In the example below, the staff member is not only lauded for her attitude in the office, but also for her “cheerfulness” in the face of disease:

It is with a deep sense of sorrow and loss that one records the death of Mrs. Margaret Proctor who for several years worked in the medical office and during that time had special interest in the work of the Post-Graduate Division. She was always gracious, pleasant and untiring in her efforts to improve the service of the office for the benefit of both undergraduate and postgraduate students. Her fortitude and cheerfulness in the face of a disease of which she had complete knowledge and understanding were truly remarkable. (University of Toronto, 1958, p. 6)

In a 1987 report, Dean Lowy describes staff members as his loyal protectors:

No administrator can function without loyal, dedicated secretarial support and I wish to acknowledge, with much gratitude, the help of Elizabeth Scott, Irene Kavanagh and the Faculty Secretary, Fran Morris. They have assisted me, guided me and protected me over the years. (Faculty of Medicine, 1987, p. 1)
This discourse builds an expectation that a staff member’s role is to be loyal to the faculty, courteous, kind in their manner, and gracious and calm to students and faculty.

These descriptions of staff members within the reports and documents silence their other achievements. They do not mention a staff member’s education, their possible promotions, or their skillfully honed ability to be connectors within and between the university and hospitals. Joan Eveline (2004) refers to this as the “glue work” (p. 138) of the university but this work is largely ignored when staff members are praised. It is unlikely that the daily work of an office administrator is solely to be a cheerful or calming presence to others. It’s much more likely that their work includes scheduling meetings, taking minutes, and responding to communications – and indeed, these are the documents present in the archives. This work isn’t what is praised within the documents themselves. The construction of staff as caregiver allows one to praise a staff member for the fact that they smile when they’re sitting at their desk but does not appear to allow one to praise them for the quality of the work they produced while sitting at it.

The discourse of staff as devoted caregiver is present still today. It may even come across stronger now; it is particularly present in my interviews of faculty members. At this time in health profession education, faculty are often tasked with juggling multiple roles – of teacher, researcher, community member, and clinician both within and outside academic medicine. Having a caregiver is presented as almost a
necessity. One Faculty member describes their relationship with an office administrator as follows:

the person I just finished working with would remind me about what was coming up [inaudible], and this was a sort of a shared discussion at the beginning, I had said it would be really helpful if you can keep tickles\[13\] for me. And so, she would always say, so you need to get the agenda out, we need to do this. Like lifesaving, right? (Faculty 5)

In contexts where faculty often hold multiple positions, including more than one leadership role, and where they are often physically located off campus, the expectation that staff will play this caregiving role (which this faculty member calls “lifesaving”) may come across as almost obvious but it remains in the vein of this discursive construction from the past century. The same loyalty and caregiving function of staff that allowed a faculty member or student to feel supported in the 1950s manifests here as prompts from an administrative staff member who realizes the faculty member needs additional help. A reminder to a Faculty member to perform their paid role may not be a requirement of a staff member’s role either, but it is what is praised and remembered. The Faculty member continues:

\[13\] “tickles” here refers to a reminder note of a needed future follow up. “Tickle Notes” are sometimes used in medicine to track patient follow ups (see: https://help.chartlogic.com/pm/cl-winpm/reports/tickle-note-report/) and can be employed as organizational tools outside of medicine as well (see: https://gettingthingsdone.com/wp-content/uploads/2014/10/2016-Tickler-File-.pdf)
Because what every administrative coordinator I've worked with, it's the same problem, right? Like your faculty member is gone. They're gone psychologically, they're gone intellectually and then they come back in and it's this massive scramble of, I need this yesterday. So, you're sort of like, you know, three days of the week you hear nothing from them and you're desperately trying to get them to respond to you. And then two days you get 50 emails and they all have [to] be done right now. And so, what we've tried to do in all of my portfolios is sort of figure out how to spread the workload. And then we've got a system where someone will text me if, or page me if I've forgotten something and I'm on my clinical and people are really good about it. Right? Like they only do it when I've totally dropped the ball and I'm going to be super embarrassed knowing I've dropped that ball. (Faculty 5)

Staff understand that this sort of caretaking is part of the expectation of their roles. One administrator who holds a leadership position talks about filtering out extraneous material for busy academic clinicians in the department:

I know how they function, they really don't have the time in the world to read things. So, when it comes to financial, I'm just talking financial now. We took what the University of Toronto has as their guiding principles, made them much, much stricter and simplified them to one-word sentences. I have a one, two-page document that they just — you know, can I do this? No. And every year we update it. We update it so it's pretty strict and very direct. (Staff 11)
Another staff member describes performing activities for aging faculty members that the faculty member would usually be expected to complete themselves. Underlying this scenario is the expectation that the staff will perform this caregiving function regardless of it being part of their formal role or not:

Most people, they have like an easy question and instead of using their computer, like, you know, doing a little bit of research, they'll run to me and ask me the question and I'll Google it in front of them. I'll Google it. You know, like if I don't know something, there's a way to find it. Right? It's simple. Right. Well, the age we live in, like anyone can learn anything. ... But that's just like, I think it's the aging of our faculty. ... And them not wanting to use technology. Like a lot of people, even for reimbursements and stuff, they won't even want to fill in the form. They won't fill it out. They won't fill it out. [...] Sometimes I'll have to fill out the form for them because they don't want to do it. And their seniority is so high that you have to accommodate them because they're "important". (Staff 8)

The staff as devoted caregiver discourse, then, asks staff to be simultaneously courteous and forgiving as they either simplify more complex tasks or complete tasks typically expected of a faculty member. Within this discourse, staff are expected to be willing to take on this work in an uncomplicated and friendly way.

Staff, regardless of their stated functional role within the institution or of their training, describe how they provide this care:
I mean I used to get the (learners) coming to me for some kind of like counseling or reassurance and that's not, you know, you're not qualified in that area but you know, you've got to sort of gear them in the right direction, not really counseling them but giving them options of where they can go to get this help. (Staff 9)

But primarily staff describe situations where faculty, not students, expected them to go beyond the written limits of their role to be “helpful”. In one example:

And I should also say that I am a helpful person, so it's not unusual for me to want to help with something that might be beyond my job description, if we want to be super technical. I don't mind that as long as I'm not being taken advantage of, and to this point I would say that I have not been, so I feel comfortable telling people what my limits are or what the limits of my job entails. (Staff 1)

And in another:

But you know what, when I was asked to do stuff that wasn't technically in my job description, I never thought about it as such. I thought about it as a learning experience. ... I want stretch assignments; I want to learn new things. I want to build my resume for the next opportunity. ... I had a fundamentally fantastic relationship with my boss. So, like, I wanted to support him and the department as a result. (Staff 10)
Often it is this uncomplicated. Some jobs demand that staff function as caregivers and it is important that there are caregivers across many aspects of the university. Universities are not only places in which we work, but where many people live, even if only temporarily. Being a learner is at times incredibly isolating, difficult, and distressing and having faculty and staff caregivers are crucial elements of a learners’ pathway to graduation and good mental health. As a student counsellor in a previous position, I regularly provided care to the students within the division. It was not "courteousness" in this case, but that my job required me to provide care and be compassionate to students in need of comfort and policy expertise. I felt especially valued when a student would walk out of my office feeling better, often with a plan in place that we helped co-create that would enable their graduation. You don’t feel invisible when you have a student sitting in front of you in tears.

As the previous quote also shows, staff develop relationships over time. When you are friends with faculty, learners, and other staff, doing something for them becomes more than “glue work” and more than the functions of a job. And as one does for friends, you may well “go the extra mile”, outside of the scope of a detailed job description, to smooth something out, to provide something for them, or to make their work easier. In other roles I have been asked to review or edit documents that are outside the scope of my paid employment. While I was asked to do these tasks because of my expertise, the request to do so still feels like a request to provide care. They needed some help, and they usually get an uncomplicated response – “of course”. But this uncomplicated caregiving is nuanced and contextual and therefore comes more
easily in some situations than in others. As a student counsellor the caregiving function was expected of me because of my job description, but now it depends much more on relationships.

The disciplinary function of the discourse of staff as devoted caregiver can create situations where staff members say ‘yes’ to requests that help fill gaps faculty members are unable or unwilling to fill, but it simultaneously limits the ability of staff to say ‘no’. Here another staff member describes being tasked with work related to an event:

And you know, there'd be things like, and this might make me sound a little bit pompous perhaps, but there would be events where it was just expected that the staff were to pitch in. For instance, this [event] is the biggest example where I'd be working the registration table doing overtime hours, and I was compensated for those, but that was just expected that I would be there. I felt kind of like at that point in my career that wasn't really what I wanted to be doing. (Staff 6)

The staff member was just ‘expected’ to work overtime at an event that they perceived as peripheral to their role. Staff as devoted caregiver often removes the ability of staff to say ‘no’ or if they do want to say ‘no’ then they are placed into a more precarious and uncomfortable position by doing so.

The same staff member explains what it might mean to say ‘no’ to a faculty request:
What relationships will 'no' serve you. Like what is the power of no, because in some ways I know it pissed off [the Chair] but in other ways it strengthened our relationship. I've never quite figured it out. Sometimes I feel like saying no garnered respect from the faculty, from the MDs, while frustrating them. I think someone who has the capacity to say, I'm actually busy right now, do you mind scheduling an appointment or I have a really busy portfolio right now, let me talk to my business manager about whether I can do that for you. And there was always this feeling that they're like, well, I'm going to go talk to the chair sort of behind your back anyways. I don't know if I'd provide the 'stand up for yourself’ because if you're in a precarious job that's really difficult, you know. At the end of the day, these are the people who act as your reference. (Staff 6)

These narratives from the same staff member show that while the discourse of staff as caregiver disciplines the staff member to say ‘yes’ to requests (and potentially be praised for their ‘loyalty’ or ‘good service’), saying no may actually garner more respect. To gain respect from faculty, one may have to actively resist the discourse of staff as caregiver.

Another staff member, who resisted saying ‘yes’ comments: “that department, specifically in that office, if you’re a yes person or if you're a butt kisser, you’re the world's best” (Staff 9). They understand that staff members who say ‘yes’ to whatever requests come their way brings them praise from the leadership, as the ‘world’s best’ administrator. They go on next to say “I couldn't demean myself to that level. I think it's
so demeaning. I just gotta be who I am and just, I mean, whether that meant my job, which it did, you know, that's okay.” (Staff 9). The implications of saying ‘no’ can be severe depending on your environment.

A faculty member describes that the ability for a staff member to say ‘no’ to them comes from mutual respect and a particular environment. They would never ask a staff member to perform a duty outside of their job description. They comment:

I hope that I foster the kind of environment where if I did say ask somebody to do that and they didn't think it was part of their job, they could sit down and say, you know what, I think this is outside the scope of what I can or should be doing. (Faculty 9).

Where saying ‘yes’ has been enacted over many decades of practice within this discourse of staff as devoted caregiver, saying ‘no’ requires mutual respect, a healthy fostered environment, and a secure job. One faculty member in describing the role of staff in their department comments: “my understanding is that they are there because we are there. That we are the point, their job is to help us thrive. That it's that clear” (Faculty 4). The discourse of devoted caregiver offers few options for a staff member, they can serve the faculty member by saying ‘yes’ to whatever requests come their way, regardless of their actual planned tasks, or risk saying ‘no’ which could either lead to added respect and a positive relationship or may just as easily lead to a parting of ways.
6.3.3 Codifying staff as devoted caregiver in job descriptions

The staff as devoted caregiver discourse regulates how a staff member will treat a learner in need or a nervous faculty member meeting the Chair for the first time (with kindness and cheerfulness) and regulates how staff are expected to handle a request from a faculty member, even if considered to be ‘beyond’ their stated job description (by saying ‘yes’, not ‘no’). If the staff presence is indeed “because we are there” as one Faculty member states, then saying ‘yes’ becomes an almost unquestioned result. Indeed, saying ‘yes’, has become codified within staff job descriptions.

Staff roles in the Faculty of Medicine are designed to permit re-tasking and this is codified within the collective agreement of the largest administrator’s union, the United Steelworkers (USW). Managers retain the right to determine the work of university staff, their hours of work, and their duties and responsibilities and can “establish, enforce and alter from time to time reasonable rules and regulations to be observed by employees” (University of Toronto, 2021b, p. 9). This flexibility is often manifested as a categorization of “other duties” within detailed job descriptions.

In an effort by the University’s Division of Human Resources & Equity to “streamline the process of creating, classifying, and ultimately posting USW jobs” (University of Toronto, 2020b), job descriptions that once used to contain detailed descriptions of duties moved in 2018 (The Division of Human Resources and Equity, 2018) to a more generalized ‘consistent’ format. “Going forward, job descriptions will describe the core duties of a position rather than a detailed list of tasks. They are meant
to be a less contextual representative example of what an incumbent does” (University of Toronto, 2020b).

For example, a (now removed) position posting for a Senior Clerkship Coordinator that was listed on the Human Resources website in 2016 (University of Toronto, 2016) read as follows

Under the functional supervision of the Curriculum Manager, and under the direct supervision of the Clerkship Director, the incumbent provides comprehensive administrative support for the planning, implementation, and evaluation of the clerkship component of the MD program (years 3 and 4). This includes responsibility for the general coordination of the clerkship, the preparation of timetables, the running of the clerkship match process, coordination of special events, coordinating the submission, recording, and tracking of examination/evaluation results, and production, review, and editing of information related to the Clerkship. The incumbent directly supervises the work of various staff involved in Clerkship and provides guidance and direction to administrative staff who are involved in Clerkship curriculum components. The Senior Clerkship Coordinator acts as a resource to department academies and hospitals with programs in the Clerkship, providing information, assistance and advice with respect to the courses and preparation of grades. The Senior Clerkship Coordinator provides comprehensive support to the Clerkship Committee.
Personal attributes needed for the position were also listed:

Ability to assume responsibility and work on own initiative; ability to communicate effectively both verbally and in writing; ability to juggle competing priorities and meet a variety of tight timelines and deadlines; demonstrated ability for organization and accuracy; ability to adjust to changing circumstances; ability to work well with others; good judgement on issues of confidentiality.

A similar, although more junior position, posted in 2021 under the title Clerkship Coordinator (University of Toronto, 2021c) reads thus:

As Clerkship Coordinator, you will coordinate the Clerkship component of the MD Program (years 3 and 4). Working closely with Clerkship Director and Senior Clerkship Coordinator, you will support time-sensitive projects and keep a diverse group of administrators, hospital staff and academic leads on track. Relying on your strong organizational and problem solving skills, you will manage complex scheduling requirements and deftly adapt and respond to changing circumstances.

Your responsibilities will include:

Advising students on program and course requirements and provide basic support and general referrals to students in distress

Coordinating program schedules and recruitment and training processes

Overseeing test and exam activities
Organizing, summarizing and circulation \textit{[sic]} program and course evaluations

Designing surveys and analyzing results to support the evaluation of strategies and objectives

In this version, a list of adjectives describing what one needs to be successful in the role is provided: “adaptable, diligent, insightful, organized, problem solver”.

In a more recent job posting for an Administrative Coordinator in the MD Program, the expectation to be ‘cheerful’ and ‘kind’ to individuals entering into an office has been recast as being “approachable” (University of Toronto, 2022).

“Approachability” appears first on a list of behaviours one needs to be “successful in this role”, ahead of behaviours and skills such as efficiency, organization, problem solving, and team player. While approachability may be particularly necessary in this environment, even in 2022, smiling still means success.

In these job descriptions, adaptability, signaled through the “ability to adjust to changing circumstances”, or the “ability to provide backup to a wide variety of positions within the unit”, is deemed important in a staff member. To say ‘yes’, not ‘no’. Among the myriad duties described in these cases, the staff member needs to be able to meet changing expectations within the organizational structure of the university. A staff member needs to understand, as the faculty member put it, “that we are the point”. The staff member, not the faculty member, is expected to be the one to adjust through this discursive construction. While the expectation to be adaptable can manifest in any
number of ways, a staff member tasked with attending an event which is not listed in
their job description, or completing forms on behalf of faculty who may be unwilling or
unable to do so themselves, or sending a reminder to a harried clinician, is enacting this
discourse of staff as caregiver.

The expectation to adapt, to say ‘yes’ rather than ‘no’ and to say it with a smile,
is further complicated by the fact that in many cases, faculty members do not hold
formal supervisory roles over the staff in their department. They do not write the job
descriptions, they do not hire or fire, they do not do performance reviews, and they do
not necessarily assign tasks. Those duties are the responsibility of the “Professionals and
Managerial Staff” (PM) (University of Toronto, 2021d). One Faculty member comments
that they can “make requests” (Faculty 5) but the decision is made by the PM.

Exploring the complex relationship between a PM, a faculty member, a
department chair, and a staff member is largely beyond the scope of this work but
needs further study. While a staff member may experience requests from a faculty
member on a day-to-day basis, in some cases the requests are filtered through a PM
first. No matter how a request comes to a staff member, there is some expectation that
upon reaching the staff member that the staff member will accept such requests if not
cheerfully, then with minimal pushback. If one cannot act as a devoted caregiver, or if
one resists that act by saying ‘no’, then the staff member may be classified as unable to
adjust to changing circumstances, unable to work well with others, unable to adapt, or
unwilling to be approachable. The expectation is that regardless of one’s skills,
education, roles, or personal timelines, the loyal staff member must be willing to drop everything to cater to someone else’s tasks and needs.

6.3.4 The implications of gender in the discourse of staff as devoted caregiver

The regime of truth of staff as devoted caregiver is produced, regulated, distributed, circulated, and operationalized through gender. This discourse was produced in a time and place where individuals supporting academics and physicians in practice were female. It continues to operate in a time and place where health professions education remains patriarchal.

Mothers, midwives, nurses, and volunteers were perceived as subordinate as health professions education programs developed and even though the gender composition of many of the health professions now holds men and women in more of a balance, HPE remains dominated by a white male model of leadership (Soklaridis et al., 2022). Conversely, university staff are still largely feminized. In 2020, 68.9% of USW staff identified as female (University of Toronto, 2020a). The white male model of leadership in HPE then regulates the largely feminized HPE workforce through the staff as devoted caregiver discourse, wherein gendered expectations of behaviours and tasks play out within the landscape of the university.

Caregiving roles within academia still largely fall to women, whether they be staff or faculty (S. Acker, 2008). One staff member recognizes this disparity:
But I found that really interesting that it didn't matter if you're faculty or staff, if you're a female you're going to be categorized as warm and friendly. And that becomes part of the job description right in a defacto way. If you are in a position like that and you are insufficiently warm and friendly, then you're not good at your job in some way. (Staff 4)

The discourse of caregiving, whether it is disciplining women in general or just the largely feminized staff cohort, means that many women in health professions education are expected to exude this sense of warmth in their interactions with others. The expectation that to be successful a staff member needs to be approachable in their role is a gendered expectation, built from the regime of truth that women must be cheerful, kind, and friendly. Men are rarely expected to do the same to be considered ‘successful’.

While faculty typically talk about their roles as caregivers only in the clinical sense (i.e., taking care of their patients), on one occasion, a faculty member describes their role as “caring” for the staff members as well:

So, I think I had a very good working relationships with the staff that I worked with directly. I think that they, they felt that we had good communication and a good, shared accountability. And I think we worked really hard to sort of have work plans, so we knew who was going to do what and I also cared about their careers. (Faculty 8)
This faculty member’s experience is congruent with Acker’s (2008) note about gender in academia, where she writes “I put a lot of emphasis on interpersonal relations, being concerned about colleagues, helping and caring for others.” However, as Acker writes, “this approach could be problematic” as she “saw [her]self as constantly giving” (p. 178). Caring for people, whether one is faculty or staff, is gendered.

Female staff and certainly female faculty were only accepted as part of university structures in North America well after the formal (North American Eurocentric) university system had been developed. Cardinal Newman writing in the mid 1800s (1996) refers to gentlemen as being “the objects of a University” (p. 89). Men belonged there, women did not for some time. As women began to enter into the male spaces within the health professions, their roles were typically subservient roles to the male MD. Initially a doctor would have been supported by his wife who looked after his children while he was at work, then by the late 1800s, his nurse who performed the actions he commanded, and starting in the 1900s, his secretary who did as he had asked. Women as caregivers in the health professions educational space extend from a tradition of women as caregivers in health care as well. It was men who were increasingly cast as the scientist, with a sterile objective gaze, while it was women who were angelic, hands-on, emotional, and subservient (Wright, 2016).

### 6.4 Staff as Controlling Matriarch

The second discourse I identify is the discourse of staff as controlling matriarch. Below, I first describe the linear history, including changes in health professions
education, increasing hierarchical structures within HPE, and the rise of feminized spaces in HPE. I move next to describe the discourse of *staff as controlling matriarch*. As Flexner (1968) writes

> The university is not something apart, something historic, something that yields as little as possible to forces and influences that are more or less new. It is, on the contrary – so I shall assume – an expression of the age, as well as an influence operating upon both present and future. (p. 3)

The discourse of *staff as controlling matriarch* is, indeed, an “expression” of the increasing hierarchical structure of “the age” and I provide examples of these expressions from various source materials. I conclude this chapter with a discussion of the establishment of physical therapy and other feminized soon-to-be professional programs within health professions education.

### 6.4.1 Hierarchies and feminized spaces in health professions education – a linear history

The role, scope, and size of HPE was evolving in the late 19th and early 20th centuries. Of note, there was increasing concern about the quality of medical care across North America. The Carnegie Foundation, interested in improving this care, commissioned Abraham Flexner, an expert in educational practice, to survey the quality of medical training in the US and Canada and provide recommendations (Duffy, 2011). This report, issued in 1910 (Flexner, 1972), hastened many of the changes medical education was already undergoing. Flexner argued that the United States (and Canada)
“needs fewer and better doctors” (Flexner, 1972, p. 17), and criticized many schools for low admission standards and poor-quality training. Most of the schools he criticized were the fee-based proprietary medical schools like the ones that had already closed in Toronto. Instead Flexner proposed a model along the lines of the German system of training, as exemplified in Johns Hopkins University, established in 1876 as a research-focused university (Flexner, 1968). In this system, “medical professors were to be freed from any major responsibilities for patient care and could dedicate their lives to research and teaching. [...] The advancement of knowledge was to trump all other involvements in the academic physician’s life” (Duffy, 2011, p. 273).

The university was also slowly becoming a place where more women were employed as faculty. In the academic year 1910-11 for example, the University of Toronto employed 373 instructors, lecturers, assistant professors, associate professors and professors, of whom 18 or 4.8% were women (Prentice, 1991). By the academic year 1920-21, there were 65 women among a total of 589 individuals employed in teaching and research or 11% of the community, more than double the decade earlier (Prentice, 1991). While clearly not reaching parity with the gender division in Ontario’s society at large, women were increasingly present as faculty members within HPE. The faculties that employed the most women at the University by the early 1920s were Medicine, Pharmacy, and Physiology (Prentice, 1991, p. 241).

I write these paragraphs to offer a glimpse into the changes within health professions education and higher education. HPE did not develop in a vacuum and did
not develop as one entity and stay static through time. Instead, health professions education adjusted because universities are “an expression of the age” (Flexner, 1968, p. 3). For example, as the demand for women’s rights increased, and as women increasingly gained access to higher education, the number of women rose in the teaching ranks of the university. As the Flexner report brought increasing standardization and status to a certain Eurocentric model of academic medicine – demanding two years of basic science training followed by two years of clinical training (Cooke et al., 2006; Duffy, 2011) – being a doctor became increasingly associated with notions of science, objectivity and a comparatively higher status in society (Whitehead, 2011). While Flexner’s recommendations may have enabled the proliferation and increased status of one form of academic physician, the recommendations to close many schools resulted in decreased access for women and Black medical learners and “exacerbated systemic racism in medicine” (Redford, 2020).

Flexner did not comment on the role of staff in his 1910 report which, given its focus on the organization of medical schools, may be identified as a potential gap. However, in his book *Universities: American, German, English* (1968), published in 1930, he criticizes the growing size of the American university. He writes

> [t]he President cannot, of course, do everything himself. He acts therefore through an ‘organization’ – deans, secretaries, filing-systems, punched cards, […] He thus gets together a mass of mediocrity, but he can draw you a chart showing that there is no overlapping, no lost motion.” (Flexner, 1968, p. 186)
He continues: “the American university requires for its conduct a staff of maximum size. The staff is needlessly large ...” (p. 204). The bureaucracy, for Flexner, was becoming too big.

As the Faculty of Medicine expanded in Toronto, the staff cohort did as well. The budget reports of 1905 list 13 “general service” staff in the Faculty of Medicine whose salaries comprised 14% of the listed salaries across the faculty (University of Toronto, 1905). By the 1932-1933 academic year, there were at least 29 clerical/administrative staff across the departments in the faculty whose salaries comprised 7% of the listed faculty budget (University of Toronto, 1933). The staff cohort was still small but growing in Toronto at the same time that Flexner seems to see a growing bureaucracy as a possible threat to the ‘purity’ of the academic endeavour.

For example, Flexner writes “a profession is therefore an order, a caste ... It has a code of honour” (Flexner, 1968, p. 30) and, similar to his suggestions to close certain schools of medicine in 1910, he suggests that the university should divest itself of any vocational training programs it may currently run (e.g. journalism, nursing, marketing, teaching, business) and get rid of “trivial courses, trivial chairs, trivial publications, and ridiculous ‘research’” (Flexner, 1968, p. 204). For Flexner, anything that moves away from the vaulted hierarchical structure of the university and results in professors being treated as the “proletariat” (p. 208) is a dilution of the intended aim of the university – to “shelter and develop thinkers, experimenters, inventors, teachers, and students, who, without responsibility for action, will explore the phenomena of social life and
endeavor to understand them” (p. 10). As Clark Kerr notes in the 1968 edition of Flexner’s work, many of the recommendations Flexner made for the university system did not come to pass (Flexner, 1968) although the sense that the professorship, with their code of honour was somehow above the “mass of mediocrity” (which includes staff) is still very much present in today’s university system.

6.4.2 The discourse of staff as controlling matriarch

Running concurrently with the discourse of staff as devoted caregiver is another: staff as controlling matriarch. This discourse acts as a transition between the discourse of staff as devoted caregiver to a third discourse: staff as professional. The discursive construction of staff members as controlling matriarchs allowed staff to move away from having little power (as a devoted caregiver) to begin to build power, albeit in a limited form, as an administrative leader in their department or within the faculty. These women, and they were always women, were few and far between but played an important role in the construction of staff in the Faculty of Medicine.

Like the discourse before it, the staff as controlling matriarch discourse is produced out of and regulated through HPE’s hierarchical and misogynist structures. While women and male staff members hold little power in the staff as caregiver discourse, women hold considerable power as matriarchs; however, this power has its limits, and men retained their control. They were neither unskilled clerks nor “kind” secretaries, nor were they formally professionals and managers. They were instead talented administrators who had reached the top of the administrative hierarchy.
There are very few examples of *staff as controlling matriarch* in the historical record and only traces of it in the current day. The historical record displays this discourse best in the example of Doris Leggett and how she set the tone for the department in which she worked. Ms. Leggett was departmental secretary in the Department of Psychiatry from 1931-1978. Despite her long employment history in the department, her contributions and presence barely appear in its departmental history (Wasylenki et al., 2008) and show only in traces within the archival documents. It is striking that someone with close to 50 years of experience working in a single department, and who played such a large role for the department, is rendered almost ghostlike in its history.

Ms. Leggett’s contributions were not ghost-like though; she had an impact on the department and its faculty members and learners. In a book about the history of the Clarke Institute (Frayn, 1996), the author interviewed a former Department of Psychiatry faculty member, Dr. Stanley Freeman. Freeman was discussing the tone of the department, and how other faculty members communicated somewhat casually with the chair at the time, Dr. Aldwyn Stokes (Wasylenki et al., 2008). The interviewer then asks, "Doris Leggett usually set the tone?" and Freeman replies "Yes, well I doubt that Doris called him Aldwyn - certainly not!" (Frayn, 1996, p. 62). Ms. Leggett set the tone here, and part of that tone included an expected level of formality within the department. The quote above is evidence that while faculty members may have been able to address each other by their first name, staff clearly could not. In another example of tone setting, it was said that Ms. Leggett would not allow individuals to list
their ‘home’ number on a patient file, instead, she insisted they write the word ‘residence’ instead.

The formal tone is still present in the archive in examples of short communications by ‘matriarchs’ in the history of the faculty. Notes from identified ‘matriarchs’ to faculty members begin with words such as “Dear Dr. so-and-so.” These notes end with the staff member writing their full name (Departmental Secretary, 1976). In an exchange of notes, a faculty member matches the formal tone of the Departmental Secretary (Faculty Member, 1976).

In addition to cultivating a formal tone, the discourse of staff as controlling matriarch appears to permit staff to cultivate power in a way that the staff as devoted caregiver did not. In an interview about the history of the Clarke Institute, Freeman claims

well Doris for awhile thought she ran psychiatry in Ontario! Stokes was enormously influential in whether you got a posting in North Bay, in St. Thomas or any place. But Doris was the one you talked to make many decisions 'to save him time.' (Frayn, 1996, p. 62)

14 The use of the generic word ‘matriarch’ here is intentional as due to the research agreement I made with the University of Toronto Archives, I am unable to name the matriarchs identified in restricted records. I speak of them in this section collectively using a generic word, however, they were real women, with real names, with real lives. I also very consciously realize this is a gendered term; this is on purpose. The men who administered the faculty at the same time as the ‘matriarchs’ were instead considered to be professionals.
The discourse of the controlling matriarch thus allows a few women in the departmental records to assume power and decision-making functions, even some that seem to resemble those of the Chair.

In one archival record, a “matriarch’s” name is typed in askew at the very end of an otherwise neatly typed list of faculty who are requesting tickets to a 1941 lecture. It is clearly a later addition to the more formal list of ticket requesters. While unable to confirm if it was the matriarch herself that typed this, if she directed another staff member to do so, or if a faculty member thought she may wish to attend, it is possible this is another example of a matriarch herself deciding to step in, assume some level of power and decision making ability, and thus ensure she got her own ticket to the lecture (Department of Psychiatry, 1941).

Stella Clutton, as previously mentioned, served as assistant to the Chair of the Department of Medicine, Duncan Graham, and worked in the faculty between 1922 until her retirement in 1961. In their biography of Graham, Kerr and Waugh (1989) write that Clutton’s “secretarial responsibilities were now expanded to encompass much of the day-to-day management of the Department. She arranged time-tables, booked classrooms, dragooned professors to their teaching assignments and quietly assumed responsibility for keeping the Department on an even keel” (p 93). This language of dragooning professors and quietly assuming responsibility to sail the departmental ship in smooth waters also evokes the controlling matriarch discourse. Ms. Clutton, in this
example, is no longer a relatively powerless caregiver, but is cast as taking responsibility over elements of the department, albeit in a “quiet”, and somewhat coercive way.

Although minimal, there remain manifestations of the *staff as controlling matriarch* discourse to this day. Evoking similar metaphors as Kerr and Waugh’s description of Stella Clutton, one interviewed administrative leader says: “I kind of feel like I steer a ship” (Staff 12). The same administrative staff member tells a story about working “hand in hand” with the Chair “in terms of building the department” and hiring staff that matched “the character that met the needs of our department” (Staff 12). Not only is the metaphor of sailing a department ship evoked by one staff member 60 years after another staff member was said to have done the same thing, it is also clear that tone-setting (in this example, hiring people of the right “character”) remains a task of the more senior administrative staff. When asked more about the character of the staff they hire, the administrative staff member went on to add:

So one of the things that I think has to be understood working also within the Faculty of Medicine is the idea of being adaptable and flexible. Understanding that we are working with physicians and clinicians who work long hours, who you know, at sometimes, working, sorry, partaking in academic activities are volunteer positions for them. And so, we have to understand that ... after their 12 hour shift, they give us the patience of one hour - that's the one hour window that we work with. (Staff 12)
This quote shows that the matriarch role makes decisions that are then used to protect faculty. *Staff as controlling matriarch* then builds the expectation that the staff leader will hire and retain staff of a certain ‘character’, and thus protect the faculty’s limited time. In essence, this subverts the *staff as devoted caregiver* discourse. While the *caregiver* discourse regulates staff to care for faculty by sending reminders or filling out their forms for them, the *matriarch* discourse regulates staff to take on or assigns duties as a way to protect faculty; and in doing so, the matriarch assumes some additional control. In other words, the discourse of *staff as controlling matriarch* further provides a foundation for the discourse of *staff as devoted caregiver* – the *matriarch* has a form of limited power to direct the work of the *devoted caregiver*, to uphold the tone of the department, and to steer the ship on its chosen course. The discourses rely and build on one another.

While the coercive nature of the power shift appears to have been dropped in the present-day interviews – as there is no quiet “assuming” of power visible in the interview transcripts – there is still a form of understated, quiet leadership. One staff member describes their “invisible signature” (Staff 12) on communications and how they set the initial tone for communications out of the department by providing templates. Whereas former matriarchs may have added a very overt signature as a form of power acquisition, here, in its present form, its feels much less overt, but still adding a signature, nonetheless.
In an extended interview excerpt, the staff member goes onto to further explain the existing hierarchy in their department; once again evoking the invisible nature of the work of the administrative staff member, of building the right tone, and the very real negotiation of speaking back to those in formal power positions:

I also feel that you know, there is a hierarchy sometimes for administrators and physicians. There is this hierarchy of invisibility, where they say we're equals, but it's known that there's not that equal. ... I know that for the staff they may feel very uncomfortable saying to the Chair, no. I think that I've been given the opportunity of working with the Chair very closely where I'm comfortable and I feel safe to say no, but also justify why I'm saying no. So, it's not just saying, you know, I'm saying no, it's I'm saying no, because we also have all these other tasks. [...] So I do feel that it's part of my responsibility to create a safe place for the staff so that they can communicate with me, and I can communicate with the Chair, I think that it's historical, societal, that doctors are here [makes hand gestures - hands raised high], then administrators are here [hands lowered somewhat], there's not that easy lineage that can say yes, just communicate to your boss and they would understand, I think that that is an issue in itself. I don't know really how to address it. On my team, we work very hard. But I do know that there are some staff that are still hesitant of speaking out because they are afraid, you know, of job security. If I say no to doing this task, what does that mean? Does it mean that, you know, I'm lazy? Does it mean that I don't want to
help out? No, no, it just, I'm overwhelmed. And I think it's part of my job to
interpret.... (Staff 12)

My own lived experience working within the faculty has also led me to be able to see the *discourse of controlling matriarch* in actions taken during daily work that similarly “steer” ships. To use an abstracted representative example of controlling behaviours compiled from interviews, readings, tacit knowledge, and experience, a staff member can ensure that there is sufficient time for the discussion of an important point by placing one item higher than another on an agenda. The staff members who schedule committee meetings, draft agendas, or invite individuals to attend could intentionally or unintentionally influence decisions purely based on whether an individual has enough time to present. If they are invited to attend at the beginning of a meeting, they will have sufficient time for discussion, but if invited to attend at the end of the meeting, time may be short, resulting in insufficient time and opportunity to fully detail a request. Similarly placing discussion about a compressed budget earlier on an agenda than a decision about a new costly initiative could sway committee decisions in favour of fiscal restraint. Another way in which staff can quietly influence decisions is through seemingly everyday tasks. When asked to write the first draft of a document, staff can ensure the inclusion of specific material or areas of importance in that draft. Subsequent iterations of the same document may be determined by larger groups or within committees. The ability to write the first draft, and therefore have (at least the initial) control over the language included within is a form of invisible, but present, power. Similarly, there are many processes by which staff could make things easier or
harder for faculty; suggestions or supports for applying for promotion, for example, could be made by some staff to some faculty but may not be universally applied. Staff could choose to complete tasks that are “above and beyond” their job description for some faculty, but not all. While these are abstracted examples, these are ways in which staff could negotiate power in a form that may be invisible to most of those who work alongside them.

The discourse of controlling matriarch is embedded in the hierarchical structure of HPE and is operationalized when staff members internally negotiate what power to wield and when, and whether to do so overtly or covertly. Although the discourse of controlling matriarch gives some control, it does not allow a matriarch to have very much overt control. They may control for ‘character’, or protect the faculty, but they do so by ‘quietly assuming’ power or having an ‘invisible signature’. They may have some control, but it is embedded within a larger hierarchical and gendered structure. At this point in the chapter, we turn back to the linear history, exploring further growing hierarchies within HPE, because as the Faculty of Medicine grew, so too did its hierarchy.

6.4.3 Expansion and growth of post-war hierarchies in health professions education – a linear history

Staff as formal tone-setters and ship-captains who assume, if not, ‘dragoon’ control is in line with the increasingly hierarchical structure of the expanding faculty in the early 20th century. Moving once again into a presentation of linear history, hierarchy in HPE can be more easily seen during and following the wars of 1914-18 and 1939-45,
when the "ranks" of the military and the "ranks" of academic medicine began to merge.

The Canadian Officers Training Corps, which was started at the University of Toronto shortly after Canada entered the First World War, contained over 6000 individuals connected with the University (including staff) who were in active service during WW1 (M. L. Friedland, 2013). Medical students such as Norman Bethune and medical graduates such as John MacRae joined up (MacRae died in France while on active service in 1918, after penning the famous poem *In Flanders Fields*).

The fields of science and medicine grew during this era of war. The Advisory Council for Scientific and Industrial Research (which would eventually become the National Research Council of Canada) that was established in 1916 funded scholarships and fellowships for research. There were medical advances attributed to faculty including advances in blood transfusions, studies around wound physiology, and the production of tetanus antitoxin and of vaccines for both troops and civilians. A program of occupational therapy was also established during the war, in which more than 300 women were trained to support returning veterans and shorten their periods of convalescence (M. L. Friedland, 2013) (see section 6.4.4 for more information).

The University, the Faculty of Medicine, and its students, faculty, and staff were deeply involved in the Second World War as well. In 1939 for example, while many physicians and faculty members enlisted and went overseas and there were concerns of a shortage of trained physicians locally, the faculty was required to retain as many students as possible in medicine, continue their course of training as planned, and
ensure they were available to help meet the health needs of their own community (University of Toronto, 1940). Students once again enrolled with the Canadian Officers Training Corps. There were 118 students of physical and occupational therapy who enlisted and went overseas, and three died while on active service (M. L. Friedland, 2013). The Faculty of Medicine and its community were active participants in these wartime efforts, and one’s rank now no longer only indicated one’s place on the academic hierarchy, but one’s place in the societal hierarchy as well.

Societal mores common during the Second World War were also reflected in other sentiments on campus. For example, antisemitism raged. In a book about the history of the University, Friedland (2013) provides numerous examples of discrimination against people identifying as Jewish, giving multiple examples of the faculty failing to hire highly capable (and at times fully funded) individuals who sought refuge in Canada. Similarly Jewish physicians had very limited options if they wanted to practice medicine in the city, barred from positions at many of the hospitals (M. L. Friedland, 2013). Other archival records point to outright admission quotas on Jewish students in medicine at least by the 1950s, if not before (Levi, 2003). Not only was there a developed rank order structure within the faculty according to role, but also according to religion. Being Jewish meant being lower down on the hierarchy than being Christian.

The hierarchy saturated its way through post-war academic medicine too. Shortly after the end of WWI, the Hospital for Sick Children rearranged the structure of their clinical staff “into a hierarchy mirroring that of academic faculty at the university,
from clinical assistants at the most junior rank, to assistant physicians, associate physicians, and full physicians. The same structure was imposed on the surgeons" (Wright, 2016, p. 146). The hospital and education spaces became increasingly formalized and hierarchical. At the nursing school at The Hospital for Sick Children in the mid-1900s, "formality and 'respect for seniority' pervaded all relations; in keeping with the time, individuals were always addressed by their surname. The training school imposed military-like discipline and strictly observed the medical and nursing hierarchy" (Wright, 2016, p. 252). This new etiquette was based on authority and power. Nurses “described the doctor-nurse relationship as 'teamwork', [but] it was a team divided by strict roles and observance of a professional, gendered hierarchy" (Wright, 2016, p. 253).

The discourse of *staff as controlling matriarch* allows a woman, often with a long history in employment within the faculty, to assume a position of power within the hierarchical structure of HPE, at times taking on power formally attributed to their faculty lead. The rank-order structure embedded within the university determines how staff relate to faculty and one another. Operating within this discourse meant staff would control the tone, character, and even appropriate greetings for faculty within a department. This discourse was enabled through hierarchy. In present day, this discourse further ensures that a ‘lower’ ranked staff member does not feel comfortable questioning authority. The ‘caregiver’ does not say ‘no’ – only the matriarch can. The expansion of the faculty and the modification of the hierarchy eventually gave way to the rise of a third discourse, *staff as professional*. However, before this discourse arose
for staff, first it was women who began to challenge the gendered and hierarchical structures of health professions practice and education.

6.4.4 The rise of female-led health professions within the Faculty of Medicine – a linear history

As the discourse of the controlling matriarch allowed a kind of limited authority of women in university administration and as the rank-order of faculty and staff was consolidating, the war brought upon another change in health professions education: the introduction of more female-dominated fields in healthcare, including physical and occupational therapy. The linear history of this development in the section below is positioned as a bridge; to show how one set of events here, the construction of female led occupations (which would later become professions (Adams & Bourgeault, 2004; Evans, 2005; Witz, 1992)) can be events that propel a different discourse; that of staff as professional, which will be detailed in the chapter to come.

In the era of first wave feminism in the late 19th and early 20th centuries, women were entering the university to complete degrees, including programs in healthcare. The first nursing program, for example, opened in Canada in 1874, and the growth of nursing programs led to more women taking on formal nursing roles and other analogous “helping roles” (J. Friedland et al., 2011, p. 13).

The need for occupational and physical therapy was laid bare in World War One as soldiers returned from war with devastating injuries and the need for rehabilitation. The military and university communities responded by developing training programs to
support these rehabilitation needs. Such programs became important avenues for women to receive an education and assume these “helping roles”.

In 1917, the Canadian Military Hospitals Commission began a physiotherapy education program at Hart House (Shorter, 2017). The value of physiotherapy quickly became apparent and the Faculty of Medicine, alongside the Faculty of Applied Science and Engineering, pushed to establish a formal program throughout the early 1920s. In 1921 the Toronto General Hospital established their own Department of Rehabilitation and Physical Medicine. It wasn’t until 1929 when a program was established in the University. A diploma course in physical therapy was approved under the leadership of Dr. Duncan Graham, then Professor of Medicine. Dr. Graham’s wife, Enid Finley Bruce-Robertson, was an early supporter and subsequent “mainstay of the program” (Shorter, 2017, p. 580). Knowledge of physical therapy was considered valuable for a medical student and, starting in 1933, the Sub-Department of Physical Therapy was created, part of the Department of Therapeutics (Shorter, 2017). There were two streams of physical therapy – the first was a program for “non-MDs” (Shorter, 2017, p. 581), the second aimed at MDs and graduates. The second stream remained exclusive to MDs and eventually became known as physiatry. The first stream fed into the more formal departmental structure seen today, separate from the medical departments and instead part of the rehabilitation sciences.

Occupational therapy (OT), a cognate field to physical therapy, also began because of the First World War. The Faculty of Applied Science and Engineering created
a ‘ward-aid’ program in 1918 which soon came to be known as ‘occupational therapy’ (J. Friedland et al., 2011). Becoming a ‘ward aid’ “was seen as an appropriate role for women of “good families,” women who might otherwise be doing charity work and could now be engaged in “real” work (J. Friedland et al., 2011, p. 114). The program, taught and led by both male and female instructors, focused on handicrafts which the ward aids could use to both occupy and help recuperate convalescing soldiers. With increasing support by both society at large and the University, in 1926, the University’s Department of Extension (an early form of continuing education) formally offered a two-year OT course (Shorter, 2017) that quickly became an attractive option for women wanting to pursue further training (J. Friedland et al., 2011).

Feminism was in its early phases during this time. The act of ‘caring’ was considered to be women’s work in the Eurocentric colonial settler society\textsuperscript{15} and it seemed a ‘natural fit’ for women to take on these helping roles. They helped not only their patients but became known as helpers to the physicians they ‘served’ as well (J. Friedland et al., 2011).

Although both physical and occupational therapy were sometimes led, often taught, and commonly studied by women, men still held power. For example, as the

\textsuperscript{15} ‘Women’s work’ was largely dependent on social class. Women of higher social classes had sufficient free time to be able to volunteer or lead philanthropic organizations while women who were less wealthy or unmarried worked in areas such as domestic services, retail, education, and health and welfare (J. Friedland et al., 2011). Furthermore, even this categorization was limited to the white settler society. Indigenous women and women of colour had very different experiences and far fewer options and rights compared to white women (Backhouse, 1999).
positioning of the OT program within the university was still tenuous until 1950, “the voices of the very small number of faculty members remained soft if not mute” (J. Friedland et al., 2011, p. 171). Despite women’s considerable influence and the growing professionalization of their field, the female dominated fields of OT and PT still struggled amid the hierarchy of the academic system. One was a program within the Faculty of Applied Science and the other a sub-department; neither program had autonomy. In 1950, OT and PT merged into the Division of Physical and Occupational Therapy (Shorter, 2017). This merging brought stability and security to the field. Men (and particularly, men in medicine) continued to hold power though, while “women continued to do the behind-the-scenes organizing and, of course, the front-line work” (J. Friedland et al., 2011, p. 176). These rehabilitation sciences training programs remain under the organizational structure of the Faculty of Medicine to this day.

6.5 Conclusion

Throughout the world wars, women were slowly and quietly building spaces where they had limited authority within health professions education. Women in the growing feminized vocations (and later, professions) such as occupational and physical therapy held limited power. On the administrative side, the discourse of *staff as controlling matriarch* allowed some more senior, experienced women who were situated close to positions of male power to assume limited power themselves. These women, whether they were physical therapists or matriarchs, had increasing amounts of power, and were not solely regulated by the same discourse that lauded people only for their cheerfulness. Instead, women were increasingly educated through formal training
programs at the university, some working alongside MDs in the treatment of patients, or alongside MD faculty leaders as administrative ‘matriarchs’. They contributed to the growing presence and power of women in health professions education. This growing presence contributed to the discourse of *staff as controlling matriarch* rising and sustaining through time and set the stage for the third identified discourse, *staff as professional*. 
Chapter 7: Discourses of Staff in Health Professions Education: The Professional

As I begin this discussion of a third discourse, it is important to re-emphasize that the previous two discourses did not rise and then fade away. They are all enacted across the three departments as staff, managers, faculty, and learners interact with each other. 

*Staff as caregiver,* for example, still regulates some expectations a faculty member or staff member may have of the staff employed there. In my own lived experience, although I held power and authority in some spaces, I was still responsible for ensuring that the coffee was warm and fresh at the start of a committee meeting or that I remembered to order the fruit tray rather than the cookies to satisfy one committee member. Staff and faculty still enact these discourses of caregiving.

Likewise, the discourse of the *controlling matriarch* still pervades throughout the structure of these departments, although due to structural changes, much of this discourse now rests out of the purview of unionized administrative staff and instead with the “professionals and manager” groups. Some staff, though, still ‘assume’ the power of their faculty leads, make decisions alongside faculty, and act as a bridge between the ‘caregivers’ and the faculty leads.

As the Faculty of Medicine and the department structures matured, and as women increasingly took their place as professionals within HPE spaces, the discourse of *staff as professional* also began to take hold. This discourse is somewhat different from
the previous two. \textit{Staff as professional} is operationalized through different surfaces: a staff member as a professional (i.e., staff roles becoming professionalized) and a staff member acting professionally (i.e., individuals’ actions that are in line with expectations of professional behaviour). In this chapter I describe the linear history of postwar changes to and the expansion of higher education, the increasing professionalization of the health professions themselves, and the different surfaces of the discourse of \textit{staff as professional}.

7.1 Post-War/Modern Health Professions Education – a linear history

The post-war era brought significant change and expansion in higher education and health professions education. In his 1963 landmark book \textit{The Uses of the University}, Kerr writes: “We are just now perceiving that the university's invisible product, knowledge, may be the most powerful single element in our culture, affecting the rise and fall of professions and even of social classes, of regions and even of nations” (C. Kerr, 1963, p. vi). With knowledge being the new currency, the university system expanded to create and sustain its economy. The end of the Second World War brought returning troops, who received financial support from the Canadian government, flooding into higher education. Between 1945 and 1947 student enrollment at the University of Toronto almost doubled (M. L. Friedland, 2013). Enrollment in the Faculty of Medicine was somewhat more modest, growing from 574 medical students in the 1946-47 academic year to 651 by the 1951-52 academic year (a 12% increase) (M. L. Friedland, 2013).
The universities not only had more students but also became much more complex organizations, with correspondingly larger administrations. Kerr (1963) named this new style of North American university a *multiversity*: a set of multiple, often competing parts bound together in a university organization, “a complex entity with greatly fractionalized power” (p. 20). This new complex entity needed governance and the multiversity was a place of “managerial revolution” (p. 27). Traditional responsibilities of academic deans and departmental chairs changed alongside an increase in the number and variety of administrative staff. Upon the end of the Second World War, for example, the then Dean of the Faculty of Medicine commented that the faculty “has grown so large and the business of managing it has become so complicated and onerous” (University of Toronto, 1946, p. 3) that its leadership structure had to change. Rather than the Faculty of Medicine being led by an individual holding both the role of a Department Chair and Faculty Dean, 1945 saw the advent of the first full-time appointed Dean, Dr. J.A. MacFarlane (University of Toronto, 1946).

The departmental structure of the faculty expanded in this new "modern" era. The evolution of the (now) Department of Anesthesia exemplifies how the organizational structures of departments changed as higher education demanded more complexity. In the Faculty of Medicine, anesthesia training began as a sub-department of the Department of Therapeutics in 1904. This itself was unique in Toronto as most anesthesia programs were structured within a department of surgery (Byrick, 2004). To add further confusion, those who first practiced anesthesiology in its infancy in Toronto were not seen with high regard and the role was often considered to be part of the role
of a general practitioner (Byrick, 2004). Anesthesia training within a Department of Therapeutics did not even seem to make sense to its leaders — one leader later commenting “no one seems to know just how this [arrangement] occurred” (University of Toronto, 1952, p. 5).

By the First World War anesthesia was beginning to be seen as a specialty (Byrick, 2004, p. 227) and anesthesia departments began to open across some of the hospitals in Toronto. The field of anesthesia expanded in the post-war era. Scientific advances in the field such as the increasing specialist knowledge needed to deliver anesthetics and the increase of epidurals resulted in the need to train more specialist anesthesiologists (Byrick, 2004). The field no longer fit within the Department of Therapeutics. The faculty thus approved the establishment of the "Department of Anaesthesia" in 1951 (Byrick, 2004) and it officially opened the following year (University of Toronto, 1952). Upon this formation, the Chair of the Department of Anesthesia also began receiving administrative support in the form of a one-half secretary’s salary (Byrick, 2004).

This change in the department structure of this field provides a tangible example of what Kerr has claimed – the rise of (specialty) knowledge spurred change in both the structure and management of departments within the university. The Faculty of Medicine was beginning to look more complex, with more departments, more faculty, more staff, and more students.
7.2 The health professions and the status or identity of a “professional”

Faculty leaders recognized the increasingly complex fields of medicine. The following excerpt from the 1954/55 report of the dean exemplifies this recognition of complexity and the resulting curricular evolution:

...much of the commentary on medical education does result from serious consideration of the increasing complexity of the problem, in the light of tremendous increases in medical knowledge in the last half-century. Recognition of various specialized fields, and the long postgraduate training required for proficiency in them; the increasing need for sound basic training in chemistry and physics; the constant danger of pure science edging out the human approach; the increasing influence of medicine in relation to social and economic planning—these are some of the factors which are constantly in the minds of medical educators and will be gradually reflected in the undergraduate curricula of the modern medical school. (University of Toronto, 1955, p. 3)

It was not just the medical knowledge that increased, but within this increasing complex space, faculty and practitioners were also identifying more often as a "professional". In Dr. J.Z. Gillies' *The Clarion Call to the Profession* (1944), the author evokes the honour and status of the profession of medicine. He notes that “(f)rom Pasteur on, the medical profession took on new life and gained steadily in prestige and popularity” (p. 29). He notes that “the medical profession, at the present time, is in a peculiarly happy position in the respect in which it is held by the general public” (p. 27) and goes on to distinguish
“the pompous and conceited medical man of 50 years ago who wore the frock coat, the silk hat, [and who] carried a gold-headed cane” (p. 27) from “the surgeon whose spectacular operations have gripped the admiration of the general public and have placed him in the realm of the minor deities” (p. 27), from “the research-worker [...] delving into the still unexplored mysteries of uncharted diseases” (p. 27), and from the “solid and substantial general practitioner” who has “won the respect and love of his fellow man” (p. 28). Gillies’ evocations of prestige here are purposeful. The “Clarion call” itself was related to a concern that the Academy of Medicine (Wikipedia, 2022) in Toronto was about to lose its physical space due to the expansion of government buildings at Queen’s Park. He uses the rhetoric of the status of the profession to evoke responsibility on the part of its members to ask for “loyalty and support [...] asking them] to contribute of your time and make many sacrifices” (p. 34).

The responsibilities of a physician were increasingly identified in other faculty documents as well. Becoming a physician was no longer solely about practicing medicine, but rather, embracing an increasingly professional status and power in society as leaders:

It is the aim of this school to give in four years a foundation for the growing number and variety of obligations which will face the physician of tomorrow, whether it be in the role of family physician, researcher or specialist practitioner in any of a score of different fields demanding ever increasing knowledge of new methods of diagnosis and treatment. It must be remembered that the doctor in
many instances is asked for guidance and advice in socio-political problems. He works with others in attempts to gauge the effect of retirement at various ages on health, on the social problems of the aging and the aged, on the relation of mental health to crime, the basis of accident proneness, noise in industry in relation to health. All these are examples of the ever increasing range of the physician’s interests. (University of Toronto, 1955, p. 3)

Within the postwar competitive multiversity being labeled as a "professional" became important for organizations and individuals to indicate their evolving and rising societal status and affinity with a professional identity (Abbott & Meerabeau, 2020; Noordegraaf, 2007). There are records of the term "professional" being used within the Reports of the Dean as far back as the 1920s (University of Toronto, 1923), although the use of the term within the reports began to steadily increase in the 1940s and 1950s. In the 1955/56 report (University of Toronto, 1956), the MD program was referred to as “the professional course” (p. 3) in juxtaposition to the premedical "program of study" (presumably, the premed program was not to be considered “professional”). This discursive shift, towards a more frequent use of the term professional, can partly be attributed to the conditions that Kerr highlights in The Uses of the University: increasing complexity, competition, and the new knowledge economy.

The idea and expectations of the profession itself were employed within the Faculty of Medicine to quell student unrest in the 1960s. In this quotation below, Dean
A.L. Chute activates these to call upon the students’ affiliation with a professional faculty:

At a time when there is widespread unrest among university students it is imperative that we examine the causes of and seek remedies for the justifiable dissatisfactions. The President has spoken on this subject on numerous occasions.

In the professional faculties, especially Medicine, the goal is possibly more clearly defined than in the humanities. The student in a professional course may complain that some of his instruction appears irrelevant. In this respect he is at variance with students in the Arts’ faculties who complain that the University is only concerned with turning out stereotyped members for society’s establishment, while offering little freedom to the individual to explore avenues of personal interest.

It is a hard fact of science that meandering leisurely through the meadows of knowledge, sniffing at the daisies of intellectual curiosity while ignoring the thistles of demands for all forms of service, cannot produce the disciplined individual essential to the practice of medicine. (University of Toronto, 1968, p. 5)

In this example, the Dean draws upon the heft attributed to the profession of medicine to quell the unrest and prevent protest. Becoming a member of the profession entails
that instead of a student “meandering leisurely”, they must entangle themselves with the “thistles of demands”. The Dean disciplines these learners into the profession of medicine through showing them that there will be more thistles than daisies ahead.

As universities became more and more complex, the need to identify as being part of a profession increased too — partly because it separated one profession from another, or one profession from fields not designated as professions at all. A 1961 memorandum called The Professions and the University was provided to the Faculty Committee on Policy and Planning (O. Hall, 1961). The memorandum, written by sociologist Professor Oswald Hall stratifies the various educational fields into three groups: the professions, technologies, and administrative specialties. It further stratifies the various “professions” by status. Hall bemoans the term “professional”, writing that it has been used to describe many occupations (not only medicine) but also “less prestigiful forms of work such as athletics, prostitution, and thievery” (O. Hall, 1961, p. 1). He argues that the application of the term “profession” to many university programs should be scrutinized. According to Hall, medicine, like the “classical examples” (p. 1) of law and the priesthood, is a ‘service profession’ as it provides a client much needed service. Hall places the adjacent but not equivalent term “semi-professions” or “pseudo-professions” also within this “service professions” group and includes such work here as teaching, social work, dentistry, and nursing. Technologies form a second group; these, Hall argues, “apply complex knowledge to impersonal objects” (p. 1). Examples here include veterinary sciences, pharmacy, accounting, and engineering. The third group is what Hall calls the “Administrative Specialties” and includes programs that “train the
people who staff the bureaucracies of modern society” (p. 1). These bureaucracies include hospital administration, schools of public administration, and library science. This document, provided to a committee on policy and planning then goes on to state that while medicine should remain as part of the university, the “pseudo-professions” likely should not, the technologies could remain (although dependent on their particular knowledge base), and administrative specialties status in higher education is “debatable” (p. 2). Hall continues next to argue that universities “indulge in a public hoax” (p. 2) by claiming that they can train anyone in the administrative specialties at all because they are ill-equipped to do so.

The document further recognizes that the professions, and what is called "professional", changes over time. He references the example of nursing, a “semi-profession”, becoming almost indistinguishable from the administrative specialties because functionally nurses “spend more and more of their time keeping records and otherwise attending to the needs of the hospital” (p. 2) rather than attending to patient care. He cautions that “doctors may be travelling down the same road” (p. 2). While Hall’s argument employs and perpetuates this discourse of the professional and the ‘higher’ status of the physician over the “pseudo-professions”, he problematizes it as well.
7.3  The health professions and professionalism or "professional" behaviour

In addition to language referring to the “profession” of medicine, there is another surface by which the health professions are regulated by the discourse of professional, and that is through “professionalism” (see also section 2.4.2). This concept can be traced in present day interviews with faculty.

7.3.1 How faculty members operationalize the concept of being a professional and behaving with professionalism.

Of the nine interviews I conducted with faculty members, 8 faculty members (including members of all three departments) identified themselves as “professionals.” The interviews show that their affinity to the term “professional” comes from two sources: their membership within a regulated health profession and through professional behaviours.

In these examples, faculty are professionals because they are a member of a regulated health profession. One faculty member states: “as a physiotherapist, you are a professional. ... I think everyone in the department would consider themselves a professional” (Faculty 6). Another comments: “being a professional has to do with being accredited and all that kind of stuff” (Faculty 8). In fact, seven faculty members in my nine interviews recognized this association with their professional bodies.

The faculty members who were quick to identify as professionals in their clinical roles through their association with their professional colleges were not nearly as willing to identify as professionals in their academic administrator roles because they felt they
lacked expertise in this area. Three of the nine interviewed faculty members were reluctant to call themselves professionals if in reference to their roles within their respective departments. One faculty member, while speaking about their academic administrator role within their department states: “‘Being a professional has to do with being accredited and all that kind of stuff. So, nobody accredited me, nobody trained me, you know, like, nope’ (Faculty 8). Another comments:

I mean there’s some areas that I’m still learning. You know, there’s some areas that I’m not so sure about. Like even after three or four years, there are certain discussions with the [...] committee that, you know, I have to understand what they’re talking about because it’s something – it’s such a big program and I think is to be a professional or to be actually completely an expert in this area. It will take me a little ... a few more years to be able to, or I don’t know if I can. (Faculty 2)

Although they identify that they do not hold professional status in their role as an academic administrator, this individual then enacts a different discourse – they speak of professional behaviours as well. They qualify that although they do not identify as a

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16 These is no suggestion that the other four interviewees who did consider themselves to be “professionals” may have considered themselves to be professionals within their administrator roles. The distinction between professionalism associated with one’s clinical role vs. with one’s academic administrator role was raised only by three interviewees. The distinction just did not come up in the other four interviews.
professional in their administrative role in their department, "I deal with it professionally" ( Faculty 2).

Here a faculty member recognizes both activations of the discourse:

And so, to me in terms of like how I carry out my work being professional, it has to do with the respectfulness of my written and verbal communication. My ability to meet timelines and deadlines in my work that are expected of me and to give notice if I can't. It's that respectfulness, but also that it requires communication, effective communication to others, with others. And also, to follow through on my responsibilities so that if I'm part of a research team and I've said I'm going to make a certain contribution to review a grant or review a paper, then the professional thing is to deliver on that and that if I don't, then I'm not, then it doesn't look very professional. So, there's two things, like I am a healthcare professional, which is more a role, like a position, or a qualification, but then there's professionalism, which I feel is definitely a core aspect of who I am, but also my role. ( Faculty 3)

This faculty member is clearly distinguishing the different activations of the idea of "professional", one as professional behaviours, and the other due to their qualifications.

As you will read in Chapter 8, these different activations of what it means to be "professional" has implications in how staff and faculty power relations are regulated and the constraints and affordances that allow faculty or staff to do, be, or say some
things but not others. Now though, I will turn the attention back towards staff. Are we professional too?

7.4 The discourse of staff as professional

Like their faculty counterparts described in the examples above, the staff whom I interviewed also largely identified themselves as professionals - all but one of the twelve interviewed staff members agreed. Furthermore, all but one of the faculty members I interviewed also described staff members as professionals. However, as noted in Section 2.4.1 staff do not generally come from a regulated profession. Why are staff members describing themselves as professionals when most do not claim to have a specific credential, set of codes, or regulatory body? When it comes to staff as "professional", staff and faculty both activate a discursive lens that embodies the professional behaviours detailed in Noordegraaf’s concept of hybridized professionalism (2007) such as using one’s judgement, sense-making, thoughtfulness, working relationally, and embracing concepts of integrity, expertise, and service. In so doing, staff gain legitimacy and “become” professional (Noordegraaf, 2007).

Staff and faculty are comfortable with evoking the staff as professional discourse in terms of a staff member’s behaviour within the university, but it regulates power much differently than what a “profession” does. During one interview, a faculty member comments that the discourse of staff as professional differs from being a member of a regulated profession, stating: “I don't think they [staff] have the same privileges of being seen as a professional in the traditional societal way” (Faculty 5). A staff member also
sees this clear distinction when asked about the term "professional": “I mean that word can sometimes be more specifically applied to quote unquote the professions in terms of lawyers, doctors, engineers. Obviously, I'm not in that category” (Staff 7). Unlike a discourse that refers to physicians or physical therapists as “professional,” the regime of truth around staff as professional has more limits and boundaries.

Although staff may not receive similar privileges or prestige as a physician or physical therapist because our roles are not regulated in the same way, this new discourse nevertheless indicates a shift in power. Staff are afforded little to no power within the staff as caregiver discourse, and only certain staff members hold power within the staff as matriarch discourse, however, the staff as professional discourse provides a rise in power to almost all administrators. Staff are no longer caregivers or controlling matriarchs, but professionals. This new discourse signals a discursive shift — what Foucault would refer to as a discontinuity.

The discourse of staff as professional is complex and dynamic and appears more nuanced than the discourses that came before it. The production or distribution of the discourse of staff as professional is often a very deliberate strategy for staff to gain legitimacy in a space that previously afforded them little. They consciously use the discourse of staff as professional to be able to say, do, and become a “professional” and acquire the power and symbolic capital (Bourdieu, 1984) that the term evokes. Whereas in our earlier example, the Dean of Medicine employed the discourse of professional to discipline and control learners in the 1960s, administrative staff today employ the
discourse for other reasons: they discipline not only those around them to think of them as professionals, but they discipline themselves too. In the sections that follow here, I use further interview data to detail how staff distribute and operationalize the discourse of staff as professional.

7.4.1 Staff activate the discourse of staff as professional to separate and elevate themselves from the discourses before

Staff employ the discourse of staff as professional to separate themselves from the staff as caregiver and staff as matriarch discourses, both of which have seen more than a century of entrenchment within the faculty. Take, for example, this staff member who recognizes that the discourse of staff as professional provides them with a separation from the discourses that came before:

I wish that we were referred to as administrative professionals versus support staff. Yes, we do support the roles of the senior leaders. [...] But we also provide administrative direction and ... some people are really good at what they do, and others are not. It is not necessarily easy or just one of those, 'oh yeah, you're a secretary so you answer the phone, and you answer some questions'. It's not like that. [...] So that's why I need to start using the word administrative professional more because that's what I am and it's not just ... there is that old idea ... you know, most people expect it to be a woman sitting at the desk. You know, there are a lot of ideas around what our roles are that are probably very old school sexist ways of looking at the role. And it's not that way at all. (Staff 1)
Another staff member who describes themselves as a professional emphasizes the importance of using this terminology to separate themselves from the language of the discourses that came before. They comment: “I feel like support staff implies, again, this 1950 secretary who will get [the Department Chair] a drink” (Staff 6). Another staff member (who did not immediately describe themselves as a professional) questions if acting as a “professional” is distinct from the ways of acting more commonly associated with the discourse of staff as caregiver: “Do I then act more professional when I'm not warm and friendly? Is being warm and friendly counter to being considered a professional in the workplace?” (Staff 4). Casting away the secretarial drink-fetching warm-and-friendly demeanor of the caregiving discourse is a way to recast staff as “professional.”

One interviewee separates themselves from the caregiving discourse by declaring it demeaning. They reflect on a departmental event they were required to attend during which the Chair expressed their thanks to the staff:

Even the word like administrative staff I find a little bit demeaning. Because I envision my role as being very creative ... and sometimes all being lumped into 'thank you to our staff for helping pull together tonight's evening' while people are talking over him and paying zero attention. Like it’s not something I'd think about when I'd go home, but upon reflection it's just ... yeah. I think sort of being lumped into this staff category, and I even think the word administrative has some demeaning qualities to it, right? Sort of like a secretary vibe. [Right] When
really, ... these are the people who are making the program run and all it takes is for one of them to get sick or go on vacation and people figure out pretty quickly how quickly that sandcastle crumbles. (Staff 6)

The discourse of staff as professional may enable staff to not only declare what they are — a “professional” but also what they are not — neither “support staff” nor “secretary”. This third discourse offers both separation and elevation.

7.4.2 The discourse of staff as professional disciplines individuals over time to conduct themselves in particular ways

When describing the term “professional” both staff and faculty members describe behaviours and attributes such as maturity, experience, accountability, and responsibility. This is similar to how faculty enact the idea of ‘professionalism’— as a set of behaviours. When asked if they see departmental staff as professional, one faculty member comments: “Definitely. yeah. Especially one gal. Yeah. They’re just definitely professional, mature, and listen and responsive. And I know, so the whole gamut of confidentiality and it comes into play as we talk about our students' troubles and things” (Faculty 1). In this case, the faculty member further notes that one staff member is more professional than the others by way of their conduct. The discourse of staff as professional is evoked because the staff member is regulated through the discourse to conduct themselves a certain way.

The discourse of staff as professional regulates which behaviours need to be turned on or off to be considered professional. Engaging within this discourse means
working within a particular framed, unwritten, code of conduct determined by organizational relations. There is a way in which you interact with others that has constraints and boundaries. One staff member provides an example of professional behaviour as being “courteous to staff and even to the janitor and the person who brings in the mail, it doesn't matter. ... and conducting myself in a manner that is conducive to being part of the University of Toronto” (Staff 3). There is, of note, still an expectation of courteousness in this example, a way of communicating to others and carrying oneself within the role. Another staff member agrees that being a professional implies a certain manner of speaking to others: “the way you speak to people basically? Just the way you conduct yourself in a business environment” (Staff 8). There is a way to conduct yourself within the discourse.

This method of conduct can be turned on or off depending on to whom you are speaking; the staff member goes on to comment:

I'm not the most professional person, but I know who I can speak to professionally and speak to non-professionally sort of thing. I'm not going to be swearing at people or anything like that, you know, sometimes you just have to tell people where to go. Right? (Staff 8)

While there is an expectation of courteousness or of conducting yourself in a particular manner with particular people, there are areas in which these constraints can be stretched. One can behave professionally at times and non-professionally at other times, depending on the time, place, and audience. There is no expectation that a staff
member must always conduct themselves as a professional, unlike at times when
members of the regulated health professions are held to a “professional standard”
whether they are in a university lecture room, in a clinical space, or in traffic on a
highway (Lefkowitz et al., Pending).

Staff and faculty are also regulated to embrace the discourse of staff as
professional as staff members’ take on ‘bigger’ roles or spend a longer time in their role.
For example, one faculty member comments: “I think [describing staff as professional]
depends [on] what the grade of the job is and how people feel about it, right? They may
use it as a stepping-stone, or they may use it as a career job” (Faculty 2). One staff
member (Staff 11) who initially describes administrative staff roles as more to do with
the development of “skills” than anything related to being a professional then reflected
on their own career path, describing that those staff who acquire skills to move
methodically from role to role “in the corporate ladder” could be considered as
“professional”. The discourse of staff as professional can therefore enable staff who see
their roles as part of a stable, if upwardly mobile, career path to consider themselves to
be professionals. This surfacing of the discourse is still because of learned behaviours
and developing skills on the job rather than because the staff member earns a credential
(such as an MD) or becomes a member of a regulated health profession. Staff as
professional is still about how one behaves in one’s role: if you act professionally long
enough, in the right roles, you may become a “professional”.
From these examples, it seems apparent that “professional” behaviour fits somewhere between the warmth disciplined by the caregiver discourse and the formality expected of the matriarch. The discourse of *staff as professional* conditions staff into striking a particular balance in their relations with others: being too “warm and friendly” would be considered unprofessional at one end of a scale (i.e., too close to caregiving) whereas swearing at others would similarly be considered unprofessional at the other end. Somewhere in the middle is being courteous “even” to janitors. The discourse of *staff as professional* demands a particular way of conducting oneself, and staff members are regulated to learn this implied, assumptive, and unwritten code of conduct throughout their careers.

### 7.4.3 Staff members acquire expertise to claim the right to become a professional

In addition to the discourse of *staff as professional* as a way one conducts oneself, the production, regulation, distribution, circulation, and operation of this regime of truth relies on expertise, which is an element missing from the two preceding discourses. Most staff I interviewed implied or stated that being a professional meant bringing a particular expertise to the role. One staff member comments:

I have experience in a specific field, ... I have an area of expertise, I think. ... I feel like personally, I'd definitely use that term [of professional]. And you know... anyone who feels like they have a field of expertise that they're comfortable with and they feel like they're good at it and they have skill, they bring that
expertise to the table, I think should be able to use that term and identify with that term. (Staff 7)

Another staff member remarks:

I think that if you turn your skills to a very fine tune, and that you are talented in this one area, you are a professional. And I think at the end of the day, the reasons why we hire certain individuals is because they are experts in that field.” (Staff 12)

To be a professional, one has a particular body of knowledge within one’s administrator role.

Unlike clinicians who are named “professional” through their association with a regulated health profession, with few exceptions staff members create their own “professional” status by remaining within the institution, acquiring maturity and experience along the way, and conducting themselves appropriately. Another mechanism for staff members to identify as a professional more easily is in having a credential – a marker of expertise. Interviewed staff members who work in communications were quick to explain that their specialized credential in the field of communications makes them a “communications professional”. Most other staff members did not have this certainty, and instead, developed their status as a professional over a long period of time.
Whereas staff use their developing administrative expertise as potential markers of their own professional status, as noted above, faculty who work in administrative roles (e.g., as curriculum leaders) seem to resist this description when it comes to their own administrative roles - either because they feel they have not yet developed the expertise or because there is no accreditation process for their administrative appointment. Faculty can be a professional because they have a credential and are a member of a health profession, but then resist professional status in speaking of administrative responsibilities. This may indicate a possible incongruency - when faculty enact administrative responsibilities they are not “yet” professionals, but they assert that staff already are.

Rather than being a fixed state, being a “professional” is something that circulates within the discourse as something that is acquired through developing expertise and is therefore always under development. One staff member who was new in their role with the university at the time of the interview reflected

I think I'm working towards that [describing themselves as professional]. It's almost like, I don't know, to me, professional seems almost like a finished product, and I don't know, I kind of would say that, you know, like I'm constantly trying to learn and build on my learning. So, for me it's like I'm always working on being more and more of an expert in my field. Right. Or an expert in what I'm trying to do. (Staff 5)
This staff member hedges their professional status by using language such as ‘I don’t know” and “I think”. They do not yet feel like they are professional, and so do not yet operationalize or circulate the discourse of staff as professional as pertaining to themselves. However, they recognize this is something they can eventually develop with experience and education, further strengthening the role of expertise within the activation of the discourse.

7.4.4 Staff activate the discourse of staff as professional by purposefully flattening the hierarchy

Within the discourse of staff as professional, staff differentiate and elevate themselves from the subject positions held within the competing discourses of staff as caregiver and as matriarch through their conduct and expertise. They elevate themselves within the hierarchy of medicine in another way too: they flatten the hierarchy. As opposed to the matriarch who demands a level of formality (e.g., referring to individuals as “Dr.” or “Mrs.”), the staff as professional discourse regulates staff to flatten the hierarchy.

Email communication is one way in which staff members work to reduce hierarchy. One staff member discusses their tactic in how to address faculty over email: “[w]ith faculty I always start off with doctor or professor, ... they almost always email back with their first name or with just initials. As soon as they're not emailing back with a title, I switch to first name” (Staff 4). While they begin with a more formal address of Dr. or Professor, they quickly move to addressing them by their first name only. This is a
deliberate strategy to reduce the hierarchical distance between them and the faculty member. Other staff members begin communications by using first names only:

Generally speaking, if I'm emailing a faculty, I will use their first name unless there's something that someone said or unless I know they have a preference otherwise. And I've never had any complaints about me addressing someone by their first name. We'll see if it ever happens. I do think at least the younger doctors don't want the title. They want the first name like anyone else. And I've never gotten any, I never got any objections, fingers crossed. (Staff 7)

This staff member explained that they use cues from their colleagues to ascertain if they can address a faculty member by their first name only. Staff preferred using first names in their communications with faculty rather than the more formal titles; as one staff member added, “working with them first name basis, everything's great” (Staff 3). The use of just first names creates a more collegial atmosphere with a more flattened hierarchical structure. Reducing this structure then allows staff to be seen on a more equal footing with faculty.

Faculty members also recognize that using first names flattens the hierarchy. One comments that they always ask administrators to call them by their first name:

because I don't want to build a hierarchy. I don't want to be seen as in a different level, that we're a team and we work together. And I do see that. [...] because
sometimes there's certain things that come up and [...] maybe their expertise is
gothing to save the day, not yours. (Faculty 3)

Staff being on a first name basis with faculty appears to bring about a level of comfort in
some working relationships.

The discourse of *staff as professional* primarily puts the onus on the staff member to
determine when it is acceptable to use first names and with whom. While a single
faculty member may reach out and say they are okay with being referred to with their
first name only, the staff member must carefully assess how to do that with all faculty
members, cues or not. This is a form of tacit knowledge shared among staff colleagues
and embedded in the culture of the faculty. This knowledge, used by staff, is a way to
enact the discourse of *staff as professional*.

The discourse is circulated and reinforced through staff members actively
flattening the hierarchy by using first names with faculty who are willing, if not able, to
engage with the idea that staff are colleagues and not caregivers placed there ‘for
them’. Staff have another way to use names though, not only to enact collegiality within
the hierarchy, but to resist that hierarchy. One staff member comments:

I'll say also, if we're talking about language, looking at email culture and email
communication, mostly because I'm a bit of a shit disturber, I would always call
people by their first names and I'm sure that ruffled so many feathers. But my
thing was, you're my colleague, I don't report to you. You're not my boss. You're
not my doctor. Right? Not with the Dean. [...] but even like, the cool people would just say, call me, you know, whoever. I probably wasn't doing that in my first week, right? But towards the end, as I sort of grew more comfortable in my role and the value that I was bringing to the team, it felt like, I mean, you're not citing my credentials when you say my name. So, I'm sure a lot of people didn't like that very much, but it was just this little act of adversity that I do sometimes.

It was the little things that got me through the day. (Staff 6)

This staff member acquired the knowledge of how to use first names acceptably to act professionally but then resisted it by using first names all the time. They flattened the hierarchy with almost everyone, not only with the few “cool people” who had indicated their comfort with the idea. This individual also reflected that the age of the faculty member they were addressing affected how they communicated:

I felt like I was more likely to use Dr. and be a little more formal if it was like a really old doctor versus like a younger person who perhaps I felt a little bit more comfortable being casual with. Because some of those older doctors, like they grew up in a time when they were considered gods and I don't think that. You're a normal person doing amazing things, you know? (Staff 6)

Even while actively disrupting the established hierarchy by using first names, there were times when they knew they had no choice but to be more formal.
The discourse of staff as professional not only requires a staff member to learn the unwritten code of conduct that dissuades them from either the extreme of being too warm and friendly or at its opposite end, swearing at others, but staff must also learn the code that determines if they can use a first name to start an email or not. This professional knowledge relies on expertise and experience. In a book chapter titled “Disrespectin’ Administrative Staff Work: can we talk?, Pearson (2008) writes that “[w]e not only develop a large personal network but also a cognitive framework that becomes an internalized map of interrelated organizational regulations, so that we know how they overlap and which ones have priority over others” (p. 133).

In my own lived experience which I have written about previously (Paton, 2013) the “appropriate” use of titles and style in email communication was conveyed to me by a senior faculty member who instructed me to begin every email with the word “Dear” and end every email with the word “Regards” because “[t]hat way the tone is appropriate.” In this way, the faculty member evoked their status as a senior faculty member to ensure that there was no attempt on my part to flatten the hierarchy. In so doing, they disrupted my own “internalized map of interrelated organizational regulations” (Pearson, 2008, p. 133) as this had not been the stated expectation of any other communication with them or their similarly ranked colleagues prior to this instruction. While a staff member may resist the hierarchy through using first names and a more casual style, the faculty member has the power to enforce the hierarchy by demanding the opposite.
Whereas the discourses that came before gave a very narrow frame of how staff might conduct themselves, the discourse of *staff as professional* broadens this frame and grants staff considerably more power to determine how they may do so. The choice to flatten the hierarchy by using less formal language seems to go a long way in empowering staff. On the other hand, the choice to reinforce the hierarchy by demanding more formal language goes a long way in disempowering them.

### 7.5 Conclusion

Over the last two chapters, I have explored three discourses (see Table 7-1 below). I have discussed not only how these discourses have been constructed over time, but also what they now allow staff and faculty to see, do, or be.

The discourse of *staff as devoted caregiver* emerged within the earliest records of administrative staff involvement within health professions education in the faculty. This discourse came out of a time and place where physicians were ‘supported’ by female health practitioners, such as nurses, midwives, or even mothers at patients’ bedsides. These women were largely perceived as being subordinate to men. As the medical school slowly developed, the male academic leadership looked to women to act as their servants at the university too. Within the discourse of *staff as devoted caregiver*, staff can be praised for their role by being ‘cheerful’, creating the expectation that a good staff member takes on a caregiving role within the institution without complaint, always having a good day no matter what may be going on outside the office. This same discourse also creates the conditions that has staff members going “above
and beyond” their job descriptions, performing duties outside their own roles to ease the burden on faculty. Furthermore, these additional duties have become codified within job descriptions, making it very difficult, if not risky, to say ‘no’ to such requests.

The discourse of *staff as controlling matriarch* emerged around the First World War, at a time when rank and hierarchy were important to society to maintain order and security. This discourse gained power and substance through the existence and actions of a handful of women who remained within the faculty for a considerable time. Within the discourse of *staff as matriarch*, staff can be praised for maintaining a formal tone within a department or office, thus creating the expectation that a good staff member tells others what to do and how to behave. This discourse has shifted somewhat from an overt and perhaps more heavy-handed form of leadership to one that is more invisible, a quiet leadership that leaves only a very faint trace. Still, to this day, you hear reference to the office “moms” – the women who skillfully lead but are never quite seen as doing so.

Finally, coming from a time of rapid expansion within the University system, with increasing competition and corporatization, the discourse of *staff as professional* gained power. Staff employ this discourse to see themselves as professionals and to have others see them the same way. Being a professional is something that is always in a state of development, it is something one gains over time as one accrues experience and expertise. Staff can be praised for their expertise within this discourse, including for developing an understanding of the numerous written and unwritten codes of conduct.
that operate around them (and which they operate themselves). The discourse of *staff as professional* permits a staff member to flatten hierarchy in ways they were never disciplined to do before, e.g., referring to faculty members by their first name; as I offered from my own experience, this discourse also affords faculty members the opportunity to reinforce hierarchy should they wish to do so.

*Across these examples I have set out what the discourses can do, the possibilities of the discourse. In the next chapter, I will set out what these discourses start to prevent – what one cannot do, or say, or be – what now becomes impossible.*
Table 7-1: Overview of the discourses

<table>
<thead>
<tr>
<th>Discursive Statements</th>
<th>Staff as devoted caregiver</th>
<th>Staff as controlling matriarch</th>
<th>Staff as professional</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Actions of the discourse</strong></td>
<td>Cheerful, kind, courteous, helpful, friendly, loyal, approachable, adaptability, support-staff</td>
<td>Gatekeeper, bureaucracy, tone, dragooned, keeping ‘ship’ afloat, “office mom”</td>
<td>Expertise, professional, leading, leader</td>
</tr>
<tr>
<td><strong>Where visible</strong></td>
<td>Sending “friendly reminders” to faculty, simplifying communications, filling out (faculty) forms, recording meetings</td>
<td>Hiring for ‘character’, setting the tone, adding in name on a list of invitees, doing the glue-work of administration</td>
<td>The glue-work of administration, beginning emails with first names</td>
</tr>
<tr>
<td><strong>Who wants power</strong></td>
<td>Faculty members, patriarchy</td>
<td>Senior staff administrators, faculty, hierarchy</td>
<td>Faculty, students/clients/consumers, staff</td>
</tr>
<tr>
<td><strong>Who gains power</strong></td>
<td>Faculty, matriarchs</td>
<td>Staff matriarchs, senior staff administrators, although limited</td>
<td>Staff, particularly staff with specific expertise</td>
</tr>
<tr>
<td><strong>How does one gain power and legitimacy</strong></td>
<td>Limited: consciously using glue work (such as serving as institutional memory)</td>
<td>Limited: quietly, assumes power of faculty lead, asserts hierarchy, develops formality, acts as bridge between other staff and faculty, consciously uses glue work (such as serving as institutional memory)</td>
<td>Asserts expertise, flattens the hierarchy, acquires credentials, consciously uses glue work (using connections with others on a professional level)</td>
</tr>
<tr>
<td><strong>How to build agency</strong></td>
<td>Resisting discourse, saying ‘no’</td>
<td>Longevity, cultivating preferred “tone”, hiring for “fit”</td>
<td>Visibility, voice, establishing competency, decision-making, authority</td>
</tr>
</tbody>
</table>
Chapter 8: The Impossibilities of Discourse

Over the previous chapters, I have introduced this research, detailed the research question, outlined the literature related to the undervaluing of staff work and the absences of administrative staff in the HPE literature, and discussed the neoliberal turn in higher education. I then described the theoretical approaches of this thesis and detailed feminist and decolonial histories as well as underpinnings in the HPE literature. I outlined how critical theories interweave with my chosen methodological tool kit – Foucauldian discourse analysis – and detailed the steps I took to conduct this research. I then described three discourses of staff: *staff as devoted caregiver, staff as controlling matriarch* and *staff as professional*. I detailed the contexts in which these discourses were produced, regulated, distributed, circulated, and operationalized to each produce a regime of truth. Thus far I have largely concentrated on what the possibilities are of these discourses, but I move now to the impossibilities.

What I mean by "impossibilities" are the things that *cannot* be said, what *cannot* be heard, and what *cannot* be seen because of discourse. It is not a statement ‘of being’ per se. What is impossible in one discourse may be possible in another. But rather, impossibilities have been constructed through discourse and over time to become part of the regime of truth. Discourse is not only what *is* said, but what has *already* been said, or even what has *never* been said (Foucault, 2003b). Foucault writes “all that discourse happens to put into words is already found articulated in that half silence
which precedes it, which continues to run obstinately underneath it, but which it uncovers and renders quiet” (Foucault, 2003b, p. 399). Discourse, in this form can be “a voice as silent as a breath” (Foucault, 2003b, p. 399).

The discourses I have outlined may appear to be single facing: that staff have been regulated through discourse to act as caregivers, matriarchs, or professionals. There is, however, another face: a fragment of discourse that shows what cannot now be because we have been regulated to act in certain ways. There are voices we cannot have. There are tasks we cannot do. There are people we cannot call by their first names. Discourse analysis “is an approach that ... shines light on who (which individuals and which institutions) are authorized to speak, and on what basis” (Hodges, 2017, p. 235). Foucault writes that “[t]he search for descent is not the erecting of foundations: on the contrary, it disturbs what was previously considered immobile; it fragments what was thought unified; it shows the heterogeneity of what was imagined consistent with itself” (Foucault, 1984a, p. 82). Impossibilities are a face of a discourse, but it is the face that one can only begin to see once it has been disturbed – it is the hidden, unsaid, and often unseen side. It is what is exposed once you realize all those things you have taken for granted for so long are elements of discursive constructions rooted in changeable power relations.

Over the last few years, all the regular committee meetings that I attend for my work as a staff member have been held virtually due to COVID. You click a link, open Zoom, and your colleagues appear on the screen. The meeting ends and people
disappear once more. As the novelty of using Zoom began to wear off a few months into the pandemic, I noticed something about one committee that I found disturbing. That committee consisted of one faculty member, one individual from the Professional and Managerial group, one casual employee, and a handful of unionized staff. Our faces and names were on screen. We often muted our microphones out of courtesy, but we were voiced and visibly present. However, the individual tasked to take minutes at the meeting was not. If the committee meeting had been held in person, they would have been present in the room. They would have taken up physical space. However, because it was on Zoom, this individual chose not to be present. Their face did not appear on screen, and they were usually muted. They were a blank spot on the screen with only a name. I found this disturbing. There was never a discussion about the ‘invisible’ presence of this individual. I don’t think anyone specifically requested that it be so. But this staff member was regulated, through a discourse, to not be present and to not speak. We were likewise regulated to just accept this as true, and right, and palatable. I started to pay attention to when that staff member was visibly present. They sometimes appeared on screen right at the very beginning of the meeting to ensure people had logged on and had no difficulties with the technology, but they would disappear as soon as the ‘business’ started. They would unmute their microphone to clarify a point on occasion but would rarely come into view at these times and would mute themselves quickly thereafter. They would take minutes but rarely be present in a voiced, embodied way.
Using Foucault’s terminology, this situation may be something that feels “immobile” to my colleague, so conditioned within a discourse that it feels natural not just to be quiet in a room, but to actually make yourself invisible. In pointing this out here, and in the text to come, I bring further examples from the discourses and disturb, again, “what was previously considered immobile” (Foucault, 1984a, p. 82). I question who is authorized to speak and when. I want to understand what the discourses have regulated us to think is now impossible. I want my colleague to turn their camera on, and I want to know why I also feel unable to outright request this.

8.1 Impossibilities in the discourse of staff as devoted caregiver

In the previous chapter I detailed that the discourse of staff as devoted caregiver has produced an expectation that it is possible for staff to be acknowledged for being cheerful or smiling behind their desks. I trace this expectation from how individuals were praised for this upon their retirement, as documented in archival records, into the present day, where this discourse is circulated through job descriptions that require a staff member to have the "skill" of approachability.

However, what do these possibilities now negate? When a staff member is recognized upon retirement only for their calming presence in an office, then the documents they worked on, the strategic meetings they organized, the physical act of note-taking, or the crucial anticipatory phone calls they make in the business of HPE all fade from view. When individuals are praised for their caregiving functions like having a kind presence, or hired for their approachability, they are not then identified as skillful,
strategic contributors to HPE with their own unique expertise and experience. Their actual work just disappears, and they have little power to drive change.

8.1.1 **Staff as caregiver makes voice and visibility difficult, if not impossible**

Over the course of my thesis research I spent a lot of time in the University of Toronto archives looking at committee meeting minutes. These were committees, like the one I sit on myself that I describe above, where staff would have been physically present to take notes or answer questions, contributing their own expertise. Through countless sets of minutes in the archival records, staff are not mentioned at all. While the minutes exist, and while they have been typed up, stapled, filed, and archived (all actions taken by staff or by librarians and archivists), there is only very sporadic and inconsistent mention of who took the minutes at all.

In October 1967 for instance, the Department of Psychiatry Postgraduate Education Committee Minutes lists the name of a recording secretary but nobody was listed for their meeting the month prior (Department of Psychiatry, 1967). A “Recording Secretary” appears again in 1968 in one committee’s set of minutes, but not in another committee’s minutes during the same period. In an Education Program Retreat for the Department of Psychiatry held in March 1969, there’s no mention of staff at all while in the same year, a member of staff is listed at the bottom of a list of people present for an Education Committee meeting albeit with no reference to their title (Department of Psychiatry, 1967). After this brief presence in 1969, there’s no record of a staff member present at a committee meeting in the Department of Psychiatry until 1974. The staff
members are therefore sporadically visible and invisible. They appear once or twice, and then stop; they appear in one place but not in another. When a staff member takes minutes but doesn’t appear anywhere in them, they cannot be seen. When they attend a meeting and are regulated not to speak, they cannot be heard.

This construction of staff is not only in historical records but exists in the present day. During one interview a faculty member goes on at length about a departmental committee and details a long list of meeting attendees including two student representatives, four resident representatives, and multiple site-leads from affiliated hospitals. They do not mention any member of the administrative staff. When I directly ask if an administrative assistant attends the meeting, the faculty member answers, “She does ... she takes minutes” (Faculty 2). The staff member was not mentioned earlier in the conversation. The faculty member had constructed the role of the staff member as a mere recorder, a tool to record and play back and not to be an active participant in the meeting at all.

In discussing their experience as a (listed) member of a senior advisory committee, one staff member details they were routinely skipped over by the Chair in providing reports. They comment:

while I was technically supposed to be a member of the committee, it was sort of like a be-seen-but-not-heard type of a thing unless I was specifically on the agenda. When topics were being discussed, myself and other staff members
would be passed over, not asked what our opinion was or what our feedback was. (Staff 6)

They tell of a scenario when the chair would go around the table and by way of a hand gesture would make it clear that the staff members were not being asked to report on their activities. There were no explicit statements to this effect, but rather an implied expectation. The staff member goes on to state that it was just as “subtle” an expectation that they weren’t to interrupt. Again, no words were spoken but it was implied. They were only asked to comment when they had to “answer questions” (Staff 6). The staff member notes that their experience as a member of the committee “wasn’t a great feeling” (Staff 6).

There are repeated mentions by multiple staff members of not feeling “comfortable” speaking during committee meetings. One staff member who takes minutes for a committee states:

I don’t speak often in the committee meetings. There are times when people will turn to me to ask for clarification on a UofT policy or a departmental policy or the history of previous decisions. [...] in those cases, I would say yes, I feel heard. I don’t feel comfortable disagreeing. [...] I suppose the one committee even where the chair has indicated that he considers me a member, I just don’t feel, I just don’t feel comfortable. (Staff 1)
They detail that they have seen managers speaking up and “not being heard or respected” and that it has led to some doubt as to whether they should speak themselves. “I don't want to speak up and then feel like a fool” they comment (Staff 1). Another staff member (Staff 2) says “I don't really say much” in meetings and then says immediately twice afterwards that they are “fine” with this. The Chair will ask them about a date or an event and only in those instances does the staff member speak but otherwise they are “pretty quiet” and “unless I’m asked to add something then I won't say anything.” Committee meetings, therefore, become a space where a staff member is reminded that their expertise is not valued, or that they are wasting time if they choose to say something without being spoken to first. Staff act as recording machines in these spaces, passively taking minutes and only responding to direct questions.

One staff member who had talked about how uncomfortable they were speaking during a committee meeting also spoke about how they felt it was not their “place” (Staff 2) to offer advice to a new staff member coming into the department. Even in this staff-to-staff member interaction, it seems to be an impossibility for this staff member to sense they have anything to offer at all. Will this staff member stay silent if they notice an error if they have constructed their “place” to remain only within the narrow bonds of the caregiving function? Will they also retire after years of service to the faculty being only noted for their cheery smiles? Were they even cheery to begin with? This sense that a staff member has no right to offer advice to another staff member may contribute to difficult working environments, where cohesion is a challenge, or where one feels disconnected from the workplace (for examples of these, see Chapter 9).
The staff as caregiver discourse constructs this expectation that staff will be courteous, kind, and civil. There will be no ruffling of feathers. There is only maintaining the status quo. Notably, these are also markers of femininity (Ahmed, 2017; Calhoun, 2015) and whiteness (Foste, 2019; Moon, 1999). Being a “good (white) girl”, as Moon writes, is tied to notions of purity, industriousness, hyper-politeness, and social refinement and bears a striking resemblance to the discursive construction of staff as devoted caregiver. These attributes further “shore up the operations of white supremacy through the privileging of form over content” (Moon, 1999, p. 192). For BIPOC staff members, one’s voice or place is even harder to find within an educational system created and perpetuated through such markers of whiteness. In a system that expects caregivers to exemplify the values and privileges of “good (white) girls” where does it leave those who do not, cannot, or who refuse to identify as such?

The staff as devoted caregiver discourse makes it difficult to have a valued presence at a committee meeting beyond a recording function. It is impossible to state an opinion or to question a decision, it is impossible to make a decision or control the state of action and it is impossible to maneuver outside of the socially constructed notions of the bourgeois decorum (hooks, 2006) of whiteness. Staff have little power within this discourse. They rarely speak. A staff member’s role within this discourse is to do what the faculty member or manager asks them to do and only that - to record and play back past decisions. The staff as devoted caregiver discourse thus affords staff with no agency.
8.1.2 *Staff as caregiver makes it impossible to record staff contributions or praise staff for their administrative expertise*

As I sifted through boxes and boxes of records, opened files, read minutes, or read through and coded digitized annual reports, I noticed that staff are rarely visible in such documents. As I read years of the *Reports from the Dean* and accounts of university or department histories, I largely read about the celebrations of the achievements of students and faculty members. I read about innovations, research breakthroughs, awards, and publications, about new appointments, promotions, retirements, and deaths. In some cases I could start to trace the people in these reports throughout their entire careers. And while this also cannot be a full picture of an individual, there is a substantiveness there. I knew that a particular faculty member published a particular paper or was invited to speak at a conference. I knew that the Chair decided to hire a new faculty member, or that the Dean advocated for a new building. I knew that a student won an award or that a student committee held an afternoon tea. The pages that go into these compositions are full of faculty and student accomplishments. But they are quiet when it comes to staff.

In one yellowed and boxed file containing archival documents from the office of a chair, staff contributions are only visible through their material effects. While there are no traces of administrative staff in the written and typed documents – no words that indicate staff presence – there is a file containing cut-out yellowed newspaper articles from the 1940s. Each newspaper article has its related correspondence attached with a small metal paperclip. While the articles and paperclips are material and visible, it is
impossible to see who did the work that led to the documents being placed in the archive. Although we know that someone cut out those articles, took the correspondence, and placed each bundle together with the paperclips, it is now impossible to tell who did that. It may have been the Department Chair himself, but most likely it was a secretary. This work is invisible though. Staff appear only as faint ghosts in the records. I saw only hints of them.

What does this mean for those of us who work in health professions education? It means that staff contributions are not important enough to record and makes it impossible to consider recording or circulating them. It means that staff appointments are not worthy enough to share externally in a report and makes it impossible to consider sharing them. It means that the embodied physical presence of staff appears little in the written record and makes it impossible to even imagine staff presence as crucial to the operations of the faculty. When presence is erased so often, it becomes impossible to imagine it was ever important to begin with. And where do these impossibilities of the discourse of *staff as devoted caregiver* leave staff? It makes it impossible to feel valued by those who present the work of the Faculty of Medicine. It makes your everyday work invisible. It makes you feel like you don’t matter.

One staff member who relates numerous examples of their engagement with the *staff as devoted caregiver* discourse tells a story of attending an annual department event; they noted that their manager “was consistently not thanking me” (Staff 9). Their work was being erased, forgotten, and not considered worthy enough for praise. The
staff member processes their work going unacknowledged by their supervisor by stating: “you know, it's a job at the end of the day.” They separate their personal need to be acknowledged and appreciated from their paid employment, thus protecting themselves in their role. Next, they related that at this departmental event “one of the (learners) says, stood up and said, 'And yes, thanks to [first name], it's awful that we've forgotten [him/her] because [he/she] is the backbone of this [program].” The staff member then relates the reaction of their manager as their “face was like thunder”. It is a difficult situation to be in when you contribute your work and it is unacknowledged, and an especially difficult one when a manager seems to want to resist a learner’s attempt to acknowledge a staff member's work.

There are other examples of this lack of recognition and appreciation from staff interviews. One individual (Staff 1) states “I mean there is a lack of recognition often for what we do. ... Not even a simple thank you in a meeting”. They go on to say:

I'm a relatively easy-going person. I do like anyone, I think like any human being, I enjoy being thanked. I like being recognized. I don't need anything major, I just need someone to say thank you. thank you for that. I appreciate what you just did, but it's, it's rare. It's rare.

Another staff member notes that being recognized is dependent on the 'giver' of the appreciation:
And there's definitely some people who are, who seem to have less awareness of that and are less likely to express appreciation, more likely to just kind of see the work that you do as a given, you know? So, there's a bit of that and you'll get people who behave in both those ways. The positives and negatives in like any setting I think. But definitely when you've got those divisions, you've got people who are working in medicine who are faculty. There's an extra degree of separation there that makes it easier, I think, to slip in to taking for granted the work that people in a staff roles do. (Staff 7)

Being a kind face in a room is not enough for staff, however the discourse of staff as devoted caregiver seems to imply that that alone should be ‘enough’: that a student recognizing your kindness or a chair giving you an annual shout out at an event should be enough. Let me be clear, it is not enough. Staff need to be acknowledged for their work, personally, and in recognition that we are more than disembodied administrators.

Foucault asks us to consider what is impossible to think, say, or do. The discourse of staff as devoted caregiver is operationalized in such a way to make it impossible for staff to be truly recognized for their contributions. The actual embodied individual behind the administrative work is lost. Unlike faculty and students, there are no composite photographs of administrative staff members from a long time ago hanging in a hallway. There are no reports with their names as authors. Our role was to serve, not to wield power to ensure we have a presence. While there are archived documents that staff members surely must have recorded and typed, their names are not present.
The *staff as devoted caregiver* discourse circulates through this continued invisibility and through every meeting where staff are ignored or left out of the written record. The work of the Faculty of Medicine becomes authored by its faculty members, its Deans and Chairs, and its students, but not its staff.

**8.1.3 Even when made visible, it is impossible for staff to be recognized for their administrative contributions**

Where staff contributions and expertise are minimized to only being present as pleasant greeters or recorders of committee meetings, it becomes impossible for staff to be seen as providing real value to the faculty. Again, when your work is so invisible, it may seem worthless. However, there are times where staff are present in the record; they become visible through the *staff as devoted caregiver* discourse when the “value” of staff becomes a monetary asset to or of the Faculty of Medicine.

In the archival records, staff are made visible as people who need physical space in an office (to function as caregivers) or who need salaries provided to them (in order to pay them to function as caregivers). During a time of budget cuts in the late 1980s, a memo from the then Dean appeals to both faculty “and staff” to support a fundraising campaign. It is one of the very few direct mentions of staff at that time (Dean of Medicine, 1989). Staff here are included because they are presented as an asset from which to raise funds. Two years later, in correspondence from the same Dean about budget cuts affecting staff members’ jobs, embodied staff are made invisible entirely. Instead, there is no longer a mention of “and staff” but instead staff have become “functions” within a “service sector” in need of “efficiencies”. The memo reads “[w]e
will be reducing the service sector by 81 positions. Service areas which have been eliminated are Internal Accounting, the Machine and Electrical Shops, the Photo Copy Centre, Copy Cat Duplicating, Specialized Mail and Temporary Personnel. These functions will either be provided centrally by the University or by outside suppliers” (Dean of Medicine, 1991). Eighty-one staff members lost their jobs and there is no language in this announcement that affords them an embodied whole. Their caregiving/service sector functions are simply no longer required.

8.1.4 Summary

The *staff as devoted caregiver* discourse affords us a way to see the possibilities and impossibilities of the staff role. While it is clearly possible to make staff functions visible in places and sporadically (as a listing of a recording secretary on a set of minutes, or on a memo about mass job reductions) it seems impossible at the same time to value staff experiences and expertise or to see the staff members within this discourse as whole people. Their experiences and expertise are made invisible; their actual work is not recognized within the documents they assemble. Staff therefore are uncomfortable speaking at committee meetings or offering advice, are passed over by a wave of a hand or simply forgotten in a recited list of committee members. How much advice and expertise may we be missing? How many decisions are made with incomplete information? How many staff members are left to turn off their webcams or to walk out of meetings feeling as if their work doesn’t matter at all?
8.2  Impossibilities in the discourse of staff as controlling matriarch

In Chapter 6 I described the discourse of staff as controlling matriarch, pointing out that this discourse emerged from a highly hierarchical structure embedded within HPE. I noted that this discourse is at times difficult to trace in the archival record, and that it acts as a bridge between the discourse of staff as devoted caregiver, where staff are afforded little to no power at all, to the discourse of staff as professional, where staff begin to take power back. The discourse of staff as controlling matriarch demonstrates that these staff members, regulated through this discourse, control the tone and character of their departments, protect the faculty, and negotiate to either coercively or quietly assume responsibilities and power.

This discourse thus has different impossibilities than the staff as devoted caregiver discourse. While it is impossible for the staff member as caregiver to have their work valued or be represented as a whole person, the staff member as matriarch does have their work valued. However, that work cannot be made visible except as a reflection of the faculty.

8.2.1 Staff as matriarch makes it impossible for staff to be seen outside of their reflection on faculty.

The book A Century of Learning, A Century of Caring (Wasyljenki et al., 2008) consists of 63 pages detailing the history of the Department of Psychiatry at the University of Toronto. The book captures milestones in the department’s history. On page 13 there is a heading titled “Canada’s First Women Postgraduates in Psychiatry” and this section details the achievements of Dr. Ruth MacLachlan Franks and Dr. Mary
Jackson. On the next page, the authors list eight other “pioneering women residents” (p. 14) alongside the locations where they practiced medicine. Below this list there is another photograph. It is of four women and two men sitting at a cluttered boardroom table. The caption explains that this is a meeting of the Toronto History of Psychiatry Group held in 1976 and highlights the presence (again) of Dr. Mary Jackson. Beside this group photo there is one other photograph. It is a portrait of a woman. She is older, smiling, and wearing the most fantastic lapel peeking out of her zipped-up sweater. Underneath this photo is the following caption: “Ms. J. Doris Leggett (d.1998) served as an administrative staff member and the Departmental Secretary for the University of Toronto’s Department of Psychiatry from 1931 to 1978. Ms. Leggett was also present at the History of Psychiatry 1976 meeting (left, third-right)” (p. 14). This is the only reference in the book of Ms. Leggett’s role in the department or the fact that she held a senior position of the administrative staff for 47 years. She is visible here. She is present. However, there is no chapter in the book about other staff contributions, and no obvious photographs of other staff members, even on a photographic montage of 138 images “created in honour of the department’s centenary” (Wasylenki et al., 2008, p. ii). Based on her representation in this work, Ms. Leggett’s only apparent contribution worth noting in the history of the department is that she attended a meeting in 1976 alongside five other people.

The staff as controlling matriarch discourse produces a “norm” that staff power is only a reflection of the faculty’s and is only made visible through their connection with faculty. The power and value of the staff member themselves remains hidden.
Power can only be seen in a mirror. Despite 47 years of employment, Doris Leggett’s caption highlights only her attendance at a single meeting sitting alongside faculty. Her other contributions to the department are rendered invisible, just as in the caregiver discourse.

The value and power of staff members in the present can be seen in how they discuss their experiences in committee meetings. Their power is also only a reflected one. In one interview a staff member noted that they had a voice and were comfortable using it but only after a meeting in private conversation. They comment: “I find that I can just [...] talk to my program director directly. So, I wouldn’t interject at the meeting itself [...] but after the fact” (Staff 5). Another staff member who had earlier remarked they felt uncomfortable speaking during the meetings says: “there have been many times after a controversial meeting or intense decision-making meeting where I’ve been asked by the chair or another member of the committee what my thoughts were” (Staff 1). The staff members’ expertise here is only made visible by the presence of a faculty member (and only shown after the meeting takes place). Staff members here can assume responsibility, speak their opinion, and control some aspects of their work, so they are valued here, but their power is only seen as a reflection of the faculty members’.

8.2.2 Staff as matriarch make it impossible for staff contributions to be attributed to themselves

Staff member contributions are used to construct the work of the faculty but then are often erased from the record. Staff contributions are reflected as if they are
those of the faculty. Staff are not listed as named authors in The Reports from the Dean which were (and still are) produced annually. The various sections within the reports are listed under the authorship of the dean, or the MD class president, or the individual department chairs. Staff are neither named as authors, nor acknowledged in these archived documents. There is no visible evidence that they participated in the process of assembling the annual reports at all.

In the present day, staff are very involved in the process of writing annual reports but are likewise often erased from the final document. One staff member (Staff 7) recounts their experience in writing an annual report for their department:

I wrote most of it. So, it starts with a statement from the chair and I drafted that and then worked with the chair to rewrite it. Then for the reports from the directors, which they wrote, and I edited and then everything else in there I pretty much wrote with input from the chair.

This report, authored ostensibly by the department chair, was mostly drafted by this staff member. They go on:

Now I'm thinking about it. I don't think my name is actually on it. Each section that's a report that's written by a director has their name, like submitted by so-and-so and their full title. I don't think my name is actually on it anywhere now that I think about it.”
Their work and expertise are certainly visible in the report but only as a reflection. Their writing is credited to faculty members.

It is an impossibility for a staff member to be an author in the annual report genre. This is so ingrained in the academy. Indeed, there are a century of annual reports produced that do not acknowledge staff contributions to the writing, when presumably staff would have written, drafted, or compiled many elements of such reports. When this staff member was asked what they think of the situation they say:

I'm not terribly surprised by it. Like I think one of the reasons I only registered now as we're talking about it is to a certain extent in certain environments as a [job title], you don't expect to see your name on stuff. [...] There's plenty of times when I've written something, either my name's not on it or it goes through a few drafts for the higher up and then their name ends up on it. That comes with the territory. (Staff 7)

When engaged as a staff member within the discourse of *staff as matriarch*, the territory is such that the faculty member gets the credit for staff contributions.

In an expanded example from the previous chapter, one staff member further talks about their role in developing an “invisible signature” for their department:

I would say that every form of communication that has left the department in the last three and a half years, I know where my contribution is. And I also think faculty has recognized the person who wrote it. Yeah, I think that the way that I
communicated over the years, there is almost a precedent as well, in terms of how things are supposed to be presented. And so, it's almost like the way that I have created the communication acts as the template for how all communication has been released in the department. So, it's almost an invisible signature that has occurred throughout the past few years. (Staff 12)

The discourse of staff as matriarch expects staff members to produce the work and accept that they don’t receive visible credit for it.

As I detailed earlier in the chapter on methodology, I am embedded within this discourse as well. Having worked in numerous positions closely with faculty, I was often asked to synthesize discussions and write the first drafts of documents such as policies or reports. But in the beginning, my name was rarely on the documents (a holdover from the staff as caregiving discourse I’m sure). After some time in this role and having experienced my name being erased on documents as they went further up the hierarchy for approval, I once converted the file first to a less editable PDF to try to resist the attempt to ‘erase’ my presence on my work. I no longer wanted my work to be seen only as a reflection of the faculty members for whom I worked. It seemed impossible at the time that I could be seen as a co-author or a co-contributor. My work instead appeared as a reflection of the faculty members’ contributions.

In an example from my current role, annual reports from the former position of Vice-Dean PostMD Education recognize “The PostMD Organization” with a list of names and titles organized under the headings Executive, Faculty, and Management (PostMD
Education, 2017b, 2020). However, the many names of staff who contribute to and are employed by the PostMD organization are not mentioned at all. A recognition statement at the bottom of the report was only added after I called out this erasure to senior leaders. However, we still are not listed as part of the “organization”. It is only those highest in the hierarchy who are considered part of the organization. My ability and willingness to no longer be silent about this erasure is an indication of my increasing comfort with speaking out, in part due to my increasing status as a third-space professional. However, for many staff (as has also happened to me in my career), this may well leave them feeling disconnected from the organization in which they work and utterly devalued.

8.2.3 Summary

Within the staff as matriarch discourse, while it is possible for work to be made visible, it is impossible for the staff member to be seen as an equal. They can quietly assume responsibility but cannot be recognized for it. The staff member can make a decision or offer advice but must do so after a meeting in a quiet space. If a Dean’s Report isn’t actually written by a Dean then does it hold less weight? Is it only the name on the front page that gives it worth? Doris Leggett’s 47 years of administrative work is made visible in a caption in a history book but is summarized by a single statement about a meeting she attended alongside faculty. A staff member is asked for their opinion on a matter but only after the (recorded) formal meeting is over. Having someone else’s name on a document you wrote and edited seems to come with ‘the territory’. A templated form of communication appears as if it came from the ether.
Instead, what benefits could there have been to the faculty, committee timelines, work output, or outcomes, or to individual feelings of self-worth, by instead making Doris Leggett’s decisions more explicit, asking someone’s opinion during a meeting instead of after it, actually co-authoring a report with a staff member, or counting them as part of the organization. The impossibilities of this discourse perpetuate the hierarchical structure of HPE.

In one tangible example about measuring worth, in the Department of Psychiatry there are over 50 awards available for faculty and students. There are none explicitly for staff (Department of Psychiatry, 2021). In the Faculty of Medicine, there are over 50 internal awards for faculty, but until 2013 there was only one designed to recognize staff impact (Faculty of Medicine, 2021). There are now seven awards to recognize staff contributions. While before the pandemic staff members received recognition of their award at a staff event and were given a gift and a plaque, faculty have historically received recognition by a framed certificate and a monetary prize at an annual event to which families are invited. In May 2022, during the COVID-19 pandemic, the faculty award ceremony was conducted as a hybrid event. The staff award ceremony was not conducted at all. The hierarchy is ever present.

One could argue that the staff as controlling matriarch discourse constructs the staff member’s job as doing exactly what I have been detailing. Staff are paid to do work on behalf of the faculty members who then put their own names on it. They control the tone of the work, but don’t get recognized for it. Perhaps that is the job. Our work only
made visible as reflections of another’s. But is it enough to dedicate 47 years of your life to a place that doesn’t explicitly recognize your contributions? Is it enough for anyone?

8.3 New possibilities and resulting impossibilities of the discourse of staff as professional

In the previous chapter I outlined the discourse of staff as professional. I outlined the expansion of higher education and the knowledge economy, and the contrasts between being professional and being in a profession. I detailed how the discourse of staff as professional is used by staff to separate themselves from the previous discourses, how it regulates staff conduct, supports the need for expertise, and is engaged by staff to flatten the hierarchy. Compared to the discourse of caregiver or matriarch, there are far more identified possibilities than impossibilities within this discourse for staff. I begin this next section with a discussion of these new possibilities. I realize that this is embedded in a chapter called impossibilities, however without first explaining the impossibilities of other discourses, the possibilities of this discourse are harder to see. I then move on to discuss its impossibilities. This discourse, perhaps more than the other two, “fragments what was thought unified” and “disturbs what was previously considered immobile” (Foucault, 1984a, p. 82). The discourse of staff as professional, in creating more possibilities for staff, creates new impossibilities for faculty.

8.3.1 Staff as professional makes voice and visibility more possible

In the discourse of staff as professional, which began to arise in the 1960s, the staff member has much more power over their own voice and visibility. Being listed as a
meeting attendee is no longer an impossibility, but rather an individual choice that is largely negotiated by the staff member themselves and is dependent on their own self-perceptions of expertise and experience. Rather than being governed by a context and structure that takes for granted that a staff presence will not be named, archived, or made visible, this negotiation happens internally and is something with which every individual has to personally engage.

To provide an example from the archival record, on December 21, 1978, the Chair of the Department of Psychiatry introduced a new committee Secretary (whom I will call Secretary 2 here) taking over from another (whom I will call Secretary 1) who was retiring. While this mention of Secretary 1 was the first mention of this individual in almost a decade, in the advent of this new Secretary there was a distinct shift. The first secretary was female, the second male. Starting at his first meeting in January 18, 1979, Secretary 2 is visible (Department of Psychiatry, 1978) and lists himself as being in attendance. Also notable was that he ends the minutes with his full name and title (listed as "Secretary of the Committee") whereas in minutes prior they concluded with the Chair’s name. He is present again in the same way in the minutes of February 15, 1979. In the minutes of April 19, 1979, however, he no longer refers to himself as the Secretary; instead he adds his name as being present but calls himself the "scribe", keeping his name at the end of the minutes, but removing his title. In the minutes of

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17 Again, names have been removed due to requirements with my research agreement with the University of Toronto archives. Their actual names are present in the original texts.
May 24, 1979, he lists himself as being present but doesn’t list a title at all. In the minutes of June 21, 1979, he moves his name from the last position in the list of attendees to the second position, just behind the Committee Chair and once again adds the title of Secretary. He does the same at the end of the minutes too. While there may be some inconsistencies about how this individual presented himself, he is visible across all these minutes in some way or another, unlike the secretary previous to him who never listed herself at all. Three years later, in a set of minutes dated February 18, 1982, the next department secretary (Secretary 3) lists himself as present at the end of the list of attendees, adding the title Secretary in brackets (Department of Psychiatry, 1982). While not yet posing a real challenge to hierarchy, this example shows a disruption from the expectation of the invisibility of staff presence. This disruption is also a result of gendered ‘norms’ related to presence in academic spaces. At a time when men still outnumbered women in Ontario universities (Napierala & Colyar, 2022), it is no surprise that male administrators would first declare their presence on minutes when visibility and presence was the accepted male ‘norm’.

Like the secretaries listed in the minutes in the 1970s and 1980s, the discourse of *staff as professional* allows for some staff to also be visible and present in meetings in the present day. Again, this is a choice made by staff themselves, deployed very strategically and often tied to their own expertise. “I am not shy to voice how I feel” says one staff member “but I am certainly strategic in how and what I say ... for impact and value” (Staff 1). Another staff member says: “I keep my speeches to a minimum ... but I do definitely contribute if asked to and if needed, if there’s some kind of gap there
where I know something where people don’t” (Staff 5). Another says “they [faculty] give me a lot of freedom to do what I want with the role, and I bring them suggestions all the time of how to make things better” (Staff 3). One staff member comments that they

[...] always try to explain my thinking if I’m pushing back against something like that. And sometimes it's listened to. Sometimes it's not. You can't win every battle, unfortunately. But ... I'm definitely comfortable expressing any objections I might have and having a discussion about it [...] Depending who it is you're talking to you don't always feel so heard or as heard as you'd like. But there's definitely other times for, in what I've said has been taken into consideration and it's followed and that's good. So, it really depends on the day and who you're dealing with. (Staff 7)

This is the first discourse presented here that affords staff agency and expertise. They are becoming valued and seen. It is no longer impossible for staff to be present in the record, and this is actively deployed in a strategic way.

The possibility of staff having voice and value improves the working environment for both faculty and staff. One staff member says that being “vocal and honest” and talking “about whenever there's something in your program that could be improved” is key to achieving a healthy work/life balance (Staff 5). Another staff member uses their voice as a way to “disarm” particularly difficult individuals. They comment that they will “say good morning, how are you” and exchange pleasantries as a way to “get on with business” (Staff 3). However, this isn’t necessarily the same pleasantries exchanged as
within the *staff as caregiver* discourse. This is a disarming tactic against faculty “who can put their chest out further and [say] ‘I’ve got 13 years of education; how much do you have?’” (Staff 3). Staff within this discourse strategically choose when and how and with whom to speak to improve their working life.

Supporting the voice and visibility of staff is also recognized by faculty and (staff) managers as an important way to improve the working environment for everyone. One staff manager wants their staff to “question the status quo ... [and] be honest” and recognizes that their role isn’t just about “giving feedback to staff, but it’s also staff giving feedback to me so that I can support them as well” (Staff 12). More than one faculty member recognized that they wanted to foster an environment where a staff member would feel comfortable voicing their opinion. One commented: “staff had opinions on what we did and how we did them. But to me that was great information ... we don't know everything about everything and there's different lenses you can bring to a problem, right” (Faculty 8). Another faculty member states:

I work very closely with our business officer and see [them] as one of my most important partners in the department [...] [They’re] outstanding as a human in general. [They’re] very competent and I also take very seriously how important [they are] to my, to the success of my grants and to my doing well in this department. And so, I just feel grateful and I try to nurture that relationship.

(Staff 4) [pronouns modified to minimize reidentification].
When asked how they nurture that relationship the faculty member replies: “it would be things like I really respect [their] expertise. ... And humble, you know, it's always stuff that [they] know way more about than I do” (Faculty 4). Contributing one’s expertise is valuable and honoured here and serves as a way to reproduce the discourse of staff as professional. The more often staff members voice their expertise and are recognized for that expertise, the more often other staff can be seen as experts.

I would not go so far as to say that it is now impossible for a staff member to not be named in a set of meeting minutes. After all, the staff as caregiver and staff as matriarch discourses still circulate within these departments. However, it becomes much more difficult to ignore staff presence when the rising discourse is that of staff as professional. If an individual wants to turn their camera on, they can. If they want to list themselves in the minutes, it is accepted, if not expected. If they want to give their opinion, they can find a time and a place to do so.

8.3.2 The implications for faculty

Like the discourses of caregiver and matriarch, the discourse of staff as professional also offers impossibilities. However, while the previous discourses offered impossibilities for staff, this discourse leads to impossibilities for what a faculty member can say, do, or be. For example, within this discourse, it becomes an impossibility for faculty members to feel they have autonomy in managing staff. In my interviews with faculty they describe feeling quite hamstrung by the staff union’s collective agreement
and the coinciding power of the administrative manager. Where in previous discourses the faculty voice seemed almost to be an unquestioned truth, that is no longer the case.

One faculty member who held a senior role in their department recounted multiple occasions where they felt hamstrung. They say: “the message I've received and the way I understand it from the Department ... is because all of our staff are unionized, it's not my job to assign duties.” They continue: “I can make requests, and then those requests are navigated by the business manager and the administrative staff in consultation with our Chair” (Faculty 5). They also recount a situation where they did not have the authority to invite a staff member to sit on a search committee but needed to ask for the departmental manager’s permission. They comment quite bluntly “I don't want administrative staff to think I have more power than I have”.

They go on to describe their role instead as an “advocate” for staff, and as someone who negotiates alongside them in the “tricky” relationship of unionized staff, (non-union) departmental managers, and faculty. In support of the unions, they stress I am a huge fan of unions and I understand all the problems and internal politics, but I think people are crazy to think they would be better off without unions. And I think the unions are the biggest supporters of providing employees within the university with a quasi-professional in the traditional sense definition of their role. (Faculty 5)
Throughout these examples, the faculty member faces an impossibility here as they cannot hire or fire unionized staff, for that is the role of the department manager. While the *staff as professional discourse* offers staff more voice and visibility than other identified discourses, it leaves the faculty member somewhat struggling to navigate these new impossibilities. Despite the now “quasi-professional” status of the staff role, faculty members recognize that they too have limited power. Although they may consider themselves to be professionals as healthcare providers, they do not hold the same status as academic administrators. They may act professionally but, in these examples, they hold little professional authority in their dealings as academic administrators. There are some things that the university only allows their appointed staff or managers to do.

Here is where the tensions related to the professionalization discourse (faculty as members of a profession vs. professional behaviour) start to be clearer. When faculty are regulated by discourses that state increasing responsibility and authority are tied to one’s membership in a profession, then it is possible that this feeling of being hamstrung by the power of the administrative manager (who is not part of a regulated “profession”) leads to tension.

Furthermore, the rising status of “third-space professionals” adds another layer. One faculty member forecasted a future where faculty are the “hired talent who come in to do content development and ... have some views around models and theories” but where “really the implementation leads are clearly the higher band administrative
coordinators” (Faculty 5). When faculty are regulated such that their expertise is a unique body of professional knowledge and their scope to contribute to educational practice gets narrower, that may also lead to tension – including accusations of “managerialism,” or “corporatization” (Vered, 2019).

8.4 Conclusion

I have laid out three discourses – *staff as caregiver, staff as matriarch, and staff as professional* – and discussed their impossibilities and possibilities. I described how *staff as caregiver* makes voice and visibility difficult and makes it seemingly impossible to record staff contributions or praise staff for their administrative expertise. Even when made visible, it is still impossible for staff to be recognized for their administrative contributions; they exist only as items on a ledger column that can be cut. I then described how the *staff as matriarch* discourse makes it impossible for staff to be seen outside of their reflection on faculty, rendering it impossible for staff contributions to be attributed to themselves. Finally, I explained how the discourse of *staff as professional* makes voice and visibility more possible for staff but creates impossibilities for faculty.

These discourses are produced, regulated, distributed, circulated, and operationalized through texts like the many examples presented over the last three chapters. They can be identified through the presence (or absence) of staff in the archival records, in the books and biographies of the “leading figures” of medicine, and in the faculty’s organizational structures. They can be read in the documents I draw upon as I navigate my own way between these discourses. But the place where these
discourses became most salient for me as a researcher, as a woman, and as a member of staff are in the lived experience of staff interviewees. This is where the tensions become clearest, where the material effects of these discourses are felt the most. The next chapter will turn to these material effects of discourse, centering the narrative on the staff members themselves.
Chapter 9: The Material Effects of Discourse

Over the last three chapters I have shown how three different regimes of truth have regulated staff and faculty relations. I have shared observations from faculty and staff and offered some of my own experiences as examples of how discourses are operationalized. Foucault says “in the order of discourse, there are also ways of acting which are not without consequence” (Rabinow & Rose, 2003, p. 19). In this chapter I focus on those consequences – on the material effects of discourse.

As I interviewed staff members for this thesis there was some interviews that stuck with me more than others. There were some very negative working experiences detailed by people: some illustrate tensions, others describe toxicities. I feel ethically bound to honour these experiences and so the focus for the first part of this chapter is the material effects of discourse: the consequences of acting within the orders of discourse. To further honour the narratives provided by staff, I have purposefully included longer quotations, written in bold text, to begin each section below. It is one thing to read about discourse in this thesis, or to learn about the absence of an acknowledgement on a report, but it is another thing to really feel the consequences of discourse, to know that in these orders of discourse there are people attached at every step.
9.1 “The depths of hell”

... the thought of going back to that department I get like a chill down my back, literally, I can’t even walk past that office really. And I think now, it’s really affecting. It could be affecting me because I’ve dealt with all the other traumas, and now this is the last trauma to really get past. The thought of actually walking past there, just like, I think about it and then I think, you know, just get on with it, you know, you think just get on with it. But it just, the thought of actually walking past there and it’s like, I could never go in that building to that floor. Luckily, it’s a medical building, but I couldn’t really, and I don’t have any issues to go in there if I have a doctor’s appointment. But it just, if you saw any of them, it’s just the thought, it’s just the thought of seeing any, and I think if I saw them in the street, I’d walk right past them, I couldn’t say anything. I wouldn’t speak, I wouldn’t speak to any of them, I don’t think.

(Staff 9)

A former staff member of one department describes a particularly negative work experience, recounting their very difficult relationship with someone in the department “above” them in the organizational hierarchy. The staff member describes themselves as a “reliable”, “efficient”, and “knowledgeable” professional who had a long, successful, and positive working experience in the department until a change in departmental leadership (both at the faculty and at the staff levels). They go on to describe a distinct shift in style, towards a largely absent and hands-off faculty leader
and a very present, "micro-managing" administrative manager. They comment rather strikingly: “The manager had the power. And I can only say that because the chair couldn't be bothered” (Staff 9). In this example, the discourse of staff as professional and staff as matriarch are in tension. An experienced knowledgeable staff member who had significant autonomy over their own role within the discourse of staff as professional is suddenly placed under the management of someone who at times seems to embody the staff as matriarch discourse; attempting to control the tone and character of an office while assuming the power of their faculty leader.

The staff manager is embedded within, and upholds, the strongly hierarchical nature of the academic department, protecting the faculty lead’s time who is rarely in the office while acting as a mirror to the absent faculty lead’s power. In describing this situation, the staff member says “[the faculty lead] doesn’t really have to be involved. He can do his research; he’ll do whatever and she [the manager] runs the office. He didn’t care, whether you're battered or bruised and whatever she said, whatever she told him, he was happy with as long as he didn't have to get too involved, they could just carry on. So really, she just ran the show really. She ran it all” (Staff 9). The staff member describes situations where the manager would be exhibiting bullying behaviour by shouting or at times swearing at others in the office — “that's when my life was a living hell. Oh my gosh. It was awful.” They describe how they spent “years” not being acknowledged or thanked for their work by the manager, and where they even felt resistance by the manager when students would thank them in public for their work. This staff member described their own experience in the department as “traumatic” and
“like the depths of hell” leading them to be “totally broken down” "It was so extremely toxic” they say (Staff 9).

They recount that they were not the only one in the department who had to deal with this behaviour and acknowledge that it led to staff turnover. They further describe that when these issues were raised with the chair, they were ignored. I asked them carefully if they had found support somewhere to address the toxic environment. The interviewee said that they struggled to find support from within the university: “they go on about wellbeing in the university, but it's not really for administrative staff, it's for doctors, it's for the residents, it's for students. It's never for us” (Staff 9).

This person no longer works for the faculty. They identify having a supportive camaraderie with other former departmental staff colleagues who had similar experiences as a big help in helping them handle the trauma. They assert that their priority is now their family. While they describe their current working environment as very positive, they also describe a new guardedness about sharing their personal life with colleagues.

This was and still is a difficult picture to paint. It was a difficult interview to hear. We took many breaks. It sparked in me memories of similar situations where I felt broken too, where I was told one thing by one manager and the exact opposite by faculty, only to be berated when I picked one path over another. It reminded me of times I’ve gone looking for support services for staff linked on the faculty website only to find an error notice and a blank page (thankfully since remedied).
This person was not the only staff member I interviewed who described a “toxic” working environment. Another staff member, with experience in a different department from the example above, uses similar language to describe their experience of a “very toxic work environment” where there “was bullying” and “threats” (Staff 1):

*I think that manager had ... that was their style of managing. I've thought long and hard about it and wondered myself how did it ever get to that point? ... some of the behavior was supported by the chair and other faculty members in the way that other staff members were being treated. I disagreed with that. There were other faculty members who understood the depth of the toxicity and I know that sounds very dramatic, but it was awful here. Um, and they were trying from the sidelines with the background to do things. It seems to me that it's difficult to, you had he said/she said issues happening.*

*(Staff 1)*

In their experience, much of the toxicity was because of management and their behaviour which was supported by the faculty leader.

These are the material effects of discourse, examples of when discourses conflict or when one expects to operate in one discourse and is met with another. It is important that experiences like these do not become normalized. This kind of bullying behaviour is against university employment policy. The USW collective agreement (University of Toronto, 2021b) confirms this across several sections of the document;
covering human rights (Section 3:01b), sexual harassment (Section 3:02), racial
discrimination (Section 3:10), general harassment (Section 3:11), and workplace
harassment (Section 3:12). It further details the process by which staff can file a
grievance. The university also states its commitment to a “learning and working
environment free of prohibited discrimination and harassment” through policy
(University of Toronto Governing Council, 2019). However, despite such policies,
harassment like the examples above may continue to occur.

In a 2016 article on bullying and harassment, the USW union recommends that
staff contact the union, consult the collective agreement, and seek information from an
external resource (https://www.notinmyworkplace.org/). Interestingly they also suggest
that staff not contact the university’s own Employee Assistance Programs because the
“professionals you are referred to via this service may refuse to write you medical to
support a leave due to bullying and harassment in the workplace. This is because they
are a client of the University” (USW 1998, 2016, p. 7). Instead, they suggest staff
approach the USW Lifeline (https://www.usw1998.ca/services/lifeline/), a confidential
service available to both appointed and casual staff. There are, however, current
allegations from students, staff, and faculty at the university that claim that despite such
policies and supports in place, harassment continues to occur and is silenced (Bowden,
2022; King, 2021). Neither staff member I interviewed in the examples above stated that
they pursued a formal grievance.
9.2 “Entering U of T, can be a very frightening workspace”

You know, we always talk, there's a running joke around the managers to saying, you know, how was your orientation? And it was like, What orientation?

What do you mean, there’s no orientation? But I think that for a new person who’s never worked in the university, entering U of T, can be a very frightening workspace. For someone who's moved through the different departments and kind of understands the dynamics, understands the culture, there’s a higher chance of that individual adjusting quickly and kind of getting things done.

(Staff 12)

The material effects of discourse come in many shapes. As the examples in the previous section show, staff can experience traumatic effects; but other effects are much more subtle, although no less dangerous. In several interviews with both faculty and staff, there are tensions around formal reporting relationships and staff performance evaluations, partially attributed to an absence of adequate orientation.

USW staff can report to a PM (staff manager), a faculty member, and sometimes both. From my own experience, I have held positions reporting to both a faculty and manager lead, and positions reporting to just one. Functionally I take direction from either of my supervisors, but it has not always been clear, even to me, who is responsible for which sort of direction. Often it is the manager (PM) who directs the work of a staff member as they are often present every day ‘in the office’ (virtually or
physically) while faculty members in HPE tend to have both clinical and academic responsibilities and often work only some days ‘in the office’, but even these delineations are context dependent.

In the previous chapter, I detailed how some faculty feel "hamstrung" by their inability to manage staff, assign tasks, or conduct reviews. In the quotation below, a faculty member perceives that a manager (PM) holds all the power in resolving issues in the office because of the staff’s reporting relationships. The faculty member, to whom staff do not report, asserts that there are “boundaries” and “it's a bit of a minefield because ... you don't always like what you hear, and then your power to do anything about it is limited because you're not the manager” (Faculty 5). In the next example, another faculty member details that they are unfamiliar with many of the requirements that govern relationships with staff. They comment:

there’s a whole rhythm of university appointments which I am not very familiar with. The university has its own unions and has its own kind of employment requirements, human resources, and things. Which I’m not a hundred percent familiar with. (Faculty 2)

In these cases — the “professional” manager has more perceived expertise and authority than faculty.
In this next example, a PM details how issues are resolved when a faculty member may not be familiar with the requirements of managing the performance of a reporting staff member:

If there were issues, you know, for example, typically what would happen was a faculty member would have an issue with the staff members that reported directly to them, but they weren't comfortable, for example, in having a performance related conversation or in managing performance. So, if that happened, you know, I would assist both individuals in terms of mediating that relationship ... We didn't have any serious issues. (Staff 10)

In this example, the manager is being handed a task that a faculty member was “uncomfortable” doing, despite the reporting relationships. The manager then is forced into assuming the faculty member’s authority (as within the discourse of *staff as controlling matriarch*). The manager goes on to note that while the faculty member prefers being seen as “the nice guy”, the manager is then cast as the person who handles “the difficult pieces” (Staff 10). In this case, it is as if being in a management role means the PM must inhabit the *staff as controlling matriarch* discourse and assume the power of the faculty lead, even in a situation where the formal reporting relationship suggests otherwise.

When probed as to why a faculty member may not feel comfortable managing performance, one manager comments that faculty are not well equipped to do so:
I think that the relationship between human resources and faculty who are seconded into specific roles is non-existent. So, the expectation, like if they were to call, you know, an HR advisor and say, you know, I’m having a challenge with blah blah blah blah. I’m not sure how to manage this or how to have a coaching conversation. HR is all like, who are you? I don't think that they would support them. I don't think that HR departments at universities have the capacity. (Staff 10)

While faculty managers can guide the performance of staff, and in fact, can step in when performance is poor, there are no requirements for an annual performance review, and therefore few opportunities for staff to receive additional compensation based on ‘merit’. In contrast, both faculty and professional and managerial staff have possible “merit components” to compensation increases (The Division of People Strategy, Equity & Culture, 2022b; University of Toronto, 2021a). These are based on one’s performance and measured through group-specific performance assessment processes. USW staff, on the other hand, are not strictly eligible for performance-based increases, and are not subject to performance assessment measures. Instead, appointed staff within USW “shall move up a minimum of one step on the grid every twelve (12) months of their employment in the job classification to maximum of the highest step on the grid for the classification” (University of Toronto, 2021b, p. 55). Recognition for merit is possible “for the purposes of retention, recruitment, skills shortage, or to recognize an employee’s extraordinary effort and/or contribution [whereby] the University may, in its sole discretion, make lump sum payments to employees in addition to an employee’s
There is no formal process set out in the collective agreement by which staff performance is measured; we do not have to set annual goals, nor do we submit annual activity reports by which our possible “extraordinary contributions” are assessed and potentially rewarded.¹⁸

This all exists in a complex space, where there are unknown boundaries between the power of managers, the power of faculty, the demands of university policies, and the expectations of staff. Some faculty are engaged as practicing health professionals, following the boundaries of their “scope of practice”, and realizing that they may have no “scope” at all for performance managing staff since they have not been given the training and resources by which to do so. Staff who hold PM positions are already functioning as professionals, are then asked to “assume” the authority of those faculty for whom performance management is “in scope”, and are thereby cast as matriarchs. Meanwhile, non-PM staff who function as professionals cannot be recognized in the same way for their merit as are faculty and PMs. Perhaps in this light, it is clearer why faculty resist the label of professional when it comes to their administrative roles, why PMs may sometimes come across as over-controlling (as they may be regulated by the matriarch discourse), and why some staff focus on caregiver functions rather than working towards a professionalism that cannot be rewarded.

¹⁸ It is possible that informal processes occur internally but there are no provisions in the collective agreement that demand staff undergo regular evaluations of performance.
These complexities have material effects. They tend to make staff-faculty-manager relationships more difficult. New staff and faculty especially must quickly learn to navigate these complexities. One staff manager exclaims: “because if you come here with a private sector eye”, without knowledge of the complexities, policies, and nuance of the hierarchical structure of HPE you're dead, the union will eat you alive, your bosses, the academics will eat you alive. And you'll be run to the ground within months. It’s just that hard to work here, unless you're kind of experienced and kind of know what to expect. (Staff 11)

A faculty member describes their orientation to their new academic administrative role as meeting on four or five occasions with the outgoing individual, “but part of it was because I didn't know what I didn't know, and I didn't know what to ask. There were a lot of things that I think I feel like weren't covered right” (Faculty 7). The value of adequate orientations, not only to the policies but also to the resources for and nuances of staff-faculty-management relationships, are important and can help guide both faculty and staff towards a better understanding of the complexities of Kerr’s “multiversity”.

9.3 “A performance of appreciation”

I don't like being recognized as staff and I feel like it is often very, very reinforcing of a hierarchy the way it's done and quite patronizing a lot of the
time too. Right? Like on staff appreciation day or administration appreciation day, whatever, 'let's take everyone out for lunch' which the previous chair did last year. And it's just, it's so, it's not a real evaluation of the work that people are doing. And it also is faculty in the position of explicitly and formally appreciating in this vague way. Like it's a performance, it's a performance of appreciation from people at one level to people on another level.

Yeah. I don't like it.

(Staff 4)

Coupled with the situation where reporting relationships are complex, there is little orientation, and few avenues for either faculty or management to formally assess performance, smaller gestures of “staff appreciation” become more emphasized. These gestures are outside the formal structures mentioned above, and those performing these gestures are unlikely to be given instruction in how to do so.

On some occasions staff are acknowledged by pronouncements by faculty leadership at annual events, thanking staff for their contributions through the year. This is evident in archival documents such as this Report of the Dean: “It is with grateful appreciation that the Dean again records the invaluable support of the secretarial staff, and also the pleasant and helpful co-operation of all the administrative officers of the university” (University of Toronto, 1955, p. 7). Such gestures still continue at annual events. One staff member I interviewed remarked that the department Chair always
made “sure to thank us over the mike” (Staff 6). In the example provided in the quotation at the beginning of this section, these gestures of appreciation can also be given on a “staff appreciation day” or during a staff lunch. Appointed staff have also been acknowledged through the “Staff Recognition BBQ”. Such occasions are quite normalized across these departments.

However, a material effect of discourse is that group acknowledgments of “appreciation” at these events may not feel genuine to all. In the quotation above, the staff member comments that there is no “real evaluation” and therefore the signal of appreciation becomes just a “performance”, not grounded in evidence at all. Another staff member comments about such performances:

there is something very patronizing-feeling about it. I don’t know, something about me being like lumped into the word ‘staff’. I don’t know, I can’t put my finger on what it was, but I felt like even when we were ‘appreciated’, as opposed to that, I would have liked to have just been respected in my day-to-day work as opposed to occasionally getting a bit of a shout out kind of a thing. (Staff 6)

Within the hierarchy of HPE and when operating within the discourse of staff as professional, expecting to be evaluated on your individual performance, being celebrated by being taken out for lunch (as a parent may do for a child) or being
recognized only in aggregate may not feel genuine, respectful, or meaningful. One faculty member I interviewed spoke fondly of being able to make such gestures of appreciation to their staff, commenting “I would go out and buy everyone coffee. And take it around just as like, listen, I appreciate what you do for me” (Faculty 4). This gesture feels kind.

I am not suggesting that there is any ill intent at all on the part of this faculty member, or in declarations of appreciation by a chair at an event, or in an appreciative communication to staff. However, the resulting effects of these are regulated through discourse. If presented to a member of staff who would have appreciated a performance assessment, the gesture of a free coffee may feel hollow. The coffee-fetching faculty member went on to add “and then that dwindled.” They did not specify a reason why. Across these examples, neither staff nor faculty feel completely assured. These relationships seem somewhat fraught with a low-lying tension, not the blatant toxicity of the first example in this chapter but a tension nonetheless. It is as if everyone feels off-balance, unsure what step to take next.

19 This is not to suggest that promotion or compensation increases based on “merit” do not have their own problems. To offer just one citation among many, Lincoln and Stanley (2021) write that “published policies and procedures” such as compensation tied to evaluations of ‘merit’ is a face of institutionalized discrimination and systemic oppression and “prevent faculty of color, women, and LGBTQIA individuals from experiencing an even playing field” (p. 1235).
There are examples of when gestures of appreciation work well. A faculty member comments:

the advice that I would give in terms of interacting and establishing a successful working relationship with administrative staff or professionals [...] always be consistently respectful, be very clear in whatever requests that you make and be very professional in your email communication. Always be very thankful, like express appreciation for whatever way they, whatever service or support they've provided. (Faculty 3)

Honing in further on what makes this kind of appreciation successful, a staff member comments:

I do a lot of email communication. [...] A lot of the emails I get back on stuff, they're very short and to the point [...] but there's still always that thank you in there. Or there's an expression of appreciation for something specific that you've done that they've just like thrown in there, you know, even though they're on the go, which is always appreciated. (Staff 7)

In another example, the staff member who called out the “performance of appreciation” details what they would actually need to feel genuinely appreciated:

“really concrete feedback on the things that I make and offer and what I provide to people in the department ... even if I'm not getting feedback from people I'm working with, from evident improvements that I can see that I have made” (Staff 4). The vague
statements and grand aggregated gestures do not hold nearly as much weight for these staff members as something “concrete”, “specific” and personal.

9.4 Conclusion

I will continue in the next and final chapter of this thesis to disturb and fragment these discourses. I will do so by bringing in something that has not yet been addressed to any great degree within these chapters: agency. In my introductory chapters I described critical theories as being used by scholars and advocates not only to detail the social world but also to promote and drive social change. Therefore, in the next chapter, with the discursive deconstructions and some of the material effects behind us, I will bring agency back into this narrative. I will show examples of where agency has been discussed in the interviews and use the critical theoretical lenses of feminism and decoloniality to help reconstruct notions of staff agency. After discussing the limitations of this thesis, I will then make some final recommendations for health professions education, including promoting agentic staff to help ease tensions and build stronger working relationships.
Chapter 10: Carving Space and Concluding Considerations

10.1 Power and resistance

I have presented three discourses, of staff as caregiver, staff as matriarch and staff as professional, as forms of “regulated practice” (Foucault, 1972, p. 80). I have detailed their production, regulation, distribution, circulation, and operation; and discussed what may be possible for staff to do, be, or say within each discourse and what may be impossible. I have presented many quotations from the interviews I conducted with both staff and faculty, included some text from archival records to display the discourses in operation, and added my own reflections as further examples of how I too am disciplined by discourse. Foucault comments that his work is an exploration of “the way a human being turns him- or herself into a subject” (Foucault, 2003d, p. 127), and I have indeed explored how these three discourses have turned individuals, including myself, into subjects – how these discourses regulate our behaviour, control when we may speak, and regulate in what forms staff work becomes visible, and how tensions and toxicities form due to their circulation.

It is power relations, operationalized through discourse, that regulate the relationships between staff and faculty. Power, exercised through discourse, acts upon our activities and behaviours; it determines our possibilities and impossibilities. Foucault writes
the exercise of power is not a violence that sometimes hides, or an implicitly renewed consent. It operates on the field of possibilities in which the behavior of active subjects is able to inscribe itself. It is a set of actions on possible actions; it incites, it induces, it seduces, it makes easier or more difficult; It releases or contrives, makes more probable or less; in the extreme, it constrains or forbids absolutely, but it is always a way of acting upon one or more acting subjects by virtue of their acting or being capable of action. A set of actions upon other actions. (Foucault, 2003d, p. 138)

For Foucault, power circulates through and by discoursing subjects. We, as subjects of discourse, are always constrained by discourse, exercising power only when discourse enables us to do so.

Within the exercise of power, however, there may also be resistance. For Foucault, the concept of power as omnipresent, as something that is continuously exercised by individuals, means there is also continual resistance. The opposition of power is cast as resistance (Rainsborough, 2018). However, as I detailed in Chapter 3, I advocate for more emancipatory forms of resistance; not only to understand the “constitutive power of discourse” (Gannon & Davies, 2012, p. 72) but to advocate for social change. Decoloniality theorist Walter Mignolo argues that Foucault’s form of power (as well as seeing the opposition of power as resistance) remain centred in the colonial zero-point epistemic tradition (Mignolo, 2009). Perhaps this thesis would be considered a form of “ventriloquism” (T. Naidu, 2021b), whereby I am reinscribing the
“epistemic privilege of Western modernity” and reproducing the production of knowledge within existing “institutional norms and control” (Mignolo & Tlostanova, 2006, p. 209). Writing a doctoral dissertation through adhering to conventions, regulations, and dominant norms is inherently asserting epistemic privilege. To truly resist power structures, more change is needed.

A *decolonial* approach to resisting institutional norms and current constructs of power would take a different form: “epistemic disobedience” (Mignolo, 2009). In order to separate ourselves from the binaries of race, class, and gender that construct hierarchies and produce oppression, practicing epistemic disobedience requires us to “delink from the illusion of the zero point epistemology” (Mignolo, 2009, p. 160), and reject “‘being told’ from the epistemic privileges of the zero point what ‘we’ are, what our ranking is in relation to the ideal of *humanitas* and what we have to do to be recognized as such” (Mignolo, 2009, p. 161). The zero point epistemology “creates shackles that previously colonised countries … and Indigenous communities in settler colonies … have been struggling to remove” (T. Naidu & Abimbola, 2022, p. 556). To resist the institutional norms that produce oppression, we can create acknowledgement (T. Naidu & Abimbola, 2022) and awareness of the privileges beget by and the dangers of the zero point. We can work towards decoupling from the zero point away from the binaries it creates. Instead of only seeing the institution from “above”, we can start to see it from the myriad of perspectives that come “from below” (Haraway, 1988).
One of these views “from below” is the view of the largely feminized staff workforce within higher and health professions education, a group which can be said to be embroiled in a “strategy of struggle” (Foucault, 2003d, p. 142). Power has not flowed evenly within the HPE space but has been acquired, “dragooned”, and distributed through various discursive strategies. As in the case of the staff as controlling matriarch discourse, staff can sometimes “direct, in a fairly constant manner and with reasonable certainty, the conduct of others” (Foucault, 2003d, p. 142). However, at other times staff reach “a frontier for the relationship of power, the line at which, instead of manipulating and inducing actions in a calculated manner, one must be content with reacting to them after the event” (Foucault, 2003d, p. 143). That frontier, which staff cannot move beyond, has been constructed, in part, through colonialism.

The colonial matrix of power (Mignolo, 2007; Quijano, 2000) “is ‘the very foundational structure of Western civilization’ (Mignolo, 2011, p. 16) and is ‘the logic that generates, reproduces, modifies, and maintains interconnected hierarchies’ (Mignolo, 2011, p. 17)” (Paton, Naidu, Wyatt, et al., 2020, p. 1113). It imposed spheres of power (subjectivity, gender and sexuality, authority, and the exploitation of land and labour) as instruments of domination. These instruments are interdependent, operating in relation to one another, and serve to uphold and reproduce the modern construction of global power. (Quijano, 2000 as quoted in Paton, Naidu, Wyatt, et al., 2020, p. 1113)
This power structure creates the dominant binaries of (for example) race, gender, and class, and it continues to dominate the institutional structures in which the largely feminized staff workforce is employed. Power and its opposite, resistance, if still embedded in such hierarchical and misogynist structures, can only take one so far. As long as universities continue to reproduce themselves in the dominant ‘norm’ and “rest on old traditions located in the imperial and colonial foundations of the academy” (L. T. Smith, 2018, p. 38), we will only continue to reproduce “existing systems of power” (L. T. Smith, 2018, p. 31).

As Mignolo advocates for epistemic disobedience, so too do feminist scholars advocate for a similar move away from the constraints of current institutions. Feminist science (and other applications of critical theory) can serve as a method to “refuse the university” (Grande, 2018, p. 183). Black and Indigenous feminist scholars, themselves both aware of and at times, constrained by the colonial logics, envision “a space of possibility: a fugitive space wherein the pursuit of knowledge is not perceived as a path toward upward mobility and material wealth but rather as a means toward eradicating oppression in all of its forms” (Grande, 2018, p. 183). To modify the constraints of our current institutions would mean working “from within the academy” where “we need to invoke the courage to defend intellectual freedom, to embrace feminism, Indigenous

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20 Feminist scholars may also reinforce hierarchies through the ‘race to innocence’ (1997) by not practicing intersectional approaches or engagement in epistemic disobedience. This reinforcement of hierarchy reinforces the constraints of our current institutions and operates within the zero-point epistemology.
epistemologies, critical approaches, and activist and unorthodox scholarship” and for the people who are

privileged to join with the many already aware, already in the struggle for freedom, dignity, and survival. ...[to] redouble our energies toward linking with, learning from, and joining movements and efforts well underway that seek to expose, denounce, and collectivize resistance/s. (Spooner & McNinch, 2018c, p. xxxi)

Bringing together the resistances afforded by Foucault’s concept of power relations (however constricted that may be), the disobediences advocated through Mignolo’s work on decoloniality, and the critical feminist notion of refusing the university, the examples of resistance below may offer staff and faculty ways to “delink” ourselves from existing dominant binaries and suggest alternate ways of being. Whereas Foucault would construct staff as discoursing subjects — whether within the discourse of staff as caregiver, matriarch, or professional — decoloniality and feminist theories instead offer constructions of staff as agents of change. It is through having and enacting agency that staff can resist current dominant norms that lead to oppression.

10.2 Resistances through agentic actions of staff and faculty

Staff describe ways in which their perceived sense of agency can help them navigate tensions in the workplace. When discussing the title of “support staff” — a term sometimes used to describe administrative staff in higher education (e.g. Department of Medicine, 2022) one staff member comments: “I’m not support staff – because I have
agency” (Staff 4). Having agency is an indicator that this individual had moved beyond the discourse most closely aligned with ‘support staff’ – staff as devoted caregiver – and into one that values more autonomy. Staff develop agency through using their voice, experience, and expertise, resisting the dominant hierarchical ‘norms’ still inherent in many HPE contexts.

10.2.1 Carving out space in staff roles

When describing the types of staff roles that have more agency, staff describe roles in newer programs, with fewer historical expectations of what one can or cannot do in a role. They describe staff with agency as being able to “carve out a space ... maybe a bit bigger than if somebody were designing it ... where they can do things that they’re invested in and develop these sorts of areas of expertise and agency” (Staff 4). Notably, the area one staff member describes as having the most agency is an area with the fewest number of faculty and is “maybe a little corner of the university that’s like slightly chunked off from the internal university hierarchies a little bit” (Staff 4).

Another staff member (Staff 5) describes their role as a similar role to the one described above, noting that their role is a “a job that didn’t exist before” and “unique,” with an “enlarged scope.” They point out that there are projects on which they play a “supporting” role and others where they “lead” and go on to say:

I've been empowered to do more than just kind of stay in that 'oh, here are the tasks you can do'. And I've been offered the opportunity to kind of improve the program as a whole, so I appreciate that. (Staff 5)
This staff member describes several “initiatives” in which they engage very collaboratively with faculty and other staff and suggests that it is important to speak out when “there's something happening that could be made more efficient, could make your life or work easier, [and/or] could improve the program or your portfolio as a whole.” In a third example, another staff member who was new to their role notes that their faculty leads and managers “give me a lot of freedom to do what I want with the role, and I bring them suggestions all the time of how to make things better” (Staff 3).

These excerpts from interviews with staff from all three departments in the study may demonstrate that agency is easier to access in newer roles, not weighed down within discourses of staff as caregiver or staff as matriarch. Agency here, however, is not necessarily tied to the discourse of staff as professional either: one of these three interviewees did not describe themselves as a professional, another describes it as a state towards which they are working but had not yet achieved (see 7.4.3), with only one of these interviewees easily identifying as a professional. These examples may instead indicate forms of “disobedience” and resistance – particularly to the hierarchical “norm” still so prevalent in HPE. New or unique positions, or ones that have been “carved out” of more traditional roles, perhaps co-created by skilled staff and their faculty “collaborators”, may lead to more agency, resulting in staff being

21 While this staff member did not immediately consider themselves to be a ‘professional’ they did speak about developing a “professional identity” later in the interview.
empowered and willing to “speak out” when they notice improvements that can be made to a process or structure.

Having agency also appears to create a less hierarchical structure and is more easily afforded to those in the Professionals and Managers (PM) group compared to the unionized staff cohort. In a previous section I noted that an interviewed faculty member spoke of their business officer as “one of my most important partners in the department” (Faculty 4). Having agency through established competency and the decision-making power of a PM is key to being considered a partner and moves this relationship between the faculty member and the manager beyond the traditional hierarchical constructions within the faculty.

This is not to suggest that being nurturing or enacting a caregiving role cannot also be agentic. As detailed in 7.3.2, staff and faculty who take on caregiving roles can do so willingly, consciously, and, at times, even strategically. There can be agency in these roles too. What is missing, however, through the discourse of staff as caregiver (and often also for faculty members who perform similar roles within the scope of their administrative work) is the institutional valuing of these acts. The zero-point epistemological positioning dominant within the Eurocentric neoliberal university does not appear to value caring and compassion. Compassion rarely serves the corporate interest. Definitions and demonstrations of compassion are contextually mediated and are rooted in epistemological underpinnings (Paton, Naidu, Richardson, et al., 2020). How we value caregiving (or how we render it invisible) is a product of our belief
systems, cultures, and discursive positioning and has been enveloped in both gender-based and broader cultural “norms”. The North American higher education system rewards increasing bibliometrics and (somewhat) measurable evaluations of “excellence”, not demonstrations of care (S. Acker, 2008; Meyers, 2018). It is time for faculty and staff to have their caregiving roles valued, if not rewarded, by compassion being infused at “all levels and aspects of university education from higher education policy, via institutional policies and practices to the individual level educational practice” (Pedersen, 2021, p. 140).

It is worth highlighting a recent example outside of my own research sources which further brings together this concept of staff agency, resisting the zero-point epistemology, and trying to work outside of the dominant “norms”. Brunette-Debassige’s (2021) doctoral work examines Indigenous women administrator’s experiences with higher education policy. Her study, which gathered stories from Indigenous women who hold faculty and staff leadership positions within Canadian universities, concludes that policies towards Indigenizing the academy remain performative and within a “settler ethic” (p. 216). While this is already unsettling, she goes on to detail that the women who “refused” the university “tended to be problematized” (p. 217). She highlights the “dangerous grounds” (p. 218) on which these women must operate. And yet they “play the game” anyways (p. 184), refusing attempts to remove their own agency, and carefully and strategically picking their battles. In her conclusion, Brunette-Debassige calls for future scholars to focus on experiences of “Indigenous staff members from Indigenous epistemological
perspectives” (p. 223). While my work does not (and cannot) answer this call, I can only echo this need; more staff member perspectives from outside the Eurocentric white “norm” need to take their place at the centre.

10.2.2 Carving out space for change in health professions education administration

In the everyday practice of university administration, in cases where projects or new procedures are blocked or stalled, empowering staff and/or having staff recognize their own agency may well lead to quicker and smoother solutions. Agency is certainly linked to staff being willing to speak out on possible process improvements, and it is important that staff feel empowered and comfortable to speak out in order to move a task or project forward. Having staff unwilling or unable to voice their expertise and opinions may only lead to further delay and frustration.

While it may be impractical (or unnecessary) to develop new roles across an organization, “carving out space” within a role is important for creating possibilities for agency. Not only can a staff member flex their own expertise and experience, but they can identify as a “collaborator” instead of as a “supporting” fixture within the educational environment. Going forward, managers and faculty would benefit from ensuring that staff have meaningful voices on committees and taskforces that work towards improved processes: not there to just serve as a “recorder” of the committee but to contribute as a “collaborator” instead, whether outside of or in active resistance to the historical hierarchies. Digital recording and simultaneous transcription capabilities may even be able to complement, or in some situations replace, the “recording”
function often expected of an administrator so that they are freed up to contribute in more agentic ways, such as providing data synthesis or analysis.  

Staff and faculty should be further encouraged to identify opportunities for “carving out space” – either through the creation of new roles or the modification of aspects of existing ones that afford agency to staff. Examples could include tasking a staff member who had never led a project with leading one, or a manager encouraging or supporting a staff member to pursue further education on a particular skill or knowledge base to expand their expertise. Staff could also be encouraged to “carve out space” through increased engagement across or outside of the university, joining committees, taskforces, union, or community groups that encourage agency, particularly ones that create spaces of possibility – for it may be in those spaces where true agency can be activated.

Faculty members (who may well be tasked in their classrooms and clinics to ensure that their students are “safe” through transformative education practices (hooks, 2014)) or managers (who are tasked with ensuring that the university is run

22 While there is legitimate concern that automation could lead to staff downsizing, particularly in a post-pandemic possible economic recession (Susskind, 2021), further investment in human resources through professional development (Susskind, 2021) could help prepare the existing staff workforce to support and lead the work of the university. Including staff representation on decision-making bodies around the introduction of artificial intelligence will be important, particularly because the “acceptability of AI within an office setting is complex and affected by the person, the work, and the organizational context” (Fukumura et al., 2021, p. 11).
efficiently and effectively) should be encouraged to practice similar democratizing actions in university workspaces: making those workspaces “a democratic setting where everyone feels a responsibility to contribute” (hooks, 2014, p. 39). Such actions would mean that each of us “recognize the value of each individual voice” (p. 40) and “listen to one another” (p. 41) so that nobody “remains invisible” (p. 40). Such practices will be particularly important for increasing the agency of equity-deserving groups within and outside the academy. Black people, Indigenous people, people of colour, women (particularly women with intersectional forms of oppression), people who are differently abled, LGBTQ+, and those from minoritized ethnic or religious groups remain historically underrepresented and/or systematically excluded, and/or stigmatized within health professions education administration and would be particularly well served by further democratizing actions that empower staff. However, throughout this work, it will be important that those of us who are more frequently represented and empowered in these spaces (for example, white women), ensure that we do not take up all the space (Fellows & Razack, 1997; hooks, 2014). We can do this by empowering others, by listening rather than by speaking, by promoting but not appropriating, and by ensuring that the governing and administrative bodies on which we are asked to sit are representative of the communities whom the higher education institutions serve. Those of us who have degrees of agency need to use it. Those of us who have voices that are already listened to need to pass the microphone. Those of us who have carved out spaces for ourselves need to start carving out spaces for others as well.
hooks further suggests that those of us in academia who theorize in an effort to promote feminist or decolonial practices (such as what I am doing here in this thesis) resist the fetishization of “highly abstract, jargonistic, difficult to read” work that reinforces the ‘intellectual class hierarchy’ and reinscribes “the politics of domination” (hooks, 2014, p. 64). I admit that using Foucault as a tool kit implicates me here too, but I hope that sections of this thesis and subsequent presentations to some audiences are particularly accessible. It will be important that any recommendation for practice coming out of my work (and others’ work aimed at producing agency within staff groups) will be able to be “shared in everyday conversation” (p. 64), including among staff members as we go about our work together.

10.3 Limits of this thesis

10.3.1 The limits of positionality

My role as a white able-bodied female staff member with a full-time appointed position limits my perspective in this work. These are privileges that I have, by and large, not earned but acquired. My lived experience has not given me the perspective of, for example, someone who moves from precarious position to precarious position, or someone who is racialized and who must face additional oppression in the workplace. I have security through my financial and family positioning as well that sometimes enables me to speak up when others cannot.

The space I take up on these pages through this work grants me considerable additional privilege. My ‘voice’ and perspective as a staff member in HPE can be read,
presented, and published, and this work will be preserved or archived as a doctoral thesis. Another form of privilege I have as a doctoral candidate is that I am the named author of this work, not an invisible presence on a set of minutes sitting in a box in an archive. As alluded to earlier in these pages, my positioning as a possible/emerging ‘third-space professional’ affords me greater privilege now than in my previous staff roles. The expectations differ. I am increasingly visible and respected compared to when I was in positions I previously held or compared to how I observe colleagues in other positions being treated. I recognize and value the platform I have now, even if only for a moment within these pages, to create possibilities for change.

These considerable privileges are balanced by my own “view from below” (Haraway, 1988) – that of both a staff member and as an immigrant from a country that itself has been both victim and perpetrator of colonialism (Stanley, 2020). As a staff member I have experienced many of the same forms of oppression described throughout this thesis: e.g., being removed from texts, excluded from opportunities to contribute in meaningful ways, and leaving meetings without having been able to speak from my own experience. Although I feel this less and less in recent years, I remember how much it hurts.

My “view from below” has granted me some opportunities to at least recognize that there are many other views from below; that while my experiences may have left me dumbfounded, in tears, or (increasingly) feeling resistant; I would not have described them as necessarily as “toxic” or “traumatic” as others have in the interviews I
conducted with staff. Those experiences feel different. My “view from below” as a staff member primarily allowed me to access the other perspectives of other staff members, and my privilege as a doctoral candidate allows me to write about them and share these important perspectives from others.

I may get additional insight into what Mignolo calls “border thinking”, “the epistemology of the exteriority; that is, of the outside created from the inside; and as such, ... always a decolonial project” (Mignolo & Tlostanova, 2006, p. 206). However, I recognize that I have been conditioned from the zero-point epistemology. As a child I learned about the differences between men and women, believed that race was a biological trait rather than a social construct, that worship is done in a church, and that what I could experience, feel, and see was always true. As I mentioned in previous sections of this thesis, these notions were modified through exposure to other ways of knowing, including feminism and decoloniality. In addition, “travel and migration had shaken the simplicity out of me” (Stanley, 2020, p. 345). While theories of feminism and decoloniality represent avenues by which I may gain insight into “border thinking” and opportunities for initiating agency, I am merely nudging at that border.

Those familiar with recent HPE scholarship in allyship may see connections to Nixon’s “coin model” (2019) and it is a useful tool for conceptualizing advantage and disadvantage. There “are society-level norms or structures that give advantage or disadvantage regardless of whether individuals want it or are even aware of it” (p. 3). Much of my positionality falls on the “privileged” side of the coin in the form of
uneearned advantages — being white, settler, employed, able-bodied, Christian, married, heterosexual — with some sitting on its opposite side of the coin as disadvantages, notably being a female staff member in a hierarchical academic institution. The limitations (and possibilities) of this thesis are therefore influenced by both sides of the coin; were another staff member to embark on a similar study, they would bring in their own privileges and disadvantages, would see and highlight different perspectives, and therefore would produce output that would look and feel quite different. This thesis is not intended to generalize or universalize the staff experience but to explore regimes of truth to which I have access and can identify through my positionality. My positionality therefore is both a limitation and a possibility: without one, I would not have access to the other.

10.3.2 Further limits to this work

There are further limits to this work beyond positionality. Trying to research what is “not there”, as noted in Chapter 5, is challenging, and this work is inherently incomplete. Archival documents “as social constructs” (Schwartz & Cook, 2002, p. 3) do not record the opinions and perspectives of most staff members. There are only traces of some staff presence and no traces of others, and all have been filtered through the lens of who gets to author or chooses to preserve these documents.

The interviews and my writing are also embedded within current dominant discourses. Interviews were conducted in spaces within the institution being problematized in this study and in which these discourses circulate. Faculty, staff, and I
as interviewer are active “discoursing subjects”, which inherently limits access to perspectives outside those discourses. My writing too has been limited in a way, also inherently embedded within institutional norms, expectations, and requirements of what a thesis is “supposed” to look like. These too are set within dominant discourses, embedded in the policies and regulations of a university born out of a colonial and misogynist history.

The ideas presented in this text are formed within a single context. Again, they are not universal and may not translate over time or space or even contexts within the Faculty of Medicine. They may not be accessible or even feel true to everyone within the very contexts in which I write. This thesis is situated, it is a view from somewhere (Haraway, 1988). However, some readers may well feel familiarity with the ideas and concepts written about here. So, while I am describing specific regimes of truth accessible to me, I hope this work opens avenues for conversations and actions that can be taken should people in other contexts see similarities or experience similar implications from their own regimes of truth.

10.4 Concluding Considerations

The discourses I have presented throughout this thesis, staff as caregiver, matriarch, and professional, demonstrate that staff-faculty relationships are complex and evolving. Within the discourse of staff as caregiver, staff have been rendered either invisible or underrepresented in HPE scholarship, in part because we have been discursively constructed without agency, as passive recorders of data instead of having
our contributions valued and visible. Power rests with the faculty; staff have been
disciplined to “serve” their faculty leaders while being “approachable” to others rather
than asserting our own power or contributing our own expertise and experiences. The
staff as caregiver discourse makes voice and visibility difficult, making it impossible for
staff to be praised for expertise or recognized for administrative contributions.

Subverted from the discourse of staff as caregiver, the feminized discursive
space of staff as matriarch sees staff beginning to exert their own power. However, the
discourse regulates their work such that any power for staff members operating within
this discourse reflects someone else’s power – power that is deeply embedded in
hierarchical, misogynistic university structures. When power is exerted, it is often done
to protect the faculty members and to reinforce the hierarchy through such actions as
“tone-setting”. Furthermore, the discourse of staff as matriarch produces a kind of
power that is not usually overt, but rather quiet, understated, or even covertly
operationalized. This discourse makes it impossible for staff to be seen outside of their
reflection on faculty and make it difficult (if not impossible) to have their contributions
recognized as their own.

The staff as professional discourse holds more evident nuance than the previous
two discourses and is currently much more actively circulating with HPE. Unlike their
faculty counterparts who engage in two forms of “professional” discourse – as a
member of a regulated health profession and as someone embodying professional
behaviours – with few exceptions, staff are only discursively constructed within the
latter form. In other words, staff can behave professionally but cannot be "professionals" in the same way that faculty members can. However, even this discourse offers staff much more access to power than the other two. Staff use the discourse of *staff as professional* to separate themselves from earlier discourses, to demonstrate that they neither "serve" as caregivers nor reflect power as a matriarch. Staff flatten the existing hierarchies within HPE through this discourse and choose when and with whom to engage in behaviours that mark them as professional, turning them on or off as the situation warrants. Embracing the *staff as professional* discourse can also be something that builds over time, that one can develop through gaining experience or expertise (or both). This discourse creates new possibilities for staff where voice and visibility are possible; it also has implications for faculty. Faculty may lack autonomy within this discourse, feeling hamstrung in efforts to exert authority, even in situations where they have the formal roles and expectations to do so.

Throughout this thesis I have also shown the material effects of these discourses, how misalignments between discourses can lead to one staff member describing their experience as "the depths of hell" or another staff member struggling with orienting themselves to their new environment in the University. To remedy these difficulties, I make the following six recommendations:

1. **Carve out spaces for staff to exert agency.** At a micro level, ask staff for their opinions, expertise, and experience when making decisions that affect them or the processes in which staff work is involved. Ensure that staff voices are heard
and recorded when appropriate. Build trust and enact that trust to ensure that even dissenting opinions are valued. At the macro level, empower staff to take on tasks and projects for which they are responsible, ensuring that adequate and appropriate training and feedback is provided and that staff contributions are suitably attributed, recognized, and rewarded. Build opportunities that foster agency, working alongside collective agreements and current (or evolved) human resource policies. Consider applying language to all staff groups on documents, policies, directories, websites, and reports that recognize staff as embodying “professional” behaviours, e.g., describing them when appropriate as "leading" initiatives rather than constructing staff as individuals who only “support” the mission of the faculty or a department.

2. Offer adequate orientations to staff, faculty, and managers taking on new roles within the faculty, ensuring that the relationships across all three groups are well described, that collective agreements and contracts are explained, and that the expectations and responsibilities of each group when it comes to assigning tasks, offering feedback, or conducting performance reviews are detailed within the professional environments in which we all work.

3. Encourage and codify meaningful staff representation on governing bodies, on taskforces, and within processes that review procedures that include staff or the products of our work. Meaningful representation would require paying particular attention to equity-deserving groups with the understanding that minorized staff
especially not be further ‘taxed’ (Cyrus, 2017) through uncompensated or unrecognized participation. For example, should work extend beyond staff working hours, staff should be compensated accordingly and should work result in publication or presentations, staff contributors should be invited to participate as co-authors as appropriate and with full understanding about authorship opportunities and guidelines within current HPE practice (International Committee of Medical Journal Editors, 2022).

4. Encourage, support, and allocate funding and protected time for faculty and staff to engage in opportunities for “epistemic disobedience”. Be humble and open to ideas that may “refuse the university” or enable opportunities where “refusing the university” may be possible. For example, encourage the valuing, recognition and rewarding of caregiving and compassion by all members of the University community. Welcome input and encourage representation on committees, taskforces, and working groups from those outside HPE (e.g., when designing terms of references for such committees and processes, ensure compensation is possible for those outside formal HPE spaces). Seek opportunities to embrace ‘disobedience’ by asking questions within these formal processes, and by building democratic practices within HPE spaces.

5. Share experiences in our everyday settings. Communicating and sharing experiences and expertise are part of building agentic spaces in HPE. Sharing experiences helps build spaces where staff and faculty contributions are valued.
Listening and hearing one another fosters environments of trust, is part of the “glue” in “glue work”, and provides opportunities for agency and increased collaborative networks of support.

6. Within academic and administrative spaces, encourage further scholarship from and about staff roles within higher and health professions education. Understanding the evolving complexities of staff contributions in the “multiversity” will be important to overcome the challenges we face as we move out of the pandemic. For example, as departments and programs use new technologies, how will those individuals who design and operate those technologies be meaningfully included in scholarship? As budgets tighten or as they expand to support new initiatives, how will the individuals charged with administering those budgets or enacting procedures covered by those budgets be involved in designing them? As academia looks back on the actions taken to address the pandemic, how will those tasked with taking those actions – e.g., custodial, technological, food services, or administrative staff – be involved in those examinations? As more and more staff members acquire higher credentials in HPE spaces, and as more staff enter university employment with such credentials or unique expertise, how will third-space professionals and PhD-educated faculty who do not have clinical roles be considered within the current hierarchical structure of the institution? These are all questions that need further attention within the academy.
To my fellow staff members, and especially to those staff members who agreed to participate in this study and who afforded me the opportunity and trust to tell your stories: I hope these recommendations ring true to you. Staff voices like ours have so often been silenced in the official records of the faculty, and the contributions of so many of us have been erased or minimized in past reports. Thank you for enabling me to listen to your stories and present them here to be read, analyzed, preserved, and above all valued. Turn your webcams on, be present, be visible, voice your expertise, embrace your agency, and enact your power.
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Appendices

Appendix A: Search String MEDLINE search - staff, students, and faculty in HPE

MEDLINE Search Terms
Conducted April 3, 2022
Database: Ovid MEDLINE: Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE® Daily and Ovid MEDLINE® <1946-Present>

Search Strategy (Staff):
1  medical education.ab,kw. (36460)
2  health professions education.ab,kw. (1116)
3  administrative professional*.ab,kw. (39)
4  support staff.ab,kw. (2129)
5  clerical staff.ab,kw. (214)
6  secretarial staff.ab,kw. (39)
7  administrative staff.ab,kw. (1122)
8  1 or 2 (37370)
9  3 or 4 or 5 or 6 or 7 (3506)
10  8 and 9 (62)

Search Strategy (Faculty)
1  medical education.ab,kw. (36460)
2  health professions education.ab,kw. (1116)
3  1 or 2 (37370)
4  faculty.ab,kw. (47614)
5  teacher.ab,kw. (18897)
6  professor.ab,kw. (9209)
7  4 or 5 or 6 (73563)
8  3 and 7 (5916)

Search Strategy (Learners):
1  medical education.ab,kw. (36460)
2  health professions education.ab,kw. (1116)
3  1 or 2 (37370)
4  student.ab,kw. (82629)
5  learner.ab,kw. (6306)
6  resident.ab,kw. (72083)
7  4 or 5 or 6 (158122)
8  3 and 7 (9062)
Appendix B: Ethics Approval

RIS Protocol
Number: 36845

Approval Date: 11-Mar-22

PI Name: Morag Paton

Division Name:

Dear Morag Paton:

Re: Your research protocol application entitled, “Discourses of Staff and Faculty Relations in Health Professions Education”.

The Health Sciences REB has conducted a Delegated review of your application and has granted approval to the attached protocol for the period 2022-03-11 to 2022-11-28.

If this research involves face-to-face (F2F) in person research, please note that REB approval alone is not sufficient to commence research. You must wait for an approval letter from the F2F COVID-19 Review Committee. The approval letter will be sent to the Principal Investigator's email address once the Committee has deemed the F2F in-person research ready to start.

Please be reminded of the following points:

- An Amendment must be submitted to the REB for any proposed changes to the approved protocol. The amended protocol must be reviewed and approved by the REB prior to implementation of the changes.

- An annual Renewal must be submitted for ongoing research. Renewals should be submitted between 15 and 30 days prior to the current expiry date.

- A Protocol Deviation Report (PDR) should be submitted when there is any departure from the REB-approved ethics review application form that has occurred without prior approval from the REB (e.g., changes to the study procedures, consent process, data protection measures). The submission of this form does not necessarily indicate wrongdoing; however, follow-up procedures may be required.

- An Adverse Events Report (AER) must be submitted when adverse or unanticipated events occur to participants in the course of the research process.

- A Protocol Completion Report (PCR) is required when research using the protocol has been completed. For ongoing research, a PCR on the protocol will be required after 7 years. (Original and 5 Renewals). A continuation of work beyond 7 years will require the creation of a new protocol.

- If your research is funded by a third party, please contact the assigned Research Funding Officer in Research Services to ensure that your funds are released.

Best wishes for the successful completion of your research.
Appendix C: Recruitment Letter

I am writing to invite you to take part in a research interview focusing on the work of, and relations, between faculty and administrative staff in health professions education.

Understanding the relationship between administrative staff and faculty members in the health professions has not been a focus of much scholarship although this relationship is an important one within the context of the teaching, learning, and working environments. Due to this absence in the literature and having worked in different roles as a member of the administrative staff at the University since 2001 and in the Faculty of Medicine since 2006, I chose to focus my doctoral work in this area.

Good teaching, learning and working environments enable career and personal satisfaction, and contribute to our wellbeing as individuals, colleagues, and academic communities. Poor environments can contribute to stress or burnout of individuals which may influence our relationships with learners, other staff and faculty, family, or patients. Historically, staff and faculty have played quite different roles within health professions education, often with different opportunities and challenges. My research aims to better understand the work of, and relations, between administrative staff and faculty in health professions education.

You have been invited to participate because you have been identified as a staff member or a faculty member with a current or recent (within the past 2 years) educational, administrative, or leadership role in one of the Departments of Psychiatry, Anesthesia or Physical Therapy in the Faculty of Medicine, University of Toronto.

The interview would take approximately 30-60 minutes of your time and could be conducted in person, or by phone or skype/zoom, at your convenience. With your consent, the interview will be digitally recorded. If you are interested in participating in an interview, please contact me directly at morag.paton@utoronto.ca or by phone at 647-999-9799.

While there may be no direct benefit to you of participating in an interview, this work will add to the very minimal literature about staff and faculty relations in Health Professions Education, enable us to better understand our collective and distinct challenges and opportunities, and ultimately contribute to improving the teaching, learning and working environment for us all. I do not anticipate any significant risk to you; however, should you feel uncomfortable at any point, you are free to decline participation, skip questions, or withdraw from the study at any time prior to data aggregation or publication – all without negative consequences. Should you choose to withdraw from the study prior to data aggregation or publication any data collected will be destroyed. There is no compensation for participating in this study and your participation is entirely voluntary.

Your interview transcript will be coded and given a unique identifier. Personal responses will not be identifiable or attributable to you. Quotes will be reported using the unique identifier and/or an aggregated identifier (for example: a clinical faculty member who works in a community-affiliated
hospital said … “or “a member of staff indicated …” or “Staff Member 4”). All data collected will be used for the purposes of a PhD thesis as well as related publications and presentations. If you wish, a copy of the research results can be emailed to you upon thesis completion. All raw data will be destroyed physically and electronically seven years after thesis publication.

This study is to be conducted under the supervision of Dr. Ayelet Kuper, MD DPhil, Department of Medicine at the University of Toronto and faculty member at OISE. Dr. Cynthia Whitehead (Department of Family & Community Medicine) and Dr. Stephanie Waterman (Department of Leadership, Higher and Adult Education at OISE) sit on my thesis committee. I will be the only person with access to personally identifiable data. My supervisor and thesis committee members will only have access to deidentified data.

This study has received ethics approval from the University of Toronto (Protocol 00036845). If you have any questions related to your rights as a participant in this study or if you have any complaints or concerns about how you have been treated as a research participant, please contact the Office of Research Ethics, ethics.review@utoronto.ca or 416-946-3273.

Thank you,

Morag Paton, MEd, PhD Candidate
Department of Leadership, Higher and Adult Education,
Ontario Institute for Studies in Education, University of Toronto
morag.paton@utoronto.ca
Appendix D: Consent Form

Discourses of Staff and Faculty Relations in Health Professions Education

Principal Investigator: Morag Paton, MEd PhD Candidate, Department of Leadership, Adult and Higher Education

You are invited to participate in a study titled Discourses of Staff and Faculty Relations in Health Professions Education which will form a part of my PhD thesis. Please note that your participation is entirely voluntary, and you may withdraw from the study without prejudice.

After you have read the following explanation, please feel free to ask any questions that will allow you to understand the nature of the study.

Understanding the relationship between administrative staff and faculty members in the health professions has not been a focus of much scholarship although this relationship is an important one within the context of the teaching, learning, and working environments.

Good teaching, learning and working environments enable career and personal satisfaction, and contribute to our wellbeing as individuals, colleagues, and academic communities. Poor environments can contribute to stress or burnout of individuals which may influence our relationships with learners, other staff and faculty, family, or patients. Historically, staff and faculty have played quite different roles within health professions education, often with different opportunities and challenges.

My research aims to better understand the work of, and relations, between administrative staff and faculty in health professions education.

Why you have been invited to participate in an interview:

You have been invited to participate because you have been identified as a staff member or a faculty member with a current or recent (within the past 2 years) educational, administrative, or leadership role in one of the Departments of Psychiatry, Anesthesia or Physical Therapy in the Faculty of Medicine, University of Toronto.

The interview will take approximately 30-60 minutes of your time and will be conducted in person, or by phone or skype, at your convenience. It will involve a series of semi structured interview questions which I will pose to you. With your consent, the interview will be digitally recorded and I will be taking notes.

Possible Risks and Benefits:

While there may be no direct benefit to you of participating in an interview, this work will add to the very minimal literature about staff and faculty relations in Health Professions Education, enable us to better understand our collective and distinct challenges and opportunities, and ultimately contribute to improving the teaching, learning and working environment for us all. I do not anticipate any significant
risk to you; however, should you feel uncomfortable at any point, you are free to decline participation, skip questions, or withdraw from the study at any time prior to data aggregation or publication – all without negative consequences.

Withdrawal from the Study:

Should you choose to withdraw from the study prior to data aggregation or publication any data collected will be destroyed. There is no compensation for participating in this study and your participation is entirely voluntary.

Confidentiality:

Your interview transcript will be coded and given a unique identifier. Personal responses will not be identifiable or attributable to you. Quotes will be reported using the unique identifier and/or an aggregated identifier (for example: a clinical faculty member who works in a community-affiliated hospital said “ …” or “a member of staff indicated …” or “Staff Member 4”). All data collected will be used for the purposes of a PhD thesis as well as related publications and presentations. If you wish, a copy of the research results can be emailed to you upon thesis completion. All raw data will be destroyed physically and electronically seven years after thesis publication.

Contact for information about the study:

If you have any questions or desire further information about this study, you may contact me by email at morag.paton@utoronto.ca or by phone at 647-999-9799. You may also contact Dr. Ayelet Kuper, my PhD Supervisor at ayelet.kuper@utoronto.ca or 416-480-5495.

Contact for concerns about the rights of research subjects:

This study has received ethics approval from the University of Toronto (Protocol #36845). If you have any questions related to your rights as a participant in this study or if you have any complaints or concerns about how you have been treated as a research participant, please contact the Office of Research Ethics, ethics.review@utoronto.ca or 416-946-3273.

The research study you are participating in may be reviewed for quality assurance to make sure that the required laws and guidelines are followed. If chosen, (a) representative(s) of the Human Research Ethics Program (HREP) may access study-related data and/or consent materials as part of the review. All information accessed by the HREP will be upheld to the same level of confidentiality that has been stated by the research team.

Signing this consent form in no way limits your legal rights against the sponsor, investigators or anyone else.

I have been given the opportunity to discuss pertinent aspects of the research study, to ask questions and hereby consent to participate in this project as outlined. I acknowledge receipt of his consent form.

__________________________  ____________________________  ______________________
Signature                      Print Name                      Date
Appendix E: Interview Guide

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<thead>
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<th>Faculty Members:</th>
<th>Administrative Staff:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brief re-introduction to the study, indicate that it will be digitally recorded. Ask again for verbal consent or if they have any questions.</td>
<td></td>
</tr>
<tr>
<td>Tell me about your experiences working in or within this academic department?</td>
<td></td>
</tr>
<tr>
<td>Have you been working with the department for long?</td>
<td></td>
</tr>
<tr>
<td>What kind of an appointment or role do you have? For example, do you hold any administrative position in the department, do you also do clinical work elsewhere, do you teach or do research? If you have one, what FTE is your position? What is your academic rank?</td>
<td>What kind of appointment or role do you have? For example, are you a member of a union, is your position permanent, are you full time?</td>
</tr>
<tr>
<td>Can you describe your working relationship with current or previous colleagues within the department? (Faculty/Staff/Management?)</td>
<td></td>
</tr>
<tr>
<td>How do you know what to do every day in relation to your administrative appointment or role within the department? Do you have a job description that you follow? Are you assigned work by someone else and if so, by whom and how? What happens if you don’t agree with it?</td>
<td>How do you know what to do every day when you come to work? Do you have a job description that you follow? Are you assigned work by someone else and if so, by whom and how? What happens if you don’t agree with it?</td>
</tr>
<tr>
<td>Do you ever disagree with a direction a staff member has taken? How did that get resolved?</td>
<td>Do you ever disagree with a direction a faculty member has taken? How did that get resolved?</td>
</tr>
<tr>
<td>What do you find particularly challenging, if anything, working as a faculty member in the department?</td>
<td>What do you find particularly challenging, if anything, working as staff in the department?</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Some people describe their work as providing ‘service’ and/or ‘support’. Do you see yourself as providing either of these within this department?</td>
<td></td>
</tr>
<tr>
<td>(What roles provide service and/or support to the department? What do these terms mean to you? What other kinds of service or support do you see being provided here?)</td>
<td></td>
</tr>
<tr>
<td>If you were to offer advice to a new member of faculty coming into the department, what would you tell them?</td>
<td>If you were to offer advice to a new member of staff coming into the department, what would you tell them?</td>
</tr>
</tbody>
</table>
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